



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
1250 Maryland Avenue, S.W.
Washington, D.C. 20024

OCT - 6 2009

Ms. Kaaren Hebert
Assistant Secretary
Louisiana Office of Community Services
627 N. Fourth Street
Baton Rouge, Louisiana 70802

Dear Ms. Hebert:

Thank you for submitting Louisiana's Child and Family Services Plan (CFSP) Final Report for fiscal years (FYs) 2005-2009, the CFSP for FYs 2010-2014, and the CFS-101 to address the following programs:

- Title IV-B, Subpart 1 (Stephanie Tubbs Jones Child Welfare Services);
- Title IV-B, Subpart 2 (Promoting Safe and Stable Families);
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant;
- Chafee Foster Care Independence Program (CFCIP); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help State child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The CFSP planning process facilitates development of a comprehensive continuum of services for children and families and ties planning for the use of these funds into the assessment and program improvement activities of the Child and Family Services Reviews.

Approval

The Children's Bureau (CB) has reviewed your CFSP Final Report for FYs 2005-2009 and the CFSP for FYs 2010-2014 and finds them to be in compliance with Federal statutory and regulatory requirements at 45 CFR 1357.15 and 1357.16. Therefore, we approve FY 2010 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs. A counter-signed copy of the CFS-101 is enclosed for your records. CB may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

The Administration for Children and Families' (ACF) Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information. Please note that OGM requires grantees to submit additional financial reports at the close of the expenditure period according to the terms and conditions of the award.

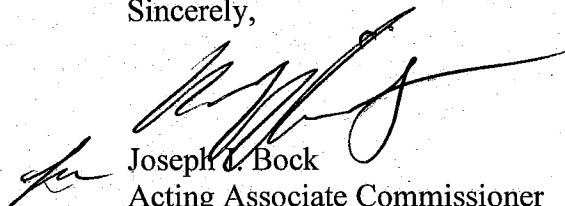
The approval of the CFSP includes approval of the training plan for both the CFSP programs and the title IV-E programs. Approval of the plan does not release the State from ensuring that the training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the State's approved cost allocation plan. Furthermore, the training plan must be amended to reflect any new training curricula and events initiated between the approval of the CFSP and the submission of the next Annual Progress and Services Report due on June 30, 2010. Please contact your Regional Office for further information.

Additional Information Required

Pursuant to Section 424(e)(1) of the Social Security Act, States are required to collect and report on caseworker visits with children in foster care. The FY 2009 caseworker visit data must be submitted to the Regional Office by December 15, 2009. Information on licensing waivers for relative foster homes, as required for the Report to Congress mandated by Section 104(b) of Public Law 110-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008, is also due to the Regional Offices on December 15, 2009. (Please see ACYF-CB-PI-09-06 for further information on these reporting requirements.)

CB looks forward to continuing to work with you and your staff. Should you have any questions or concerns, please contact June Lloyd, Child Welfare Regional Program Manager in Region VI, at (214) 767-8466 or by e-mail at june.lloyd@acf.hhs.gov. You also may contact Amy Grissom, Children and Families Program Specialist, at (214) 767-4958 or by e-mail at amy.grissom@acf.hhs.gov.

Sincerely,



Joseph L. Bock
Acting Associate Commissioner
Children's Bureau

Enclosures

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah M. Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC
June Lloyd, Child Welfare Regional Program Manager; CB, Region VI; Dallas, TX
Amy Grissom, Children and Families Program Specialist; CB, Region VI; Dallas, TX

The seal of the State of Louisiana is a circular emblem. It features a central figure of a pelican feeding its young in a nest. The pelican is surrounded by a wreath. Above the pelican, the words "UNION JUSTICE" are inscribed. The outer ring of the seal contains the text "STATE OF LOUISIANA" at the top and "CONFIDENCE" at the bottom, separated by two stars. The year "1804" is inscribed at the very bottom of the seal.

**The Consolidated
Child & Family Services Plan
2005 – 2009**

Final Report

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Introduction

This report profiles and summarizes the progress and achievements made by the Department of Social Services, Office of Community Services in its implementation of the Consolidated Child and Family Services Plan, October 1, 2005-September 30, 2009. The information in the final report is presented in accordance with the requirements issued on June 3, 2009 by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (Log No. ACYF-CB-PI-09-06). In order to receive their Federal Year 2010 financial allotment, states must submit a Final Report in compliance with the Program Instructions.

The final report consists of a comprehensive review and it charts the progress and achievements of specific program initiatives and agency activities during the period covered by the Consolidated Plan for FFY 2005-2009. These sections are as follows with a brief description of contents:

1. **Final Report/CFSP Development** - This portion of the Final Report provides a description of the development of the 2005-2009 Final Report and the 2010-2014 CFSP; steps taken to integrate CFSP and CFSR, preparations for CFSR Round 2; Round 1 CFSR/PIP, 2005-2009 CFSP Goals and Objectives, Outcomes related to Goals and Objectives and PIP, Baseline Data/Performance Measures and IV-E Review and Program Improvement Plan.
2. **Barriers/Unexpected Events** - This section describes barriers and unexpected events that have had an impact on the accomplishment of the CFSP goals and objectives.
3. **Disaster Plans** - This section describes procedures for responding to a disaster for programs funded by Title IV-B, subpart 1 and 2.
4. **Child Welfare Services Program Descriptions** - This section profiles progress and achievement in the implementation of the major service delivery programs of Child Protection Investigations, Family Services, Foster Care/Home Development, Adoption Services, and Promoting Safe and Stable Families. It also addresses how the CFSR and subsequent PIP affected the achievement of CFSP goals and objectives and addresses any barriers or unexpected events that may have had an impact on the accomplishment of the CFSP plan's goals and objectives.
5. **Collaboration and Consultation** - This portion describes the agency's community consultation and collaboration efforts and includes information related to Healthy Marriage, Youth Development, Rural, Faith-Based and community initiatives; the measures taken in the past year to improve or maintain compliance with the Indian Child Welfare Act, including descriptions of State consultations with Tribes regarding who is responsible for providing protections for Tribal children and it also contains information on describing how the state agency actively consults with and involves physicians.

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6. **Program Support** - This section summarizes each of the goals and objectives in the area of training and staff development and contains charts, progress made and lessons learned, as well as information on research, evaluation, information management systems, and quality assurance systems.
7. **Caseworker Visits** - This section describes the use of additional funds under Title IV-B, Subpart 2, procedures to track and report caseworker visits, and standards for content and frequency of caseworker visits.
8. **Child Abuse Prevention and Treatment Act** - This section contains information on agency initiatives funded by CAPTA.
9. **John H. Chafee Independence Program and Education and Training Voucher (ETV) Program** - This section describes specific accomplishments achieved and progress made in the preparation of youth in foster care for successful adult outcomes, strengthening the state's post secondary educational assistance program, collaboration activities achieved and planned with other Federal and State programs for youth, a description of the administration of the ETV program, how the state has used, and results of Tribal collaborations in determining eligibility for American Indian Youth.
10. **Statistical and Supporting Information** - Juvenile Justice Transfers; child welfare demonstration projects.
11. **Additional Information** - Court Improvement Project (CIP); Children's Justice Act Children's Trust Fund; Plan for Compliance with Fostering Connections to Success and Increasing Adoptions Act of 2008.
12. **Financial and Statistical Information Reporting and Budgets - Revised Budget for FY 2009** - This section describes the requirements for reporting specific percentages of Title IV-B funds; including requirements related to non-supplantation and expenditures of Chafee funds, as well as requirements for identifying the number of youth who received ETV awards.

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CFSP-Final Report for 2005-2009 Development and Coordination with CFSR

For most states, development of the final 2005-2009 Annual Progress and Services Report (APSR) and the 2010-2014 Child and Family Services Plan (CFSP) in all probability began with a review of their Round 1 CFSR Statewide Assessment, On-Site Assessment, Data Profile, and Program Improvement Plan, and progress toward meeting the goals and objectives set forth in their original 2005-2009 CFSP. However, the Hurricanes of 2005 made it difficult for Louisiana to rely on that approach.

Following Hurricanes Katrina and Rita in the fall of 2005, Louisiana DSS/OCS has experienced so much assistance from organizations, other states, and federal and foundation partners, that in many aspects the agency is not the same organization it was in 2005. The agency does, however, need to examine where it has been, where it is now, and where it is going in the future. The CFSR/CFSP/APSR process is iterative; a lot was learned in the first round CFSR, and from the original Program Improvement Plan (PIP); more in the Revised/Renegotiated PIP, and even more as the agency prepares for the 2010 CFSR On-Site review.

This Final Report of the 2005-2009 CFSP and the 2010-2014 CFSP was developed by reviewing the past five years progress, conducting a self-assessment of the State's current status, considering the agency's goals and objectives for 2010 to 2014, and integrating the CFSP and the CFSR process. The agency's revised CFSP goals are based on CFSR Child Welfare Outcome Indicators, and the agency is striving to include goals related to Systemic Factors as well.

A planning document was developed to share with our partners, which included each CFSR Outcome Indicator, Systemic Factor, and Council on Accreditation (COA) Standards for best practice. Available data was added to indicate our performance for each indicator and factor. The agency used more recent data than our 2003 CFSR due to the substantial changes that have occurred since that data was developed.

An all-day meeting was scheduled for March 10, 2009, and included agency staff as well as many state and community partners. The meeting provided an overview of the process to include the APSR, CFSP, CFSR, and PIP. A brief training was held regarding setting goals and objectives that are realistic, specific, quantifiable and measurable. Participants divided into four workgroups to include: in-home services, out-of-home services; placement services; and systemic factors. Each group reviewed each indicator/factor in the context of the data, assessed the agency's strengths and needs, and began developing goals and objectives. Because of time constraints, ongoing communication with stakeholders regarding progress was by e-mail and telephone.

The planning process was further tied to the CFSR by having the agency's designated CFSR lead participate in the meeting and facilitate one of the workgroups.

Summary of Activities from FY 2005-2009

The agency sought input from stakeholders for development of the Annual Progress and Services Report (APSR) each year and improvement of agency services. The following information details actions taken to obtain and use input from stakeholders:

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APSR Development in 2005-2008

- Notice of the availability of the APSR for review and comment was published in newspapers in major markets throughout the State each year, and a similar notice was published in the Louisiana Register each year.
- In 2005, the APSR was available for public review at the Louisiana State Library and at its 31 repositories statewide, or by requesting a copy from OCS. In 2006, it was available at the libraries and on the DSS Intranet or by request. Since 2007, it has been available electronically on the DSS Intranet and the DSS Internet website.
- The APSR has also been distributed to key stakeholders for review and comment each year and discussed at Consumer and Community Stakeholder Committee meetings.
- Social Service Directors of the four federally recognized tribes have been contacted annually and asked to participate in APSR development/review.
- A public hearing has been held annually to seek input from the community on the APSR and planning process.
- Federal stakeholder consultations have been held annually to discuss plan development.

2005-2009 Final Report and 2010-2014 CFSP

Consultation with our federal partners on the development of the 2005-2009 Final Report and the 2010-2014 Child and Family Services Plan (CFSP) began in February 2009, and has continued via individual phone calls, conference calls, and e-mail correspondence since that time.

Stakeholder involvement in report and plan development began with discussion of the APSR and CFSP at the Community and Consumer Stakeholder meeting on January 22, 2009. Subsequently, stakeholder involvement continued with a one-day kickoff meeting held on March 10, 2009. Representatives of over 30 organizations with child welfare interests were invited to attend, including the social service directors of the four federally recognized Tribes, the Director of the Governor's Office of Indian Affairs, and the Director of the Louisiana Intertribal Council. Many of the invited stakeholders were able to attend the meeting, including two Tribal social service directors. During the morning session, an overview of the reporting process was presented along with OCS baseline data for child welfare outcome indicators and systemic factors. During the afternoon session, four workgroups developed goals, objectives and strategies in the areas of in-home services, out-of-home services, placement services and systemic factors. Subsequently, progress on these goals has been shared with stakeholders via e-mail and telephone.

A public notice of the availability of the APSR and CFSP for review and of a public hearing to discuss the Report and Plan was published in seven newspapers in the major market areas of Louisiana on May 25- 27, 2009 and in the Louisiana Register on May 20, 2009. The plan was made available for review on the DSS Intranet and DSS Internet website. A Public Hearing for comments was held on June 3, 2009.

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Three members of the public attended the hearing. Two were representatives of provider agencies who expressed concern over the impact of budget reductions on available services to the children and families we serve and interest in our progress on implementation of the Fostering Connections to Success and Increasing Adoptions Act. The third was a representative of an information technology company seeking information on contracts that might be available to his company. The provider agency representatives had their questions answered during the hearing, and the company representative was referred to an OCS representative for further information. No written comments were received.

Preparation for 2010 Child and Family Services On-Site Review

The agency data profile provided by ACF is currently being reviewed. CFSR conference calls have been scheduled.

A CFSR kick-off event was held June 16, 2009 and included participants from OCS, ACF, National Resource Centers, and OCS Stakeholders.

The following stakeholders were invited to participate in the CFSP initial planning meeting and event:

- Intertribal Council of Louisiana
- Governor's Office of Indian Affairs
- The four Federally Recognized tribes in Louisiana
- Louisiana Department of Labor
- Louisiana Rehabilitation Services
- Catholic Charities, Dioceses of New Orleans
- CASA
- Louisiana Department of Education
- The Springs of Recovery
- Spring House
- Baton Rouge Alliance for Transitional Living
- Gulf Coast Teaching Family Services
- Louisiana Foster/Adoptive Parent Association
- Louisiana Office for Citizens with Developmental Disabilities
- Catholic Community Services
- Louisiana Court Improvement Project
- Baton Rouge Police Department
- Advocacy Center
- Louisiana Maternal and Child Health Coalition
- Fetal and Infant Mortality Review Board
- Brave Heart
- The Children's Center
- Office of Juvenile Justice
- Volunteers of America
- Community Solutions, Inc.
- Discovery of Southeastern Louisiana University.

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The following Stakeholders did not participate in the CFSP event, but were invited to the CFSR Kick-off:

- LA Council of Juvenile and Family Court Judges
- LA Office for Addictive Disorders
- LA Office of Mental Health
- Community-Based Child Abuse Prevention
- Children's Trust Fund
- NASW, Louisiana Chapter
- Capital Area Family Violence Intervention Center
- LA Children's Justice Act Task Force
- LA Neighborhood Place
- Southern University at New Orleans, School of Social Work
- LA Office of Public Health
- Children's Cabinet
- Pathways
- Grambling University
- Southeastern LA University
- Southern University at Baton Rouge
- University of LA at Monroe
- LA Supreme Court, Deputy Judicial Administrator
- Judges
- Attorneys
- Youth Representatives

Child and Family Services Review (Round 1)/Louisiana's Revised/Renegotiated PIP

A comprehensive review of the child welfare system in Louisiana, examining seven systemic factors and seven child welfare outcome factors, and including statewide assessment, the Federal Child and Family Service on Site Review, and the State Data Profile on child welfare data from 1999 through 2001, culminated in the publication of the Final Report, Louisiana Child and Family Services Review (CFSR) on February 5, 2004. The Louisiana child welfare system was found to be in substantial compliance with all seven systemic factors and one of the seven child welfare outcome factors, Permanency Outcome 2, regarding preservation of the continuity of family relationships and connections for children.

The remaining six child welfare outcomes were identified in the CFSR as areas needing improvement and presented opportunities for Louisiana to further examine its practices, policies and resources, and to develop strategies to improve services to children and their families. As a result, the Louisiana Department of Social Services/Office of Community Services (DSS/OCS) developed a Program Improvement Plan (PIP) focusing on the remaining six outcomes:

- *Safety 1*: Children are first and foremost protected from abuse and neglect.
- *Safety 2*: Children are safely maintained in their own homes whenever possible.
- *Permanency 1*: Children have permanency and stability in their living situations.

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- *Well Being 1:* Families have enhanced capacity to provide for their children's needs.
- *Well Being 2:* Children receive appropriate services to meet their educational needs.
- *Well Being 3:* Children receive adequate services to meet their physical and mental health needs.

PIP implementation began in October 2004 with a planned completion date of September 30, 2006. In August 2005, during the fourth quarter of PIP implementation, Hurricane Katrina, followed closely by Hurricane Rita, devastated southern Louisiana, disseminated the population of the State's largest urban area throughout the country, and disrupted all normal operations of the OCS, including PIP progress. As a result, with the cooperation and assistance of our Federal partners, a Revised/ Renegotiated PIP was submitted on June 14, 2006 and approved on June 19, 2006, with an extended completion date of September 30, 2007. The final PIP report was submitted on October 23, 2007. On December 4, 2007, the Administration for Children and Families confirmed that Louisiana had successfully completed its PIP with all action steps accomplished and all data goals achieved. PIP activities are elaborated below:

PIP Development: The importance of involvement, collaboration, and participation of stakeholders (local/community stakeholders; parish, regional and state child welfare and juvenile justice system staff; representatives from the judicial system; tribal representatives; and others) was recognized throughout the review process and continued in the development of the original PIP. Stakeholders were included in workgroup meetings, in the PIP Steering Committee, in collaboration via teleconferences and consultations, and in review and request for comments on the proposed PIP. More than eighty participants were involved in the extensive and comprehensive process of developing the PIP.

Development of the Revised/Renegotiated PIP focused on short-term recovery efforts to assure safety, permanency and well-being for Louisiana's children, including those who had been displaced to other states as a result of the hurricanes. The PIP was developed with the assistance and involvement of federal partners including the National Child Welfare Resource Centers. It emphasized the six child welfare outcomes that had been identified in the CFSR as areas needing improvement. Because of the magnitude of the recovery effort faced by the child welfare system, the revised/re-negotiated PIP was designed in a more manageable format than the original PIP. While addressing these short-term recovery efforts, Louisiana took advantage of the opportunities brought about by the storms to assess and plan for long-term reform. These improvement efforts were supported by the NRCs and the Casey Family Foundation.

PIP Activities: The original PIP was based on the six outcome areas identified above as areas needing improvement. Forty action steps were identified as having the potential to improve performance on these outcomes. Each of the action steps was broken down into measurable benchmarks. A total of 186 benchmarks were to be completed within specific quarters by identified responsible parties. The benchmarks built upon one another throughout the planned eight quarters of PIP implementation, and many of them reflected the necessity of stakeholder involvement in the overall improvement of child welfare services in Louisiana. Substantial progress had been made on PIP benchmark achievement prior to the hurricanes. Of the 157 benchmarks scheduled for completion during PIP Quarters 1 through 5, 82% were fully achieved and 94% were fully, substantially, or partially completed.

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The Revised/Renegotiated PIP contained three major Objectives, each of which was comprised of Strategies which, in turn, were comprised of Action Plan Steps for achievement. Each Objective was tied to specific outcomes. All Objectives, Strategies and Action Plans were achieved as described below:

Objective 1 (Safety 2): Work in consultation with the National Resource Center for Child Protective Services to analyze current CPI data, practice and external factors as they relate to the current rise in foster care placements. This Objective was made up of three Strategies, each of which dealt with a different aspect of factors (demographic data; changes in law and local practices; and external factors) that might contribute to the increasing number of children in foster care. The Action Plan Steps for each of the strategies involved identification and analysis of the factors to determine causative relationships with foster care entries followed by dissemination of the analyses to appropriate OCS staff and agency stakeholders.

Objective 2 (Safety 1, Permanency 1, Well Being 1, 2, and 3): Work in consultation with the National Resource Center for Family Centered Practice and Permanency Planning to develop and implement a protocol for case management and decision-making for displaced foster children and their biological parents. This Objective was comprised of four Strategies and 10 attendant Action Steps. Guidelines were developed for worker contacts to assure safety and well being of foster children in foster homes or relative placements displaced due to the storms; plans were developed to find missing biological parents after the storms; broad guidelines were developed for visitation and maintaining contact between foster children and their biological parents who remained separated due to the storms; and a case decision-making model was developed in conjunction with the courts to assist workers in making placement decisions for children in foster care who were evacuated and continued to live out of state due to the storms.

By June 2007, fewer than 30 children remained out of state, and all children who had a goal of Reunification had returned to Louisiana. The number of biological parents whose whereabouts were unknown was consistent with the number prior to the storms, and no biological parents' whereabouts were unknown as a result of the storms. In consultation with the Courts, CASA and other stakeholders, the decision was made to continue with the agency's normal practice of making placement decisions for all children based on the best interests of the child with close court oversight.

Objective 3 (Permanency 1 and Well Being 1): Work in consultation with the National Resource Center for Organizational Improvement and the National Resource Center for Legal and Judicial Issues to provide more qualified legal representation for children and/or parents in the child welfare system. This Objective was comprised of two Strategies, each comprised of two Action Steps.

In order to recruit, train and retain more qualified legal representation for storm impacted families and children, the Louisiana Court Improvement Program (CIP) worked with National Resource Centers to develop seven on-line Continuing Legal Education (CLE) courses. These CLEs are posted on the Louisiana Children's Legal Advocacy Resource Online (CLARO) and are available at no charge to attorneys throughout the state. The available courses include

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ASFA 101, Parts I and II; Permanency Options, Parts I and II; Foster Parents: Notice and Opportunity; Professionalism (legal v. social work); and Ethics (legal v. social work).

Live trainings, including ethics and professionalism, on advocacy for children and families in the context of hurricanes Katrina and Rita have been provided in Bossier City, New Iberia, Leesville, New Orleans, Chalmette, Monroe, Hammond, Metairie, Natchitoches and Alexandria. The courses have been attended by attorneys, judges, court staff, DSS/OCS employees, CASA volunteers, and mental health professionals.

Data Goals: The Revised/Renegotiated PIP included achievement of three national data goals, and the other data goals were subsequently achieved as indicated below.

Reunification (achieved as of date of approval of Renegotiated/Revised PIP): Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than twelve months from the time of the latest removal from home?

National Standard:	76.2% or more
Louisiana Baseline:	68.5%
PIP Goal (original):	72.3%
PIP Goal (renegotiated):	70.92% (based on 2.42% sampling error)
Federal FY 05 Data:	71.10% (goal met)

Adoption in Twenty-Four Months (achieved as of date of approval of Renegotiated/ Revised PIP): Of all children who exited care to a finalized adoption, what percentage exited care in less than twenty-four months from the time of the latest removal from home?

National Standard:	32% or more
Louisiana Baseline:	18.9%
PIP Goal (original):	21.8%
Federal FY 05 Data:	24.5% (goal met)

Placement Stability (achieved as of date of approval of Renegotiated/Revised PIP): Of all children served who have been in foster care less than twelve months from the time of the latest removal from home, what percentage have had no more than two placement settings?

National Standard:	86.7% or more
Louisiana Baseline:	80.9%
PIP Goal (original):	85%
PIP Goal (renegotiated):	81.9% (based on 1% or ½ sampling error, rounded up)
Federal FY 05 Data:	82% (goal met)

Recurrence of Maltreatment (achieved as of November 2006 conference call including OCS, ACF Regional Office and the Children's Bureau): Of all children associated with a substantiated, indicated, or alternative response victim finding of maltreatment during the first

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six months of the reporting period, what percentage had another substantiated, indicated, or alternative response victim finding of maltreatment within a six-month period?

National Standard:	6.1% or less
Louisiana Baseline:	8.7%
PIP Goal (original):	7.8%
Federal FY 05 Data:	6.6% (goal met)

Incidence of Child Abuse and/or Neglect in Foster Care (Louisiana was notified in February 2007 that this indicator was considered met as of December 2006): Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment? A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff.

National Standard:	.57% or less
Louisiana Baseline:	1.78%
PIP Goal (original):	1.64%
PIP Goal (renegotiated):	1.64%
Federal FY 05 Data:	0.32% (goal met)

On-going Activities: Louisiana is pleased to have completed PIP activities, but continues activities designed to improve the quality of the services provided and enhance outcomes for children and families served. Simultaneously with implementation of the Revised/Renegotiated PIP, Louisiana began self-assessment and planning for long-term systemic change. With technical assistance from federal and foundation partners, OCS defined six key practice elements: improving intake decisions; meeting family needs to prevent out-of-home care; increasing available community-based services; improving recruitment, training and services for foster/adoptive parents; assuring that residential treatment is used only when less restrictive placement cannot meet a child's needs; and enhancing services and opportunities for youth transitioning out of foster care. Efforts to improve each of these practice elements are continuing, and details concerning progress are provided in the Child Welfare Services section of this document.

2005-2009 CFSP Goals and Objectives

The goals and objectives proposed in Louisiana's 2005-2009 CFSP changed in the aftermath of the 2005 hurricanes. The revised goals and objectives are provided below. Most of the objectives have been achieved, and those that have not been achieved are in progress. A summary of achievements follows the Goals and Objectives

Louisiana's long-term goals were directed at achieving the six child welfare outcomes. These outcomes look at the safety, permanency and well-being of children.

- Safety 1: Children are first and foremost protected from abuse and neglect.
- Safety 2: Children are safely maintained in their homes whenever possible.

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- Permanency 1: Children have permanency and stability in their living situations.
- Permanency 2: The continuity of family relationships and connections is preserved for children (passed by Louisiana).
- Well-Being 1: Families have enhanced capacity to provide for their children's needs.
- Well-Being 2: Children receive appropriate services to meet their educational needs.
- Well-being 3: Children receive adequate services to meet their physical and mental health needs.

Objectives, Strategies and Action Plans

Objective 1: Work with the National Resource Center for Child Protective Services (NRCCPS) to evaluate current functioning of the CPI program, to identify possible elements for redesign and to evaluate the feasibility of changes to front-end services. (Completion Date: September, 2009)

Strategy 1:1 Review and, as necessary, revise the proposal from NRCCPS regarding the differential response model to assess feasibility for implementation. (Lead: CPI Section Administrator; Completion date: August 31, 2006)

Action Plan

Step 1 Refine policies and procedures on the implementation of the differential response model in Louisiana within budgetary constraints and the framework of Louisiana's SACWIS project ACCESS. (Lead: CPI Section Administrator; Completion date: June 30, 2007)

Step 2 Develop training to support a differential response model. (Lead: CPI Section Administrator & Training Section Administrator; Completion Date: December 31, 2007)

Step 3 Implement differential response model in one additional region in Louisiana. (Lead: CPI Section Administrator; Completion date: February 28, 2008)

Step 4 Establish and implement quality assurance methods to measure the differential response process. (Lead: CPI Section Administrator and QA Section Administrator; Completion date: February 28, 2008)

Strategy 1:2 Review and, as necessary, revise the proposal from NRCCPS regarding the development of a centralized intake system. (Lead: CPI Section Administrator; Completion date: August 31, 2008)

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Action Plan

Step 1 Develop a work group to create guidelines for a pilot on centralized intake in one region while working within the framework of ACCESS. (Lead: CPI Section Administrator; Completion Date: August 31, 2006)

Step 2 Determine financial feasibility of implementation of centralized intake. (Lead: CPI Section Administrator; Completion Date: September 30, 2006)

Step 3 Establish additional positions for intake staff in pilot region. (Lead: Director of Field Services; Completion date: September 30, 2007)

Step 5 Develop policies and procedures for the implementation of a centralized intake system. (Lead: CPI Section Administrator & Policy Section Administrator; Completion date: October 31, 2007)

Step 6 Develop training to support a centralized intake model. (Lead: CPI Section Administrator & Training Section Administrator; Completion Date: December 31, 2007)

Step 7 Establish and implement quality assurance methods to measure the centralized intake process. (Lead: CPI Section Administrator and QA Section Administrator; Completion date: December 31, 2007)

Strategy 1:3 Identify issues facing children and families involved in Louisiana's child welfare system that threaten their safety, permanency and well-being. (Completion Date: June 30, 2006)

Action Plan

Step 1 Develop an instrument and survey statewide a representative sample of Prevention/Family Service (P/FS) staff on issues relating to safety and well-being of the children and families currently involved in the P/FS program. (Lead: Assistant Director, Programs; Completion date: March 31, 2006)

Step 2 Work with the NRCs for Organizational Improvement and Family Centered Practice and Permanency Planning to evaluate and modify current family assessments with regard to client's needs. (Lead – Assistant Director, Programs; Completion date: June 30, 2006)

Step 3 Through training, build workers' skill level in conducting comprehensive assessments and in directly connecting appropriate intervention to the client's case plan. (Lead – Assistant Director, Programs; Completion Date: December 30, 2006)

Strategy 1:4 Analyze statewide representative data collected in Prevention/Family Services' survey as well as data collected in revised family assessment to better understand the issues facing the families being served in the child welfare system.

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Action Plan

Step 1 Work with NRC's Organizational Improvement and Family Centered Practice and Permanency Planning and Data and Technology to compile and analyze data. (Lead – Assistant Director, Programs; Completion Date: On-going beginning March 31, 2006)

Strategy 1:5 Develop a service array to meet the needs that threaten the safety and well-being of children and their families who are involved in the child welfare system.

Action Plan

Step 1 Evaluate current array of services available to meet the needs of families being served in the child welfare system. (Lead – Assistant Director, Programs; Completion Date: Ongoing beginning June 30, 2006)

Step 2 Compare identified needs to current service array to expose gaps or duplication in needed services and begin to realign services as appropriate. (Lead: Assistant Director, Programs; Completion Date: Ongoing, beginning)

Objective 2: Develop a model of practice and intervention directed at assuring the least restrictive placement for children in residential and emergency care facilities. (Completion Date: June 30, 2009)

Strategy 2:1 Decrease the number of children in residential and emergency care facilities. (Completion Date: September, 2009)

Action Plan

Step 1: Continue to collaborate with Annie E. Casey Foundation, Casey Strategic Consulting Group to develop techniques and procedures for reduction of numbers of foster children in congregate care settings. (Lead – Resource Development & QA Division Director; Completion Date: ~~July 31, 2006~~ July 31, 2008)

Step 2: Review placements of children in residential settings and emergency care facilities in accordance with a triage schedule that facilitates alternative options for least restrictive and most appropriate placement. (Lead – Residential Program Section Administrator; Completion Date: ~~March 31, 2008~~ July 31, 2008)

Strategy 2:2 Increase alternative options available for foster children in most appropriate and least restrictive placements. (Completion Date: June 30, 2009)

Action Plan

Step 1: Collaborate with Annie E. Casey Foundation, Casey Strategic Consulting Group and National Resource Centers to pilot increased community placement options through expanded private foster care services and/or support transitions to relative placements and/or foster care services. (Lead: Residential & Private Foster Care Section Administrator & Foster Care/Home Development Section

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Administrator; Completion Date: September 30, 2009)

Objective 3: Continue to partner with the courts and judiciary to improve permanency outcomes for children and families. (Completion Date: June 30, 2009)

Strategy 3:1 Develop general training curricula on legal and judicial processes for lawyers, judges and stakeholders (foster parents, CASA). Completion Date: June 30, 2009.

Action Plan

Step 1 Collaborate with the CARE/Court Improvement Advisory Committee and the Legislative Task Force on Legal Representation in Child Protection Proceedings, to identify core curriculum competencies and evaluate opportunities for CLE training for attorneys. (Lead – Resource Development & QA Division Director; Completion Date: January 31, 2007)

Activities Completed in 2006 – 2007 SFY: Core curriculum competencies for attorneys have been developed and opportunities for CLE training for attorneys are being evaluated through development of the strategic plan for the 5 year CIP training grant.

Strategy 3.1.A Implement training goals identified in the Court Improvement Program Strategic Plan for training.

Action Plan

Step 1 Implement year 2 of the strategic plan for training in SFY 2007 – 2008. (Lead – CIP Project Director; Completion Date: September 30, 2011)

Strategy 3:2 Implement legislative changes recommended by the Task Force on Legal Representation in Child Protection Cases for improving the representation of children and indigent parents. (Completion Date: January 30, 2009)

Action Plan

Step 1 Work with the NRC on Legal and Judicial Issues to develop a child law center for the Greater New Orleans area. (Lead: Court Improvement Project Coordinator; Completion Date: October 31, 2006)

Step 2 Design, identify potential funding sources, and start-up implementation of a child law center. (Lead: Court Improvement Project Coordinator; Completion Date: June 30, 2008)

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Outcomes Related to Goals/PIP

With the assistance of our federal and foundation partners, the agency has developed a more comprehensive, coordinated and effective child and family services continuum. A few highlights are provided below, and more detail is provided in the Child Welfare Services and Court Improvement Project Sections of this report as noted above.

- Differential response to reports of abuse and neglect, with low risk cases served in Alternative Response Family Assessment to meet family needs to assure safety of the child, and Child Protection Investigations services are used to meet the needs of families in which the level of risk is moderate to high.
- Structured Decision Making (an evidence based risk assessment) is used to assess the level of risk to the child beginning with Prevention/Family Services cases and going through the life of the Foster Care case to the point of permanency. The instrument will be expanded to Child Protection Investigations in the near future. This results in a clear and consistent method of risk assessment.
- Assessment of Family Functioning/Case Plan is a web-based instrument used in Prevention/Family Services, Foster Care, and Adoptions with minor programmatic adaptations. This instrument is designed to assist workers in engaging families to assess their strengths and needs and then develop an individualized case plan jointly with the family. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument.
- Expanded service array using evidence based practices:
 - Intensive Home Based Services provide interventions to prevent removal of children from their families, support reunification, and stabilize foster care placements.
 - Multi-Systemic Therapy provides interventions for youth with behavioral health issues and their families when the youth's behavior threatens to disrupt the birth family or foster family placement of the youth.
 - In-house substance abuse counseling is provided in OCS offices through an interagency agreement with the Department of Health and Hospitals, Office of Addictive Disorders.
- Reduction in the number of children and youth served in residential treatment facilities. New and revised policies have been issued around residential treatment facility placement, greatly resulting in children and youth being placed in less restrictive settings whenever possible.
- Increased availability of viable foster family/adoptive homes. The increase in number of available homes is not reflective of recruitment efforts because unavailable and unused homes have been removed from the system simultaneously with the development of new and available homes.
- Legal representation for children and parents in the child welfare system has been improved.

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Baseline Data/Performance Measures

During the 2005-2009 reporting period, baseline data was not included in the Annual Progress and Services Report (APSR) until 2006. At that time, our baseline data was based on Peer Case Review results. Beginning in 2007 and continuing in 2008, our Peer Case Review process was sporadic as a result of hurricane recovery efforts and, subsequently, roll out of our Focus on Four initiatives followed by travel restraints due to budgetary issues.

Also, in the 2007 APSR we began to address our very serious concerns regarding a 28% increase in foster care entries between SFY 2005 and SFY 2006. This exploration of causes of increased entries into foster care was also a part of our Revised/Renegotiated Program Improvement Plan. In 2007 we had several consults with the National Resource Center for Child Protective Services (NRCCPS) to understand changes that occurred during the time of the increases in foster care entries. A number of possible causes of the increases were explored including the effects of Hurricanes Katrina and Rita, population increases, number of reports received and determined valid, and two specific Acts of the Louisiana Legislature (the Voluntary Placement Act [Act 148] and the Substance Exposed Infants Act [Act 338]). One of our hypotheses was that Acts 278 (Voluntary Placements Discontinued) and Act 396 (Substance Exposed Infants) were the primary causes of the increase in foster care entries, and after an analysis of the data, the agency determined that the data supports that hypothesis, but a definitive root cause was not identified. It appears, though, that the foster care entry rate has stabilized as noted in the data provided below.

Entries into Care - Number of children who entered OCS custody

SFY03	SFY04	increase 04/03	SFY05	increase 05/04	SFY06	increase 06/05	SFY07	decrease 07/06	FFY08	decrease 08/07	decrease 08/06
2,450	2,638	8%	2,845	8%	3,644	28%	3488	-4.3%	3,222	-7.6%	-11.6%

Data drawn from SpFCdataJohn, New Foster Care Entries

Foster care entries were stable until a significant increase occurred between 2006 and 2007. The table above demonstrates that although the number of children entering care continues to be much higher than it was in SFY 2003, the downward trend continued with a decrease of 7.6% between SFY 2007 and FFY 2008.

RACE

Entries into Care (race) - Age and race of children at the time of foster care entry.

Race	SFY03 N=2445	SFY04 N=2595	SFY05 N=2835	SFY06 N=3639	SFY07 N=3488	FFY08 N=3222
White	45.5%	45.9%	51.6%	53.5%	53.0%	49.2%
Black	53.0%	52.7%	46.9%	44.5%	44.5%	48.2%
Other & Unable to Determine	0.9%	0.7%	1.1%	1.5%	2.5%	2.6%

Data drawn from SpFCdataJohn, Race

The percentage of white children entering care increased steadily until SFY 2007 when it increase slightly, and then increased more significantly in FFY 2008, while the percentage of

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black children was on a downward trend until SFY 2006 and 2007 when it remained stable. In FFY 2008, the percentage of black children entering care increased by approximately 4 points. We had anticipated a decrease in the percentage of black children entering foster care following Hurricanes Katrina and Rita, but that decrease did not occur. The percentage of children entering care who were identified as “other” increased slightly each year until SFY 2007 when it increased by one percent, perhaps attributable to the increase in Hispanic population participating in rebuilding following Hurricanes Katrina and Rita. In FFY 2008, that percentage stabilized to an increase of .1%.

AGE

Entries into Care (age)

Age	SFY03 N = 2,447		SFY04 N = 2,595		SFY05 N = 2,835		SFY06 N = 3,640		SFY07 N = 3488		FFY08 N = 3222	
	#	%	#	%	#	%	#	%	#	%	#	%
0-1Mo	78	3.2%	89	3.4%	110	3.9%	156	4.3%	209	6.0%	180	5.6%
>1Mo-11Mo	258	10.5%	249	9.6%	329	11.6%	387	10.6%	416	11.9%	400	12.4%
1-2	363	14.8%	376	14.5%	419	14.8%	581	16.0%	592	17.0%	536	16.3%
3-4	303	12.4%	309	11.9%	321	11.3%	441	12.1%	440	12.6%	409	12.7%
5-7	363	14.8%	382	14.7%	425	15.0%	585	16.1%	552	15.0%	468	14.5%
8-10	322	13.2%	307	11.8%	344	12.1%	465	12.8%	376	10.8%	367	11.4%
11-14	480	19.6%	564	21.7%	573	20.0%	675	18.5%	592	17.0%	511	15.9%
15-18	280	11.4%	319	12.3%	314	11.1%	350	9.6%	341	9.8%	361	11.2%

Age	SFY03 N = 2,447		SFY04 N = 2,595		SFY05 N = 2,835		SFY06 N = 3,640		SFY07 N = 3488		FFY08 N = 3222	
	#	%	#	%	#	%	#	%	#	%	#	%
<3	699	28.6%	714	27.5%	858	30.3%	1124	30.9%	1217	34.9%	1106	34.3%
3-7	666	27.2%	691	26.6%	746	26.3%	1026	28.2%	962	27.6%	877	27.2%
8-14	802	32.8%	871	33.6%	917	32.3%	1140	31.3%	968	27.8%	878	27.3%
15-18	280	11.4%	319	12.3%	314	11.1%	350	9.6%	341	9.8%	361	11.2%

Age	SFY03 N = 2,447		SFY04 N = 2,595		SFY05 N = 2,835		SFY06 N = 3,640		SFY07 N = 3488		FFY08 N = 3222	
	#	%	#	%	#	%	#	%	#	%	#	%
<8	1365	55.8%	1405	54.1%	1604	56.6%	2150	59.1%	2179	62.5%	1983	61.5%
8-18	1082	44.2%	1190	45.9%	1231	43.4%	1490	40.9%	1309	37.5%	1239	38.5%

Data drawn from SpFCdataJohn, AgeRanges

The percentage of children entering foster care by age has remained fairly stable with most children entering care below age eight. FFY 2008 reflects an increase in youth aged 15 to 18 entering care, which may be reflective of juvenile justice reform in Louisiana resulting in judges placing difficult to manage youth in the custody of OCS rather than in the custody of the Office of Juvenile Justice (OJJ), formerly known as the Office of Youth Development (OYD). We had anticipated an increase in this population in SFY 2007, but perhaps it took longer than expected for the results of OJJ changes to be reflected in entries into foster care.

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In 2005, substance abuse exposed laws were enacted in Louisiana which we expected to increase the number of infants entering foster care. There has been a steady annual increase in the number of infants entering foster care until FFY 2008, when that number dropped. However, it is noteworthy that the number of children in the zero to one age group has doubled since SFY 2004.

In 2007, 768 drug exposed newborns, statewide were reported to OCS. In 2008 the number of reports of substance exposed newborns increased to 794. Of the infants on whom reports were received, 200 entered foster care in 2007. The number of children in this cohort who entered foster care was the product of a special research project and was not tracked beyond 2007. The substance exposed newborns who entered foster care were often high risk cases of poly substance abusing mothers, wherein the initial safety assessment indicated that the newborn, and most of the siblings were not safe, thereby, resulting in Foster Care placement.

III. Reason for Placement

Table 4 Foster Care Open Reason

<i>FC Open Reason</i>	SFY03 N=2446	SFY04 N=2595	SFY05 N=2835	SFY06 N=3640	SFY07 N=3539	FFY08 N=3222
Abandonment	3.4%	3.1%	3.3%	2.4%	1.8%	2.2%
Physical Abuse	10.0%	11.0%	11.3%	10.7%	9.1%	10.6%
Maltreatment	1.6%	1.1%	0.9%	0.9%	0.6%	0.6%
Neglect	79.4%	80.6%	79.1%	81.2%	84.2%	81.8%
Other	0.0%	0.3%	0.7%	0.5%	0.0%	0.3%
Sexual Abuse	4.6%	3.0%	4.2%	3.8%	3.8%	4.1%
Surrender by Parent	0.2%	0.3%	0.2%	0.1%	0.2%	0.1%
Voluntary Placement	0.7%	0.7%	0.4%	0.5%	0.3%	0.4%

Data drawn from SpFCdataJohn, Open Reason

The reasons for foster care entry have not changed significantly over the years. In SFY 2007, a slight increase in the Foster Care Open Reason for neglect over the past four years was observed that could be explained by the addition of the prenatal substance exposure allegation; however, the Open Reason of neglect dropped in FFY 2008. Data on foster care open reasons contribute very little to understanding the increase in entries.

IV. Type of initial placement: Payable or non-payable

Family Settings Vs Facilities Date of New Foster Care Entry

	SFY03		SFY04		SFY05		SFY06		SFY07		FFY08	
	#	%	#	%	#	%	#	%	#	%	#	%
Family Settings	1,987	90.2%	2,078	87.8%	2,358	92.0%	3,140	95.4%	2949	92.7%	2723	93.3%
Facility Settings	215	9.8%	289	12.2%	205	8.0%	153	4.6%	232	7.3%	194	6.7%
Total	2,202		2,367		2,563		3,293		3181		2917	

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Placement in Family Settings Date of New Foster Care Entry

	SFY03		SFY04		SFY05		SFY06		SFY07		FFY08	
	#	%	#	%	#	%	#	%	#	%	#	%
Family Settings Total	1,987		2,078		2,358		3,140		2949		2723	
Certified HB Relative	43	2.2%	36	1.7%	54	2.3%	59	1.9%	9	0.3%	71	2.6%
Non-Payable Relative	489	24.6%	558	26.9%	628	26.6%	962	30.6%	1226	41.6%	1056	38.8%
Non-Payable Parent	64	3.2%	62	3.0%	58	2.5%	54	1.7%	54	1.8%	52	1.9%
Non-Payable Non-Relative	64	3.2%	39	1.9%	106	4.5%	91	2.9%	145	4.9%	136	5.0%
Certified HB Non-Relative	1,327	66.8%	1,383	66.6%	1,512	64.1%	1,974	62.9%	1515	51.4%	1391	51.1%

Relative Placements Date of New Foster Care Entry

	SFY03		SFY04		SFY05		SFY06		SFY07		FFY08	
	#	%	#	%	#	%	#	%	#	%	#	%
*Entries	2,450		2,638		2,845		3,644		3488		3222	
**Family & Facility Settings	2,202	90%	2,367	90%	2,563	90%	3,293	90%	3191	91.5%	2917	90.5%
**Certified HB Relative	43	2.2%	36	1.7%	54	2.3%	59	2.2%	9	2.8%	71	2.3%
**Non-Payable Relative	489	24.7%	558	27.1%	628	26.8%	962	35.8%	1226	38.4%	1056	36.2%
***Total Relative	532	24%	594	25%	682	27%	1,021	31%	1235	38.7%	1127	38.6%

Data drawn from SpfCdataJohn, Closure Outcomes By Placement-Does not include cases with no placement day of custody.

The Non-Payable Relative placements increased from 628 to 962, from SFY 2005 to SFY 2006, to 1,226 in SFY 2007, but dropped to 1056 in FFY 2008; however, the number of children placed with certified (thus, payable) relatives increased from nine in SFY 2007 to 71 in FFY 2008, resulting in a net decrease of only eight children placed with relatives, and an insignificant difference of only .1% in the percentage of children in family settings who were placed with relatives.

At the other end of the restrictiveness of placement spectrum, the percentage of children placed in facility settings versus family settings has continued to decrease from a high of 12.2% in SFY 2004 to the FFY level of 6.7%. SFY 2006 is the only year when that percentage has been lower, attributable at least in part to the number of facilities in the southern part of the State that were inoperable following Hurricanes Katrina and Rita. Thus, since SFY 2004, the percentage of children in family foster care placements, as opposed to residential placements has declined every year except SFY 2006.

V. Population

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Entries into Care (per thousand children)

	SFY 01	SFY 02	SFY 03	SFY 04	SFY 05	SFY 06	SFY 07	FFY 08
*Population	1,198,030	1,185,879	1,174,984	1,160,282	1,147,651	1,147,651	1,220,307	1,545,816
**Entries	2,473	2,355	2,450	2,638	2,845	3,644	3,488	3222
<i>Entries/1K</i>	2.1	2.0	2.1	2.3	2.5	3.2	2.9	2.1

* Population under 18 is drawn from U.S. Census Bureau Population Estimates. The Census data does not include a population estimate for 2006. The 2005 population estimate is used for 2006.

** Data drawn from CPI-FCpopValRateSLloyd

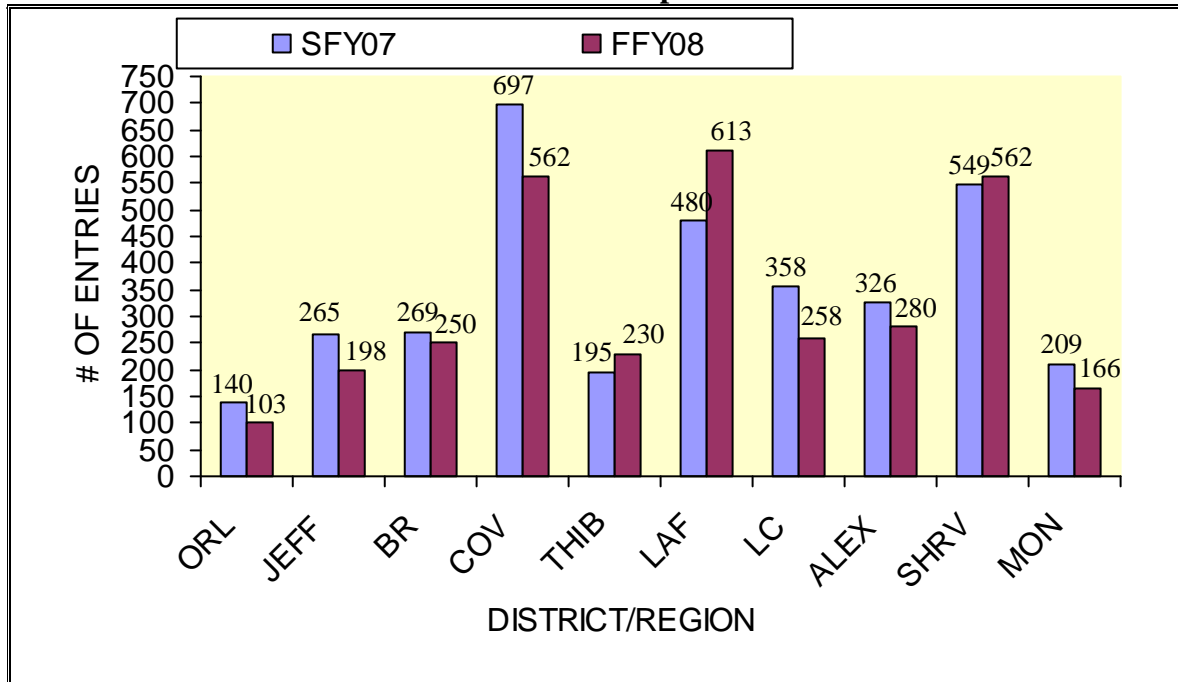
The number of foster care entries per thousand children in the state increased slightly from SFY 2005 to SFY 2006 then declined in SFY 2007. In FFY 2008, the number of entries per thousand children decreased back to a level last seen in SFY 2001. For purposes of comparison we estimated the 2006 population with 2005's census data, even though with Hurricane Katrina evacuees in other states, Louisiana's population had likely significantly decreased.

VI. Location of entry into Foster Care

Foster Care Entries By Region/District

Region/District	Total Entries SFY07	Total Entries FFY08	% Change
Orleans District	140	103	-26.4%
Jefferson District	265	198	-25.3%
Baton Rouge	269	250	-7.1%
Covington	697	562	-19.4%
Thibodaux	195	230	+17.9%
Lafayette	480	613	+27.7%
Lake Charles	358	258	-27.9%
Alexandria	326	280	-14.1%
Shreveport	549	562	+2.4%
Monroe	209	166	-20.6%
STATE TOTAL	3,488	3,222	-7.6%

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VII. Child Protection Investigations

CPI (investigations, validations & entries)

STATE	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FFY08	increase 08/07
# CPI Reports	25,596	26,245	3%	26,705	2%	27,204	2%	24,651	-9%	22,589	-8%	23,492	4%
# Validated	7,647	8,401	10%	8,000	-5%	8,579	7%	7,714	-10%	7,445	-3%	7,316	-2%
% Validated	30%	32%		30%		32%		31%		33%		31%	
# Entries into Care	2,355	2,450	4%	2,638	8%	2,845	8%	3,644	28%	3,488	-4%	3,222	
Entries / Valid Reports	0.31	0.29		0.33		0.33		0.47		0.47		0.44	

Data drawn from CPI-FCpopValRateSLloyd

CPI (reports, validations, victims & entries)

	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FFY08	increase 08/07
*# Investigations Compl	28,570	30,883	8%	29,114	-6%	30,809	6%	27,532	-11%	27,223	-1%	18,214	-33%
*# Validated	7,647	8,401	10%	8,000	-5%	8,579	7%	7,713	-10%	7445	-3%	7,316	-2%
% Validated	27%	27%		27%		28%		28%		27%			
**# Valid Victims (Unduplicated)	10,139	11,074	9%	10,585	-4%	11,580	9%	9,473	-18%	11,778	24%	9712	-18%
Valid Victims / Validations	1.3	1.3		1.3		1.3		1.2		1.6		1.2	
***# Entries into Care	2,355	2,450	4%	2,638	8%	2,845	8%	3,644	28%	3488	-4%	3222	-8%
Entries / Valid Reports	0.31	0.29		0.33		0.33		0.47		0.47		0.44	
% Valid Victims Entering	23%	22%		25%		25%		38%		27%		33%	

CPI Data drawn from ACESS. Accuracy of ACESS data still in process of being validated.

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The number of reports of child abuse/neglect increased in SFY 2004 and 2005 by 2% each year, and then decreased in SFY 2006 and 2007. In FFY 2008, the number of reports increased by 4%. The percentage of valid reports has remained fairly constant at slightly over 30%, but the number of entries into foster care declined in FFY 2008.

The number of completed investigations rose slightly in SFY 2005, but has dropped in each subsequent year, most dramatically in FFY 2008 by 33% over the previous year. The reason for the drop in FFY 2008 is Alternative Response. The actual number of accepted reports did not change significantly, but cases of low risk with no serious or immediate threat to the child's health or safety were assigned to Alternative Response. The percentage of valid investigations dropped each year except SFY 2005.

The percentage of children on whom reports were found valid was constant at 25% in SFY 2004 and 2005, increased to 38% in SFY 2006, decreased to 27% in SFY 2007, and increased again in FFY 2008 to 33%, but the total number of foster care entries in FFY 2008 declined from the SFY 2007 entries.

VIII. Foster Care Exits

STATEWIDE	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FY08	increase 08/07
*Entries	2,355	2,450	95	2,638	188	2,845	207	3,644	799	3,488	-156	3,222	-266
**Exits		2,614		2,601		2,688		3,070		3,361		3,473	
**Avg. Months in FC (Exits)		23.6		23.0		21.4		19.3		17.5		24.6	
Entries - Exits		-164		37		157		574		127		-251	
***FC Pop Last Day		4,341	-163	4,285	-56	4,433	148	5,050	617	5,160	110	4,693	-467
ORLEANS DISTRICT (01)	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FY08	increase 08/07
*# Entries into Care	223	226	3	265	39	188	-77	116	-72	140	24	103	-37
**Exits		255		250		227		171		169		184	
**Avg. Months in FC (Exits)		28.7		28.6		26.2		37.3		25.8		29.7	
Entries - Exits		-29		15		-39		-55		-29		-81	
BATON ROUGE REGION (02)	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FY08	increase 08/07
*# Entries into Care	216	238	22	244	6	287	43	303	16	269	-34	250	-19
**Exits		1		230		229		302		291		260	
**Avg. Months in FC (Exits)		18.6		17.4		19.4		20.1		20.3		21.5	
Entries - Exits		16		14		58		1		-22		-10	
COVINGTON REGION (03)	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FY08	increase 08/07
*# Entries into Care	355	382	27	379	-3	465	86	632	167	697	65	562	-135
**Exits		339		400		361		516		594		637	
**Avg. Months in FC (Exits)		23.6		22.3		23.5		18.8		16.3		24.5	
Entries - Exits		43		-21		104		116		103		-75	
THIBODAUX REGION (04)	FY02	FY03	increase 03/02	FY04	increase 04/03	FY05	increase 05/04	FY06	increase 06/05	FY07	increase 07/06	FY08	increase 08/07
*# Entries into Care	138	119	-19	142	23	195	53	253	58	195	-58	230	35
**Exits		171		148		169		231		213		214	
**Avg. Months in FC (Exits)		21.3		27.2		17.6		14.2		16.0		29.3	

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<i>Entries - Exits</i>		-52		-6		26		22		-18		16	
LAFAYETTE REGION (05)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	341	350	9	332	-18	463	131	633	170	480	-153	613	133
**Exits		388		317		396		400		535		572	
**Avg. Months in FC (Exits)		21.1		21.8		24.8		17.5		17.9		25.5	
Entries - Exits		-38		15		67		233		-55		41	
LAKE CHARLES REGION (06)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	133	160	27	187	27	171	-16	325	154	358	33	258	-100
**Exits		130		149		186		222		322		315	
**Avg. Months in FC (Exits)		21.8		17.2		20.2		16.0		13.3		21.8	
Entries - Exits		30		38		-15		103		36		-258	
ALEXANDRIA REGION (07)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	260	288	28	325	37	300	-25	401	101	326	-75	280	-46
**Exits		294		324		326		354		302		367	
**Avg. Months in FC (Exits)		25.3		19.7		18.1		19.0		18.7		24.0	
Entries - Exits		-6		1		-26		47		24		-87	
SHREVEPORT REGION (08)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	325	385	60	396	11	456	60	535	79	549	14	562	13
**Exits		415		439		444		532		546		505	
**Avg. Months in FC (Exits)		23.7		23.6		16.8		15.8		14.3		21.7	
Entries - Exits		-30		-43		12		3		3		57	
MONROE REGION (09)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	143	102	-41	140	38	125	-15	231	106	209	-22	166	-43
**Exits		160		113		153		157		178		164	
**Avg. Months in FC (Exits)		25.5		30.0		26.1		19.2		23.7		28.6	
Entries - Exits		-58		27		-28		74		31		2	
JEFFERSON DISTRICT(10)	FY02	FY03	<i>increase 03/02</i>	FY04	<i>increase 04/03</i>	FY05	<i>increase 05/04</i>	FY06	<i>increase 06/05</i>	FY07	<i>increase 07/06</i>	FY08	<i>increase 08/07</i>
*# Entries into Care	221	197	-24	225	28	193	-32	214	21	265	51	198	-67
**Exits		240		231		197		185		211		255	
**Avg. Months in FC (Exits)		25.9		26.0		23.6		27.0		23.7		25.9	
Entries - Exits		-43		-6		-4		29		53		-57	

*Data drawn from CPI-FCpopValRateSLloyd

**Data drawn from NewExitCals

***Data drawn from EndOfMonthFCLongitudinal

On a statewide level, the net number of children in foster care was fairly stable with exits increasing along with entries for most of the past five years. From SFY 2003 to SFY 2004, the total number of children in foster care declined by 163. Over the next three years, net increases of 143, 617, and 110 occurred in the total foster care population. In FFY 2008, the number of foster care entries decreased by 266 and when the number of exits was considered, the net population of children in foster care had decreased by 467 from the previous year.

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OCS also reviewed changes in law that could affect entries. Two Acts – 278 (formerly Act 148) and 396 (formerly Act 338), both effective in SFY 2006. Both acts have been incorporated into Louisiana Children’s Code.

Act 278: In the course of investigations, many children are placed with relatives. Prior to Act 278 (previously Act 148), these relative placements were viewed as voluntary parental arrangements. Act 278 terminated such arrangements, defining them as removals requiring a court order. The Act was amended to remove references to order of priority of relatives of placing children and inclusion of court ordered safety plan.

Act 396: In response to the federal Child Abuse Prevention and Treatment Act, Act 338 of the 2005 Louisiana Legislature revised Children’s Code, Article 603(14) neglect definition to include reports from health care providers involved in deliveries or care of newborns identified as affected by illegal use of controlled dangerous substances or withdrawal symptoms resulting from prenatal illegal drug exposure when the report is made within 30 days of birth. OCS began accepting reports on prenatal illegal drug exposure or infants experiencing withdrawal for investigations of child neglect beginning March 1, 2006. Act 396 of the 2007 Louisiana Legislative session revised the Children’s Code definition of prenatal neglect. The definition of prenatal drug exposure was revised and the “chronic or severe use of alcohol” was added to the definition.

Peer Case Review Baseline Data

The agency measures its performance through a Quality Improvement process that includes a multi-tiered Peer Case Review (PCR) process. This process provides an opportunity for self-analysis and an in-depth examination of caseworker practice and child and family outcomes.

The following chart provides baseline data on performance/outcome measures for safety, permanency and well being measured through the PCR process in SFY 2003 – 2004, 2004 – 2005, 2005 – 2006 and 2007-2008. A total of 90 cases were reviewed in three regions in SFY 2007 - 2008.

The agency resumed the Peer Case Review process in October 2007 and reviewed a minimum of 30 cases per region in three regions using the new Child and Family Service Review instrument.

Analysis of Baseline Data/Performance Measures

Throughout this reporting period, OCS reported baseline data/performance measures on safety, permanency and well-being outcomes. Prior to the hurricanes, approximately 300 cases were reviewed statewide annually in tier two of PCR. In 2003 - 2004, the process involved case record reviews using a CFSR-like review instrument, staff and stakeholder interviews and stakeholder focus groups. In 2004 - 2005 and 2005 – 2006, the review process was revised by eliminating staff and stakeholder interviews and by focusing on areas needing improvement as determined by results from previous case reviews. The chart below compares data elements from SFY 2003 – 2004, 2004 – 2005, 2005 – 2006 and SFY 2007 - 2008. Due to changes in the review process/instruments, some data elements have been combined in an attempt to measure progress against baseline figures. When items have been combined, the compliance percentage and the percentage of cases with areas rated as a strength have been averaged. The items used to

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obtain the figures are noted in the corresponding column. When the agency resumed PCR reviews in the SFY 2007 - 2008 the new CFSR instrument was utilized, worker interviews and focus groups were resumed.

Outcome/Item Measured	SFY 2003-2004 Compliance percentage	SFY 2004-2005 Percentage of cases with areas rated as a strength	SFY 2005-2006 **Percentage of cases with areas rated as a strength	SFY2007-2008 ***Percentage of cases with areas rated as a strength	****FFY 2007-2008 Percentage of cases with areas rated as a strength
Timeliness of initiating an investigation	68.6% (S2 & S3)	60.9% (Item 1)	68.2% (Item 1)	68% (Item 1)	88% (Item 1)
Repeat maltreatment	82.1% (S10)	90.5% (Item 2)	87.9% (Item 2)	94% (Item 2)	77% (Item 2)
Children have permanency and stability in their living situation	77.0% (P5, P7, P8, P11)	80.9% (Item 6 & 7)	84.7% (Item 6 & 7)	81% (Item 6&7)	88.75% (Item 6&7)
Continuity of family relationships and connections is preserved for children	82.8% (P2, P3, P4, P5, P5, P14, P15)	81.8% (Item 15)	77.8% (Item 15)	84% (Item 15)	89.5% (Item 15)
Needs and services of child, parents, foster parents	83.6% (WB13, WB14, WB15 & WB 16)	88.3 % (Item 17)	81.0% (Item 17)	87% (Item 17)	72% (Item 17)
Needs and services of child, parents, foster parents	83.6% (WB13, WB14, WB15 & WB 16)	88.3 % (Item 17)	81.0% (Item 17)	87% (Item 17)	72% (Item 17)
Child & family involvement in case planning	78.3% (WB5, WB6, WB7 & WB8)	78.6% (Item 18)	71.4% (Item 18)	78% (Item 18)	77% (Item 18)
Worker visits with child	70.0% (WB9)	81.3% (Item 19)	82.1% (Item 19)	78% (Item 19)	83.5% (Item 19)
Worker visits with parent(s)	43.4% (WB10, WB11)	72.9% (Item 20)	71.2% (Item 20)	70% (Item 20)	70.5% (Item 20)
Children receive appropriate services to meet their educational needs	77.9% (WB17, WB18, WB19, WB20)	85.0% (Item 21)	81.1% (Item 21)	94% (Item 21)	91.5% (Item 21)
Children receive adequate services to meet their physical and mental health needs	87.1% (WB21, WB22, WB23, WB24, WB25, WB26, WB27, WB28, WB29 & WB 30)	86.8% (Item 23)	74.4% (Item 23)	93% (Item 23)	88% (Item 23)

**Cases were reviewed in only two regions in SFY 2005 – 2006 due to Hurricanes Katrina and Rita and the aftermath of the storms.

***PCR resumed in October 2007 for SFY 2007-2008. Cases were reviewed in only three regions due to the agency's need to mobilize resources during the roll out of agency initiatives, provide support to staff during the roll out, the increase of staff turnover and the hiring freeze throughout the state. PCR is expected to resume at the beginning at the SFY 2008-2009 (specifically July 2008).

****PCR did resume in July 2008 with one review being completed in July and another in August. PCR was suspended again because of Hurricanes Gustav and Ike. One PCR was held in January 2009 which will be reported in the 2010 APSR along with the reviews currently planned for June through August 2009.

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Over the course of this review period, we have demonstrated improvement between SFY 2004 and FFY 2008 in all but three measurements:

- Repeat maltreatment
- Needs and services of child, parents, and foster parents
- Child and family involvement in case planning

In both “Repeat maltreatment” and “Needs and services of child, parent, and foster parents”, steady improvements were noted until FFY 2007-2008. We will monitor these two areas carefully, but believe that the decline could result from the small sample.

The percentage of cases in which “Child and family involvement in case planning” was rated as a strength has not varied significantly over the years. We believe that the Assessment of Family Functioning assessment and case planning tool will result in an improvement in this area after workers have become more familiar with using the instrument.

In three areas, very significant improvement was demonstrated between SFY 2004 and FFY 2008:

- Timeliness of initiating an investigation improved from 68.6% strength rating to 88% strength rating
- Worker visits with the child improved from 70% strength rating to 83.5% strength rating
- Worker visits with parents improved from 43.4% strength rating to 70.5% strength rating

We believe that PCR is a valuable tool for helping staff understand what will be expected in the 2010 Child and Family Services Review, and that the PCR process itself improves practice as workers from one region become aware of the strengths and weaknesses in their own practice through examining the practice in another region.

Title IV-E Eligibility Review and Program Improvement Plan

Summary of Activities 2004-2009:

A joint federal-state review of Louisiana’s Title IV-E Foster Care Program was conducted in July 2004 to determine compliance with the child and provider eligibility requirements and to validate the accuracy of Louisiana’s IV-E claims for the review period of October 1, 2003 through March 31, 2004. Of the 80 cases reviewed, five were determined to be ineligible. A Program Improvement Plan (PIP) was developed to address the three areas of ineligibility found in the review. A delay in implementation of and change in the PIP was approved by ACF because of hurricane recovery efforts in Louisiana and legislative approval required for some of the PIP items.

Most PIP items were met. The second review was scheduled for the week of September 17, 2007 with the period under review being October 1, 2006 through March 31, 2007. The review included 150 cases. OCS began reviewing all cases using a modified Title IV-E review instrument to help assure that all criteria were met in the second review. Due to the critical importance of the secondary review, OCS requested a waiver to the random sampling process to exclude parishes most affected by Hurricanes Katrina and Rita. OCS reassessed the request and

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determined that the best course of action would be to immediately begin reviewing 100% of the cases that would be subject to review.

The mock review began in March 2007. With assistance from our federal partners in Region VI, OCS conducted a training session for reviewers who then reviewed every case in every regional office (approximately 2500 cases). The review identified cases that were determined to be ineligible. Processes were followed to rescind those payments prior to submittal of the ACF-IV-E-1. Due to the timing of the review period, the date for the AFCARS submission, and TIPS financial process, an early submittal of the IV-E-1 was made.

During the week of September 27, 2007, Louisiana participated in the Title IV-E Eligibility Secondary Review. The review team consisted of Federal staff, OCS staff, Office of Juvenile Justice (OJJ) staff (formerly Office of Youth Development), Federal Peer reviewers and OCS retirees. A total of 150 OCS and OJJ cases were reviewed during the week. OCS was found to be in substantial compliance with Federal IV-E regulations. Four cases, or less than 3%, were found to be error cases, and less than 1% of the dollars expended were erroneously charged to Title IV-E. Because of the substantial compliance determination, OCS was not required to implement a PIP.

The success of the review was due to the support of DSS Executive Management as well as steps OCS made to assure substantial compliance: 100% review of cases, fiscal adjustments on error cases, detailed tracking of adjustments, and intense collaboration with program staff, Bureau of Licensing, Bureau of General Counsel, OJJ, and the Office of Management and Finance.

Following the Federal review, OCS identified areas needing improvement or greater collaboration. These areas include:

- Rewrite of the Financial Assessment Manual
- Revision of Financial Assessment Transaction (FAST) forms
- Identification of ongoing training and support for judges, foster care staff and eligibility staff regarding court orders that clearly address Federal IV-E eligibility requirements and State policy and procedures
- Improving fiscal and information systems
- Ongoing receipt of Residential Licensing and Regulatory Services surveys on residential facilities
- More collaboration with OJJ

Steps have been taken to address these areas, with some steps already completed. Revisions to the Financial Assessment Manual will be completed by July 1, 2009. Additional methods of automating forms and processes are being developed. A review of all non-IV-E cases was completed to determine correct application of policy. Title IV-E staff is involved with the Court Improvement Project and the Judicial Fellow to improve court orders. It is anticipated IV-E eligibility staff will need to be involved with Phase 2 development of the DSS web-oriented statewide automated information system, known as A Comprehensive Enterprise Social Services System (ACESS). State office IV-E eligibility staff participated in the Federal IV-E Roundtable that was held November 13-14, 2008. The next Title IV-E review will take place the week of November 15, 2010 and will be a primary review.

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BARRIERS AND CHALLENGES IMPACTING GOAL ATTAINMENT AND SERVICE DELIVERY

Throughout this planning cycle, the DSS/OCS had numerous challenges in the implementation of the State's child welfare system. Natural disasters, limited/reduced funding, an increased focus on outcomes, a reduced number of staff positions, hiring freezes, and issues with staff turnover and retention all impacted service delivery in Louisiana.

Of greatest impact were Hurricanes Katrina and Rita. When the storms hit, the State was working diligently to accomplish goals, tasks and benchmarks set forth in the CFSR, Round 1 PIP with noted success in meeting many of the PIP goals relating to the national data standards. As the State approached the last month of the PIP's first year, all work came to a halt as Hurricane Katrina swept through the eastern half of the State. Activities designed to improve practice were set aside while rescue and recovery became the focus. Katrina reduced the State's largest metropolitan area, New Orleans, to its smallest, resulting in the displacement of foster children, foster/adoptive families, biological families, and agency staff across the State and country.

In the immediate aftermath of Hurricane Katrina, approximately one-half of the Louisiana child welfare system was completely inoperable. Over 600 staff was directly affected by the storm and four regional offices (Orleans, Jefferson, Thibodaux, and Covington) were unable to open. A month later, Hurricane Rita came on shore in southwest Louisiana, and the entire Lake Charles region, with approximately 180 staff, was inoperable. The largest parish in the region, Calcasieu, and the regional office were unable to reopen until the end of October 2005 because of power outages and building damage.

The impact of Hurricanes Katrina and Rita, not only displaced staff and created additional duties for remaining staff, but it also temporarily interrupted the ability to provide quality services to children and families in some of the following ways:

- Displaced Louisiana citizens
- Shifting populations
- Loss of 41 staff positions
- Disrupted training activities
- Disaster/Recovery efforts
- Cancelled service provider contracts
- Loss of case records
- Disrupted legal system

Along with the impact to services provided to children and families came the economic impact to an already poverty stricken state, having its largest city and related economic base no longer providing revenues for state services. During the SFY 2006, the agency experienced a 5% budget cut that affected service delivery. At that time, the full budgeting picture was unclear as the Louisiana Legislature was in session to address the high economic and social impact of Hurricanes Katrina and Rita. The budget cuts have continued throughout the years as the agency suffered a significant reduction of \$1.6 million in Social Services Block Grant funding for FY

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2007-08, which required a budget request to restore the lost funding. A partial funding request was approved using State General Funds to supplant the lost SSBG funds. FY 2007-2008 also brought a reduction in Title IV-B, Part 2 funds, which caused a significant reduction in contracted services.

In light of events that shaped Louisiana's reality and impacted the State's vision for the future, the revised Program Improvement Plan set forth direction for the State's child welfare system in both short-term recovery and long-term reform.

Short-Term Recovery

Louisiana continues to recover from the nation's worst natural disaster. Initial estimates were that recovery would last more than five years as communities and support systems needed to be reconstructed from the ground up. This created challenges for the State's child welfare system as it seeks to make sure that children are first and foremost protected from abuse and neglect (both in and out of home), that they are provided stable living arrangements that continue to meet their needs, that efforts are made toward permanency and that the state agency charged with serving them does so with the highest possible practice standards.

Long-Term Reform

Louisiana took advantage of opportunities brought about by the storms in reevaluating and rebuilding certain aspects of the service array. Actual detail planning for long-term reform was part of the agency's five-year plan with focus directed towards redesign of front-end services with special emphasis on prevention, CPI intake and decision-making and the development of a continuum of care to prevent and respond to child maltreatment.

As the State set about short-term recovery and long-term child welfare reform, it was hit again in September 2008 by Hurricane Gustav. This storm dramatically impacted the activities of the Louisiana Department of Social Services, and diminished the extent to which the Office of Community Services was able to implement post-Hurricane Katrina/Rita work and initiatives. This was due to the Department's responsibility of supplementing local response and recovery efforts by coordinating mass care, housing, and human services. Just days after this devastating storm, the State was faced with additional evacuations, sheltering responsibilities and additional damage from Hurricane Ike. Coupled with these effects, Louisiana experienced significant changes in the public role expected of the agency as Louisiana worked toward recovery and support of impacted families, children, and communities.

Shortly after the Hurricanes of 2008, the Department of Social Services executive management changed and OCS operated under an Interim Assistant Secretary until May 2009. The position of Deputy Assistant Secretary is currently vacant. The new leadership within the department set about reviewing departmental/agency processes/functions. Some of the work ahead will include a focus on staff and customer satisfaction, evidence-based practices, modernization and realignment of business practices, improved emergency preparedness and the on-going work of promoting and supporting safe and thriving children and families.

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Despite the changes to Louisiana's landscape in the wake of Hurricanes Katrina, Rita, Gustav and Ike, and additional barriers faced by the State, OCS remains committed to assuring the safety and well being of the families and children of Louisiana. OCS believes that with the short-term recovery efforts achieved and reform goals realized, the result will be a stronger, more efficient and more effective child welfare system.

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DISASTER PLANS

[Section 422(b) (16)]

The Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) has statutory authority under Louisiana R.S. 29:721 et seq. to exercise overall direction and control of emergency and disaster operations for the State of Louisiana. Each state department is assigned a primary emergency function and is responsible for coordinating the planning and response activities. The DSS is responsible for carrying out the emergency functions of mass care, housing, and human services.

In order to carry out emergency and disaster functions and attend to the needs of the Department's consumers, a **Continuity of Operations Plan (COOP)** was developed. The COOP identifies essential functions of operation, orders of succession, roster of key employees statewide, devolution to regional leadership if headquarters is inaccessible for 24 hours or more; alternative work facilities, ways to support personnel, supplies, and other necessities so that work can be carried on. Alternative providers and modes of communication are also addressed in the COOP.

COOP: OCS Essential Functions within 48 Hours of a Disaster

- Providing for the identification, location and continued availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Responding to new child welfare cases in areas adversely affected by a disaster, and providing services to those cases;
- Coordinating services and sharing information with other states.

COOP: OCS Staff Roles and Responsibilities

- **Assistant Secretary**
 - Provide specific approvals to the Director of Programs as needed
 - Coordinate agency efforts with command center
 - Provide direction for other extraordinary service delivery
 - Coordination of media contacts and consistency of information provided to the media
 - Coordinate and share information with agency heads in other states
- **Deputy Assistant Secretary**
 - Contact Assistant Secretary to receive approval and to put in motion the following: (if necessary during a disaster)
 - Change in CPI Investigation prioritization, including communication of prioritization to lead, field and first line responders
 - Special search and shelter procedures, when an emergency results in children being separated from caretakers
 - Extraordinary case management services to meet the needs of children in state custody

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- Provide direction and approval for any extraordinary purchases
- Track and respond to those wanting to give money

- **CPI Administrator**
 - Lead for essential function of providing child protective services and child protection investigations including:
 - Ensure that the public has a way of reporting child abuse
 - Provide a limited hierarchy of intake to only those life-threatening cases in time of crisis
 - Provide child protection investigation services
 - Establish links to court system for placement authority
 - Establish links to law enforcement for investigation assistance and emergency custody
 - Address in and out of state CPI issues
 - Coordinate services and share information with other states regarding CPI

- **In-Home Services Director**
 - Establish special shelter(s) and facilitate special search actions when a disaster results in children being separated from caretakers
 - Implement procedures to identify children separated from primary caretakers
 - Establish shelter(s) or placement resources to house and protect children
 - Coordinate efforts with NCMEC Team Adam to locate primary care providers for separated children
 - Address in and out of state family services issues
 - Coordinate services and share information regarding in-home services with other states

- **Out-of-Home Services Director**
 - Provide foster care case management services to children in state custody
 - Ensure that children are evacuated to safety during mandatory evacuations
 - Establish a case management unit to support foster parents and children
 - Address foster care and home development issues
 - Coordinate services and share information regarding out-of-home services with other states

- **Field Services Division Assistant Director**
 - Implement changes in staff utilization in support of COOP mandates
 - Coordinate use of displaced staff in state office and regions
 - Coordinate work with personnel section on staff utilization
 - Coordinate efforts in support of displaced and/or traumatized staff

- **Office of General Counsel**
 - Represent OCS in court
 - Work with court(s) to setup extraordinary procedures in time of disaster

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- **Liaison to NCMEC**
 - Contact National Center for Missing and Exploited Children (NCMEC) Team Adam to seek assistance in finding parents of separated children.
 - Serve as direct liaison to Team Adam

- **Performance and Planning Services Director**
 - Point of contact on OCS statistics reported to outside entities and media
 - Coordinate data exchanges with outside entities
 - Technical assistance on setup of computer, data and communication systems
 - Coordinate DSS website information relating to emergency response

- **Adoption Section Administrator**
 - Put in place people and procedures for handling incoming calls and collection of information from callers
 - Address adoption subsidy issues

- **Policy Administrator**
 - Organize and coordinate board payment issues and check distribution as needed

- **Home Development Administrator**
 - Coordinate response to individuals wanting to become foster parents for disaster related children

- **Legal Coordinator**
 - Tracks and respond to those offering to donate services
 - Address issues with CEP providers

- **Residential/Resource Development Administrator**
 - Contact and track whereabouts of residential facilities, PFC and children hospitals to confirm safety of children
 - Address issues relating to Residential, PFC and children in hospitals

- **Eligibility Administrator**
 - Coordinate and address issues relating to Medical cards

- **ICPC Administrator**
 - Address ICPC issues with the field in support of foster parents and relative placements

- **Planning Administrator**
 - Coordinate work with ACF and external partners
 - Draft federal waiver requests
 - Coordinate work with National Resource Centers

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- **Research and Quality Assurance Administrator**
 - Prepare download from computer systems to begin tracking clients, providers and workers
 - Input and manage client, provider and worker tracking database
 - Provide data reports to support recovery efforts

- **Prevention Program Manager**
 - Coordinate search efforts for missing family services cases

- **Foster Care Program Manager**
 - Address issues relating to displaced YAP and soon to be aging out youth
 - Address issues relating to displaced independent living providers

DSS Policies and Procedures address the following:

- **Providing a mechanism to remain in ongoing communication with staff and essential personnel who are displaced because of disaster;**

The Department's 1-888-LAHELPU (1-888-524-3578) phone line was developed for staff and consumers to obtain the most recent news about DSS operations, office closures and emergency responsibilities. It also allows consumers to make requests for services and update case information as needed.

- **Providing a system to preserve essential program records.**

DSS began digitally imaging documents in response to documents being lost as a result of Hurricanes Katrina and Rita, to expand the department's enterprise approach to service delivery and to achieve a paperless process. Documents imaged include: Birth Certificates; Identity Documents (ex. Drivers License); Social Security Cards; Immunization Records; Marital Status Documents; Acknowledgements of Paternity; Proof of Income; Court Orders including Custody and Adoption Decrees, Orders to Deliver Services, Protective, Emancipation, Surrenders and Child Support Orders, Name Changes and Paternity Judgments.

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CHILD WELFARE SERVICES PROGRAM DESCRIPTIONS

CHILD PROTECTION SERVICES

Program Description: Includes skilled, prompt and sensitive intake services to reports of abuse and neglect in families, foster homes, day care centers, registered family day care homes and restrictive childcare facilities. Based on the level of risk at intake, cases are either referred for an Alternative Response Family Assessment (ARFA) or a traditional child protection investigation. ARFA seeks to match services to identified needs of a family in low risk cases. Social services that are provided during an investigation include safety and risk assessment, and may include coordination of emergency medical care and related services and emergency removal and placement.

Population served: Children and families in which there have been reports of abuse and/or neglect. For reports which are identified as low risk and there is no serious and immediate threat to the child's health or safety, they are assigned to ARFA.

Statistics: The total number of investigations for FFY 2007-2008 is 19,841. The number of new Child Protection Investigations for FFY 2007-2008 is 16.4% lower than FFY 2006-2007 and 16.1% lower than that of FFY 2005-2006. During the FFY 2007-2008, 2,924 reports were referred for an Alternative Response/Family Assessment. During FFY 2007-2008, there were 22,765 reports assigned for either an investigation case or an ARFA case, which represents only a 4 percent decrease from FFY 2008 to FFY 2007 in the total number of cases assigned.

Long Term Goals, Strategy 1.1: Review and as necessary, revise the proposal from NRCCPS (National Resource Center for Child Protection Services) regarding the differential response model to assess feasibility for implementation.

Action Plan

Step 1 Refine policies and procedures on the implementation of the differential response model in Louisiana within budgetary constraints and framework of Louisiana's SACWIS project ACCESS.

Step 2 Develop training to support a differential response model.

Step 3 Implement differential response model in one additional region in Louisiana.

Step 4 Establish and implement quality assurance methods to measure the differential response process.

Alternative Response Family Assessment

Program Description: ARFA is a safety focused, family centered and strength-based approach to child protection in which the child welfare professional conducts an assessment of need for a

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family with low risk of child abuse and/or neglect. These assessments assist the family in connecting to resources that promote child safety and well being.

Population Served: Families with low risk abuse/neglect reports and no serious and immediate threat to the child's health or safety are served. The assessment focuses on establishing a non-adversarial relationship with the family in order to identify issues, service needs, strengths and solutions to enhance family functioning.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: In March 2006 the Child Protection workgroup began meeting to discuss ways to improve the front end child welfare services. Initially, three streams of work were identified. They included review and analysis of data on foster care entries, exploration of a centralized intake process and implementation of an alternative response to child abuse and neglect reports.

In January 2007, the initial sub-committee meeting for planning for the alternative response approach was held. This approach allows child protective services to respond differently to accepted reports of child abuse and neglect, based on such factors as type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of family to participate in the services. The agency initially developed a task force in 1996 to look into development of a dual track/alternative response to traditional child protection investigations and it became an OCS pilot in Orleans and Jefferson Regions. The agency then sought guidance in the redevelopment of the "alternative" response within OCS based on the lessons learned from the initial pilot program. The basic components were the referral of low risk cases that met the criteria of a report, contacting parents/caretakers for a family interview; focus on need and service delivery, permission for collateral contacts, an "assessment" to refer for services and not an investigation.

The lessons learned included a need to commit to maintaining staff allocated to the Alternative Response Family Assessment program, a clear distinction between the Alternative Response, Child Protection Investigations and Family Services Program, and the importance of community collaboration, and development of specific ongoing skills-based training.

In September 2007, community forums were held for stakeholders and partners in the three initial regions (Jefferson, Baton Rouge, and Covington) to inform the community about ARFA. Orientation and core training sessions were also scheduled for September and October 2007 with the goal of October 15 for start of increment 1.

Policy for ARFA has been developed with the assistance of the Alternative Response Family Assessment workgroup. The draft CPI Alternative Response Family Assessment policy circulated for comments as well as revisions to the CPI Decision Making Handbook. Several sections of the handbook were updated to reflect the implementation of ARFA as well as to incorporate changes in practice that have occurred since the last update of the handbook. A focus group developed a family focused assessment instrument for Alternative Response.

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In October 2007, ARFA began in three Regions (Baton Rouge, Covington and Greater New Orleans/Jefferson District). ARFA was implemented in three additional regions in March 2008 (Thibodaux, Lafayette and Lake Charles), with statewide implementation in May 2008.

Regions were asked to provide a percentage of the number of low risk cases per month that could be referred to ARFA instead of an investigation. This percentage assisted in determining the number of ARFA workers in each parish office. The investigative unit was divided into primary investigators and ARFA workers based on the needs of each parish office.

The Regional Administrator and field services staff selected staff to be ARFA workers in the first rollout. Staff members were selected based on the job specifications and ability to meet job requirements identified for the initial implementation.

Baton Rouge Region initially used a contract provider to complete 20 ARFA cases per month to assist with the increased workload, however due to budget restrictions the provider is no longer utilized. The caseload standard for ARFA has been identified as 10 cases a month for the maximum benefit of the program for children and families.

Brochures were developed to provide an overview of ARFA to community partners, stakeholders and mandated reporters. Brochures were also developed for ARFA clients. It is given to the family during the initial face to face contact. The ARFA process and services are described to assist the family to understand the new agency response to a report of child abuse/neglect.

Regular meetings were held with Increment 1 regions to determine the need for policy revisions, and improvement in documentation of the assessment. These meetings extended to regions in increment 2 and 3 of the ARFA rollout. The meetings have provided a method of feedback between state office and first line staff on program implementation.

The agency has been collaborating with the National Resource Center for Child Protective Services (NRCCPS) to assist in the development of an evaluation method for ARFA. The Form 12, Alternative Response Family Assessment form, which documents the family assessment and service needs was scheduled to become automated which would assist in evaluating the program, however due to delays this has not occurred. A change request form has been submitted to the Information Technology department and it is on a change request prioritization list to occur. A case review process has not been developed to evaluate screening, decision-making and the assessment process due to budget and travel restrictions, however the agency has been tracking case decisions in ARFA utilizing the agency's information and management system.

Training

The agency has been collaborating with the National Resources Centers to provide assistance to increase staff skills in family engagement, assessment and determining family needs as well as service provisions and referral. Workers and frontline supervisors handling ARFA cases attended skills training on August 13-14, 2008 in Monroe, August 26-27, 2008 in Lafayette and September 24-25 and November 6-7, 2008 in Baton Rouge for the purpose of building interviewing skills and engaging families. The trainers are from the Institute for Family Development, Federal Way, Washington.

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ARFA Fundamental Case Decision Making Training Sessions have been incorporated into the agency's new worker training orientation. Training sessions were held March 30 – April 3, 2009 and April 20-24, 2009 in Baton Rouge.

Methods to Measure/Outcomes Data: Alternative Response outcomes are tracked through the OCS Tracking Information Payment System (TIPS). The codes are as follows:

- 1) ASC – Services Completed
- 2) AFS – Referral to Family Service Program
- 3) APT – Preliminary Assessment Terminated
- 4) AIN – Referral for Child Protection Investigation
- 5) UTL –Unable to Locate

The number of reports assigned as ARFA cases are tracked monthly utilizing the Ad Hoc Report function in ACCESS (SACWIS system). Reports on ARFA case decisions are being generated monthly via TIPS to track closure reasons to determine the number of cases referred to FS, upgraded to an investigation and closed as “APT” as well as completed assessments. The total number of ARFA cases assigned for an assessment during FFY 2007-2008 was 2,924 (*ACCESS ad hoc report ACN0001 CPI intake cases established report*). There were 1,974 assessment cases closed during the FFY 2007-2008. Thirty seven (37) percent of cases were closed as ASC, 1.32 percent of cases were closed as AFS, 47 percent of cases were closed as APT, 9.6 percent of cases were closed as AIN and 3.9 percent of cases were closed as UTL. Reports are reviewed with local and regional staff to determine appropriateness of referrals.

Activities Planned for FFY 2009- Future activities are reported in the CFSP.

Long Term Goals, Strategy 1:2: Review and, as necessary, revise the proposal from NRCCPS regarding the development of a centralized intake system. (Lead: CPI Section Administrator; Completion date: Originally set for August 31, 2008; Deferred indefinitely). (This was identified as an area needing improvement in Louisiana's PIP, Item 1, Timeliness of initiating an investigation.)

Action Plan

Step 1 Develop a work group to create guidelines for a pilot on centralized intake in one region while working within the framework of ACCESS.

Step 2 Determine financial feasibility of implementation of centralized intake.

Step 3 Establish additional positions for intake staff in pilot region.

Step 4 Develop policies and procedures for the implementation of a centralized intake system.

Step 5 Develop training to support a centralized intake model.

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Step 6 Establish and implement quality assurance methods to measure the centralized intake process.

Regionalized Intake Program Description: An intake system that involves a centralized intake whereby calls from reporters are routed to a regional location in each of the nine regions throughout the State.

Population served: Statewide callers making reports of child abuse and/or neglect.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: Currently, the intake function is handled on a rotational basis in most parishes and there are not enough positions to support the function. In exploring the feasibility of statewide implementation of centralized intake, many concerns were raised by the administrative staff including budgetary issues. Data was collected to determine the cost of implementation. The decision was made to explore a regionalized intake function rather than a centralized function.

In June 2007, the agency implemented statewide procedures for night call in order to develop consistency and uniformity in practice and procedures. Each region was responsible for having 24/7 night call procedures in place by June 4, 2007. Statewide OCS offices are expected to compensate designated staff for overtime when conducting night call, develop an after hours contact procedure which includes a toll free number for each region, update working agreements with local law enforcement, develop staff management procedures for night call to prevent staff burnout and post/disseminate on-call schedules in advance to allow arrangements for personal matters.

CFSR/PIP/Barriers/Challenges: Impacting Goal Attainment

A long-term goal for OCS was to redesign the CPI intake process into a strengths-based model of intake that will seek to standardize report acceptance and increase referral for community-based services. Throughout the remaining time of the five year Child and Family Services Plan, OCS explored ways to improve front end services to focus on safety while also moving toward a model of family engagement.

However, during SFY 2007-2008, a decision was made not to pursue centralized intake due to a lack of funding. The number of additional staff and resources to handle centralized intake was assessed, however not included in the agency's SFY 2007-2008 budget. The cost of the centralized intake was an estimated increase of \$1,386,562 for the SFY 2006-2007 with a 4% increase for salaries and operating expenses for each year thereafter. The amount was not financially feasible for the Department. It was determined that 44 additional positions were needed for centralized intake. The total includes one (1) supervisor for every 5 professional workers, one (1) clerical for every four (4) professional workers. Staff allocation data is based on data from ACCESS for the months of September and October 2006.

Due to the decision to not pursue centralized intake, training was not developed and quality assurance methods to measure the centralized intake process were not established or implemented.

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Although centralized intake was not developed during the previous 5 year plan, it remains a continued effort by the Department. DSS is invested in a modernization project which is aimed at creating work efficiencies through the use of appropriate technology to enhance and make service delivery more efficient. This includes OCS Mobile Technology to provide tools for field staff to reduce duplicate processes, travel time and enable staff to spend increased time delivering services to clients. Components include the assessment, selection and procurement of tools, development of IT support for mobile technology and training, and developing centralized intake. A workgroup has been established to study and make recommendations for the development of a statewide centralized intake process. By June 2009, the agency plans to develop recommendations regarding this process. *(Please refer to the Outcome section of the CFSP regarding continued efforts to develop a centralized intake process).*

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FAMILY SERVICES AND PREVENTION

Program Description: Child abuse/neglect prevention, intervention and treatment services includes intensive family services offered to families who, without such services would be unable to provide a safe environment for their children. Services are provided with the child remaining in the home. The goal is directed at protecting the child from further harm while maintaining the family unit.

Population Served: Family services are provided to families in which an allegation of child neglect and/or abuse has been validated, immediate safety concerns are manageable, and future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. In some limited situations, families can voluntarily elect to participate in these services when child abuse or neglect has not been validated.

Prevention and Family Services are provided on a statewide basis through 9 regional and 48 parish offices. From October 1, 2007 through September 30, 2008 (FFY 2008), OCS provided services to 3,819 (unduplicated) families in the Family Services Program. This represents a 10.3% decrease in the total number of families served when compared to the same reporting period FFY 2007 (4,257 families) and a 7.8 % decrease when compared to FFY 2006 (4,140 families). This decrease in services provided can be attributed to the implementation of the Alternative Response Family Assessment program which began in October 2007. *(MS Access used to obtain data from TIPS.txt download files as of 2/20/09; FS program with null subprogram or IHB subprogram. Exclude subprogram 20 and CHD).*

Long Term Goals, Strategy 1:3 Identify issues facing children and families involved in Louisiana's child welfare system that threaten their safety, permanency and well-being.

Action Plan

Step 1 - Develop an instrument and survey statewide a representative sample of Prevention/Family Service (P/FS) staff on issues relating to safety and well-being of the children and families currently involved in the P/FS program.

Step 2 - Work with National Resource Centers for Organizational Improvement and Family Centered practice to evaluate and modify current family assessments with regard to client's needs.

Step 3 –Through training build workers' skill level in conducting comprehensive assessments and in directly connecting appropriate intervention to the client's case plan.

Long Term Goals Plan, Strategy 1:4 Analyze statewide representative data collected in Preservation/Family Services' survey as well as data collected in revised family assessment to better understand the issues facing the families being served in the child welfare system.

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Action Plan

Step 1- Work with NRCs for Organizational Improvement and Family Centered Practice and Permanency Planning and Data and Technology to compile and analyze data.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008:

Prevention/Family Service (P/FS) Staff Survey

All P/FS staff received the survey and of the 300 surveys sent out, 90% were completed and returned. The data indicated that P/FS staff needed more IHBS services, transportation for clients and substance abuse and mental health assessment, referral and treatment resources. As a follow-up to this program survey, the agency conducted an agency wide assessment of the entire service array. The assessment revealed the same top issues identified in the P/FS staff survey.

Family Centered Assessment and Case Planning Instrument (Assessment of Family

Functioning): After a few years of reviewing numerous records throughout the regions during the Peer Case Review process, OCS noticed that there was inconsistency across the State with the amount of detail in the social assessment. Furthermore, although the assessment was usually completed within thirty days of a child coming into care, there was rarely a second assessment, even if the circumstances have changed. A third issue was that even in the most detailed assessment, some issues that were identified in the social summary never made it onto the case plan. The agency developed the Assessment of Family Functioning (AFF) so that workers could do a thorough, ongoing assessment of the family. It was designed so that any issue that is rated below satisfactory has to be addressed on the case plan. The Assessment of Family Functioning (AFF) replaces the Social History form previously used in Family Services and Foster Care.

The AFF was originally piloted in the Lafayette Region in the Family Services and Foster Care Programs. Baton Rouge piloted the instrument in the Family Services program from August to December 2006. In January 2008, the first three regions (Baton Rouge, Covington and Jefferson) were trained using the instrument. Implementation began on March 24, 2008 with the initial three regions. As of August 2008, the AFF is being utilized statewide. A team consisting of members of State Office was assembled to go into the regions and assist front line workers with the implementation of this new instrument. They provided assistance for ½ day once a week and assisted with any problems in utilizing the instrument and answered any questions from staff.

Legal stakeholder meetings were held with Judges, ADA's, CASA, attorney's and other stakeholders who will encounter the AFF in the course of their duties. These meetings were held in Jefferson, Covington and Baton Rouge, Lafayette, Lake Charles, and Thibodaux regions.

Focus groups were held with staff members who have utilized the AFF during and after the initial rollout in order to determine the need for changes in future training sessions.

All cases were integrated into the new format within six months after the final implementation. This was done by using the assessment on all new cases and as a case comes up for the Family Team Conference (FTC). Additionally, the agency worked with Information

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Services/Technology (IS/IT) to make the instrument available for completion on-line in web focus.

Training

Training was completed for the second phase (Lafayette, Lake Charles, and Thibodaux) as of March 25, 2008, and the conclusion of statewide training occurred in August 2008. Training included all family service/foster care workers, supervisors and administrative staff. The agency will continue training staff on the instrument. Future training needs will be assessed as needed based on feedback regarding implementation, feedback from the Regional Prevention Specialists (RPS), focus groups and peer case reviews.

Technical Assistance

With the assistance of the NRC's, OCS developed and is currently utilizing the AFF statewide. Lori Lutz, from the National Resource Center for Foster Care and Permanency Planning, is a consultant with a Masters in Public Policy and 30 years of child welfare experience. She has extensive experience in developing family centered assessment standards and provided technical assistance to OCS staff in development and implementation of the family assessment instrument. Between June 14, 2005 and August 20, 2006, she came to Louisiana three times and participated in numerous conference calls to help develop this family centered assessment and case plan instrument. Prior to the kick off of the pilot, she trained the workers in the Baton Rouge and Lafayette regions on how to use the instrument by going out with a worker and completing an assessment with the worker. She came back to the group and explained the decisions they made. Alyson McCain, PhD in Psychology was contracted to work with the Baton Rouge Region and to provide ongoing support by assisting workers in doing a more functional assessment using the new instrument. Workers in Baton Rouge had recently lost a lot of staff and were overwhelmed; therefore they each only completed one assessment in the Family Services program. Lafayette foster care workers also piloted the form. They found it very burdensome based on the number of pages, but liked the information it provides and appreciate how the assessment guides case planning.

Nine sessions were scheduled with Lorrie Lutz to provide guidance and supervision on cases via a monthly conference call. During the 90 minute call, case consultation was provided to the worker and supervisor, regarding the safety assessment, Structured Decision Making (SDM) risk assessment, AFF, and staffing form. Anyone from any parish/region is able to listen to the case consultation call for learning purposes.

Information Systems

The agency contracted with Ed Laughery (programmer) to add the Assessment and Case plan referred to as the Family Assessment Tracking System (FATS) on the Internet. Additionally, the agency is working with Information Services/Technology (IS/IT) to make the AFF instrument available for completion on-line in web focus. Once this form is on-line in Web Focus, it will be much more user friendly and will produce reports as needed.

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Methods to Measure/Outcome Data:

OCS will be looking at peer case review data in the future to see if the service needs related items improve where the new assessment process is in use.

Each Regional Prevention Specialist will read 5 valid and 5 invalid cases using a random sample in each region and review for safety, risk, case assessment and planning. Regional Prevention Specialist will also conduct focus groups with staff after training and implementation of the Structured Decision Making (SDM) risk assessment tool and the AFF in order to assess additional training needs and identify any barriers to utilizing these tools.

A spread sheet was developed containing caseload information regarding the completion of SDM/FATS on time, re-assessments completed on time, closure of cases, etc. This spread sheet is distributed to the management team monthly for distribution to workers to fill out and return. This creates the ability to see what going on in each worker's caseload and is turned in monthly with each workers caseload count.

The Family Assessment Tracking System (FATS) was developed to provide an automated assessment tool and to collect data. Data collected is related to the major domains that affect family functioning and safety factors for children. FATS provides data to assist with data outcomes and captures information on several major domains. This tool allows the agency to focus services on clients that have the greatest need because it identifies specific behaviors in families that affect the safety and well-being of children. Additionally, it allows the agency to learn more about the patterns of behaviors of the clients we serve, i.e. prevalence of substance abuse, mental illness, etc.

Long Term Goals, Strategy 1:5 Develop a service array to meet the needs that threaten the safety and well-being of children and their families who are involved in the child welfare system

Action Plan

Step 1: Evaluate current array of services available to meet the needs of families being served in the child welfare system (p. 64, 2006 APSR)

Step 2: Compare identified needs to current service array to expose gaps or duplication in needed services and begin to realign services as appropriate (p. 64, 2006 APSR).

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for

2005-2008: In August 2006, a service delivery committee was set up to evaluate the existing service array and identify gaps in service delivery. Committee members including our partners with the National Resource Center for Organizational Improvement and the Casey Strategic Consulting Group conducted focus groups with staff throughout the state to identify gaps in the service array. Prior to the focus groups, a survey was developed and administered to evaluate the existing service array. Staff planning to participate in the focus groups was asked to complete the survey with input from all staff in their region and present the information in the focus groups. Focus groups were held on August 25, 2006 (included staff from the Alexandria, Shreveport and Monroe Regions), September 6, 2006 (included staff from the Thibodaux,

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Greater New Orleans, and Covington Regions) and September 12, 2006 (included staff from the Lafayette, Lake Charles and Baton Rouge Regions).

Focus groups helped to identify and prioritize three major areas of service delivery needed to serve children and families in the child welfare system. They included intensive home based services (IHBS), substance abuse assessment, referral and treatment services and transportation for clients.

Methods to Measure/Outcome Data: Modifications in the Tracking Information Payment Systems (TIPS) procedures for FS cases have been implemented to provide a method of tracking children who are served through the Family Services Program. This will support improved reporting of the families being served by the Family Services Program and a more accurate analysis of client needs and agency performance. Additional modifications have also been developed to address the specific reasons that families are being referred to the FS program as well as identifying other caretaker/relatives in the family who may participate in the identified services.

Intensive Home Based Services

Program Description: Intensive home-based services (IHBS) includes intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in foster care. Homebuilders, the oldest and best-documented Intensive Family Preservation Service program in the United States, is the model OCS has implemented. The goal of IHBS is to prevent unnecessary out-of-home placement of children by providing on-site intervention, and to teach families new problem-solving skills to prevent future crises. Essentially the agency is using three models of IHBS. They include an in-house agency staffed IHBS unit (Lake Charles), contracts with providers who provide IHBS (Orleans/Jefferson, Baton Rouge, Thibodaux, Covington, Alexandria, Shreveport, and Monroe) and a combination of service delivery that includes an in-house IHBS unit and an outside provider (Lafayette). (This program/service addresses an area identified as needing improvement in Louisiana's PIP, Item 17, Needs and Services of child, parents, foster parents.)

Population Served: Families in which one or more children are in imminent danger of being placed in foster, group, or institutional care (prevention); families who require intensive services when children are being returned from out-of-home care within 7 days of being placed home (reunification); for children at risk of placement disruption in a stable foster home, relative or adoptive placement (stabilization); and when a child is being "stepped-down" from residential to a foster parent (or relative).

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: After review of IHBS models used nationwide, the agency chose to use the Homebuilders Model and contracted with The Institute for Family Development to train and support staff and providers in statewide implementation. A total of 36 (full and part-time) therapists (both in-house and outside providers) have been trained along with additional 29 FS staff and supervisors as extra slots allowed. There are currently 26 full time therapists and 10 part time therapists employed through OCS and contracted providers.

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Efforts to develop in-house IHBS units, locate providers in areas of the state where services were not provided and redefine provider contracts were completed in early 2007. OCS first assessed providers' ability and willingness to serve the needs of families with children at high risk for removal. Three areas of the State, Lake Charles, Lafayette, and Monroe Regions, did not have IHBS contracts when the agency began this effort. Contract providers were solicited for these three regions. Both Lafayette and Monroe Regions were able to find contractors to provide the service. In house units were developed in Lake Charles (March 2007) and Lafayette (April 2007). However, in November 2007, two providers discontinued services: Monroe provider Dave Williams and Associates and Orleans/Jefferson Provider Catholic Charities. Kingsley House, the second provider for Orleans/Jefferson, was able to absorb the referrals from Catholic Charities. A new Monroe provider (CFCF) started providing IHBS in August 2008.

In SFY 2006-2007, approximately 125 clients were served with a projection to serve 500 clients statewide in the 2007-2008 SFY (in-house and by contractor). In the two years from 1/1/07 (IHBS start) through 12/31/08, IHBS received referrals affecting 953 families and 2145 children. 63.7% of the referrals were for Prevention and 26% were for reunification. The other 10.3% consisted of referrals for stabilization and step-down (from more restrictive to less restrictive). Of the families referred for prevention, 81.1% ultimately closed "services complete" (meaning the family completed the entire intervention and did not drop out prematurely within a few days). 81.8% of those referred for reunification closed "services complete".

During FFY 2007-2008, 459 families with 1019 children (total) were referred for IHBS. 65.5% were referred for Prevention and 24.8% were referred for reunification. The other 9.7% were referred for stabilization and step-down services. 81.6% of prevention referrals were closed services complete and only 6.4 percent of cases open for preventive services were closed due to the child being removed from the home. 80.2% of reunification cases were closed services complete and the child did not return home within 7 days in only 2 cases (1.9 %). Almost 70 percent of cases open for stabilization purposes were closed as services complete and almost 86 percent of cases open for step-down reasons were closed as services complete. 1,573 weeks were spent providing services to these clients and approximately 28 face to face hours were completed per case.

IHBS has been instrumental in successfully facilitating reunification of over 300 children who were in foster care and subsequently had their foster care case completely closed. Some of these children had been in care since 2004.

Louisiana's results are consistent with other Homebuilders findings regarding follow-up at six months post service. Approximately 89% of families that had been involved in IHBS are still intact within 6 months of IHBS closure.

In July 2008, the agency started an incentive based rate for IHBS providers. The standard weekly rate is \$720, however, providers have an opportunity to earn 2.5% for each of the four goals met (for a max 10% increase over the base \$720, which is \$792). The four goals for July 2008-December 2008 are: 1. Client contact within 24 hours (90%). 2. Minimum of 32 face to face hours on cases closed Services Complete (60%). 3. Participation in weekly group consultation (90%). 4. Participation in trainings (60%). The goals have remained the same except for

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training (now that training rotates to the regions). That goal was replaced by participation in the 3 day initial staffings (60%).

Training

A total of 7 trainings were held from July 1, 2007 – June 30, 2008 covering such topics as Working with Drug Affected clients, Supervising Homebuilders, North Carolina Family Assessment Scale, Assessments and goal setting, Engagement and Cognitive and Behavioral Interventions (offered twice) and Critical Thinking. Planned trainings from February 2008- June 2008 had to be cancelled after the training contract was lost at the Department of Administration (DOA).

Additional trainings held in 08/09 (specifically from July 2008-September 2008) included Responsive Management for Supervisors, Homebuilders Fundamentals for Supervisors, Fundamentals/Core Curriculum for therapists and Assessment and Goal Setting.

Trainings held since October 2008 include Motivational Interviewing and Relapse Prevention, Responsive Management for Supervisors, Domestic Violence, Working with parents with Cognitive Limitations, Critical Thinking, Cognitive and Behavioral Interventions, Core Curriculum, Motivational Interviewing, Ethics for in-home services (3/12/09), and Working with Parents with Cognitive Limitations (3/26/09). Additional trainings for AR and FS staff are included. In light of staff travel restrictions, trainers were brought to the regions (Alexandria, Monroe, Shreveport, Jefferson).

Ongoing trainings and continued quality enhancement (including site visits) are planned for therapists as well as agency staff throughout 2009.

Technical Assistance

The Children's Bureau, Administration for Children and Families (ACF), makes available to states an array of national child welfare resource centers whose purpose is to provide states with training and technical assistance (T/TA) to improve services to children and families as well as to implement PIP related projects.

Post hurricanes Katrina and Rita the agency worked with ACF and the National Resource Centers (NRC) to develop a technical assistance plan focused on short term-recovery and long-term reform. Some of the work is carried over from the previous years' TA plan and some of the work is new. All of the work is directed at ensuring favorable outcomes for children and families.

The agency has worked with the NRC for Organizational Improvement for redesign of the family services program to deliver the appropriate service array and create a positive presence in the community by identifying what brings families to agency attention and determining the underlying issues that result in parents being abusive/neglectful to their children and the NRC for Organizational Improvement, the NRC for Family Centered Practice and Permanency Planning and the NRC for Information Technology to evaluate current family assessments regarding needs, analyze assessment data (agency and parish), analyze the service array, and design a continuum of services.

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Methods to Measure/Outcome Data: A reporting structure has been set up for oversight of the efficacy of the implementation of this model. The data/reports the agency uses to measure and track the implementation of intensive home-based services include the following information: reason for referral; how long the case was open; disposition at time of closure; family well-being measured by the North Carolina Family Assessment Instrument (NCFAS-this information is being collected in the database but a report has not yet been built in order to analyze the data) and repeat maltreatment at 6 months and 12 months post-intervention. Reports for 6 months post IHBS reflect 90% of the cases intact at IHBS closure, remain together within 6 months post IHBS. Additionally, clients participating in IHBS services are asked to complete a customer satisfaction survey. About 50 more feedback surveys were received from VOA Baton Rouge, Lafayette and Lake Charles. Providers report very low response rates, however, when received, surveys are overwhelmingly positive.

The length of cases has continued to be reduced in length while the average face to face hours have increased. According to the Homebuilders Model, cases average 4-6 weeks with 8-10 hours of face to face (FF) per week. The following reflects a breakdown of length of service (LOS) in weeks followed by face to face hours for SERVICES COMPLETE (only) cases:

Time Frame	Average Length of Service in Weeks	Average Face to Face Hours
Calendar Year 2007	5.0 weeks	26.9
Calendar Year 2008	4.6 weeks	33.4
1/1/07-12/31/08 (two years of program)	4.3 weeks	26.9
FFY 2007-2008	4.7 weeks	31.4
SFY 2007-2008	4.8 weeks	29.8

A baseline has been developed by obtaining the number of children identified/referred for services, the number served and of the number served the number that came into foster care and the number maintained in the home. There will be an underlying assumption that all the cases would have come into foster care or would have remained in foster care. It was learned that not 100% of the children in the database would have entered care as some siblings in the home received the service but were not targeted as imminent risk. Approximately 90% would have come into care or would have stayed in care longer.

The following graph identifies valid Child Protection Investigations post IHBS referral by Region including # families and # children. These cases were referred to IHBS but it does not mean they necessarily closed as “services complete”. They may have closed in IHBS for client non-cooperation, for example. Also included is the number of families/children referred to that region for 2007/2008 calendar years and the percentage of children receiving valid CPI reports post IHBS based on the number of referrals in the region:

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Calendar Year	# Valid Investigations Post IHBS		# Referrals to IHBS		Percent Valid CPI investigations-post IHBS
	Families	Children	Families	Children	
2007-2008					Children
Alexandria	19	36	98	228	15.7%
Baton Rouge	6	9	52	111	0.8%
Covington	31	55	201	443	12.4%
Jefferson	2	5	74	155	.03%
Lafayette	30	79	171	405	19.5%
Lake Charles	18	28	117	243	11.5%
Monroe	7	14	44	99	14.1%
Orleans	3	3	23	54	.05%
Shreveport	16	25	114	274	.09%
Thibodaux	5	5	29	133	.04%

Substance Abuse Services

Program Description: Assessment; In-patient treatment and referral; Women and dependent children out-patient treatment program.

Population Served: Substance abusing parents and their children who are at risk of abuse and neglect or who have been abused or neglected.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: The OCS entered into two separate Memoranda of Understanding (MOU) with the Office of Addictive Disorders (OAD). The first MOU signed on July 1, 2006, allowed for the placement of OAD counselors in each region. The counselors complete substance abuse assessments and make referrals for clients served and are shared with the Office of Family Support (OFS). These counselors are housed in the OCS Offices. A second MOU was signed in March 2007 with OAD to create 25 additional beds for women and children in substance abuse treatment facilities. Additionally, the MOU provided for intensive outpatient substance abuse treatment for women statewide. OCS clients receive first priority on these services/beds.

This MOU is relative to the programs that will be identified as meeting maintenance of effort requirements as per Temporary Assistance for Needy Families (TANF) regulations. The programs that have been identified for purposes of establishing maintenance of effort are relative to drug screening, assessment, referral and treatment for eligible needy families/FITAP recipients and provide residential prevention and treatment programs for women and children. The total maintenance of effort generated by implementation of these programs will be \$1,839,729.00 as long as funding is appropriated by the Legislature for these programs.

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On July 1, 2008, changes to the MOU occurred and program descriptions are as follows:

A. Component #1 Inpatient Treatment and Referral

Provides 24 hours per day, 7 days per week, in intensive treatment environment. At a minimum, services provided include a psychosocial assessment, an individualized treatment plan with discharge planning, at least, quarterly treatment plan updates, family therapy, group therapy at 25 hours minimum per week, Life Skills training, random urine drug screens, access to 12-step programs, transportation and referral to the appropriate continuum of care upon discharge. These services are provided by Licensed Clinical Social Workers, Licensed Professional Counselors, and Board Certified Substance Abuse Counselors, and those who are under supervision for certification and licensure. No medical costs will be billed at this level of care. Medical services will be provided at no cost to OCS.

B. Component #2 Women and Dependent Children's Residential Prevention and Treatment Program

Residential treatment has been deleted from the MOU. Clients remaining in treatment were covered through TANF eligible beds.

C. Component #3 – Intensive Outpatient Treatment for Pregnant Women and Women with Dependent Children.

This is a program to address the needs of OCS/TANF eligible women with dependent children through intensive outpatient treatment to women eighteen (18) years of age and older with dependent children.

OAD provides six onsite qualified substance abuse professionals and six peer mentors in the following regions: Covington, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe Regions. Staff will conduct on-site assessments, treatment, and provide follow up status reports to OCS staff. Clinicians participate in group staffing as requested by OCS and perform other assigned tasks for OCS clients as time permits.

Technical assistance is provided by Ivory Wilson, TANF coordinator relative to Best Practices in the delivery of services. This includes presentations at OAD Regional Meetings on Policy, Procedures, Data Collection, Billing, Reporting, and Performance Measures.

Training

Training of OCS staff will be done to inform them of this service and required client eligibility. Training will also consist of training to recognize the signs and symptoms of substance use.

The recruitment and marketing efforts will be aimed at informing and encouraging potential customers. It will include outreach and marketing campaigns, also ongoing collaboration with (OCS) staff, and non-profit organizations, and Memorandums of Understanding with other public agencies, and community organizations.

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Methods to Measure/Outcome Data: OCS tracks by region and parish the number of clients referred for assessment, the number that attended the assessment, and how many are identified as needing treatment. The agency also tracks the type of treatment recommended and the number of clients who make it to and through treatment.

OAD conducts annual peer review of state-operated and contract providers and provides quarterly contract monitoring. Additionally, quarterly on site visits will be conducted at all locations to monitor project activity.

During FFY 2007-2008, there were 1327 referrals received; 355 referrals were screened out and 410 referrals did not show; 792 assessments were completed and 635 were identified as needing treatment; and 427 clients were admitted to substance abuse treatment.

Louisiana Relatives as Parents Program (LA-RAPP)

Program Description: As a direct result of our agency's prevention efforts, OCS received a grant in February 2006, through the Brookdale Foundation to implement a program called LA-RAPP. This program encourages and promotes the creation or expansion of services for grandparents and other relatives who have assumed the responsibility of surrogate parenting.

According to the 2000 U.S. Census, Louisiana ranks as one of the top five states in the nation for grandparents raising their grandchildren. The Census Bureau reports that more than 67,000 Louisiana grandparents are responsible for meeting the basic needs of their grandchildren. Recognizing that many relatives may not know where to go for help, this program has been developed for the purpose of providing support for the relative caregivers and the children they are raising. Our mission is to identify ongoing issues and needs of kinship caregivers, and to advocate for the development of a meaningful array of services to meet these needs in each community throughout Louisiana.

Population Served: Grandparents and other relatives who have assumed the responsibility of surrogate parenting.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: In partnership with the Children's Trust Fund and Grandparents Raising Grandchildren, OCS funded the development of support groups in four communities with funds from the Brookdale Foundation grant over the past two years. Three support groups are established in Alexandria, New Roads and New Orleans and one additional support group was established in Monroe. The Louisiana Relatives as Parents Program has assisted approximately 425 relatives in securing relative placements during FFY 2007-2008.

In addition to this grant from the Brookdale Foundation, OCS allocated a portion of one-time, Social Services Block Grant Supplemental Funds to assist relative caregivers in ways that may not have been previously allowed. These funds have been used for concrete, supportive, or therapeutic services to facilitate the permanent placement of a child with a relative caregiver. The funds have been used to prevent entrance into the foster care system at the CPI or FS level, to support a child moving from the foster care system to a permanent relative placement and/or

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to prevent a disruption of a relative placement. The funds have also been used to assist fictive kin.

Public awareness and educational materials have been distributed at the Grandparents Raising Grandchildren Conference. A Legislative awareness campaign has also been sponsored. The agency has researched bills that affect grandparents and have asked Senator Broome to keep the agency apprised of house bills that affect grandparents raising grandchildren.

During the SFY 2007-2008, the agency received \$4,000 from the Brookdale Foundation. Additionally, \$50,000 was approved in the budget for relative caregivers. The agency was unable to reapply for a second grant through this foundation.

Methods to Measure/ Outcome Data: Approximately 425 relatives have been served using these funding sources during FFY 2007-2008. The agency will collect TIPS data on the number of clients receiving services in FFY 2007-2008 and is in the process of developing an evaluation tool with the Quality Assurance section.

Nurturing Parenting Program

Program Description: Nurturing the Families of Louisiana™, developed by Dr. Stephen Bavolek, is a validated approach to working with families to reduce dysfunction and build healthy, positive relationships. It is a 16-week parenting class offered by eleven Family Resource Centers throughout Louisiana for families with children between the ages of birth to five. Each of the group sessions is followed with an in home component.

Population Served: OCS families served through the Foster Care or Family Services programs that have a need for parenting training and have a child between the ages of birth to five years.

Research

The goals, objectives and activities of the Nurturing Parenting Program® were developed from years of extensive clinical and empirical research in identifying the parenting and nurturing needs of families exhibiting abusive behaviors. The five basic constructs on which the program training and activities are based are: (1) Inappropriate Parental Expectations; (2) Parental Lack of an Empathic Awareness of Children's Needs; (3) Strong Belief in the Use and Value of Corporal Punishment; (4) Parent-Child Role Reversal; (5) Oppressing Children's Power and Independence. Upon completion of the skill based program, families consistently attending the sessions should demonstrate a significant decrease in risk for practicing abusive behaviors. Risk is measured by using the Adult Adolescent Parenting Inventory (AAPI-2), the program's pre/post test evaluation tool that examines parenting attitudes.

Training

In August 2006, Dr. Bavolek conducted a two-day facilitator training for Family Resource Center staff that covered the content of all sixteen sessions and included presentations from each Resource Center on how they were implementing certain sessions in their centers. All Family Resource Centers were represented. In March 2007, Dr. Bavolek returned to Louisiana to train OCS staff from all nine regions on the philosophy of the Nurturing Parenting Program and what to expect

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when referring a client to the program. The training sessions were provided in three geographically diverse areas of the State. At two of the trainings parents who were either currently in the program or had completed it, spoke about what they learned and how they benefited from the program. Although OCS did not have any structured facilitator trainings, Dr. Bavolek was available to facilitators at the resource centers via phone and email on an as needed basis throughout the year. In an effort to get a clear picture of how the Nurturing Parenting program was being implemented throughout the State, staff along with the agency's partner from PCAL went to all of the Family Resource Centers to highlight good practice and address areas that needed improvement. OCS is posting all of the positive highlights on PCAL's message board for all resource centers to view and is focusing training in areas that need improvement.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: The agency originally planned to have two staff members in each region trained in the nurturing parent program; however the agency developed Regional Prevention Specialists in each region to serve as a liaison between the Family Resource Centers and OCS staff to ensure that staff are knowledgeable about the program.

A contract was finalized with Dr. Bavolek to come to six of the resource centers with the greatest need. He helped their staff members to identify ways to engage clients in the nurturing parent process and to improve their understanding of the AAPI (Adult/Adolescent Parenting Inventory). Dr. Bavolek assisted staff in utilizing the AAPI to work with clients by teaching them how to use the AAPI to meet individually with their clients to set goals for improvement in the parenting program as well as other areas.

The agency purchased 300 Nurturing Parenting Easy Reader Handbooks for OCS workers and Family Resource Center staff members. Sixteen CDs that is a 10 session community based parenting education series were purchased and distributed to all PCAL offices and in every regional OCS office.

The Casey Family Program pledged \$20,000 to do a full evaluation of the nurturing parent program. This was used to obtain a data entry position in order to maintain the data received in the evaluations. The contract was finalized and the goal was to have an evaluation report available by December 2008. Data has been entered into the database through calendar year 2007 and the evaluation has been completed using this data. However, the evaluation has been submitted to the Casey Foundation and revised several times. It is currently submitted for final review and should be available by June 2009. This evaluation report will be used to determine if there are any adjustments that need to be made to the program.

Methods to Measure & Outcome Data: Dr. Bavolek provided results of his analysis of pre- and post-test scores of parents who completed the Nurturing Parenting Program. He reviewed the aggregate data with state office and resource center staff to help staff understand how to use and interpret the pre and post test scores, how to determine based on the number of scores in the pre-test and post-test output, the number of clients who completed the program, and how to understand the demographics of the population being served at each center. The analysis of pre- and post-test scores provides information about improvement in parenting attitudes. His analysis indicates

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significant improvement in the parenting attitudes of those who complete the program. However, additional analysis is needed to evaluate improvement in parenting behavior.

During 2007, an analysis of a 16 -week nurturing parenting group was initiated through the Covington Region Family Resource Center. This analysis served as a prototype for developing a comprehensive evaluation of the nurturing parenting program in Louisiana. The analyses of this group included a review of the data and data structure so an evaluation data model could be developed.

The AAPI-2 (pre/post-test) measures five constructs (subscales) to include: A. Inappropriate expectations, B. Lack of Empathy, C. Physical Punishment, D. Role reversal, E. Power and Independence. The resource centers are maintaining detailed log sheets which document which session each participant attended, which home sessions were completed, and which sessions the child (ren) attended. A data entry person will enter the log sheets into a database and they can be paired with the AAPI to see if there is a statistical difference in pre/post test scores. The agency will be able to monitor such things as, for all persons who complete the program is there a difference in pre/post test scores, or is there a difference in pre/post-test scores if a participants child attended each group. The agency expects to be able to receive a report in June 2009

Multisystemic Therapy (MST)

Program Description: MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that contributes to his or her antisocial behavior. MST interventions typically aim to improve caregiver discipline practices, enhance family relationships, decrease youth association with deviant peers, increase youth association with pro social peers, improve youth school or vocational performance, engage youth in pro social recreational outlets, and develop an indigenous support network of extended family, neighbors and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies (ex. Functional Family Therapy) that have the most empirical support, including cognitive behavioral, behavioral and the pragmatic family therapies.

Population Served: Youth, ages 12-17 years of age, who are at risk of out-of-home placement due to delinquency/child welfare needs, youth adjudicated delinquent or CINC youth returning from out-of-home placement, chronic or violent juvenile offenders in the child welfare system, substance abusing youth in child welfare system and in some instances, non-adjudicated children, age 12-17, identified as at risk for out-of-home placement due to violent behavior, truancy, substance abuse or other maladaptive behaviors.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: MST has been instituted in the Monroe, Shreveport, Greater New Orleans, and Baton Regions. Lake Charles Region had MST available but it was not part of the agency contract with JPHSA. Therapists generally carry caseloads of 5 – 6 families, however, due to MST staff turnover and lower than expected referrals, caseloads averaged 3 per therapist. In 2008-2009, the providers formerly under the JPHSA contract, expect to serve a combined total of 110 youth. Each team now maintains two therapists and one supervisor. However, Providers may

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increase therapists (to 3 or the maximum, 4) per team depending on the demand for the service. Providers anticipate increased referrals from other sources (other than OCS) now that the service is covered by Medicaid (which started December 2008). New MST providers continue to surface (under the supervision of the local System Supervisor, Christine Bonura) in light of the Medicaid reimbursement. Covington’s program through the Youth Service Bureau will start April 27, 2009. Two additional programs in North Louisiana are also providing services. The Providers participate in a monthly conference call (4th Monday of the month) facilitated by OCS to maintain communication across programs and agencies. Approximately 83% of cases are considered successful at closure.

Methods to Measure/Outcome Measures:

The data/reports the agency plans to use to measure and track the implementation of MST include the following information: reason for referral; how long the case was open; and disposition at time of closure. The success of a case is determined by the implementation and outcome of the case plan created by the therapist, child, family and other persons involved as needed.

As of September 2006, MST has served over 235 children with the majority referred for Prevention of out of home placement.

In December 2008, the MST contract with JPHSA (and subcontractors) ended now that Medicaid is able to pay for the service. OCS has limited funds to pay for OCS clients needing MST but do not have Medicaid. Tracking of clients served will be through monthly reports received from the individual MST providers. These clients will be matched in TIPS to monitor repeat maltreatment.

The chart below details major initiatives of the Prevention and Family Services program most of which have been discussed in the proceeding pages of this document; however, this chart also provides additional details on the current status and challenges affecting implementation.

Name of Initiative	Main Purpose	Current Status and Implementation Plan	Coordination Needs (Other areas this initiative impacts or is impacted by)	Challenges
Assessment of Family Function and Case Plan	To assess the functioning of a family and to develop a case plan that is a direct result of the assessment. Also, to gather data on client needs in order to build partnerships and allocate resources accordingly.	Automated system complete; training began January, 2007, and phased roll-out across the state. All training completed by September, 2008.	Structured Decision Making (SDM) Alternate Response Potentially many other areas	A major statewide initiative; Coordinating training with SDM so it is a seamless process for staff. What should training plan look like? Who should train staff? Evaluation/Follow up? Developing questions for reports.
Homebuilders Intensive Home Based Services	Prevention; Reunification; Stabilization; Step-down	Available in all regions; Over 950 families referred in two years (2007-2008)	FS Re-Design; DSM; Assessment; Residential Initiatives; Relative Placements	Requires labor intensive oversight to assure model fidelity
Substance Abuse Services	Placement of OAD clinician in each OCS region to assess and refer for treatment as needed. Allocation of funds for	Clinicians placed in all but one region; IOP started in only 2 regions so far; residential treatment deleted from MOU		Staffing; transportation; assessing our data and current research to be sure we are using resources on interventions that have the

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Name of Initiative	Main Purpose	Current Status and Implementation Plan	Coordination Needs (Other areas this initiative impacts or is impacted by)	Challenges
	treatment, residential, and IOP groups in each region.			best evidence of success.
LaRapp (Louisiana Relatives as Parents)	To explore the needs of and support relative caregivers (concrete services, training, support groups, etc.)	Support groups established in four regions; limited funds allocated for services; in process of identifying training and on-going supportive needs.	Home development initiatives	Labor intensive community outreach needed to start and maintain program.
MST	To prevent placement of adolescents in foster care or to step-down adolescents to a more permanent family like setting	Available in GNO, Monroe, Shreveport, BR; OJJ contract in Alexandria and Lake Charles. Additional teams are being added in 2009 as it is now a Medicaid billable service (as of December 2008)	Residential initiatives; IHBS; Substance Abuse services.	Modifications needed for child welfare population; on-going funding.
Nurturing Parenting	Intensive, “Promising” program of parent education and training.	Available through Resource Center in all regions. Reviewing data and making modifications as needed.	Assessment; Alt. Response; Redesign of FS.	Developing enough capacity to fill the need.
Re-design of Family Services	To serve moderate to high risk families where one or more children remain in the home. Goal is to provide more direct service by OCS-FSW rather than FSW simply acting as a broker of services and monitor.	Current policy requires 1 x month visit; average. Duration 6-12 months; caseload standard 15 families; primarily brokering of services through Resource Centers and monitoring for safety/5risk. Exploring a model that would be more intensive (2-3 x per week avg.) for shorter duration (90-120 days); smaller caseload (5-7 cases).	Alt. response; SDM; IHBS; MST	Designing a program that is responsive to the need yet within our means to implement. Extensive training needed for FSW in more direct interventions. Coordinating with other initiatives.

CFSR/PIP/ Barriers/Challenges: Impacting Goal Attainment:

Actual detail planning for long-term reform is part of the agency’s five-year plan. It focuses on two major initiatives, the first of which is to redesign front-end services with special emphasis on prevention, CPI intake and decision-making and the development of a continuum of services to prevent, and in response to, child maltreatment. The State worked with the National Resource Center for Child Protective Services in identifying effective models for redesign of CPI Intake and decision-making. The National Resource Center for Organizational Improvement and the National Resource Center for Children’s Mental Health worked with the State on the development of a continuum of services that will support prevention re-design. As part of this initiative, the State created a more accurate picture of its clients, the issues they face and the services necessary for the safety, permanency and well being of their children.

During this time period, the agency has struggled with very limited resources for family preservation, particularly in the complex areas of substance abuse, domestic violence and serious mental health problems. Additionally, Louisiana suffered the nation’s worst natural disaster that displaced thousands of children and families and negatively impacted the State’s economy. While confronted by additional issues created as a result of Hurricanes Katrina/Rita, ongoing issues continue to impact service delivery. Many of our most valuable services such as intensive in-home services, protective day care, substance abuse and mental health services are currently extremely limited.

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FOSTER CARE/HOME DEVELOPMENT

Program Description – Foster Care services include substitute, temporary care (e.g. foster family home, residential care, kinship care or youth living independently) utilized when the child’s health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The State is awarded legal custody of the child by the court of jurisdiction. The foster parents, private providers, relatives and youth work with agency staff and parents toward achieving permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home and in providing support for the family and connections. Relatives are explored as placement options for the child prior to considering other placement options. For children who age out of foster care at 18, the agency provides the opportunity for the young adult to contract to continue receiving supportive services through age 21 in the Young Adult Program. Home Development services include recruitment, retention and support to OCS foster and adoptive families and private foster care (e.g. Therapeutic Foster Homes). Additional information concerning Home Development is found in the Statewide Recruitment and Retention plan on page 73. Residential services include therapeutic congregate care. Interstate Compact on the Placement of Children (ICPC) coordinates services with other states for out-of-state placement with relatives or in permanent adoptive homes.

Population Served: Foster care services are provided on a statewide basis through 10 regional/district and 48 parish offices. The program provides services for a planned period of time when an abused or neglected child must be separated from parents or family, and when the state has been awarded legal custody of the child through the court of jurisdiction.

During FFY 2007-2008, the end of month average number of children in foster care was 5089, and the cumulative number of children served in foster care was 8486. In order to maintain continuity of data through this five year reporting period, the data on the size of the foster care population presented below continues to be in the SFY format that has been used for the previous four years. We believe that continuity is especially important in the foster care program because of the large increase in foster care entries that was experienced during this period. We believe that the population has stabilized as this is the second consecutive year that we have experienced a decline in foster care entries even though a slight increase in the average number of children in foster care on a monthly basis and the cumulative number of children in foster care has continued to increase, but minimally.

As of April 2009, OCS had provided foster care services to an average of 5078 children monthly based on end-of-month figures (EOM), and to a cumulative total of 7907 children thus far during SFY 2009.

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Number of Children Served in Foster Care		
SFY	EOM Average for SFY	Cumulative SFY
2005	4427	7067
2006	4947	8022
2007	5283	8427
2008	5341	8498
2009 (through 4/30)	5078	7907

(Data obtained from Web Focus Report)

Thus far in SFY 2009, the average number of children in Foster Care at the end of each month is an average of 668 or 14.72% higher than in SFY 2005.

Summary of Activities 2005-2008:

As noted below, a number of initiatives had begun in OCS to assure the safety of children in foster care and move them more quickly to a permanent home prior to Hurricanes Katrina and Rita. Following those hurricanes, most agency activities were directed toward response and recovery, including locating foster parents, children in foster care and biological parents. After those immediate response efforts, federal and foundation partners stepped in to provide assistance to Louisiana which resulted in enhancement of some of the initiatives that had begun in a small way and providing the opportunity to improve services to a point beyond what we had previously envisioned.

The Foster Care Program began using Printrack for criminal records checks on potential foster parents in August 2004, and began using the system for relative placements in November of the same year. In 2006 agency policy was changed to require that all adults in the household be fingerprinted and records checked through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI); that foster parents must notify the agency when any adult moves into the home and of any criminal activity. In 2008, new fingerprinting equipment was placed in each regional office to match state police technology, and OCS received approval from the FBI to expand Louisiana law to include fingerprinting residential caregivers and biological parents.

In December 2004, the agency began requiring an ongoing safety/risk assessment for children in foster care to explore barriers to returning home and reviewing the safety assessment at each quarterly staffing to determine if the child could be safely returned home. In 2007, Structured Decision Making was purchased from Children’s Research Council as an additional tool to measure the capacity of the family to provide a safe home for the child.

In 2004, the agency began to require that workers make diligent efforts to locate relatives and others as lifelong connections for all children in with a focus on adolescents; a Memorandum of Understanding was signed with Court Appointed Special Advocates (CASA) to aid in the location of parents, relative placements, and/or permanent contacts for youth in foster care. In 2006, the case plan for 16 and 17 year old youth was updated to include identification of a permanent placement or connection, and Independent Living Skills providers were asked to include search for relatives in transition plans for youth. In 2007, targeted staff was trained to use family search and engagement techniques to locate family members of children in foster care

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via the internet, and in 2008 the National Resource Center for Family Centered Practice and Permanency Planning (NRCFCPPP) continued family finding training for staff.

In 2005 and 2006, the Family Group Decision Making (FGDM) team conferencing model was being used in three regions. As detailed later in this report, we are no longer using FGDM. In 2007 and 2008, the “Assessment of Family Functioning” instrument was developed as a web-based instrument designed to assist the worker in engaging the family, identifying domains of needed services with the family, and developing an individualized case plan with the family based on the needs identified in the assessment process. The instrument was implemented statewide in 2008.

High staff turnover at the front line worker level was identified as a barrier to compliance with caseworker visitation requirements, and a workgroup was formed in October 2007 which identified several issues impacting staff turnover including workload/caseload, training, support and guidance, and pay. Efforts have been made to address each of those issues: Special Entrance Rate Pay was implemented; new worker orientation now contains more focus on worker visits; discussions of the importance of worker visits occur at each Regional Administrator meeting; the University of Kentucky’s Training Consortium (UTC) was identified as a model for a Louisiana Child Welfare Training Institute, and efforts are underway to develop that initiative; Marsha Salus, a nationally recognized trainer and consultant, is providing training for mentors for inexperienced supervisors; and current workflow and modernization efforts are expected to positively impact workload/caseload issues.

In 2006, tutoring, orthodontia (except for medical necessity), and the CFCIP provider mentoring program were eliminated due to budget cuts. In 2007 efforts to build a continuum of care (Intensive Home Based Services, Multi-Systemic Therapy, Nurturing Parent Program, and in-house substance abuse counseling) began, and by 2008 these programs were in place.

Activities in 2008-2009 SFY:

State Office program staff provided supportive assistance to field staff through policy clarification, authorization of specialized services for clients, guidance in handling unique client situations, consultation in seeking appropriate client services, one-to-one training in utilizing the Structured Decision Making (SDM) and Family Assessment Tracking System (FATS) tools, group training on topics such as more effective utilization of therapeutic services for clients and accessing Office for Citizens with Developmental Disabilities (OCDD) services and applying for Medicaid waivers for developmentally disabled children.

The roll out of the Focus on Four Initiative, (i.e. the focus on Assessment of Safety, Assessment of Risk, Assessment of Family Functioning, and Case Planning Assessment to collaborate with families to link these assessments and to identify realistic, strengths-based services to address the safety and risk factors impacting the functioning of the family) was completed and supportive consultation with Diedre O’Connor of the Children’s Research Center and Lorrie Lutz of the National Resource Center on Family Centered Practice and Permanency Planning was provided through regional meetings and teleconferences. Ongoing training and support to develop regional superusers for continued staff development is underway. All policy related to

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assessment and case planning using the new instruments was integrated into the Foster Care policy manual, Chapter 6.

Agency contracts for Family Group Decision Making and Connections for Permanency were fulfilled. The Family Team Building model was explored and initial consultation was held with Paul Vincent of the Child Welfare Policy and Practice Group. However, further consideration of this model has been delayed as the agency prepares to focus on more basic staff skills development related to client engagement. Policy related to identifying and establishing permanent connections for children placed in foster care was developed to guide staff in promoting these relationships for children on an ongoing basis. The Louisiana Court Improvement Project and the Court Appointed Special Advocates are collaborating to seek funding for further Connections for Permanency activities.

OCS daycare policy was updated to align OCS usage of Child Care Development Funds with the State plan guidelines of the Office of Family Support (OFS). OCS receives these funds to support provision of protective child care services through inter-agency transfer of funds from OFS. Child care assistance is provided to children of parents who remain in the custody of the parent when another child in the family is in Foster Care to relieve the strain on the functioning of the family and reduce risk to the child remaining in the family home. Child care assistance is provided to children in Foster Care placed in relative and foster family homes to stabilize placement when the caregiver(s) works or attends an educational/vocational program at least 25 hours per week or one caregiver is thus employed and the only other adult in the home is disabled/incapacitated and unable to provide care for a child. Child care assistance is also provided to foster children who are parents caring for their own children while the parent/foster child attends school and/or vocational training.

The language of the law related to parental contributions for children in the care of the State was clarified and policy was updated.

Case Crisis Reviews were developed in relation to cases in which a fatality or near-fatality of a child occurred. The reviews are conducted by a team of State Office Program and Field Services staff. These reviews were initiated to aid field staff in identifying areas of case practice that were aligned with agency policy, areas requiring further staff development as well as providing an objective consideration of all areas of agency involvement in the evolution of the case.

State Office Residential Review Committee (STORRC) staffings were developed and initiated for consideration of all recommendations by field staff for residential placement of children age 10 or younger. No child age 10 or younger can be placed in a residential setting, even on an emergent basis without the recommendation of this committee and approval of the Assistant Secretary.

Quarterly Regional Residential Reviews were developed and implemented for all children in residential placement to insure monitoring of ongoing appropriateness of placement and services being provided. State Office staff provide support and assistance as needed through attendance at the reviews in person or through teleconference.

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State, Regional and Local Level Interagency Service Coordination (ISC) staffings continue to occur in conjunction with the Office of Juvenile Justice, Office for Citizen's with Developmental Disabilities, Department of Education, Office of Mental Health, Louisiana Rehabilitative Services and Office of Public Health to collaborate in providing care and support to children and families with multiple service needs.

Collaboration with Gary Mallon of the National Resource Center on Family Centered Practice and Permanency Planning, Debbie Milner of the National Resource Center for Child Welfare Data & Technology, and Anna Stone of the National Resource Center for Child Protective Services and a statewide representation of Foster Care and Adoption field staff and first line supervisors has been accessed in exploring the Foster Care Workflow Process and identifying opportunities for streamlining and making improvements.

Intensive Home Based Services (IHBS) are available in the foster care program to assist with reunification, to stabilize foster care placements, and to assist in stepping-down children and youth to less restrictive placements.

Multisystemic Treatment Services are available to clients in the foster care program to assist in stabilizing foster care placements and to assist children in foster care in coping more effectively in the home, school, community, and social environments.

Mental health services were provided in some regions for infants and toddlers through the Infant Team Program of Tulane University as a part of the Promoting Safe and Stable Families Initiative.

Through the Louisiana Relatives as Parents Program (LA-RAPP) services were provided to relative families for concrete services necessary to stabilize the home environment and make it possible for the relative to assume care of the child.

Care managers through the Louisiana Kinship Integrated Services System (LAKISS) grant provided support to staff and families served by the agency in the Greater New Orleans Region through identification of community resources to support the care of children in relative placements. The primary purpose of this grant is to demonstrate whether child welfare outcomes improved when the child welfare and TANF agency provide services collaboratively.

The Nurturing Families of Louisiana Program continued to be utilized to provide parents of children under age five education on the parenting skills necessary to achieve reunification through the regional family resource centers (FRC's). A component of this program involved facilitated visitation between the parent and the child(ren) to optimize skill development in areas discussed in the parent training classes.

The FRC's also provided: respite (recreational, planned, and crisis) to foster and adoptive parents to stabilize placements; service referrals to families and foster parents; parent mentoring, coaching, teaching, modeling and training; support; and, transportation assistance.

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OCS continued the partnership with the Office of Addictive Disorders (OAD) to provide in-house substance abuse assessment and referral in all regions/districts.

Methods to Measure/Outcome Data:

IHBS services began in January 2007, and the number of families or individuals served during SFY 2007, 2008, and 2009 is indicated in the chart below:

IHBS Services						
	Reunification		Stabilization		Step-down	
	Families	Children	Families	Children	Families	Children
SFY 2007*	64	146****	16	25	3	6
SFY 2008	125	255****	42	77	3	3
SFY 2009**	103	196****	47	94	10	14
FFY 2008	114	222****	41	76	8	9

(Data from IHBS Data Base) *(1/1/07-6/30/07) ** (7/1/08-4/30/09) ***(7/1/08-4/30/09)

****Services were provided to entire household; some children who received services were not in foster care, but at least one child in the household was in foster care with a goal of reunification.

MST services were initially provided through contract by OCS, but became Medicaid allowable services and transitioned to the Department of Health and Hospitals (DHH) for financial management of services. As DHH now supports this service, we are unable to track the exact number of families and children served through this program.

Thirty-two families involved with the Foster Care program were provided services through LA-RAPP from 7/01/08 to the present. An additional 73 families are served by Louisiana Kinship Integrated Service System (LA KISS) in the Greater New Orleans Region. The LA KISS families are selected by random sample from OCS relative placements and Office of Family Support (OFS) Kinship Care Grants and Financial Assistance to Needy Families (FITAP) caseloads.

Nurturing Parent Program services were provided jointly to families involved in the agency Child Protection Investigation, Family Services, and Foster Care programs. Programmatic data was not maintained separately for each family served in this program.

In-house substance abuse counseling was available to clients participating in all OCS programs. However, data does not delineate which program a client served is participating in.

Caseworker Visits:

OCS appropriated additional funds through statutory dedications of 2004 over-collections to obtain forty-four additional vehicles to support caseworker visits. Fourteen vehicles were purchased while thirty vehicles were leased through three year contracts. Staff continues to receive mileage reimbursement in accordance with state travel guidelines for use of personal automobiles in managing client visitation.

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Monthly Caseworker Visit Data

As indicated in the addendum to Louisiana's 2007 Annual Progress and Services Report submitted on November 15, 2007, the baseline data was obtained by reviewing a random sample of cases which included youth on runaway status. The sample was generated from Louisiana's AFCARS data (2007 A exits sample, the 2007 B exits sample, and the September 30, 2007 sample). John Gaudiosi, DBA and Mathematical Statistician with the Children's Bureau Data Team selected the sample from the entire universe of OCS foster care cases and Office of Youth Development (OYD) custody cases, and forwarded the sample to Louisiana. Louisiana developed a spreadsheet that captured the same data elements captured by the Children's Bureau.

OCS and OYD staff conducted case record reviews to obtain the required baseline data using a review instrument developed specifically for this purpose. The number of children visited by the caseworker assigned to the case each and every full calendar month that each child was in care was calculated. Of the children who were visited each and every full month that they were in care, the percentage of visits that occurred in the child's residence was calculated.

For purposes of that calculation, Louisiana defined "a full calendar month" as the child being in foster care on the first day and on the last day of the month (e.g. "if a child came into care of May 1 and left foster care on May 31, they were in foster care the first day of the month and they were in foster care the last day of the month and are therefore considered to be in foster care the full calendar month.")

During teleconference on May 6, 2009 regarding caseworker visits Children's Bureau Region VI staff defined "a full calendar month" as the child being in foster care on the last day of the preceding month and on the first day of the following month. This definition was not consistent with earlier definitions provided by the Children's Bureau or with the manner in which Louisiana had previously defined the concept.

Subsequently, Louisiana requested clarification of this key definition. On May 19, 2009 Children's Bureau Region VI staff approved Louisiana's continued use of the definition that had been in place for the State's first two Federal Visitation Reviews because this definition was not clarified in earlier guidance, the Children's Bureau Regional Office is not requiring States to change the methodology used if it is inconsistent with later guidance.

Each sampled case was reviewed for the entire FFY 2007 or from the time the child entered care until September 30, 2007. Each sampled case from the two exit files was reviewed from the month the child exited back to October 1, 2006 or when the child entered care if later than October 1. Each sampled case from the in-care on September 30, 2007 sample was reviewed back to October 1 or the date the child entered care if later than October 1. The only cases that were excluded from the sample were those that could not be located. Mr. Gaudiosi provided a 10% over sample so that cases that were not reviewed could be replaced.

The baseline was derived from a random sample drawn from 100% of the population. The randomization was for the entire state rather than by region; therefore, the number of cases for each region did not proportionately represent the regions' actual proportion of the State Foster Care/Office of Youth Development population. Regional data includes all children in the regional sample, regardless of whether the case review was completed by that region or the

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region to which the case record had been transferred. The review period was 10/1/06 through 9/30/07. During SFY 2007 the average end-of-month total number of children in foster care was 5,085, and the aggregate number of children in foster care was 8,547. The representative sample consisted of 357 children who had been served in foster care for at least one full calendar month during the FFY.

For “Measure 1” in the chart below, cases were considered in compliance only if the child was visited each and every month. The percentage of children visited every month was determined by dividing the total number of children reviewed (B) by the by the number of children who were visited every month (A). Of the 357 children whose cases were reviewed, 195 (55%) were visited each and every month.

“Measure 2” was calculated only for children who were visited each and every full month in care during the review period. The compliance rate was determined by dividing the number of children visited every month (A) minus the visits that occurred in the child’s residence equals the total visits in residence (C) divided by the total visit months (D).

	Measure 1-Visit Once Per Month			For Children Contacted Every Month (A)		
	(A) Children Contacted Every Month	(B) Total Children Reviewed	% Compliance	(C) Visits in Residence	(D) Visit Months	% Compliance
State Wide	195	357	55%	1018	1247	82%
Orleans Dist	4	13	31%	18	24	75%
BR	8	30	27%	15	18	83%
Cov	35	59	59%	194	231	84%
Thib	14	23	61%	44	71	62%
Laf	43	58	74%	238	266	89%
LC	15	32	47%	69	87	79%
Alex	32	51	63%	179	209	86%
Shrev	22	35	63%	120	150	82%
Mon	15	27	56%	95	132	72%
Jeff Dist	8	29	28%	57	71	80%

Using the baseline data, incremental goals were established to achieve the ultimate goal of 90 percent of children in foster care being visited by their caseworkers monthly with a majority of the visits occurring in the residence of the child by October 1, 2011. Although we anticipate that interventions to improve caseworker visits will result in more rapid improvement, our conservative incremental goals are as follows:

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Caseworker Visit Annual Goals		
FFY	% of children visited monthly by caseworker	% of children visited monthly whose visits were in child's residence monthly
2007	55	82
2008	64	83
2009	73	84
2010	82	85
2011	90	85

Of those children who were visited each and every month, a majority were visited in their homes during 2007. Therefore, our expectations for improving the percentage of children who are visited each and every month being visited in their homes are more conservative than for the improvement in the percentage of children being visited each and every month. While we intend to make every effort to assure that visits take place in the child's residence whenever possible, our initial focus will be on assuring that caseworkers have monthly face-to-face visits with children in the custody of the state while assuring that a majority of those visits occur in the child's place of residence.

Using the same methodology, another sample was selected, and data was gathered for FFY 2008 with results shown in the table below:

	Measure 1-Visit Once Per Month			For Children Contacted Every Month (A)		
	(A) Children Contacted Every Month	(B) Total Children Reviewed	% Compliance	Measure 2-Visit In Child's Residence		
				(C) Visits in Residence	(D) Visit Months	% Compliance
State Wide	216	354	61%	1416	1625	87%
Orleans Dist	2	8	25%	10	12	83%
BR	6	21	29%	32	35	91%
Cov	45	70	64%	306	342	89%
Thib	6	9	32%	34	50	68%
Laf	46	62	74%	314	327	96%
LC	28	36	78%	143	164	87%
Alex	27	34	79%	193	200	97%
Shrev	27	51	53%	156	200	78%
Mon	19	28	68%	168	190	88%
Jeff Dist	9	24	38%	60	77	78%

As indicated in the table below, the percentage of children visited each and every month by their caseworker fell three points short of our goal. However, it does reflect an increase of more than half the difference between the baseline and first year goal. The percentage of children who

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were visited each and every month and the visits occurred in the child’s residence, our achievement level increased even more than expected.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child’s residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2007	55		82	
2008	64	61	83	87
2009	73		84	
2010	82		85	
2011	90		85	

Summary of Activities:

In 2007, the additional IV-B, Subpart 2 funds received by OCS to support caseworker visits are being used to offset the costs of 98 new vehicles and mileage reimbursement for caseworker personal vehicle use (at forty-four cents per mile) to visit children in foster care. In 2008, OCS appropriated additional funds through statutory dedications of 2004 over-collections to obtain forty-four additional vehicles to support caseworker visits. Fourteen vehicles were purchased while thirty vehicles were leased through three year contracts. Agency staff continue to receive mileage reimbursement in accordance with state travel guidelines for use of personal automobiles in managing client visitation.

We have continued to use AFCARS data as noted above to track data during subsequent years to assure compliance with 90% of children being visited at least one time per month and the majority of the visits being in the home. Each year after AFCARS A and B exits samples and the September 30 sample have been submitted to the Children’s Bureau, the Children’s Bureau Data Shop will provide Louisiana with a sample which will be reviewed in the same manner as the initial sample which provided baseline data. The result of this sampling methodology is that Louisiana cannot produce a report to ACF on the annual results of the caseworker visit review until late January or early February of each year because of the time involved in getting the AFCARS.

The Quality Assurance Case Compliance (CC QA 1) review form and instructions were revised in October 2007 to capture the required caseworker visit data, including whether the assigned worker had visited the child on a monthly basis (and defining the “assigned” worker).

Agency policy was changed in 2008 to require monthly in-home visits, and Structured Decision Making, a risk assessment tool, was implemented statewide which also requires monthly in home visits. Policy was also changed to require workers responsible for children placed out of state through ICPC request monthly visits from the receiving state when placing the child.

Agency policy allows that if the assigned worker is unavailable to visit, the supervisor can temporarily assign the case to another worker, but the supervisor must note the reassignment on the case activity log and the reassigned worker must document the visit on the activity log.

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Current OCS policy (6-905) defines the term visit as any face-to-face contact between the worker and child which provides for free and private communication. Visits are focused on assessing and monitoring the care the child receives, including safety, clothing, physical environment, education and health needs, to observe foster parent/child interaction, listen to both foster child and foster parent concerns, lend support, provide ongoing clarification regarding the reason for foster care placement, review the case plan, solicit information needed in revising the case plan and to provide recent information about the child's parents, especially if reunification is the goal. Explore staff recruitment and retention issues and where possible, address issues considered key to successful implementation of caseworker visits.

Staff turnover has been identified as a major barrier to achieving monthly visits with 90% of children in foster care. Turnover statistics and reports have continued to be reviewed and addressed through the state level Continuous Quality Improvement Committee. A workgroup was established in 2007 to explore staff turnover issues, and determined four root causes: workload/caseload, training, support/guidance, and pay. In 2008, an Employee Satisfaction Survey was conducted among all staff and management reviewed the result to seek additional means of reducing staff turnover.

Most of the effort related to workload/caseload issues has occurred in 2008-2009, with workgroups being formed to strategize workflow management techniques that might reduce or eliminate tasks. Also, the Structured Decision Making and Assessment of Family Functioning/Case Plan were rolled out statewide. These are both web based instruments that are expected to reduce workload.

OCS and Office of Juvenile Justice (OJJ) staff participated in career days at colleges and universities to recruit new staff, and the IV-E stipend program was offered at universities offering social work degrees. OJJ recruitment and retention policy is being enhanced; work/shift schedules are being made as flexible as possible; Special Entrance Pay Rates and Optional Pay policy are reviewed regularly and updated as needed. Newspaper advertisements and Job Fairs are used to recruit staff.

Special Entrance/Retention Rates were implemented for Child Welfare Trainees through Child Welfare Specialists 4 in 2007. Trainees through Specialists 3s received a 5% increase and Specialist 4s received a 2% increase. At the same time, the special entrance rates for all first line worker entry level positions were raised by 5%. In the current fiscal crisis, it is unlikely that any additional pay initiatives will be forthcoming.

Efforts are underway to develop the Child Welfare Training Institute. Staff is currently being surveyed regarding training needs as a part of that initiative. The supervisory coaching project with Marsha Salas has expanded to include OCS retirees as mentors for new supervisors. Staff training stresses the importance of visits with children.

Collaboration: OCS has entered into an agreement with the Louisiana Department of Education for collaboration to improve educational outcomes for children in foster care. However, the effectiveness of this agreement is questionable because each school district in Louisiana functions independently, and the statewide Department of Education has little control over

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collaborative efforts at the local level. A joint committee of OCS and Education staff at the State level was established with semi-annual meetings to discuss options for improvement and support of departmental efforts in serving children in foster care.

State Foster Care staff provide agency representation on the SICC-Louisiana State Interagency Coordinating Council and the Special Education Advisory Council, LA State Board of Elementary and Secondary Education in developing statewide initiatives to address developmental and educational needs of children in Louisiana.

As outlined herein the agency has been and will continue coordinated work efforts internally as an agency and as a department as well as externally with other state and federal government agencies and private agencies to provide comprehensive assessment, need-based services and support to clients across agency programs and to staff in development of skills to fulfill those case management requirements.

Home Development – Summary of Activities from 2005-2009:

Prior to Hurricanes Katrina and Rita, Home Development efforts were conducted as a part of the Foster Care Section. An increased emphasis was placed on this function as a part of the hurricane recovery effort, and Home Development became a separate Section in February 2008. In early 2009, responsibility for Private Foster Care Providers was transferred from the Residential Section to the Home Development Section.

During 2005-2006 recruitment and retention efforts were minimal due to the workload of staff responsible. Home Development staff was responsible for recruitment, training, certification, and retention activities. During this time, recruitment and retention plans were developed by regional Home Development staff, and recruitment was general in focus for the most part. In 2005, prior to the hurricanes, a retention survey was conducted to determine factors that influence continuing to foster, a recruitment ad campaign was conducted, and a faith-based initiative was begun with a focus on recruiting minority families to match the needs of the minority children in foster care. Rev. C.W. Martin, a noted faith-based adoption advocate came to Louisiana to provide technical assistance and to speak to groups. In 2006, faith-based recruiting was planned but not implemented due to the scarcity of funds and hurricane recovery efforts. In 2007, one-time payment of \$3500 per certified family was made to private foster care providers for recruitment, training, and certification of Therapeutic and Private Foster Families. The result of this initiative was 14 certified families who provided homes for 28 children. Because of the number of foster homes lost following Hurricanes Katrina and Rita, nine positions were created specifically to recruit foster and adoptive families, and work was begun on a statewide media recruitment campaign. The recruiters were hired in March 2007 and placed throughout the State with the primary goal of recruitment. They were trained in the areas of general, targeted, and child specific recruitment by a national consultant provided through the Annie E. Casey Foundation. Recruiters were also trained in interviewing skills, consistent messaging, engaging community partners, and customizing recruitment efforts to meet regional needs. In order to maintain consistency, recruiters are supervised from State Office.

In July and August of 2007 the University of Connecticut conducted an analysis of Louisiana's Foster Parents titled "Current and Prospective Foster Parents of Louisiana". The study identified

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determinates of 300 prospective and 300 current foster parents views of the foster care system in the State of Louisiana.

The statewide media campaign was launched in August 2007. Printed materials were developed and distributed, and television ads and print media were utilized. During the campaign, the number of intake calls increased; during the six months following the campaign, the number of certifications increased. Printed materials continue to be distributed at all recruitment events.

During the two years that the Recruiters have been in place, the number of new certifications and the number of community partnerships have increased. The Recruiters have established a visible presence in the local schools, churches, and other organizations and have used local media outlets for recruitment purposes.

Although the number of newly certified homes has increased, the total number of certified homes has decreased. This reduction is partly a result of displacements caused Hurricanes Katrina and Rita, but is also attributable to efforts to clean up the agency’s data system. In the past, staff had not been diligent about keeping the data system up to date when homes were filled to capacity or when certifications were closed. In order to accurately assess the need for foster homes, it was essential to evaluate the pool of certified homes to ensure that homes willing to accept children remained open and all others were closed. The first clean up effort was conducted in early 2007. At that time, approximately 200 homes that remained in the system but were not available for placement were closed. Another clean-up effort was done in 2008. Homes where no placements had occurred in two years or longer were closed after conversations were held with the families to encourage them to expand the age ranges or change other areas that may have limited their availability for placement.

The number of certified foster homes for calendar years 2005 through April 2009 and the number of new certifications for 2007 through April 2009 are provided in the tables below.

TOTAL NUMBER OF CERTIFIED FOSTER HOMES	
January-December 2005	2700
January –December 2006	2771
January-December 2007	2568
January –December 2008	2279
January-April 2009	2006

Note: Data is compiled manually by calendar year because of inaccuracies in TIPS data and an effort to provide reliable information. In the future, this data will be tracked by FFY.

NUMBER OF NEW CERTIFICATIONS OF FOSTER HOMES	
January-December 2007	644
January –December 2008	666
January-April 2009	198

Note: Data is compiled manually by calendar year because of inaccuracies in TIPS data. Reliable data for new certifications in 2005 and 2006 is not available. In the future, this data will be tracked by FFY.

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Supportive services have increased over the past two years in an effort to retain certified foster families. The Louisiana Foster/Adoptive Foster Parent Association is supported through agency assistance with their annual conference and Regional Recruiters and Home Development staff regularly attending the local Foster/Adoptive Parent Association meetings to offer support to the families. Each region hosts an annual foster/adoptive parent appreciation banquet. The number of contacts required between Home Development staff and certified families has increased to six annually. A statewide Foster/Adoptive Parent Support Campaign was initiated which included training for all agency staff to remind them of their role in supporting certified foster families.

The intake and orientation process for prospective foster/adoptive parents was revised in 2007-2008 to accommodate families so that they can proceed more quickly to pre-service training if they desire to become certified. The frequency of orientation sessions has increased and orientation is offered every 21 days in all regions of the State. Phone orientations are offered to those who cannot attend a scheduled orientation.

The table below reflects the number of intake calls each year since 2006:

NUMBER OF INTAKE CALLS	
January-December 2006	2489
January-December 2007	3521*
January –December 2008	2642
January-April 2009	864

Data is compiled manually by calendar year because of inaccuracies in TIPS data. Reliable data for intake calls in 2005 is not available. In the future, this data will be tracked by FFY *High number resulted from statewide media campaign.

Orientation sessions are informational sessions which inform attendees about the requirements for certification. The table below reflects the number of persons who have participated in orientation either in groups or individually by phone since July 2007.

NUMBER OF ORIENTATION PARTICIPANTS	
July-December 2007	521
January –December 2008	1157
January-April 2009	434

Data is compiled manually by calendar year because of inaccuracies in TIPS data. Reliable data for orientation participation in 2005 and 2006 is not available. In the future, this data will be tracked by FFY.

In addition to recruiting to increase the number of agency foster/adoptive placements, the agency has also worked with current private foster home providers to increase the number of contracted foster/adoptive homes. These efforts have been the focus of one region during the past six months resulting in the addition of eight certified homes.

During the next year, Recruiters will increase the focus on child specific and targeted recruitment and on efforts to recruit in areas of the State where most children are entering foster care so that children can remain in close proximity to their birth families and remain in the same school.

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Statewide Recruitment/Retention Plan

Home Development – Achievement of Goals Set in 2008 Recruitment/Retention Plan

Diligent efforts have been made to recruit foster parents to match ethnic and racial diversity of children in care and freed for adoption. In foster care Louisiana’s foster care population, 49.2% of the children are White, 48.2% are Black, and 2.6% are other races. In the certified foster/adoptive population, 53% of the foster parents are White, 45% are Black and 2% are other races.

Goal 1 – Increase the number of foster/adoptive homes by region

Recruiters have engaged media partners in sharing regular Orientation and Informational session schedules with the public. Recruiters submitted these schedules to their local television, newspaper, and radio media outlets as Public Service Announcements weekly, bi-weekly, or monthly as appropriate for the venue. The Recruiters increased use of human interest stories in print, on television and on radio with an emphasis on including foster and adoptive parents to share their success stories, and the rewards of their continued commitment to fostering. These personalized stories of families in each local community have increased awareness, interest, phone calls, and attendance at Orientations and training. The stories are emphasized during Child Abuse Prevention Month (April), Foster Care Month (May), and Adoption Month (November).

The total number of new certifications is 666, with the number of new certifications per region reflected in the table below:

NEW CERTIFICATIONS BY REGION IN 2008	
Region	Number of New Certifications
Greater New Orleans	125
Baton Rouge	28
Covington	104
Thibodaux	61
Lafayette	99
Alexandria	70
Lake Charles	34
Shreveport	92
Monroe	53

Goal 2 – Improve supportive services to certified foster/adoptive families

Each certified family receives a minimum of 2 supportive visits by Home Development staff or Recruitment staff annually. In addition, quarterly phone contact is made to all certified families. These contacts reflect agency commitment to support foster parents and improve relationships through open communication. Recruiters also use this opportunity to engage foster parents in recruitment efforts, especially specific to their area through requests to sponsor “foster ware” parties, or to act as the personal contact for the recruiter to speak to their church congregation, and civic and community organizations of which they are affiliates.

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Goal 3 – Involve community partners in recruitment efforts

Communities count on and solicit recruiters to present in their churches, at faith-based forums, schools, civic and local non-profit organizations and businesses. Each recruiter has begun sending regional-specific newsletters and invitations to upcoming Orientation sessions to their faith-based and local resource partners at least quarterly. The messages include specific data on the number of children in care in their areas and the number of available homes in the area. A flyer highlighting specific adoptive children in need of homes is included. The messages highlight specific increases in the number of children coming into care in that area with a plea for the “neighborhood to take ownership of caring for their kids”. These communications share a need for certified foster/adoptive parents and a commitment by these community recruiters to share with them other ways to assist vulnerable children in their communities.

Each year churches, Kiwanis, CASA, and many others help sponsor Christmas parties, gift give-aways, Adoption Match parties, Foster Parent Appreciation banquets, Easter parties, and many other functions on behalf of our foster/adoptive children and foster/adoptive parents. The magnitude of support and donations has grown throughout the State such that recruiters spend most of November and December working with our community partners to organize these efforts in their communities.

Professional photographers throughout the State have joined together to provide Photo Fun Days for our adoptive children and to provide them with professional photos to use for recruitment efforts. These photos are showcased in local Heart Galleries and are now featured on the front page of the DSS website. They replace older digital photos of our kids on the Adopt-us-kids website.

Over the last year, professional photographers have voluntarily photographed 100 plus children in the Baton Rouge, Greater New Orleans, and Thibodaux regions. Regional recruiters continue to work with community partners in the implementation of their Heart Galleries. The Northeast Louisiana Heart Gallery continues to be active with the Heart Galleries of America. The NOLA Heart Gallery which will feature adoptive children throughout the State is pending its opening before the end of 2009. Increased inquiries have come in from privately-certified adoptive parents throughout the United States by DSS website viewers and viewers of the electronic Heart Galleries.

Goal 4 – Meet the 14 day timeframe between intake and orientation

Recruiters hold formal Orientation sessions are held at least every 21 days. At least one Saturday Orientation is scheduled each quarter to accommodate working parents. One-on-one and phone call Orientations are given to ensure that every Intake caller has an opportunity to “attend” an Orientation within 14 days of their call. Home Development staff will refer Intake callers to recruiters as needed to ensure compliance.

Recruiters utilize Tracking Charts, updated regularly, so that an Orientation attendee’s place in the certification process is known at a glance. The personal communication noted by recruiters’ contact with prospective foster/adoptive parents help facilitate the ongoing movement of applicants throughout the certification process. Sharing of this information with Home Development staff helps applicants tailor their activities to better meet their needs.

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All families are accommodated with orientation within 14 days of their initial call to the agency unless they choose not to participate.

Goal 5 – Meet the 90-120 day timeframe from application to certification

Recruiters continue to be available to applicants throughout the certification process. Home Development staff may solicit recruiter assistance as needed to give the added incentive to pending applicants to get information in or to encourage them to contact their Home Development staff member in order to complete the certification process. The average number of days between application and certification for 2008 was 95 days.

Development of Tracking Mechanisms

The agency is continuing efforts to improve tracking of necessary certification activities. Home Development staff and Recruitment staff continue to track activities manually and report them to State Office on a monthly basis.

Residential Placement Services – Summary of Activities 2005-2008

The Residential Placement Section operates in OCS State Office as a part of the Division of Foster Care Services. The purpose of this section is to assure that children and youth are placed in congregate settings only when such a placement is the least restrictive to meet their needs.

Prior to Hurricanes Katrina and Rita in 2005, children and youth were placed in residential treatment facilities when their emotional/behavioral health warranted such a placement, and efforts were consistently made to assure that children and youth were placed in the least restrictive setting that could meet their needs. However, little attention was focused on reducing the number of children in such placements.

In the aftermath of Hurricanes Katrina and Rita, numerous resources were made available to Louisiana, both from our federal partners and from private foundations, to explore long-term reform efforts along with the immediate recovery efforts. As a result of that assistance, a Residential Care Subcommittee was formed to develop a process to decrease the number of children in residential treatment facilities and in emergency shelter care. That committee developed a plan to review the case record of and conduct an interview with each child placed in a congregate care setting. The interviews began in FY 2007, and with those record reviews and interviews a reduction in residential placement followed.

In FY 2008, we received approval from the Federal Bureau of Investigations to expand Louisiana law to include fingerprinting of residential caregivers.

Update on Activities for 2008-2009:

Long-Term Goals, Strategy 2.1: Decrease the number of children in residential and emergency care facilities. (This was an area needing improvement in Louisiana's IV-E Review with regard to restructuring the agency's work with and requirements for residential facilities.)

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Step 1: Collaborate with Annie E. Casey Foundation, Casey Strategic Consulting Group to develop techniques and procedures for reduction of numbers of foster children in congregate care settings.

Step 2: Review placements of children in residential settings and emergency care facilities in accordance with a triage schedule that facilitates alternative options for least restrictive and most appropriate placement.

OCS continued its collaboration with the Annie E. Casey Foundation, Casey Strategic Consulting Group in the development and implementation of techniques and procedures designed for reducing the number of children in congregate care settings. Children in residential and emergency placements in Lafayette, Covington, Lake Charles, Baton Rouge, and Thibodaux were interviewed, their records reviewed, and their cases staffed. This geographical area covered about half of the state, all facilities in the southern area. In late 2008, the focus of the effort changed to the Residential Treatment System of Care Reform Project, and the residential review work, interviews and staffing of cases ceased. Children placed in facilities in the northern part of the state were not interviewed. The number of children and youth in residential placement and as a percentage of the total foster care population at specific points-in-time since 2006 is reflected in the table below:

Residential Placements			
Active on Date	No. of Residential Placements	Total Foster Care Population	% of Foster Care Population in Residential Placement
June 30, 2006	521	5050	10.3%
June 30, 2007	516	5160	10%
March 31, 2008	470	5125	9.2%
May 21, 2009	424	4855	8.7%

Additionally, significant changes in agency policy were made to assure that children and youth were appropriately placed in residential facilities. Administrative oversight of the placement of youth in restrictive facilities was increased, requiring that mandated criteria be met along with screening and assessment of the child’s needs be provided prior to approval of residential placement. A policy was also implemented to restrict admission to residential placements for children aged 10 and younger. This policy requires state office review with final approval by the Assistant Secretary, and has greatly reduced the inappropriate placement of young children in residential care. Policy for residential care also requires a regional quarterly residential staffing with a focus on outcomes and discharge planning for youth in residential care.

Although the long term goals for residential treatment in decreasing the number of children in residential and emergency care facilities did not change, the procedures for achieving the goals was altered in the latter portion of 2008 when a Louisiana Residential Review Commission was formed. The Commission produced “A Blueprint for Transformation and Change in Louisiana’s Residential Programs”. OCS continues to collaborate with the Casey Foundation and others to examine treatment plans and modalities with a goal of all residential providers using evidence-based short-term interventions.

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Review of the status and placement needs of individual children and youth in residential placement was halted in order to focus a more systemic method of reducing the number of children and youth in residential placement.

Interstate Compact on the Placement of Children (ICPC) – Summary of Activities 2005-2009

ICPC provides a valuable vehicle for locating placements in other states for children in foster care and those available for adoption. The ICPC Section operates as a part of the Division of Foster Care Services in state office. The Section receives requests for home studies from other states, tracks those requests to completion, and monitors the production and distribution of progress reports. The Section also receives requests from OCS field staff for out-of-state placements, reviews submitted documents, forwards them to the appropriate states, and monitors our receipt of the home study and subsequent progress reports when out-of-state placements are made. Little change occurred in ICPC during this reporting period until passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006.

As a result of the Act, OCS Memorandum 06-078 was issued on October 26, 2006 to inform all staff of policy requirements regarding the Act. Simultaneously, the database used to track activities related to ICPC was modified to capture requests for extensions of the sixty day completion requirement made within 15 days of the receipt of the home study requests, and the reasons for the extension requests. To date, no such requests have been received. Extension requests that have been received are unrelated to the reasons covered in the Act and frequently made after the 60 day deadline has passed.

The table below reflects the rate of home study completion within 30 days and within 60 days for Louisiana as the State completing a homes study for another entity during this five year reporting cycle. As is evidenced by the percentages of home studies completed within 60 days, improvement in completion rate has occurred in each FFY.

Home Study Requests Received by Louisiana					
FFY	Total Number of Requests Received	Requests Completed in 30 Days or Less		Requests Completed in 31-60 Days	
		Number	Percent	Number	Percent
10/1/04 – 9/30/05	379	28	7%	77	20%
10/1/05 – 9/30/06	441	32	7%	114	26%
10/1/06 – 9/30/07	482	134	28%	137	28%
10/1/07 – 9/30/08	495	58	12%	144	29%
9/30/08 – 4/30/09	236	24	10%	72	30%

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The following table reflects the rate of home study completion when Louisiana was the State requesting a home study since the passage of the Act:

Home Study Requests Made by Louisiana					
FFY	Total Number of Requests Made	Requests Completed in 30 Days or Less		Requests Completed in 31-60 Days	
		Number	Percent	Number	Percent
10/1/06 – 9/30/07	490	40	8%	113	23%
10/1/07 – 9/30/08	434	59	14%	110	25%

The home study completion rate within 60 days has improved annually, but remains an area needing improvement. One key barrier that has been identified is the lack of formal training on the Act. Training has been developed, and the first session will begin on June 10, 2009 in the Baton Rouge Region. Training will occur region by region throughout the state until all regions have received the training. We anticipate that the formal training will improve compliance with the Act and timeliness of home study completion.

STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

DSS/OCS data shows the following children who were in the care (custody) of OCS and were transferred to the supervision (custody) of the state juvenile justice system (DOC). Context information about the source of this information and how the reporting population is defined is provided below.

Regional Analysis of Children Transferred from OCS to DOC:

Region of Child's Domicile	SFY 2004-2005 # Children Custody Transferred	SFY 2005-2006 # Children Custody Transferred	SFY 2006-2007 (through 3/31/07) # Children Custody Transferred	SFY 2007-2008 # Children Custody Transferred	SFY 2008-2009 # Children Custody Transferred
No Court Identified	0	2	1	0	
Orleans (1) (effective 9/05)	1	1	1	1	
Baton Rouge (2)	3	5	3	3	
Covington (3)	1	1	2	1	
Thibodaux (4)	2	3	1	0	
Lafayette (5)	4	2	4	3	
Lake Charles (6)	0	1	0	2	
Alexandria (7)	3	1	0	0	
Shreveport (8)	2	1	1	4	
Monroe (9)	0	0	1	0	
Jefferson (10) (effective 9/05)	2	3	3	2	
TOTAL	18	20	17	16	

Note: The statistics reflect information on children who changed custody by region and by year. The data is on children whose case was opened in the State's foster care system and who had their custody transferred to the DOC. The information presented in the chart above was obtained through a Web-focus Report. The data for SFY 2004-2005, 2005 – 2006 and 2006-2007 include data from all four quarters and the data for SFY 2007-2008 includes transfers of custody from July 2007 - March 31, 2008.

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ADOPTION

Service Description:

The goal of the OCS Adoption Program is to provide permanency for children through adoption. Foster Care adoption is a permanency option for children who cannot safely return to their biological families. The goal of adoption is pursued as a permanent plan when the court of jurisdiction determines the child's family is either unable or unwilling to resume care of the child, and the child's needs of safety, permanency and well being are best achieved through adoption. Pre-adoptive services provided by the foster care worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child evaluation/assessment, preparing available children for adoption, assisting in the recruitment of child specific adoptive homes as needed, selection of adoptive resource families and placement of children, providing supportive case management services, processing adoption subsidy applications, and participating in the adoption finalization process.

Post-adoption services in Louisiana are offered principally through our Adoption Assistance (subsidy) Program. Adoption assistance services are provided to eligible families until the child's 18th birthday, and these services are both federally and state funded. While all families who adopt may apply for an adoption subsidy irrespective of type of adoption, most private, private agency and international adoptive families do not meet the strict IV-E federal subsidy requirements designed to help move special needs children out of foster care and into permanent homes via adoption. Post-adoption services are provided within budgetary constraints to any adopted child and his or her adoptive family to include those families who have adopted internationally.

Our regionally based Family Resource Centers also provide supportive post adoptive services to all Louisiana adoptive families, and our parish based child welfare offices offer family services on a voluntary basis to adoptive families seeking our agency's assistance post adoption finalization.

In addition to foster care adoptions and adoption assistance functions, the OCS Adoption Program is responsible for managing the Louisiana Voluntary Registry, responding to adult adoptee requests for non-identifying medical and genetic information, management of the State's adoption file room, and the handling of all Louisiana public and private agency, intra-family, and private agency adoption petitions.

Population Served:

Children placed by OCS as a result of child abuse and/or neglect are typically rendered available for adoption through the legal processes of involuntary termination of parental rights or a voluntary act of surrender of parental rights. The majority of foster children available for adoption with a goal of adoption and who are in need of an adoptive placement are older, are special needs children, and/or are members of a sibling group who should not be separated.

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Of the 4,861 (as of April 30, 2009) children currently in foster care, 323 are available for adoption and in need of adoptive placement. Of these children, 209 are photo-listed on Louisiana Adoption Resource Exchange and registered as active with AdoptUSkids website at www.adoptuskids.org/states/la. Of the 209 children actively photo-listed, 120 are males and 89 are females; 60 are white and 148 are African American, and 1 is listed as other race; 21 are members of a sibling group who should not be separated; and 164 (approximately 78%) are deemed physically, emotionally or intellectually challenged.

Summary of Activities from 2005-2009:

National Adoption Awareness Month was celebrated each November with a reception at the Governor's mansion honoring those who had adopted children from foster care during the previous year. This event is highly publicized to bring public attention to the need for adoptive homes for children in foster care.

During FY 2005, efforts were made to overcome barriers to timely adoption through identification and remediation of delays in the termination of parental rights process, early and ongoing assessment of children's special needs, simplification of the adoption subsidy approval process, identification of issues related to judicial delays, addressing problems with specific juvenile courts with the assistance of the Court Improvement Project, improving timeliness of case record transfer from foster care to adoption staff, increased emphasis on locating relative placement resources, and providing dual certification of foster/adoptive parents.

During FY 2006, activities designed to improve practice were set aside while rescue and recovery became the State's focus following Hurricanes Katrina and Rita. The agency focus was on both short and long term recovery efforts to ensure the safety, permanency and well-being of children and families amidst the devastating hurricane impact.

OCS worked with National Resource Centers (NRC) and foundations to develop and implement a protocol for case management and decision-making for displaced foster children and their biological parents. Additionally, NRCs worked with the agency to provide more qualified legal representation for children and/or parents involved with the agency. Long-term recovery efforts involving the redesign of front-in services and the development of a continuum of care to prevent and respond to child maltreatment were identified.

During FY 2007, efforts continued to address the identification and remediation of delays in the termination of parental right process through establishing timelines that resulted in children being freed for adoption in less than 24 months; and online training on ASFA requirements for judges and court personnel.

Development began on an automated assessment instrument to assist in conducting ongoing assessment. The instrument is used with minor adaptations throughout the life of the case; guidelines for re-determining or renewing IV-E adoption subsidies were changed from annually to every five years to free staff time for other activities and to reduce the burden of annual renewals for adoptive parents; a practice pointer memo was sent to staff regarding the timely transfer of cases from foster care to adoptions, and training regarding timely transfers became an ongoing agenda item discussed continuously during contact with adoption workers; efforts to

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locate family placement resources for children continued and adoption workers began reviewing historical case record information to determine if relatives could be located who had an interest in making a home for the child.

During FY 2008, the automated adoption case plan assessment development continued; training on the new instrument occurred in three of nine regions; “Family Finding” efforts continued to seek relative resources for all foster children available for adoption who had no identified placement resource; Louisiana’s Post Graduate Adoption Competency Certificate Program was launched; and the DSS website was updated to provide a link to information regarding Louisiana’s Voluntary Registry and general information regarding the adoption process

Update on Specific Accomplishments/Progress in FY 2009

Last year plans to initiate the following activities were reported: Monitor attendees in completion of Post Graduate Adoption Competency Certificate Program in June 2008; and work with NRCs for Adoption and Family Centered Practice and Permanency Planning in the redesign of adoption curricula; review disproportionality issues in adoption decision-making with assistance from NRCs for Adoption and Family Centered Practice & Permanency Planning; develop training for adoption staff on talking to children who are available for adoption and who have ambivalent or negative feelings about being adopted (“Unpacking the No of Adoption”); complete training and rollout of new adoption case plan assessment statewide; incorporate law and make changes in agency forms, policies and procedures with respect to pending adoption related state legislation; coordinate 2008 adoption awareness activity; and conduct adoption programmatic self examination in preparation for the Council on Accreditation (COA) re-accreditation process.

Twenty-three adoption program staff and six private agency staff and counseling providers successfully completed the Post Graduate Adoption Competency Certificate Program in June 2008. The course was taught by Dr. Gary Mallon, director of NRC for Family Centered Practice and Permanency Planning (Hunter College). The course is nationally known and aimed at improving the overall competency of our adoption staff and of private providers in order to enhance their work with birth families, foster adoptive children, and adoptive families statewide.

An assessment with the NRC for Family Centered Practice and Permanency Planning resulted in the redesign of adoption competency curricula was completed. Some changes were made based on evaluation and feedback received from the June 2008 graduating class. We are currently offering this excellent course once again this year to 24 of our agency’s adoption staff statewide. We anticipate that all attending staff will successfully complete the course in June 2009, bringing the total number of agency staff statewide receiving this specialized training since its inception in Louisiana to 47 staff.

Plans were to review disproportionality issues in adoption decision-making with assistance from NRC for Adoption and NRC for Family Centered Practice & Permanency Planning. Since adoption is at the end of the child welfare continuum and reflects decisions made prior to a child being made available for adoption, the agency decided instead to look at disproportionality across the entire child welfare continuum. The Louisiana Court Improvement Project will be working with our agency in investigating, reporting on and making recommendations with respect to this subject as part of the State’s training and technical assistance plan.

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Dr. Gary Mallon with NRC for Family Centered Practice and Permanency Planning developed and delivered training on “Unpacking the No of Adoption” to assist staff in talking to children who are available for adoption but who may have ambivalent or negative feelings about being adopted. This training was delivered on 4 separate occasions to approximately 70 adoption staff statewide.

Training and rollout of the new adoption case plan assessment to all adoption field staff statewide was completed in August of 2008. It has been distributed in an electronic format to render it more user friendly than it otherwise would be. Positive feedback has been received from field staff who advise that the new instrument assists them in better identifying children’s special needs and so that these needs may be more thoroughly addressed in both the child’s case plan and when developing adoption assistance agreements. Also staff felt it would enable them to better identify potential barriers to the goal of adoption, barriers that need to be problem solved as part of the case planning process.

Changes in agency forms, policies and procedures with respect to adoption related state legislation, passed in 2008, and that impacted the voluntary surrender of parental rights process, statement of family history form, and voluntary registry provisions were successfully incorporated into practice.

In November 2008, the agency celebrated National Adoption Awareness Month by honoring those families who adopted children from Louisiana foster care in FFY 2007-2008 by holding a reception in their honor at the Governor’s mansion. Approximately 370 adopted family members and staff attended this event. The event was filmed and distributed for repeated statewide broadcast on Louisiana’s Hometown Network. In conjunction with the annual adoption celebration, staff coordinated press and media releases along with the signing of the Governor’s Proclamation proclaiming November as Adoption Awareness Month. These planned activities assisted the agency in increasing public awareness of our need for permanent adoptive homes for Louisiana’s foster children.

Additionally, adoption staff worked to successfully complete a self-study of the Adoption Program in preparation for the Council on Accreditation (COA) Site Visit. The site visit was held March 15-18, 2009. With regard to adoption standards, the agency was found to be at a level of full or substantial implementation of all COA standards related to Adoption Program.

The following tables provide outcome data and information regarding involuntary terminations of parental rights, finalized adoptions and finalized adoption timelines.

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Agency and Court System Capacity to Process Termination of Parental Rights (TPR)

The table below contains information on the number of TPRs the agency has filed:

Region	2004-2005 SFY (7/1/04- 6/30/05)	2005- 2006 SFY (7/1/05- 6/30/06)	2006- 2007 SFY (7/1/06- 6/30/07)	2007- 2008 SFY (7/1/07- 3/30/08)**	2008-2009 FFY (10/1/07- 9/30/08)	2005-2009 Final Report Totals***
Orleans District (effective 9/05)	31	9	19	3	16	78
Baton Rouge	23	18	27	18	23	109
Thibodaux	2	12	24	19	14	71
Lafayette	66	70	113	41	70	360
Lake Charles	55	28	63	47	60	253
Alexandria	24	45	71	36	44	220
Shreveport	24	10	24	13	20	91
Monroe	8	10	14	17	27	76
Covington*	85	71	85	31	46	318
Jefferson District (effective 9/05)	28	28	35	20	60	171
Statewide	346	301	475	245	380	1747

*Covington region is divided into two courts (21st and 22nd JDC).

** Partial State Fiscal Year data reported in 2008 APSR

***Change to Federal Fiscal Year reporting for 2009 APSR results in overlapping data for 10/1/07 through 3/30/08, thus final report totals are inflated by 6 months of duplication

Finalized Adoptions:

Region	Adoptions SFY 2004- 2005 (7/04-6/05)	Adoptions SFY 2005- 2006 (7/05-6/06)	Adoptions SFY 2006- 2007 (7/06-6/07)	Adoptions SFY 2007- 2008 (7/07-6/08)	Adoptions FFY 2008- 2009 (10/07- 9/08)	2005-2009 Final Report Totals**
Orleans District	58	24	29	18	20	149
Baton Rouge	19	32	29	18	31	129
Thibodaux	10	18	19	29	41	117
Lafayette	118	101	83	118	113	533
Lake Charles	37	50	44	40	56	227
Alexandria	49	78	62	74	73	336
Shreveport	18	46	38	43	43	188
Monroe	23	14	11	19	31	98
Covington	108	96	81	111	124	520
Jefferson District	32	16	30	60	65	203
Statewide Total	472	75*	426	530	597	2500

* Reflects correction of mathematical error in previous reports.

**Change to Federal Fiscal Year reporting for 2009 APSR results in overlapping data for 10/1/07 through 3/30/08, thus final report totals are inflated by 6 months of duplication

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Adoption Finalization Data:

Categories	SFY 2004-2005 (7/1/04-6/30/05)	SFY 2005-2006 (7/1/05 – 6/30/06)	SFY 2006-2007 (7/1/06-6/30/07)	SFY 2007-2008 (7/1/07-6/30/08)	FFY 2008-10/1/07-930/08	2005-2009 Totals/Average
# Children Finalized	472	475*	426	530	597	2500
Average Time to Free (TPR) in years	1.76	1.85	1.82	1.75	1.80	1.80
Average Time to Sign 427 in years	.95	.73	.65	.66	.62	.72
Average Time to Finalization in years	.31	.47	.48	.54	.57	.47
Average Length of Time in Care in years	3.02	3.06	3.02	2.95	2.99	3.01
Average Age of Children Finalized	6.66	6.4	6.31	5.93	5.95	6.25

NOTE: Average time is expressed in years.

Average Time to Free- Time period from the date the child entered foster care until the date the child became legally free for adoption.

Average Time to Sign 427-B: Time period from the date the child was legally made available for adoption until the date the child entered a formal adoptive placement.

Average Time to Finalization: Time period from signing of 427B (adoption placement agreement) to date of adoption finalization.

Average Length of Time in Care: Time period between the time child entered foster care until the time of adoption finalization.

ADDITIONAL REQUIRED SUPPORTING INFORMATION

Adoption Incentive Payments

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2005 Baseline	497	253	156	
FFY 2005	453	216	123	No Award
2006 Baseline	497	253	156	
FFY 2006	437	232	109	No Award
2007 Baseline	497	253	156	
FFY 2007	427	191	86	No Award
2008 Baseline	497	253	156	
FFY 2008				No Award Notification Received
2009 Baseline				
FFY 2009				

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As indicated in the preceding table, Louisiana received no adoption incentive payments in 2005-2009. As of May 20, 2009, adoption incentive award information for FFY 2008 had not been made available by the Administration for Children and Families. If adoption incentive monies are received, the agency anticipates spending it on child specific recruitment for those children available for adoption and in need of an adoptive placement. Also, utilizing the free and already developed AdoptUSkids recruitment advertisements, the agency would use incentive monies to purchase media air time in time slots that are more conducive to recruitment of foster and adoptive families than the off hour time slots that typically allotted free Public Service Announcements.

Inter-Country Adoptions:

Louisiana provides pre-and post-adoptive services to support inter-country adoptions through the Adoption Petition Program in assisting families to record adoptions in Louisiana, the Title IV-E Adoption Subsidy

Per Section 442(b) (12) of the Social Security Act, Louisiana had no new international adoption disruptions or dissolutions that resulted in foster care entry to report for the past fiscal year.

However, OCS State Office staff recently became aware of a child, Yosef, who entered foster care in 2005 as a result of a disrupted international adoption. Louisiana's tracking system is capable of identifying children who enter foster care as the result of a failed adoption, but is not capable of distinguishing failed inter-country adoptions. We rely on reports from the regions to track this information, but amid the chaos and confusion following Hurricane Katrina, this case was not reported. We anticipate that a drop down screen will be available to note children entering care as a result of a disrupted inter-country adoption when our SACWIS system is fully developed.

Yusef was originally adopted from Chiquimaquia, Guatemala through Plan-It for Kids, PC of Pennsylvania in 2003. At the time of Hurricane Katrina, Yusef was experiencing his second hospitalization at the New Orleans Adolescent Hospital, a psychiatric facility, and evacuated to East Feliciana Parish with medical staff and other patients. His hospitalization was due to extreme physical aggression and threats to kill his adoptive mother and sister. Hospital staff reported that Yusef's adoptive mother was afraid of Yusef, and did not want him to return home. He was abandoned by his adoptive parents who did not pick him up when he was ready for discharge, and he entered foster care as a result of this abandonment in East Feliciana Parish in September 2005. Despite diligent efforts, OCS staff never located Yusef's adoptive parents; therefore, no preventive or supportive services were provided.

Yusef has been placed at placed at Hope Youth Ranch in Minden, LA since he entered care. A prospective foster family, currently enrolled in our foster/adoptive family pre-certification program, has recently been identified as a possible placement resource for Yusef. Yusef's first visit with the family went well, and he is looking forward to the move into a less restrictive placement. It is anticipated that the family will take on the challenge of parenting Yusef at the point that they successfully complete the foster/adoptive home certification process.

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Yusef is 13 years old. He has significant mental health problems and that require daily medications and a history of physical and verbal aggression toward adult authority figures and temper tantrums. He is in the seventh grade and receiving special education services/gifted and talented. His academic performance is good. His current permanency goal is Alternate Permanent Living Arrangement.

The following information provides an update on the two children we have previously reported on. Originally from Romania, both children entered state custody as a result of their adoptive parents' having difficulty in accepting these children unconditionally. Both adoptive families presented as having unrealistic expectations regarding their adopted children's needs and overestimating the children's capacity to quickly adjust to their new life here in the states. In both instances, supportive services were offered prior to disruption to no avail and in an effort to maintain the adoptions however both of these foreign adoptions resulted in adoption dissolution.

Child 1- As reported in the 2008 APSR, Luke was originally adopted from Romania through Bethany Adoption Services of Michigan. Luke's case was handled in East Baton Rouge Parish. He aged out of foster care and did not choose to enter the Young Adult Program. Luke has not maintained contact with OCS and we will provide no further reports on him.

Child 2 - John was adopted from Bucharest Children's Home in Romania through Adoption Services Associates of San Antonio, Texas.

As previously reported, when John first arrived in Louisiana from Texas he was on thirteen different medications, reduced over time to just one prescription. At the time of our last report, it appeared that John was doing extremely well. He had been taken off all medications and adopted by his foster parent in January 2008. He had made great strides academically, emotionally, and socially.

When John was adopted in 2008, his first name was changed from John to Jaron. In December 2008, an allegation was made that Jaron had sexually abused another child in the home; he was subsequently placed in the Florida Parishes Detention Center. The adoptive father requested that Jaron not return to his home. Jaron is currently in the custody of the Louisiana Department of Corrections, Office of Juvenile Justice (OJJ) and is currently placed at New Directions, a residential treatment facility for sexual perpetrators. Since Jaron's removal from the adoptive parent's home, concerns have arisen about the care the adoptive father provided, but Jaron's adoptive grandfather has remained in contact with him. We do not know OJJ's plan for Jaron when he completes the program at New Directions.

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Inter-country Adoption Data

State Fiscal Year	Number of Children With “Out of Country Birth Location”
1983-84	0
1984-85	1
1985-86	35
1986-87	49
1987-88	29
1988-89	40
1989-90	39
1990-91	27
1991-92	29
1992-93	28
1993-94	10
1994-95	13
1995-96	7
1996-97	8
1997-98	15
1998-99	22
1999-00	37
2000-01	60
2001-02	45
2002-03	118
2003-04	69
2004-05	84
2005-06	59
2006-07	63
2007-08	69
TOTAL	956

Note: The data was derived from the TIPS download files for the Adoption Petition Program. All cases reported above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed. There may be instances in which an adoption is completed judicially in one year and not recorded as closed in the adoption petition program until the following year. This could contribute to an over-count for some years and an undercount for other years. Note: If a family does not seek to have their international adoption recognized in Louisiana by going through the adoptions petition process, they may remain unknown to the agency.

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PROMOTING SAFE AND STABLE FAMILIES

In FFY 2007, \$3,497,457 of state general funds were spent to match federal Title IV-B, Subpart 2 federal funds of \$10,492,371. The agency assures that significant portions of expenditures will be made in these four areas and is proposing to use the following percentages for Title IV-B, Subpart 2 funding:

- Family Prevention and Support Services (PSS) – 22.5% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families.
- Family Preservation (FP) – 22.5% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 22.5% - Services and activities that are provided to a child who is removed from the child's home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion.
- Adoption Promotion and Support Services (APSS) – 22.5% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

NOTE: PSSF services listed on the following pages have been identified by PSS, CI, TLR and/or APSS.

The agency has taken a number of actions steps to meet the goals of safety, permanency and well being through the use of Promoting Safe and Stable Families (PSSF) resources. Services provided for prevention and family support, family preservation, time-limited reunification and adoption promotion and support include the following:

Service/Program Description: In-home services and post-adoption case management services are offered through Resource Centers in order to assist families with permanency. Major services provided include therapy, parenting, mentoring, respite and information, referral and advocacy services. The agency continues to receive some assistance from Volunteers of America and Wendy's Wonderful Kids in the recruitment of adoptive families. (PSS, APSS)

Service/Program Description: Louisiana Advocacy Support Team (L.A.S.T.) provides support to foster and adoptive parents who are dealing with allegations of abuse and neglect. LFAPA sub-contracts with ULM Family Connections Family Resource Center in Monroe to administer the L.A.S.T. (LA Advocacy Support Team) Program. The Family Resource Center provides office space, a statewide toll free phone line, and a staff person who is a foster/adoptive parent to serve as the L.A.S.T. Coordinator who mans the phone line 24/7 and makes referrals to L.A.S.T.

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Volunteers in the callers' region. L.A.S.T. is responsible for training and support to L.A.S.T. Volunteers. The program also provides Defensive Parenting Training to OCS foster parents and staff in an effort to prevent allegations. The LAST volunteer can be a mentor, teacher, helper and friend to foster and adoptive parents should the need exist. (FP & PSS).

LA R.S. 46:286.2 - 286.4, LA Foster Parent Bill of Rights (Act 439 of 2006 and Act 122 of 2007) extends to foster parents the right to permit a member of the LA Advocacy Support Team to accompany a foster parent into meetings with departmental staff during investigations or grievance procedures. The LA Foster Parent Bill of Right is Appendix J in the Foster Parent Handbook. Foster parents have access to the handbook on-line via the DSS webpage. We are in the second year of a multi-year LA DSS/OCS contract with the LA Foster & Adoptive Parent Association (LFAPA) for the period 07/01/2007 to 06/30/2010.

Service/Program Description: The FGDM process engages extended family and other persons closely connected to the family in assuring safety, permanency, and well being of foster children in placement, independent living and/or upon return home. FGDM ended in Baton Rouge, Lafayette and Shreveport in March 2008. The Monroe Region contract ended in November 2008. (For more on FGDM refer to the CAPTA section of this document on page 122. (PSS, FP, TLR)

Service/Program Description: Legal Contracts to Assist with TPR Backlog has ended. The agency has contracted with attorneys in Lafayette, Shreveport, Monroe, Thibodaux, Covington and New Orleans Regions to assist with this process. The total amount of contract attorneys for the aforementioned regions is 15. (APSS)

Service/Program Description: Healthy Start Services provides parenting skills for first time parents. This service is offered in Shreveport Region. The Shreveport region utilizes the Family Resource Centers for 95% of parenting referrals, yet, Healthy Start Services are still available to assist OCS clients. (PSS)

Service/Program Description: Preventive Assistance (PAF) and Reunification Assistance Funds (RAF) are funds to provide “basics of living” needs and assistance to prevent out of home placement and to families being prepared for reunification. (PSS & TLR)

Service/Program Description: Infant Team is a specialized, multi-disciplinary assessment and treatment targeted to the needs of very young abused and neglected children and their immediate caregivers. (PSS & TLR)

Population Served: The target population is very young abused and neglected children 0-60 months and their immediate caregivers in Jefferson and Orleans Parishes and the Greater Baton Rouge area. Approximately 190 young children and their immediate caregivers (including their parents and foster parents) were served by these programs during the past year. There has been a sharp increase in the numbers of young children being seen by the Jefferson infant team since Hurricane Katrina and passage of legislation relative to drug exposed infants. The infant team programs are specifically designed to meet multiple complex needs of young abused and neglected children and their caregivers.

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Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: Currently, three programs provide specialized assessment and treatment for very young abused and neglected children and their immediate caregivers in Jefferson Parish (The Tulane/JPHSA Infant Team), Orleans Parish (The Permanency Infant and Preschool Program in New Orleans), and most recently, the Greater Baton Rouge area (The Infant, Child and Family Center). The Jefferson Parish program is led by Dr. Charley Zeanah and the Tulane University School of Medicine's Department of Psychiatry and Neurology and administered through the Jefferson Parish Human Services Authority. The Orleans Parish program is led by Dr. Joy Osofsky and Dr. Amy Dickson and the LSU Health Sciences Center's Division of Infant, Child and Adolescent Psychiatry which also administers the program. The Greater Baton Rouge Program is led by a community collaborative facilitated by Dr. Jan Kasofsky and Capital Area Human Services Authority staff.

The Tulane/JPHSA Infant Team has received a large increase in referrals of very young abused and neglected children which has been attributed to the convergence of at least three factors: (1) a 2005 law that mandates drug testing in newborn infants suspected of perinatal substance exposure; (2) a 2005 law mandating court intervention for the removal of a child from a biological parent's home, even if the child is being placed in the home of a relative; and (3) ongoing stressors related to Hurricane Katrina and its aftermath. The usual caseload is 40-45, however between January 1, 2007- August 31, 2007, services were being provided to 69 children. They have served 94 children during SFY 2007-2008.

The Orleans Permanency Infant and Preschool Program continues to receive referrals however they have not experienced the same large increase seen by Jefferson. Families dislocated from Orleans have been much slower to return given the widespread and devastating destruction of homes and community. They served 35 children during last fiscal year and 40 children during the current SFY.

The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model. For the first half of 2008, DSS/OCS has contributed funding to this collaborative project. An initial special focus of the program has been upon substance exposed infants. The ICFC's goal for the first year was to assess 50 clients. The ICFC surpassed this goal and completed assessments on 55 clients. They received 74 referrals in the first year. From August 2008 through April 2009, they have received 65 new cases. Ten (10) clients scheduled an assessment, but did not show up. There are an additional nine (9) clients scheduled to be seen in the month of April 2009.

Specialized treatment includes individual treatment with the child to address the abuse and related emotional and behavioral issues; relationship-based treatment with the parents and the child to improve their interactions; and individual or group therapy with parents. Additional specialized services are provided according to the individual needs of the child and family e.g. psychiatric treatment (psychotropic medication for the parents), substance abuse counseling, speech and language therapy, occupational therapy or other specialized services for the child.

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DSS actively participates on the Brightstart Advisory Committee and the Children’s Cabinet and Children’s Cabinet Advisory Board. State policy has been put in place for referring children under age 3 validated (substantiated) as being abused or neglected to the Early Steps program. The Early Steps Program was transferred to the Office of Citizens with Developmental Disabilities (OCDD) effective July 1, 2007. DSS/OCS worked with OCDD to develop a Memorandum of Understanding specific to the working relationship between OCS and OCDD in serving young victims of abuse and neglect eligible for the Early Steps Program.

Mental health needs of infants and families served by the child welfare system, outreach processes, and extent of specialized services:

With the exception of the limited number of children served in the new Child SART program in the Greater Baton Rouge area, most children and families did not have access to specialized infant team services. A few very young victims of abuse and neglect coming into foster care in other parishes may access specialized infant mental health services through the Early Childhood Supports and Services program, but the vast majority are not receiving specialized assessment and treatment services. Please refer to the chart below for the percentages of children residing in foster care under the age of 5, the percentages of new foster care entries of children under the age of five and the percentage of these children residing in the New Orleans area.

SFY	Percent of children in foster Care Statewide under age 5	Percent of new entries in foster Care Statewide under age 5	Percent of foster children living outside of New Orleans
2005-2006	37%	49%	90%
2006-2007	36%	49%	92%
2007-2008	43%	47.5%	92.1%

Very young foster children typically have been seriously abused and/or neglected by their parents. They have been removed from their homes and placed in a new home, with individuals they may or may not know, during a critical period of typically incredible growth and development in the human life cycle. They often are disproportionately developmentally delayed and also have greater emotional and cognitive problems than children generally. Such difficulties may relate to the abuse and/or neglect, attachment and loss issues arising from removal and placement in a new home, as well as biological factors and environmental conditions present in the child’s life generally. In sum, very young foster children typically have multiple needs, some of which (such as the relationship between them and their parents which led to the abuse and/or neglect in the first place) are very complex.

Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child’s safety and well-being call the DSS/OCS to report their concerns. If the report contains sufficient evidence of potential abuse or neglect, an investigation is initiated. Recent federal Child Abuse Prevention and Treatment Act amendments and related state legislation have expanded the expected intervention purview of DSS/OCS to include substance affected infants. State law mandating the reporting of infants exposed to controlled

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dangerous substances was amended in 2007 to add children exposed to severe and chronic alcohol exposure. These infants and their families often have mental health needs as well.

Methods to Measure/Outcomes Data: The Infant Team was profiled by Child Welfare League of America as an emerging practice in 2003 based on research completed in 2001. Research regarding longer term salutary effects of infant team intervention is continuing. The Child Behavior Study, initiated in 2000, compared the developmental outcomes of maltreated young children served by the infant team to non-maltreated children matched on age, race, and gender. Some key findings include the group of children who received infant team services and the comparison group of non-maltreated children had behavioral scores that averaged within the normal range, with the non-maltreated group functioning only marginally better than the maltreated children in the infant team group. The research also found that children who are adopted are faring better overall than children returned home or placed with other family members. An enriching home environment (e.g. having learning materials in the home, family activities, child encouraged to perform certain self-care routines, chores, etc.) appeared to be a significant mediating factor in enhancing the maltreated children's functioning.

Infant Mental Health Training

Pursuant to support from Brightstart and the Office of Public Health, Maternal and Child Health Division, ten (10) OCS staff were invited to participate in a 6 day training on infant mental health assessment and treatment in Spring 2008. The training was very relevant and well received by staff and was offered to additional OCS staff in Fall 2008.

Through a contract with Tulane University, specialized training in infant mental health has been completed with OCS staff in Lafayette, St. Martin, and St. Mary Parishes. The training is the first step in implementing an infant mental health consultation and evaluation program for foster care workers and supervisors in the three parishes. All staff in the Lafayette Region Office of Community Services (OCS) received a total of 20 hours of training in infant development and infant mental health. Following training, OCS foster care supervisors and workers in Lafayette, St. Martin, and St. Mary parishes were randomly assigned to 1 of 2 types of augmented services. The consultation model to be implemented over the next 3 years consists of two types of augmented services to foster care workers and supervisors. One group of workers will have access to warm line which they can call to consult about any cases involving young children. The second group will be assigned a clinical consultant with whom they will meet via video or telephone on a weekly basis. All consultations are intended to provide a means of translating state of the art knowledge in infant mental health to workers as they work with families. Topics discussed in consultation meetings include the effects of abuse and neglect on young children, infant and young child development, infant relationships with caregivers, managing behavior and making appropriate mental health and medical referrals, structuring visits with children and their parents, benefits and risks to reunifying children with their biological families, and managing work-related stress.

The effectiveness of the consultations in addressing children's needs, supporting foster parents in effective care giving, and increasing competencies and resiliencies of workers and supervisors will be carefully evaluated during the 3 year period.

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	Number Served
OCS Staff Training	130*
Workers Consultation	38
Child Cases-Consultation	171*
Families Seen-Research	50

*Note: * indicates approximate numbers*

Healthy Marriage Program Description: Programs to Strengthen Marriage: The Louisiana Healthy Marriage “Knapsack Project” was a three year demonstration grant targeting the national “Healthy Marriage” initiative. The Knapsack Project sought to enhance and stabilize the environment in which children live by training their caregivers in skills that enhance their relationship. The project works from the premise that with improved communication, understanding and negotiation, caregiver stress may be reduced and mutual support may be increased, thereby reducing the risk of child maltreatment. The project has enjoyed tremendous success both statewide and nationally. (PSS)

Funding for these initiatives ended on September 30, 2006, however the Family Resource Centers have incorporated this service into their service array and provide relationship training to families in need. All centers have staff trained in both programs. Services will continue to be available until centers experience staff turnover and no longer have trained staff to provide the services. OCS staff may continue to refer families for these services, although specific funding is no longer available for continued training and supplies.

Methods to Measure/Outcome Data: The agency does not evaluate this program as it is a service provided by the Family Resource Centers.

Resource Center Program Description: Family resource centers provide services such as respite, supervised family visitation, information and referral, advocacy, parenting classes, psychotherapy, support groups and training to families served by OCS. There are 12 contracted resource center providers operating statewide through multi-year contracts. OCS monitored contracts and provided assistance to resource center providers/contractors through regional liaisons, state office staff. Monthly monitoring reports were also completed for each provider.

Regional liaisons review, process, approve, and sign invoices, assist in addressing budget matters, facilitate regular meetings between OCS local staff and family resource center staff, discuss pertinent OCS policy with family resource center staff, invite family resource center staff to some OCS training and meetings, address issues identified by family resource center staff and/or OCS staff. (PSS, FP, TLR & APSS)

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: Services are being provided to address the four targeted areas of PSSF funding. Family Services and foster care cases are the primary referrals and recipients of services. The most frequently cited reason for referral is maintenance of placement. Foster parents and adoptive parents’ utilization of the services vary from region to region. The majority of these parents make use of the respite services but most often do not avail themselves to other services offered by the center. There are some parishes in each region that make few referrals of any

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nature to the centers. The majority of the families referred are served within the month of referral. A few centers have waiting lists from time to time. The reports also indicate that the most frequently provided services are mentoring (consists of one to one coaching with parents, children and entire family, teaching and modeling essential skills for improved family functioning), parenting classes, respite, information, referral and advocacy, and resource library. Numerous PSSF services are offered via resource centers. In addition to those mentioned above, services also include child care, educational services, family visits, financial assistance, marriage / relationship education, legal service, psychotherapy, support groups, telephone support, transportation and training on various topics. (PSS, CI, TLR & APSS)

The agency monitored the implementation of policies and procedures on referrals to resource centers as well as the use of the resource centers. The goal was to increase the community-based continuum of family support and family preservation services available/provided to children and families. Policies and procedures for referrals have always been in place and monitored by the Regional Program Specialists. The Monthly Monitoring Report Form revised in August 2005 included a section for centers to indicate the number of referrals received from each parish in its region. Regional Program Specialists have monitored these numbers and discussed them with regional management and local office as applicable. The numbers vary from month to month and region to region, but overall it is believed that the families who needed the services offered by the centers received the services. Most centers functioned at or near capacity in caseloads. Family resource centers staff reported carrying between 15 and 25 cases per month.

Transportation has been an ongoing issue for families accessing services through the resource centers. During the 2006-2007 SFY the agency allocated additional Social Services Block Grant Supplemental Funds to Family Resource Centers so they could provide additional transportation services. Four thousand dollars (\$4,000.00) was made available to each center to assist families with transportation to access services. The process to amend the contract to include these funds began December 1, 2006. The majority of the contract amendments were approved in late April 2007. Centers used the funds to assist clients with transportation by having their staff provide transportation, by paying for public transportation, or by paying friends and relatives. It is unknown how many additional clients were served but the funds helped to assure consistency in accessing services by clients referred, especially those attending the multiple sessions Nurturing Parenting Program. Funding to continue enhanced transportation support was not secured beyond this one-time allocation. Additionally, NRCs worked in consultation with the agency to provide more qualified legal representation for children and/or parents involved with the agency.

Methods to Measure/Outcome Data: The agency continues to track referrals through the DSS in-house web-based system that has been operable since March 16, 2006. The DSS system has not functioned properly since implemented. This has been brought to the attention of OCS executive management as well as DSS IT management. The primary instrument to evaluate outcomes is the Family Assessment Form. DSS IT staff have corrected the FRC data base problems and completed User Acceptance Testing for combining the old and new data, as well as minor system changes. Database enhancements will begin, including development of reporting capacity, as well as meeting with FRC staff to identify issues with the database to continue improvement efforts. At this time, data fields are not operationally defined which leads to inconsistent use in the database. For example, when entering the parish, some workers enter the

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parish of the worker versus the parish of the client, which leads to inconsistencies in data. The agency is working to operationally define data fields in order to allow for consistent interpretation of the data across sites.

Data gathered from the resource center database and from annual assessment reports submitted by the resource centers is provided in the charts below. Statistics obtained from the resource centers indicate that the resource centers served a total of 7,166 individuals from October 1, 2006 through September 30, 2007 and 3,234 individuals from October 1, 2007 through August 31, 2008. Reporting methods have been modified over the last three years, resulting in some inconsistencies in the count of unduplicated individuals served. While efforts have been taken to generate reports of unduplicated individuals served, there may still be some duplication in the reported statistics. For example, in some instances a child may be counted among the foster children served in the home of a foster parent for respite or placement stabilization services and may also be counted as part of the biological family that is receiving reunification services. All centers except VOA-BR provide services to all families (biological, foster, and adoptive) referred.

NUMBERS OF CLIENTS SERVED					
Child Welfare Family Resource Centers	Region	SFY 04 – 05 (7/1/04-4/1/05)	SFY 05 – 06 (4/1/05-3/31/06)	FFY 06 - 07 (10/1/06-9/30/07)	FFY 07-08 (10/1/07-8/31/08)
VOA – Greater New Orleans	Orleans	59	321	583	299
VOA – Greater Baton Rouge	Baton Rouge	313	434	415	338
Southeastern Louisiana University (Discovery)	Baton Rouge	400	1,052	409	483
Bayou Land Families Helping Families (Contract terminated 8/31/05)	Thibodaux	243	223	0	0
Kingsley House	Thibodaux	133	104	149	147
Nicholls State University Dept. of Family & Consumer Science	Thibodaux	160	158	219	127
The Extra Mile, Inc.	Lafayette	120	623	1,243	533
Beauregard Community Action Association (Evolving Circles) (Contract terminated 8/31/05)	Lake Charles	211	105	0	0
Educational & Treatment Council	Lake Charles	64	1,126	259	251
VOA – North Louisiana	Alexandria	199	284	232	156
Community Support Programs	Shreveport	285	163	1,515	418
Project Celebration	Shreveport	184	202	482	126
ULM – Family Matters	Monroe	592	1,894	1,006	472
New Horizons Youth Service Bureau (Positive Steps)	Covington	127	205	654	302
Family Services of Greater New Orleans	Jefferson	11	10	0	0
TOTALS		3,101	6,904	7,166	3,234

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Barriers/Challenges Impacting Goal Attainment:

During this planning cycle, the agency monitored the implementation of policies and procedures on referrals to resource centers as well as the use of the resource centers. The goal was to increase the community-based continuum of family support and family preservation services available/provided to children and families. The number of referrals fluctuated during this period. The increase was not steady. This maybe attributed to staff's attention being diverted to other activities during the months immediately after the hurricanes as well as four centers being closed for a few months. Additionally, the signing of the contracts for the new funding cycle did not occur until two months into the contract period.

The contract with Turning Point Solution for management of the Resource Center Database expired February 28, 2006. The DSS in-house web-based system became operable on March 16, 2006 for input of new data. Continuous work occurred on the conversion of data that was stored in the Turning Point data system. The inability to access prior information was a barrier to evaluation of outcomes of the family resource centers. We continue to work with the DSS IT staff to resolve this issue.

Transportation continues to be an issue for families accessing services through the resource centers. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers. Additonally, Hurricanes Katrina and Rita changed the focus of the FRC's as different issues became more important in the aftermath of the hurricanes as they created chaos in the lives of many of the Center's clients.

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COLLABORATION AND CONSULTATION

The agency engages in community consultation and collaboration with a variety of community and Tribal partners to include:

- Citizen Review Panels (CRP) located in 5 areas of the State- Two of the panels are parish based; Beauregard Parish in Lake Charles Region and Rapides Parish in Alexandria Region. The others are in Covington, Monroe and Shreveport Regions, each comprised of several parishes. (Refer to page 141 for additional details)
- Court Improvement Project (Refer to page 166 for additional details.)
- Foster and adoptive parents association and the Louisiana Foster/Adoptive Parent Association and the Louisiana Adoption Advisory Board
- Louisiana Children’s Trust Fund/Community Based Family Resource and Support
- Continuous Quality Improvement (CQI) process has successfully engaged Tribal partners with social service directors participating in CQI committees within the regions.
- Consumer and Community/Stakeholder Committee - This committee meets quarterly with active participation of members from various child welfare organizations. The committee has identified the goal of recruiting consumers of child welfare services, particularly parents and youth served by OCS, as committee members as a primary issue.

To review additional OCS collaborative partnerships see program descriptions in Chafee Foster Care Independence/Education and Training Voucher Section beginning on page 148; Child Abuse Prevention and Treatment Act on page 122; Promoting Safe and Stable Families starting on page 88.

The following sections include information regarding collaboration with community partners on Faith-based, community initiatives, and Healthy Marriage.

Faith-based and Community Initiatives: Communities count on and solicit foster/adoptive parent recruiters to present in their churches, at faith-based forums, schools, civic and local non-profit organizations and businesses. Recruiters give regular presentations on recognizing and preventing child abuse, while recruiting attendees to become involved by fostering/adopting children who have fallen victims to this type of abuse.

Each recruiter sends regional-specific newsletters and invitations to upcoming Orientation sessions to their faith-based and local resource partners quarterly. The messages include specific data on the number of children in care in their areas and the number of available homes in the area. A flyer highlighting specific adoptive children in need of homes is included. The messages highlight increases in the number of children coming into care in that area with a plea for the “neighborhood to take ownership of caring for their kids”. These communications share a need for certified foster/adoptive parents and a commitment by these community recruiters to share with them other ways to assist vulnerable children in their communities.

Each year churches, Kiwanis, CASA’s, and many others help sponsor Christmas parties, gift give-aways, Adoption Match parties, Foster Parent Appreciation banquets, Easter parties, and many other functions on behalf of our foster/adoptive children and foster/adoptive parents. The magnitude of support and donations has grown throughout the State such that recruiters spend

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most of November and December working with our community partners to organize these efforts in their communities.

Healthy Marriage: The Louisiana Healthy Marriage Knapsack Project was a three year demonstration grant targeting the national Healthy Marriage initiative. The Knapsack Project sought to enhance and stabilize the environment in which children live by training their caregivers in skills that enhance their relationship. The project works from the premise that with improved communication, understanding and negotiation, caregiver stress may be reduced and mutual support may be increased, thereby reducing the risk of child maltreatment. The project has enjoyed tremendous success both statewide and nationally. (PSS)

Funding for these initiatives ended on September 30, 2006, however the Family Resource Centers have incorporated this service into their service array. All centers have staff trained in both programs. OCS staff may continue to refer families for these services, although specific funding is no longer available for continued training and supplies.

Community Initiatives: Collaboration with the Louisiana Children's Trust Fund/Community Based Family Resource and Support continues with the agency and community providers.

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TRIBAL CONSULTATION: Indian Child Welfare Act and Tribal Collaboration

Louisiana has four federally recognized American Indian Tribes. The American Indian population of these tribes is 0.60% of the total population of Louisiana according to U.S. Census Bureau 2007 data published in 2008.

Federal Tribes

Chitimacha Tribe of Louisiana
(St. Mary Parish)
P.O. Box 661
Charenton, LA 70523
(337) 293-7000
Lonnie Martin, Chief
Karen Matthews, S.S. Director

Coushatta Tribe of Louisiana
(Allen Parish)
P.O. Box 818
Elton, LA 70532
(337) 584-2261
Kevin Sickey, Chairman
Milton Hebert, S.S. Director

Tunica-Biloxi Tribe of Louisiana
(Avoyelles Parish)
P.O. Box 1589
Marksville, LA 71351
(318) 253-5100
Earl Barbry, Sr., Chairman
Marshall Pierite, S.S. Director

Jena Band of Choctaw of Louisiana
(Grant, Rapides, & Lasalle Parishes)
P.O. Box 14
Jena, LA 71342
(318) 992-0136
Christine Norris, Chairwoman
Mona Maxwell, S.S. Director

Summary of Activities 2005-2009

In February 2005 OCS entered into an agreement with the Chitimacha Tribe of Louisiana focusing on licensing of the Tribe's child care facility and providing that complaints of child abuse and neglect concerning the Tribe's child care center would be referred to OCS for investigation. Along with this agreement, OCS initiated contacts with Tribes to address basic ICWA provisions and Tribal concerns about OCS application of the Act's provisions.

This effort culminated in a meeting on April 18, 2005 that included social service directors of the four federally recognized Tribes, OCS program staff, DSS Bureau of Licensing Director and a representative of the Governor's Office of Indian Affairs. Several suggestions for improvement were made during that meeting:

- Early and frequent inquiries about tribal affiliation during the life of the case.
- Notification to Tribes of family team conferences and court hearings.
- OCS reluctance to place children in homes dually certified by the Tribe and OCS; inability of some Tribal homes to meet licensing standards.
- Limitations on availability of services to support families exacerbated by rural locations of Tribes.

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- Lack of ongoing notification to Tribal Courts after the Tribal Court has indicated that state court may retain jurisdiction; Tribal Courts would like to retain jurisdiction when they have ruled that a child should be in care but the child is placed in an OCS foster home because a Tribal foster home is not available.

From 2005 to 2009, on-going collaboration with Tribes has continued as follows:

- OCS has policies and practices governing the identification of American Indian children, case planning, service delivery, family preservation and family support services. Policy also addresses tribal notifications, tribal jurisdiction, and foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement.
- Respect for and protection of the cultural heritage and best interest of American Indians.
- Ongoing staff training on the exclusive rights of American Indian Tribes such as notices of state proceedings and special preference for the placement of American Indian children.
- Formal and informal working agreements with American Indian Tribes.
- Tribal participation in regional Continuous Quality Improvement (CQI) processes in Lafayette (Chitimacha Tribe), Lake Charles (Coushatta Tribe) and Alexandria (Tunica-Biloxi Tribe). Tribal members are able to be involved in program development, program evaluation and learn about program eligibility via this forum. The CQI committees were inactive for several months following Hurricanes Katrina and Rita, but resumed meeting as soon as possible in each region depending upon regional circumstances.
- Tribal representatives have been asked to participate in the development of the APSR every year, and the document has been sent to the Tribal representatives for review each year.
- Ongoing contact with Director of the Governor's Office of Indian Affairs and requests for his participation in statewide CQI stakeholder meetings.
- Inclusion of American Indian Tribal staff in regularly scheduled OCS training.
- Providing Indian Tribes with Funding Announcements and Request for Proposals (RFP) on Federal Register.
- Receiving Technical Assistance (TA) with the National Resource Centers (NRC) through our Court Improvement Project (CIP) to improve our collaboration with Indian Tribes and identifying cases subject to ICWA.
- Regional Recruiters in the OCS Home Development Section assigned to regions where Tribes are located make quarterly contacts with Tribal social services directors.

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- Chafee Independent Living providers in regions where the Tribes are located make ongoing outreach efforts to the Tribes.
- Mr. Milton Hebert of the Coushatta Tribe has recently become an active participant in the Statewide Community and Consumer Stakeholder Committee, a subcommittee of the CQI process.
- The social service directors of two Tribes attended the kick-off meeting and participated in the development of the 2005-2009 Final Report and 2010-2014 CFSP.
- The Director of the Governor's Office of Indian Affairs attended one Statewide Community and Consumer Stakeholder Committee meeting at which he explained that his schedule prevents regular attendance but offered to participate and support the Committee whenever specific issues arise that require his participation.
- OCS has notified all Tribes in the State, the Director of the Bureau of Indian Affairs, and the Director of the Louisiana Intertribal Council that OCS is available and willing to negotiate in good faith with any Tribe or Tribal organization that requests the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independent Living Program on behalf of Indian children, and to provide access to Title IV-E administration, training and data collection resources. The Chitimacha Tribe made preliminary inquiries, but decided not to pursue IV-E funding. No other Tribes or Tribal organizations have expressed interest.

Louisiana's policies and procedures cover the basic provisions of ICWA. They are as follows as follows:

First, OCS policy requires that staff identifies children who are American Indian. The Child Protection Investigation data system, A Comprehensive Enterprise Social Services System (ACESS) intake screen captures information regarding American Indian status, and inquiries continue throughout the life of the case, with Tracking and Payment Information System (TIPS) data and/or ACESS being updated accordingly. The agency prioritized the need to identify American Indian children early on and stresses that communication be open throughout the child's involvement with the agency.

Second, OCS continues to build relationships with American Indian tribes via the CQI process. Hopefully, by extending the relationship between the agency and tribes to this area of agency functioning, the agency will improve communication with tribes on important matters such as notification of family team conferences and court hearings. Tribal participation in the CQI process also provides an opportunity for OCS staff and Tribal representatives to meet and develop relationships.

Third, OCS policy recognizes the special placement preferences for American Indian children. Nonetheless, problems have arisen over foster parent and kinship placements with American Indian families. One problem is described as dual certification; that is, both OCS and a tribe

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have certified a family to foster. OCS has shown a hesitation to place children in dually certified homes. Another issue has been that some American Indian families have been denied certification to foster or adopt based on their inability to meet some licensing standards. Regional Recruiters hired for the Home Development Section are now making regular quarterly contacts with tribal social services directors, with the intention of ameliorating some of these issues.

Fourth, the Agency seeks to provide services to prevent the breakup of American Indian families. Limitations exist in the availability of services, particularly since the tribes are located in rural areas. Overall, the agency is working toward building a continuum of services that focuses on prevention and the preservation of the family unit.

Fifth, OCS recognizes in policy the right of tribal courts and their jurisdiction. Tribal directors noted that normally the tribal courts allow the local state courts to proceed. However, it was noted that they feel OCS needs to provide their courts with more information for them to make informed decisions. Further, there are situations where the tribal court has decided a child needs to be in care and there are no available American Indian foster parents. Tribes would like to retain jurisdiction while the child is placed in an OCS foster home. It is hoped that through the ongoing participation of tribal representatives on regional CQI teams and on the statewide Stakeholder Committee and involvement of OCS Regional Recruiters with tribal social services directors that these types of issues can be discussed and resolved in a manner that is satisfactory to tribes and the agency while serving the best interest of the children and families.

Lastly, in July 2007 the agency added special provisions to policy that applies to a child eligible for membership in a federally recognized American Indian Tribe and involved in child custody proceedings relative to foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. These special provisions can include family background investigation, pre-removal services, hearing notification to parent and tribe and special placement consideration.

OCS works to carry out ICWA policy and provide comprehensive child welfare services that meet the needs of all families including the needs of American Indian families. Additionally the agency assures the maintenance of a statewide information systems (ACCESS and TIPS) that contain demographic data and case information for every child in foster care (including American Indian children) as well as a case review system, and a service program designed to improve the safety, permanency and well being of children served by the child welfare system.

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CONSULTATION: PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS

OCS begins consultation with physicians during the child protection investigation process when necessary to establish the validity of allegations or to treat injuries or medical conditions that may have resulted from abuse or neglect. This consultation with physicians continues as necessary in prevention and family services cases.

The agency also consults with physicians and other medical providers to assess the health and health care needs of children in foster care. Initial medical examinations are required within seven days of a child entering foster care unless the child was examined as a part of the investigation that led to the child entering foster care. An initial dental exam is required within 60 days of entering care for all children age three and older; otherwise the first dental exam is required when the child reaches age three unless there is a specific reason for an earlier exam. An initial mental health screening is conducted within seven days of the child entering care.

The child's immunization record is obtained when the child enters foster care, and the caseworker is responsible for assuring that all needed immunizations and boosters are provided, and for maintaining the child's immunization record as a part of the case record and including it in the case plan.

Children in foster care under the age of one year are seen by a physician as recommended by the physician. Children older than one are required to have an annual physical examination that must occur within 14 months of the previous exam and to receive any recommended treatment between annual exams. Policy currently requires dental exams for children over age three, but this policy is being revised to require dental exams every six months to conform with American Academy of Pediatric Dentistry periodicity recommendations and Medicaid payment changes. Treatment to resolve emotional, behavioral or psychiatric problems is available for children in foster care based on an assessment/diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals. Referrals for mental health treatment are based on medical necessity (required to identify and/or treat a child's psychiatric/behavioral disorder). The goal is to restore the child to an acceptable level of functioning in the family and/or the community through outpatient treatment in accordance with the child's case plan. Inpatient psychiatric care is available for acute conditions.

The child, if age appropriate, caseworker, foster parent and biological parent are all involved in the medical care of the child and consult with physicians and other medical and mental health providers to be aware of temporary and ongoing conditions that require treatment, services and medications.

KIDMED services are used whenever possible for preventive health care, early detection and treatment of disease, immunizations and dental care. Children in foster care are provided physician services, clinical services, psychiatric services, home health, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) personal care, medical equipment and supplies, rehabilitation services, hospitalization for acute care, emergency room services, transportation by ambulance, specialized dental care (and orthodontia for medical necessity), speech and hearing

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services, eyeglasses and contact lenses. Parents are required to provide medical insurance for their children while in foster care if possible. Few parents of children in foster care are able to meet this requirement. Therefore, funding for physician consultation is through Medicaid whenever possible and paid by OCS otherwise.

Reports of the child's medical interventions are maintained in case files and used in development of the child's case plan. Foster parents are provided medical information and records at the time of the child's placement in the home and as additional records accumulate. The records are provided to the parent when the child returns home or to the young adult upon aging out of foster care.

Quality Assurance (QA) selects a random sample of 25% of the cases due for a Family Team Conference each month. In the past, the review instrument asked "Was the child's initial physical exam completed according to policy for new cases?" The instrument also asked whether an annual examination was obtained when it was due. The compliance rate on both of these questions was in the 65% range. The Quality Assurance instrument has been revised, and now asks whether the child's medical records were available and a part of the case plan. The compliance factor on that question is 91.3%. It asks whether the child's medical records were provided to the foster parent, and the compliance factor on that question is 84.1%. The instrument asks if the child had a timely mental health assessment upon entering foster care, and the compliance rate on that question is 57.7%.

All physician consultation and medical service provision noted above will continue. OCS is currently implementing the health care initiatives required by the Fostering Connections to Success Act.

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PROGRAM SUPPORT

TRAINING/TECHNICAL ASSISTANCE PLAN

During the 2005-2009 planning and reporting period the agency underwent a number of changes in various Technical Assistance (TA) plans. In 2005 and 2006 the agency's TA plan was quite modest consisting of approximately 10 days of training and TA in each of those years. In 2007, after Hurricanes Katrina and Rita, the state, in collaboration with the Children's Bureau and the National Resource Centers, renegotiated its PIP and developed a technical assistance plan to achieve PIP items and to address short-term recovery and long term reform efforts. The unlimited TA approved by the Children's Bureau and received from the NRCs helped the agency begin to recover and seize an opportunity to make sweeping reforms in the state's child welfare system.

Since that time, the agency has continued to work closely with the Children's Bureau and the NRCs on various issues impacting outcomes for children and families. Many of the items on the current TA plan reflect an evolution of recovery and reform efforts as the agency is working to evaluate many of the initiatives put into place in previous TA plans. Clearly this work has helped the agency to achieve the goals and objectives set forth in the 2005-2009 CFSP. Please refer to Louisiana's Technical Assistance Plan located in the 2009-2014 CFSP.

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TRAINING

The Louisiana Department of Social Services (DSS/OCS) utilized Title XX, Social Services Block Grant and Title IV-E funds for training. The agency also utilized Title IV-B, Subpart 2 funds for administrative costs for training. Title IV-B, Subpart 2 funds were used primarily for trainers' salaries. The non-federal match included state general funds and in-kind funds.

Training sessions were open to various levels of agency staff, foster and adoptive parents, providers and community partners including American Indian tribal representatives. All courses were directed at enhancing the knowledge and skills of participants in order to perform their jobs in a competent manner to benefit the children and families served within the child welfare system. The location of these trainings was generally held at our state office located in Baton Rouge, Louisiana. However, if there was a cluster of trainees in a particular area of the State, the trainers may have elected to go to that particular area to provide the needed training.

Courses were provided for approximately 25 participants per session; however, the number of participants for courses for newly hired/reassigned employees varied depending on the number of staff who were hired or reassigned to a different/new program area. For additional information on ongoing training in the core curriculum, please refer to the 2009-2010 OCS Training and Staff Development Catalog where courses are described in detail along with the duration of each course/training and the individuals targeted as participants.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: During the FFY 2007 - 2008, the State implemented a hiring freeze, which was in effect from late January until July 1, 2008. During this time frame, the majority of staff in the Training section was training the new initiatives statewide. The remaining staff took this downtime to totally redevelop the Core Curriculum. OCS revamped the New Worker Orientation training for newly hired professional staff to include three consecutive weeks of formal training. This training focuses on the common knowledge and skills needed by the primary program areas that include Alternative Response; Family Services; and Foster Care. Prior to attending the New Worker Orientation, newly hired workers are required to complete a pre-orientation Structured Activity Time exercise. This exercise includes activities that would assist the new worker, under the guidance of their supervisor, in being oriented to their parish office, with policy, procedures and forms, and to their community service providers and stakeholders. The new workers are to bring their completed Structured Activity Time exercise and their OCS Desk Resource with them to the New Worker Orientation training as most of the activities completed are used as examples and, in reflection, during the application and integration processes of the training. The OCS Desk Resource was developed for use by newly hired staff and experienced staff. It is a compendium of all relevant child welfare laws, specific DSS policies and procedures on issues such as dress code, weapons, ethics, confidentiality, and the agency vision, mission and core values, etc.

Post-training teleconferences were held upon the completion of the first session of the newly developed New Worker Orientation training, for all sessions of the training. Dates of completion occurred on 9/15/08, 10/3/08 and 10/31/08 (due to Hurricane Gustav); second session teleconferences occurred on 10/3/08, 10/17/08 and 11/14/08. The teleconferences are held after the first week, third week, and 8 weeks after completion of each three week session. Each

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trainee is given the opportunity to respond to three primary questions: How many case assignments have you received (since completion of training) and what type of cases are they? Have you been receiving the support you need from your supervisor, and co-workers? How have you been utilizing what you learned in Orientation training? What has been helpful? And, is there anything you could have used, that you did not receive during the Orientation training?

Alternative Response Family Assessment Orientation and Alternative Response CORE Curriculum training courses were developed, written, and delivered statewide from November 2007 through May 2008. This program initiative, which offers an alternative response to the child abuse and neglect investigation approach, achieved statewide implementation in May 2008. Safety and Risk Assessment, Structured Decision Making, and Assessment of Family Functioning and Case Planning training courses were also delivered statewide and fully implemented by September 2008.

In November 2008, representatives from OCS and our partner universities met with Susan Kanak and staff from the National Resource Center for Organizational Improvement to customize the Training Needs Assessment tool for use in Louisiana. Using the customized tool in focus groups held within each OCS region and state office, the OCS training system was assessed. The report results (due in mid-2009) will be reviewed and analyzed for planning goals that would be implemented in the short-term and long-term.

Methods to Measure/Outcome Measures: During this time period the agency did not have a central training data system. Instead, regionally located training coordinators kept track of the training information for all staff and foster parents in their region. The only training information entered by state office training staff was for all training attended by staff employed in State Office. The information entered, from all sites, included the title of the training, the date(s) of the training session(s), the total number of credit hours per session, and the actual continuing education credits (CEUs) received by each participant during that training. Since December 2008, the agency has been working with the Learning Sciences Corporation in the development of a MOODLE based, dynamic training system that will include a central training data system. The projected implementation date is June 2009.

An evaluation summary form was developed in June 2008 and was piloted for several of the training sessions conducted since July 2008. The decision was made in early 2009 to require the trainers to complete this form after every training session and submit it, along with the individual trainees' training evaluation forms to the Training & Staff Development Section Administrator. (A copy of this form is included in the 2009-2010 OCS Staff Development and Training Catalog.)

The agency is unable to provide evaluation information regarding every course or training session for this report time period. However, feedback received from the evaluation summary, in addition to feedback collected from the individual training evaluations, was utilized to make revisions in our Core Curriculum to better address specific and/or further training needs, as suggested by the trainees. An example would be the time allotted for information systems (ACCESS) training. In New Worker Orientation training, two days were scheduled for this technical assistance portion. Training evaluation feedback patterns suggested that only one day

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of ACCESS training was needed, and that adding Ethics and more specific programmatic content would be helpful. The training section has since revised the New Worker Orientation training curriculum to reflect these changes and implemented them beginning June 2009.

The information on training, within this report, has been separated into broad categories for the 2005-2009 planning period: General /Child Welfare; Technical; Case Management; Safety & Health; Core Curriculum; and Ethics. Each broad category includes the number of participants, categories of trainees and hours of training.

Training Category & Title IV-E administrative function	Categories of Trainees	SFY 2006-2007	SFY 2006-2007	SFY 2007-2008	SFY 2007-2008	FFY 2007-2008	FFY 2007-2008
		Actual # Trainees	Total# Hours	Actual # Trainees	Total# Hours	Actual # Trainees	Total# Hours
Child Welfare/General	Staff and Foster Parents	260	1397	4,516	15,468	6,287	19,842
Technical	Staff and Foster Parents	114	1407	1,231	9,449	870	2,967
Case Management	Staff and Foster Parents	11	70.5	5,060	28,021	7,910	48,002
Safety & Health	Staff and Foster Parents	121	395.5	1,446	5,060	1,638	3,322
Core Curriculum	Staff and Foster Parents	1129	18,618	2,848	35,897	429	9,819
Ethics	Staff and Foster Parents	266	842.5	707	2,264	663	2,029

Short-term training = less than 8 weeks in duration. **Long-term** training = 8 weeks, or longer, in duration.

The highest average number of hours per participant was spent in courses categorized as Case Management and Child Welfare/General. These two areas received an extremely large number of participants and training hours due to the statewide implementation of several new program initiatives - Alternative Response Family Assessment, Structured Decision Making, Safety and Risk Assessment and Foster Care Assessment and Case Planning with the Family. A higher than normal new worker staff turnover rate also increased the number of training hours.

The following chart contains data on the total number of trainees in each category and the total number of training hours during FY 2006-2008 which are part of the 2005-2009 CFSP reporting period.

Training Category & Title IV-E administrative function	Categories of Trainees FY 2006-2008	Actual # Trainees FY 2006-2008	Total # Training Hours FY 2006-2008
Child Welfare/General	Staff and Foster Parents	11,063	36,707
Technical	Staff and Foster Parents	2,215	13,823
Case Management	Staff and Foster Parents	12,981	76,093.5
Safety & Health	Staff and Foster Parents	3,205	8,777.5
Core Curriculum	Staff and Foster Parents	4,406	67,182
Ethics	Staff and Foster Parents	1,636	5,135.5
Total		35,506	207,718.5

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The categories in the preceding charts include the following:

1. **Child Welfare/General** – Maximizing Job Performance Through Supervision; Child Specific Recruitment; Leadership for Diversity; Emergency Planning; Coaching & Mentoring of Workers/Supervisors; Equal Employment Opportunity (EEOC); and Alternative Response Family Assessment Orientation
2. **Technical Assistance**– includes training on ACESS (A Comprehensive Enterprise Social Services System), MEPA/ICWA; COA/CQI
3. **Case Management Training** – Prenatal Substance & Alcohol Exposed Infants; Assessment of Family Functioning; Structured Decision-Making; Family Assessment and Case Planning; Alternative Response Family Assessment Core Curriculum; Motivational Interviewing Skills Training; Attention Deficit Disorder; Child Sexual Abuse Interviewing and MAPP/GPS
4. **Core Curriculum** – Foster Care Caseworker & Assessment; Foster Care Case Planning and the Family Team Conference; Caseworker Competency Skills; Child Protection/ Family Services Fundamental Casework Decisions; Introduction to Louisiana Child Welfare; Physical Indicators of Child Abuse and Neglect; and New Worker Orientation (new 3 week training implemented in July, 2008)
5. **Health and Safety** -- CPR; LA Passenger & Car Seat Safety training; Pediatric First Aid; Management of Bloodborne Pathogens; Violence in the Workplace; and Defensive Driving
6. **Ethics** – Ethical Dilemmas; Ethical Principles; and Driving the Ethical Highway.

Estimated Total Cost/Indication of Allowable Title IV-E Training & Administrative Costs

1. The training costs allocated to Title IV-E are based on Random Moment Sampling (RMS) procedures and “stat sheets” prepared by training staff. “Stat sheets” serve to document and track training activities. RMS procedures capture the levels and types of staff activities that may be claimed as Title IV-E allowable expenditures.
2. OCS expended \$8,621,804 (amount includes federal funds and state general funds) in allowable Title IV-E cost during FFY 2007 - 2008. These costs were funded with 75% federal and 25% state general funds. For the 2009 FFY, (based on Title IV-E 1) \$8,794,240 (amount includes state general funds and federal funds) is the projected cost of Title IV-E foster care training. State general funds, in the amount of \$1,747,635, are allocated for foster care training and \$450,925 for adoption training. Random Moment Sampling data is used to determine the percentage of IV-E funding to be used for foster care and adoption training.
3. Depending on the function being trained, the appropriate federal fund is claimed. Costs deemed matchable as training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material.

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Category of Expenditure	Actual SFY 2005-2006	Actual SFY 2006-2007	Actual FFY 2007-2008	Projected FFY 2009	Total Actual/Projected SFY 2005-2009
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$3,336,796	\$4,271,728	\$5,149,804	\$5,252,800	\$18,011,128
Travel	\$10,147	\$12,686	\$18,968	\$19,347	\$61,148
Operating Services -advertising, printing, maintenance of equipment, rental of equipment and buildings, utilities, telephone services, postage, building security, dues and subscriptions, etc	\$83,711	\$39,749	\$72,423	\$73,871	\$269,754
Supplies	\$5,171	\$10,994	\$10,346	\$10,553	\$37,014
Acquisitions	\$206	\$1,692	\$6,035	\$6,156	\$11,089
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing, training and advertising	\$2,402,922	\$2,687,696	\$2,411,929	\$2,460,168	\$9,962,715
Other Charges -contracts with universities for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs	\$1,149,003	\$1,432,648	\$952,299	\$971,345	\$4,505,295
Total	\$7,087,956	\$8,457,193	\$8,621,804	\$8,794,240	\$32,858,143

*FY 2009 amounts are projected

Cost Allocation Methodology

1. Louisiana is entitled to federal matching funds for the proper and efficient administration of the State plan. The State's federally approved Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. This approved CAP is in compliance with 45 CFR 1356.60.

2. The agency has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable is specified in individual contracts with the institutions and individuals. Additionally, the agency uses Title XX, Social Services Block Grant funds for training.

Under section 474(a)(3)(B) of the Social Security Act, the State agency makes claim for available federal financial participation at the 75% rate for the short-term training of

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current or prospective foster or adoptive parents and the members of the staff of state-licensed or state approved child care institutions providing care to foster and adopted children receiving assistance under this part, in ways that increase the ability of such current or prospective parents, staff members, and institutions to provide support and assistance to foster and adoptive children, whether incurred directly by the state or by contract. These costs are isolated in expense forms submitted for processing and contracts with trainer review for approval.

Title IV-E Stipends:

A limited number of stipends are made available to qualified OCS employees each year contingent upon adequate funding. In FY 2009, 12 stipends were awarded to OCS employees thus contributing to a total of 56 OCS employee stipends awarded in the 2005-2009 planning period. The stipends provide 75% of the employee's salary and full educational leave for up to two academic years to complete a full time MSW program at Louisiana State University, Southern University in New Orleans, or Grambling State University (accredited graduate schools with OCS approved Title IV-E child welfare curricula).

Additionally, educational stipends are awarded to non-employees with the expectation that the individual agrees to work for OCS after graduation. A contract is developed between the agency and the stipend recipient. Upon graduation the agency's training section works with the Director of Field Services to place each student based on need in the Family Services and Foster Care programs. Along with the Director of Field Services, Regional Administrators ensure that IV-E stipend recipients do not work in unallowable positions.

The stipend amount for the Bachelors of Social Work (BSW) student is \$5000 for all universities and the stipend for the Masters of Social Work (MSW) student is \$7000. The entire amount of each contract is charged to IV-E to pay for educators' salaries curriculum development, special community projects, recruitment/retention projects (focused on addressing the relationship with workers and foster/adoptive parents), and office supplies, etc. The stipend amounts are administered through our contracts with the seven universities and are funded at 75% Federal and 25% non-Federal match within those budgets.

Educational Stipends of Persons Preparing for Employment

State/Public University	BSW (\$5000) SFY 2006-2007	Total Stipends BSW 2006-2007	MSW (\$7000) 2006-2007	Total Stipends MSW 2006-2007	BSW (\$5000) FFY 2007-2008	Total Stipends BSW 2007-2008	MSW (\$7000) 2007-2008	Total Stipends MSW 2007-2008
Southern University at New Orleans (SUNO)	0	0	7	\$49,000	0	0	6	\$42,000
Grambling State University (GSU)	0	0	8	\$56,000	3	\$15,000	3	\$21,000
Southern University at Baton Rouge (SUBR)	4	\$20,000			4	\$20,000		

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State/Public University	BSW (\$5000) SFY 2006-2007	Total Stipends BSW 2006-2007	MSW (\$7000) 2006-2007	Total Stipends MSW 2006-2007	BSW (\$5000) FFY 2007-2008	Total Stipends BSW 2007-2008	MSW (\$7000) 2007-2008	Total Stipends MSW 2007-2008
University of Louisiana at Monroe (ULM)	4	\$20,000			5	\$25,000		
Northwestern State University (NSU)	6 @ \$4500	\$27,000			3	\$15,000		
Southeastern Louisiana University (SLU)	6	\$30,000			7	\$35,000		
Louisiana State University (LSU)			5	\$35,000			5	\$35,000
Annual Totals	20	\$97,000	20	\$140,000	22	\$110,000	14	\$98,000

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Educational Stipends of Persons Preparing for Employment FY 2005-2008

State/Public University	Total # BSW Stipends FY2005-2008	Total amount of BSW Stipends (\$5000) FY2005-2008	Total # MSW Stipends FY2005-2008	Total amount of MSW Stipends(\$7000) FY2005-2008
Southern University at New Orleans (SUNO)	0	0	13	\$91,000
Grambling State University (GSU)	0	0	14	\$98,000
Southern University at Baton Rouge (SUBR)	8	\$40,000	0	0
University of Louisiana at Monroe (ULM)	9	\$45,000	0	0
Northwestern State University (NSU)	9 @ (\$4500)	\$42,000	0	0
Southeastern Louisiana University (SLU)	13	\$65,000	0	0
Louisiana State University (LSU)	0	0	10	\$70,000
Totals	111	\$192,000	37	\$259,000

University Contracts

For the 2007 – 2008 SFY the agency contracted with Louisiana State University (LSU) for the training of the ACCESS computer data entry program to OCS staff. A total of 284 OCS workers and supervisors received this training from July, 2007 through April, 2008. The unexpended balance of the contract, coupled with the continued need for this training, resulted in an opportunity for the agency to carry forward the training and funding into the last quarter of SFY 2007 – 2008 and into the first half of FFY 2008 – 2009.

During this reporting period the agency's leadership team elevated the importance of workforce development and child welfare training to further improve services delivered to children, youth, and families and plans for addressing the comprehensive system of training that serves both staff and foster parents was initiated. In May 2008, a representative familiar with other states' conceptual development and use of training partnerships presented information to OCS administrative leaders and representatives from state/public Louisiana universities. After discussions, consensus to move forward with the partnership was obtained and identification of a lead university, to engage the participation of the other partner universities, was conducted. In January 2009, Northwestern Louisiana University (Natchitoches, Louisiana) was identified the lead university in the partnership and work was initiated to begin addressing core competencies within state/public universities' curriculum.

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RESEARCH AND EVALUATION

OCS Policy and Procedures for Review and Authorization of Research Proposals

OCS has a committee of five professional child welfare staff who review and approve or disapprove research proposals affecting agency personnel, providers, clients or data. All requests for use of agency records and/or resources for the use of research are judged based on the following:

- Potential benefit of the proposed research to knowledge development in the field of child welfare.
- Relevance to stated OCS research priorities
- Demands upon agency resources
- Potential for adverse impact of the research on the subjects and of their families
- Soundness of the research design and procedures

Further approval to conduct research requiring the release of identifying information to persons outside of the Agency is granted only upon the written recommendation of the research review committee and the authorization of the Assistant Secretary of the Office of Community Services. Release of such information is only to the designated principal investigator or co-principal investigators and to the extent absolutely necessary for each of those individuals. Each person who is to have access to such information signs a confidentiality statement.

Research Proposals in Support of OCS Programs

Louisiana Child Welfare Comprehensive Workforce Project

Louisiana State University School of Social Work (LSU), in partnership with the State of Louisiana Department of Social Services Office of Community Services, (DSS/OCS) and the Louisiana University Child Welfare Training Partnership proposes to establish the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) (Priority Area II) with funding from the Children's Bureau. The purpose of this project is 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.

Evaluation of the Statewide Implementation of a Parent Education Program In Louisiana's Child Welfare Agency: The Nurturing Parenting Program (NPP) for Infants, Toddlers, and Pre-School Children: This study examined, through a pre-post test study design, the effectiveness of the NPP as implemented on a statewide basis within the Office of Community Services (OCS). Conducted by: Rhenda H. Hodnett, Karen Faulk, Amy Dellinger, Erin Maher

Louisiana Kinship Integrated Service System (LA-KISS)

A partnership between the Office of Community Services (OCS) and the Office of Family Support (OFS) funded by a federal grant awarded to the Department of Social Services (DSS) the grant provides \$400,000 per year for five years from October 1, 2006 through September 30, 2011. Its purpose is to improve collaboration between OCS and OFS and to examine the impact of improved collaboration on outcomes for children in kinship care. The LSU School of Social

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Work is an active LA Kiss partner, providing extensive evaluations of the collaboration process and children's outcomes.

Intensive Home-Based Services (IHBS): Lynchpin of a Prevention Oriented Child Welfare Practice; Characteristics and Estimated Fiscal Impact

Outlines the Homebuilders Model of IHBS, the research evidence supporting this approach (both nationally and in Louisiana), the status of IHBS implementation in Louisiana, its likely fiscal impact, and the financial requirements for its on-going support and expansion. Elizabeth Reveal Trios Consulting Partners, Chevy Chase, Maryland

Maltreatment Follow-up Study

The primary goal of this study is to examine the psychiatric and developmental status of 5 to 9 year-old children who were placed in foster care prior to 48 months of age and whose families received services from the Tulane/Jefferson Parish Infant Team. Data on the developmental course of very young foster children is minimal and rarely controls for age, severity of abuse and eventual placement. This study controls for these confounds and uses a matched community comparison group. This study uses multiple measures, methods and reporters to assess the children's behavior, peer relations, family relations, and academic and social competence. A second goal of this study is to examine the developmental differences of children who have been in foster care based on case outcome (i.e., children who are returned to their biological parents, children returned to a relative who is not their parent, and children who are adopted after parental rights have been terminated or voluntary surrender) in order to guide policy development of the foster care system. PI: Neil W. Boris, M.D. Co-investigator: Sherryl Scott Heller, Ph.D. Source of Support: Louisiana Office of Community Services Period of Support: 2000-2006

Substance Exposed Newborns

ACCESS statistical data was collected on substance exposed newborns in 2007 in order to determine the most effective intervention strategies. Included in the research was an assessment of how other states were addressing the problem of substance exposed newborns. The reports were compiled by Mary Sigrist, and the research input was completed by Blanche Williams and Charles Hayes (OCS student interns).

Child Welfare Demonstration Projects

The Connections for Permanency (CFP) demonstration project was conceived, funded, coordinated and staffed by the Court Improvement Project (CIP) and OCS. Technical assistance was provided by the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFPP) and Catholic Community Services of Western Washington (CCSWW).

The CFP was designed to find family or fictive kin for dependent youth and to engage them in the child's life in a meaningful way with a target population of youth who had few or no family relationships and a history of mental illness, destructive behavior, multiple placements and few, if any, significant relationships.

The demonstration project has ended, but OCS continues to implement CFP.

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INFORMATION MANAGEMENT SYSTEMS

In the fall of 2000, the DSS/OCS undertook the endeavor to design a federally prescribed Statewide Automated Child Welfare Information System (SACWIS). The new system (known as LAKIDS) was approached as a stand-alone system with numerous interfaces to other DSS systems. While engaged in the LAKIDS project, DSS consolidated its information technology (IT) operations under its Office of Management and Finance (OM&F). During the summer of 2001, IT units of OCS and the DSS Office of Family Support (OFS) were brought into the DSS OM&F Information Systems Group. This reorganization revealed the need for DSS Information Services to move toward systems work with a broader perspective and led to a commitment to an enterprise approach.

The detailed design for LAKIDS as a stand-alone system was completed by American Management Systems (AMS) via a competitive Request for Proposal (RFP) procurement process. Although accepted in January 2002, DSS decided to revisit the design in light of instituting an enterprise approach to system development. To validate the concept of an enterprise approach, DSS analyzed and categorized the common components of the LAKIDS design that could be built and shared in an enterprise framework. DSS concluded that separating common and administrative components from program specific components was not only feasible, but also cost effective if approached in an enterprise manner; thus, A Comprehensive Enterprise Social Service System (the ACESS Project) was formed and subsumed the staff and responsibilities of the LAKIDS Project.

DSS remains committed to responsibly managing the federal and state financial funding it has been granted to deliver a quality information system that meets the mutual missions of ACF and DSS to better serve Louisiana's children and families in need. Towards this end DSS, after completing the LAKIDS initial design phase, transitioned systems development to be geared in the direction of an enterprise approach using a Commercial-Off-The-Shelf (COTS) development framework. DSS issued an RFP August 4, 2003; announced IBM as the winning vendor on November 5, 2003; yet due to lengthy contract negotiations, the contract start occurred May 1, 2004. Following several amendments the ACESS work plan was set to consist of two increments. Increment One functional components include: Screening, 211 Resource Directory and Management; Intake (Common and Child Protection) Child Protection Investigations, Case Management Checklists and Activity Logs; Tasks, Alerts and Work Queues; Search, Organization and Security; Child Protection Investigations (CPI) related Communications and Reports. Increment Two functional components include program specific functionality associated with TANF, Child Care, Foster Care, Adoption, Family Services, and other miscellaneous Child Welfare programs as well as functionality related to Provider Management, Financial Management, Case Management and various administrative components such as Expungement and Purging.

Progress occurred in designing and developing child welfare components along with child care and TANF functionality using the Curam Framework product and the State was ready to enter User Acceptance Testing on Increment One functionality and validation of Increment Two requirements design deliverables when Hurricane Katrina struck August 29, 2005. With Project staff diverted to relief and recovery work, an alternative plan to deal with this adversity became necessary. Work on Increment Two functionality ceased and eventually was removed from the IBM contract. An extended Increment One User Acceptance Testing process and development

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of Increment One training materials occurred through May 2006. Training end users statewide and piloting the system in Tangipahoa Parish occurred during the summer of 2006. Following statewide rollout on September, 5, 2006, DSS focused work efforts on implementation of change orders and migration to Curam Version 4.5.

Code migration was completed by June 2007 and the Department then focused resources on enhancements to Increment One functionality. During the period July 2007 through March 2008 the ACESS staff programmed, tested and delivered 150 discreet enhancements in four releases. ACESS staff received ACF unconditional approval of its December 2007 Advance Planning Document which outlined current projections for Increment Two work to require \$47,042,824 thus increasing the total development budget to \$100,413,420. ACF also approved release of the RFP to procure the consulting services of a skilled contractor, proficient in the COTS software packages, and who have experience in design, development and deployment of structured web based social service oriented frameworks in a standard, common and shared manner across an enterprise. This RFP will call for a contractor to configure, modify, extend, develop, test, train, pilot, install and support the Increment Two functionality within a single enterprise system accommodating child welfare, child care and TANF requirements.

With the inauguration of a new Governor in January 2008 and the appointment of a new administration, the ACESS Project Increment 2 RFP was requested to be placed on hold to provide new executives with an opportunity to review and understand the project.

The Governor's Office requested an assessment of the Information Technology Systems supporting the Department of Social Services (DSS) and Department of Health and Hospitals (DHH). The assessment was intended to guide the evolution of Louisiana's technology solutions for enhanced human service delivery and where feasible and practical to merge systems work.

DSS and DHH jointly convened multiple workgroup meetings the last quarter of SFY year 2008 to elicit ideas for technology solutions that would advance Louisiana's human service integration for the purpose of more accessible, expedient and comprehensive assistance to citizens while providing Louisiana with the highest return on investment from technology endeavors. The programs assessed were Child Welfare, Child Care Assistance, TANF, Food Stamps, Child Support Enforcement, Rehabilitation Services, Disability Determination Services, Medicaid, Medicare, Developmental Disabilities, Addictive Disorders, Mental Health, Public Health and Aging Services.

The outcome of the assessment were a set of proposed service integration/delivery technology solutions with recommendations and options of improving the efficiency and effectiveness of business processes by leveraging technology in new ways to benefit service delivery at both Departments. Recommendations focused on short-term client benefits while being consistent with the long-term vision and approach for service integration and systems development. The recommendations offered realistic assumptions about cost and time frames for implementation and account for the current variance in business processes, systems, and culture across the Departments and the programs. Staff identified concrete ideas and strategies to establish a path toward IT modernization which would benefit both Departments and those individuals and families whom they serve. The proposed service integration/delivery technology solutions for both DSS and DHH were planned to be fully developed to:

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- reduce duplication of services across and within both agencies;
- increase consumer awareness and access to services;
- ensure that the most cost effective and advanced technology is utilized; and
- enhance agency performance with a focus on improved customer service, cost effectiveness and system efficiencies

Following the decisions made as a result of the assessment, DSS determined it appropriate to again contract for consulting services to reassess and validate or revise existing detail designs related to all system functions across the aforementioned DSS programs and the DHH Medicaid eligibility program, then code, test and implement common, shared and program specific components that are practical to deploy in an incremental manner.

DSS had intended to procure the consulting services of a skilled contractor who has experience in business analysis, design, development, testing, deployment, maintenance and support of structured Web-based social service oriented systems in a standard, common and shared manner across all DSS programs and replacing all legacy silos, however due to the urgency to provide immediate relief and efficiencies to staff, providers and citizens, DSS Executive Management determined it more appropriate to procure a contractor to design, configure, code, modify, extend, develop, test, convert, train, pilot, install and support a common access front end system (CAFÉ) to link all DSS legacy systems while implementing a SACWIS compliant system capable of replacing the current child welfare system TIPS – Tracking, Information and Payment System.

Although our December 2007 APDU requested \$100,413,420, our December 2008 APDU requested reduction of over sixteen million dollars to \$84,266,005 due to a change in direction and strategy in allocating resources and due to the delays inherent in moving a project along as changes in administration occur, additional study and justifications being requested and additional time related to dealing with 2008 Hurricanes Gustav and Ike.

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QUALITY ASSURANCE SYSTEMS

Continuous Quality Improvement

DSS/OCS is pursuing re-accreditation through the Council on Accreditation (COA). Accreditation is a comprehensive process by which the agency goes through a self-study and on-site review by peer reviewers in order to achieve the highest recognition for delivering quality child and family services that comply with nationally recognized standards of best practices. Every aspect of the Agency's functions are included in the accreditation process and it sets the standards for the quality of service delivery to the clients we serve.

The driving force of accreditation is the quality improvement efforts through the agency's Continuous Quality Improvement (CQI) process and a traditional quality assurance (QA) system. CQI meetings are held on a regular basis at both the state and regional levels. Staff and community partners come together to focus on issues affecting the organization and service delivery. The CQI process involves leadership endorsement of the process and the training and support of staff. The component of analyzing and reporting data is primarily done through case record reviews; however, the state has other data sources that allow the agency to measure service delivery and implementation of the CFSR outcome indicators.

In recent years, the agency has conducted a Peer Case Review (PCR) process. This process involves case record reviews using a multi-tiered process, the first tier being a monthly case record review using the QA -1 review instrument. Tier two involves the annual review of 25-30 case records across all program areas in each region. Tier three involves stakeholder focus groups. The Peer Case Review (PCR) process for the 2005-2006 SFY was completed in two regions prior to the storms of 2005. Due to staff time and travel costs involved in the PCR process, the agency made the decision to cancel the remainder of scheduled reviews for the 2005-2006 SFY. The traditional QA reviews continued in most of the State without cessation and reviews resumed in the Greater New Orleans Region, Orleans and Jefferson Districts in January 2007.

Later in 2007, the agency revised the PCR process and those reviews resumed in October, 2007. Three reviews were conducted in SFY 2007 - 2008 prior to being postponed due to staffing and budget issues. The Orleans review was held July 7 – 11, 2008, the Shreveport review was held August 18-22, 2008, with reviews in the remaining 5 regions/districts to be scheduled through March 2009, prior to the CFSR period under review. Once the agency resumed the process to obtain data on outcome measures in July 2008, Hurricanes Gustav and Ike hit the State in September 2008, again halting the process. The next review was held in January 2009 in the Lake Charles region. Traditional QA reviews continue to be completed on a monthly basis.

Use of Data

Several sources of data are reviewed in the CQI committees. Regional assessment reports generated from peer case reviews contain QA data, staff turnover data and demographic data and are used to identify regional trends in service delivery. These reports are reviewed in regional CQI committee meetings to measure practice and improvement.

Reports generated from measures of consumer satisfaction provide both statewide and regional data for use by CQI teams. Staff forward their regional report to state office where a statewide

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report is generated using all regional and state office data. These reports help CQI teams to identify patterns and trends in service delivery and the organization. Once patterns and trends are identified CQI teams develop and implement action plans to reduce barriers to customer satisfaction. They are also helpful for pinpointing areas of the State where there may be particular needs or issues. The reports are sent to staff statewide and are also made available to consumers in regional offices via the intranet.

Staff Turnover data has been reviewed extensively in the state level CQI committee and the Staff Turnover and Retention Workgroup (STAR), due to a CQI referral received from the community and consumer stakeholder committee. The STAR workgroup began tracking data by program which revealed that there is a high rate of turnover in the Specialist Trainee to Specialist 3 positions. Data also revealed that turnover for direct service staff has steadily increased since 2004 which strongly impacts the agency's ability to provide services to families and children. Turnover statistics and reports will continue to be reviewed/addressed through the state level CQI committee as well as solutions to combat the problem.

Overall, the agency will be working to strengthen the CQI process and to increase the utilization of data to identify areas needing improvement and to determine if the action plan developed to address the issue is impacting the outcome.

Additional Case Reviews

Caseworker Visit Reviews: In December and January 2008, 357 cases were reviewed to determine the percentage of children that were being visited by their case worker on a monthly basis and the percentage that were visited in the child's place of residence. The review, conducted using a special review instrument on 357 OCS cases and 9 Office of Youth Development (OYD) cases, revealed that in 55% of the cases reviewed children were visited once monthly and of that 55%, 82% of cases showed the child was visited in the child's place of residence. The agency will continue to conduct an annual review through 2011. For additional information on this process refer to page 64.

Quality Assurance (QA): A comprehensive review of the ongoing monthly quality assurance case review process was undertaken. The Child Protection Investigations (CPI) QA Reviews ended with the initiation and availability of data and reports in A Comprehensive Enterprise Social Service System (ACCESS), Louisiana's SACWIS System. The Family Service (FS) QA-1 is being used in the FS program, but, a comprehensive review continues to determine necessary revisions. A revised Foster Care (FC) QA-1 and the new Adoption (AD) QA-1 were implemented in October 2007.

Young Adult Program (YAP): 100% of YAP cases in all regions were reviewed from May-July 2006. The purpose of the review was to consider adherence to policy and appropriate use of this state funded program to meet the needs of youth, as well as consideration of changes which may be needed to the program to more adequately promote independence for youth leaving the foster care system. Numerous changes have been identified with assistance from the NRC for Youth Services and NRC for Family Practice and Permanency Planning. The results indicated that many youth who were admitted to the program did not meet the agency criteria for the program. The information is being used in conjunction with NRC consultants to revamp services to teens,

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aging out youth and young adults served by the agency. Policy for the YAP has not been written. The agency is making exceptions to policy so that all youth are eligible for YAP. Youth can opt not to participate, but, can be accepted before the age of twenty-one. From the review, a Request for Proposals (RFP) was completed for Independent Living Providers so youth independent living skills classes can provide more experiences for youth. We continue to receive technical assistance from the NRC but have completed all recommendations from the initial report.

Independent Living Services: A review of independent living services was conducted July-September 2006. A sample of cases of children ages 15 to 17 was reviewed in every region. The purpose of the review was to gain a more complete perspective on how the agency prepares youth for independence and to identify areas needing enhancement. From the review, a Request for Proposal (RFP) for independent living services was initiated and 19 proposals were received. Nine providers were awarded contracts. An area needing enhancement was identified as more experiential teaching with youth.

Leading Innovations for Family Transformation and Safety (LIFTS)

“Louisiana LIFTS” is an ongoing initiative that seeks to achieve further improvements to the child welfare system for children and families served. Through it, OCS seeks to improve case intake processes, improve family assessments and case planning, improve community-based services, improve foster and adoptive parent recruitment, reduce the number of children placed in residential treatment, and better support young people that are emancipated out of foster care into adult life. These initiatives help to strengthen practice and focus on four core elements: safety, risk, assessment of family functioning and case planning. Additionally, the initiatives serve to further the Child and Family Services Review (CFSR) goals related to safety, permanency, and well-being in the State.

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CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE GRANT

Under the 1996 amendments to the Child Abuse and Treatment Act Amendments, the State is required to adopt and implement certain legal and administrative procedures designated to protect children from abuse. The agency did not undergo any substantive law changes that would affect eligibility for CAPTA funds. The estimated total number of families expected to be served under the CAPTA state grant for FFY 2009 is 8,534.

The Child Abuse and Neglect Basic State Grant has been utilized to compliment and support the overall mission of the Agency with emphasis on developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. This section profiles services provided and lists updates and accomplishments in OCS' administration of initiatives to prevent, identify and treat child abuse and neglect situations. Grant funds have been directed toward prevention campaigns, actual service delivery to protective service clients or at risk populations, and support services for staff who are assigned the duties of child protection, intake assessment, screening and investigation of reports of abuse and neglect.

The following program areas within subsection (a) of Section 106 have been addressed during the last funding cycles:

- Enhanced and supported the intake, assessment, screening and investigation of reports of abuse and neglect;
- Developed, strengthened, and facilitated training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system;
- Enhanced and supported case management and delivery of services provided to children and their families;
- Enhanced the general child protective system by improving risk and safety assessment tools and protocols, automated systems that support the program and track reports of child abuse and neglect from intake through final disposition, and information and referral systems;
- Developed, strengthened and supported child abuse and neglect prevention, treatment, and research programs in the public and private sectors;
- Developed, implemented or operated programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions; developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Louisiana allocated the funds awarded under the child abuse and neglect state grant to the above program initiatives. All initiatives were compatible with the OCS management and strategic

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plan and relate to the Agency's responsibility in the area of prevention and treatment of child abuse and neglect. All initiatives were designed to improve the child protection system within the State.

As required by Section 106(b)(2)(C), some of the program initiatives related directly to services to be provided under the grant to individuals, families, or communities aimed at preventing the occurrence of child abuse and neglect; training to support direct line and supervisory personnel in report taking, screening, assessment, decision making and referral for investigating suspected child abuse and neglect; and training for individuals who were required to report suspected cases of child abuse and neglect. The remaining program initiatives related to overall child abuse and neglect prevention efforts within the community at large and the provision of specialized support to agency front line staff that work within the child protection system.

Description of the Services and Training provided under the State grant as required by section 106(b)(2)(C) of CAPTA

Critical Incident Stress Management

Services Provided: The OCS CISM team provides 1) Pre-crisis Preparation - stress prevention education to help staff improve coping and stress management skills, 2) Crisis Management Briefing/Staff Consultation - stress management intervention used to inform and consult and allow psychological decompression, 3) Defusing – small group intervention provided within a short time frame after a traumatic event to reduce the level of harm to the people exposed to it, 4) Critical Incident Stress Debriefing – small group intervention which uses crisis intervention and educational processes to reduce psychological distress associated with a critical incident and 5) Individual Crisis Intervention – used when only one to three persons are affected by the traumatic incident with a goal to assist the individual in reestablishing pre-incident level of functioning.

Population Served: OCS CISM provides stress prevention education statewide to staff experiencing critical incidents, either directly or indirectly.

Goals and Objectives: The goal of the OCS CISM team is to provide timely stress prevention education to respond to staff experiencing critical incidents, utilizing the most appropriate intervention that will assist staff in returning to their normal level of functioning.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: The Critical Incident Stress Management (CISM) team is fully operational. Nineteen interventions were conducted in SFY 2005, 5 interventions conducted in SFY 2006, 19 interventions conducted in SFY 2007, 18 interventions conducted in SFY 2008 and 12 interventions as of April 2009. The reasons for the interventions varied and include: worker attacked by client, unexpected death of an employee, sexual harassment, death of a foster child from natural causes, murder of a foster child on run-away, attempted suicide by a foster child, fatality of a child in a caseload, and the death of an agency staff's child in a car accident and one intervention was to assist a community partner through a crisis.

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Special resources for staff were made available in the aftermath of Hurricanes Katrina and Rita, but have ended. In 2007, ten new members joined the team. The candidates completed applications and the interview/reference component of the process and were accepted onto the team.

CISM Training/Conference

The first training for the new team members was held April 2007 and was provided by, Terry Bias, a certified trainer through the Critical Incident Stress Foundational (CISM). Four members of the CISM team attended the 9th annual International Critical Incident Stress Foundation (ICISF) World Conference in Baltimore, MD in February 2007 and provided information/feedback at the CISM team meeting in May 2007.

Year	Type of Intervention				
	Debriefing	Defusing	Informational	One-to-One	Total
2005	14	2	1	7	19
2006	2	0	1	2	5
2007	6	0	2	11	19
2008	7	0	0	11	18
2009 to date	4	0	1	7	12
Total - 5 year period	33	2	5	38	80

Methods to Measure/Outcome Measures: A log of the services provided by OCS CISM team is updated regularly which lists a date of referral, region summary of the event, reasons for services provided and interventions.

Prevent Child Abuse Louisiana (PCAL)

The agency has coordinated preventive services with private organizations, particularly with PCAL, to inform the public on issues of child abuse and neglect. In 2005-2009, the Governor has declared April as Child Abuse Prevention Month. PCAL staff have accompanied OCS staff on the steps of the Capital to participate in the Children’s Rally and have participated in media campaigns and community education. In 2006, OCS contracted with PCAL to support the statewide parenting initiative, the Nurturing Parenting Program, for parents of children age 0-5 who have been referred for parenting education. The agency also contracted with PCAL on the Safe Haven public awareness campaign and PCAL is still distributing posters and brochures to various groups who are helping to inform the public about the Safe Haven legislation. The agency also works with PCAL the annual “Kids are Worth It” Conference on Child Abuse and Neglect.

Nurturing Parent Program

Service Description: Nurturing the Families of Louisiana (NFL) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. It is a 16 week parenting program that both parents and children attend simultaneously so they can learn similar skills. Nurturing Parent groups are offered by the Family Resource Centers (FRC) located in

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every region of the State. (This service relates to an area needing improvement as identified in Item 2a in Louisiana's PIP).

Services Provided: The Nurturing Parent Program provides 16 weeks for 2 ½ hours per session. Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to assure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children's group activities consist of age-appropriate activities including role-play, music, arts, puppets, reading, infant massage and modeling of parents.

Population Served: This statewide program serves parents with children ages birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parent, two parents, step-parent or paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families should be intact or reunification families. Families should not be actively using substances or in recovery.

Goals and Objectives: To help both parents and children increase their self-esteem and develop positive self concepts and to break the generational cycle of child maltreatment and family dysfunction.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008:

Nurturing Parenting Program Training

In August 2006, Dr. Bavolek conducted a two-day facilitator training for Family Resource Center staff that covered the content of all sixteen sessions and included presentations from each Resource Center on how they were implementing certain sessions in their centers. All Family Resource Centers were represented. In March 2007, Dr. Bavolek returned to Louisiana to train OCS staff from all nine regions on the philosophy of the Nurturing Parenting Program and what to expect when referring a client to the program. The training sessions were provided in three geographically diverse areas of the State. At two of the trainings, parents who were either currently in the program or had completed it, spoke about what they learned and how they benefited from the program. Although OCS did not have any structured facilitator trainings, Dr. Bavolek was available to facilitators at the resource centers via phone and email on an as needed basis throughout the year. In an effort to get a clear picture of how the Nurturing Parenting program was being implemented throughout the State, staff along with the agency's partner from PCAL went to all of the Family Resource Centers to highlight good practice and address areas that needed improvement. OCS is posting all of the positive highlights on PCAL's message board for all resource centers to view and is focusing training in areas that need improvement.

The agency originally planned to have two staff members in each region trained in the NPP, however the agency developed Regional Prevention Specialists in each region to serve as a liaison between the Family Resource Centers and OCS staff to ensure that staff are knowledgeable about the program.

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A contract was finalized with Dr. Bavolek to come to six of the resource centers with the greatest need. He helped their staff members to identify ways to engage clients in the nurturing parent process and to improve their understanding of the AAPI (Adult/Adolescent Parenting Inventory). Dr. Bavolek assisted staff in utilizing the AAPI to work with clients by teaching them how to use the AAPI to meet individually with their clients to set goals for improvement in the parenting program as well as other areas.

The agency purchased 300 Nurturing Parenting Easy Reader Handbooks for OCS workers and Family Resource Center staff members. Sixteen CDs that has a 10 session community based parenting education series were purchased and distributed to all PCAL offices and in every regional OCS office.

The Nurturing Parent Program served 642 adults (which include parents/stepparents and/or paramours), 501 families and 588 children during SFY 2007 – 2008.

Methods to Measure & Outcome Data:

PCAL contracted with OCS to help with the quality assurance piece and to assist OCS in data collection. Until recently, each resource center was submitting their group's information in different formats, causing some confusion as to whether people completed the group or had in-home sessions. Initially OCS began trying to capture this data in a word document, however with such varied data, it was too difficult to achieve. In site visits to all of the resource centers, anecdotal information was gathered on all of the groups conducted thus far, and Family Resource Centers are using a new attendance sheet to capture consistent data from each center in their future groups. With this new format, the agency is able to capture the number of adults, children and families that completed the program, the dates of attendance, whether or not a home visit has occurred after each session, and whether they have successfully completed the program. It will also be able to provide the end date of a group so the agency can begin to look at repeat maltreatment rates at 6 month intervals following the group's termination to help determine effectiveness.

OCS created a database to capture all of this information, the failure reason if a person drops out and the pre and post test scores of those who complete the program. Data through calendar year 2007 has been entered into the database, however it was determined that it was not collecting all of the information needed. The agency modified the database to ensure it collects all of the information needed to support the initial and on-going evaluation.

Dr. Bavolek provided results of his analysis of pre- and post-test scores of parents who completed the Nurturing Parenting Program. His analysis indicates significant improvement in the parenting attitudes of those who complete the program. The analysis of pre- and post-test scores provides information about improvement in parenting attitudes. Additional analysis is needed to evaluate improvement in parenting behavior. During 2007 an analysis of a 16 -week nurturing parenting group was initiated through the Covington Region Family Resource Center. This analysis served as a prototype for developing a comprehensive evaluation of the nurturing parenting program in Louisiana.

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The Casey Family Program pledged \$20,000 to do a full evaluation of the nurturing parent program. This was used to obtain a data entry position in order to maintain the data received in the evaluations. This contract was finalized and the goal was to have an evaluation report available by December 2008. Data has been entered into the database through calendar year 2007 and the evaluation has been completed using this data. However, the evaluation has been submitted to the Casey Foundation and revised several times. It is currently submitted for final review and should be available by June 2009. This evaluation report will be used to determine if there are any adjustments that need to be made to the program.

Safe Haven

Service Description: Louisiana Children’s Code Title XI, Chapter 13, Safe Haven Relinquishments, Articles 1149-1160 permit a parent to safely and anonymously relinquish the care of his or her newborn infant to the State without fear of prosecution when the circumstances meet the criteria of “safe haven relinquishment”. The infant must be less than (30) days old with no signs of abuse or neglect and left in the care of an employee at a designated emergency care facility without a statement or an intention that someone will return for the child. A designated emergency facility is defined in the law as any hospital licensed in the State of Louisiana, public health unit, emergency medical service provider, medical clinic, fire station, police station, pregnancy crisis facility, or child advocacy center. If the infant is left unattended, for instance on a doorstep or in a bathroom, the abandonment criteria for safe haven relinquishment would not apply and an appropriate abuse/neglect investigation process would be initiated.

Population Served: Infants less than thirty (30) days old who meet the criteria for “safe haven relinquishment” as stated in Title XI of the Louisiana Children’s Code.

Goals and Objectives: The goal is to promote awareness of safe haven legislation and prevent infant deaths as a result of an abandonment or homicide by providing a means by which an infant may be left in safe circumstances and the parent may anonymously abandon their responsibility for the infant without criminal consequences.

Services Provided: OCS continues to promote the awareness of the Safe Haven Legislation.

Methods to Measure and Outcomes Data: The agency tracks safe haven statistics via a computerized tracking system. The system keeps account of the yearly total of fatalities and live births (abandoned and relinquished). Of that total it is determined which meets Safe Haven Legislation.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: Legislature removed the line item from the budget that supported the Safe Haven initiative in the wake of Hurricane Katrina; therefore the agency no longer contracts with PCAL to promote the awareness of the Safe Haven legislation. When the contract was active and OCS was promoting the Safe Haven legislation with the assistance of PCAL, OCS had four Safe Haven relinquishments. Since the contract has ended, there have been none.

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In order to promote continued awareness of Safe Haven Legislation after discontinuing our contract with PCAL, the agency has updated its website to include an information link regarding Safe Haven relinquishments called “Safe Baby Site”. The site is user friendly and includes frequently asked questions regarding safe haven. Other features of the site is inclusion of emergency 24 hour hotline numbers of OCS Parish Offices and the option of printable posters and safe haven cards that can be provided to the community.

For the 2007-2008 FFY there were no safe haven relinquishments that met Safe Haven Legislation, however two children were abandoned. One abandonment resulted in death and the other did not meet the requirements of Safe Haven law.

PCAL’s Annual “Kids Are Worth It” Conference -Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: OCS was on the planning committee for PCAL’s annual “Kids Are Worth It!” Conference on Child Abuse and Neglect that was held in Baton Rouge on February 27-29, 2008. The theme of the conference was Protecting Our Children – Strengthening Our Families. The conference is held annually and offers various training workshops regarding child abuse and neglect. New to the conference this year was tracks for specific professional development. The topics cater to various disciplines in the child welfare arena. A total of 48 OCS staff attended the conference. The conference for the 2008-2009 FFY is scheduled March 4-6, 2009. OCS remains on the planning committee.

PCAL’s annual “Kids Are Worth It!” Conference on Child Abuse and Neglect was previously held in Baton Rouge on May 9 - 11, 2007. The topics catered to various disciplines in the child welfare arena. A total of 88 OCS staff and 17 OCS attorneys attended the conference. The conference was also held in Baton Rouge on May 21-23, 2006 and in February 2005

The Child Abuse/Prevention Council continues to meet monthly. The council consists of some key leaders/businesses to coordinate child abuse prevention information efforts between OCS, PCAL and the Children’s Trust Fund. Efforts are underway to increase participation in the council.

Media Campaigns/Community Education -Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008:

The agency continues to provide information to communities statewide by distributing brochures. Offices throughout the State partner with PCAL to conduct events during Child Abuse Prevention (April). The agency has always participated in the historical blue ribbon campaign, however in SFY 2007, the agency participated in a new project to encourage community awareness by planting pinwheels throughout the State of Louisiana. Paper versions of the pinwheels were purchased and displayed in offices, until the pinwheels were delivered and planted around the state. Contributions to the “pinwheels for prevention” totaled approximately \$3700.

The OCS prevention website includes child abuse prevention tips and an announcement regarding Child Abuse Prevention month. Each year the agency prints and distributes hundreds of its brochures on “Mandated Reporters of Child Abuse or Neglect” and “Understanding Child Protection in Louisiana.” The public, including school children working on school projects,

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frequently ask the agency for these materials. These brochures are used by the school system during teacher orientation at the beginning of each school year. Also, staff across the State distributes them as they make presentations to community organizations. These materials are also distributed at state and national conferences such as the Prevent Child Abuse Louisiana (PCAL) Conference.

In SFY 2006, OCS distributed public service announcements to local radio stations regarding Child Abuse Prevention Month and delivered flyers to local churches and businesses to display in the month of April. An article was also published in one of the local church's newsletters thereby reaching approximately 3,000 congregants.

Family Advocacy, Care and Education Services (FACES)

Service Description: The Family Advocacy, Care and Education Services (FACES) program provides intensive case management to a caseload of HIV-positive mothers whose children are at risk of involvement with child protective services. The program assists families with infants and children who are at risk of abandonment due to maternal HIV/AIDS, developmental delays, poor parenting skill and/or substance abuse. All families are provided with core services in an effort to secure the family unit and prevent abandonment of minor children or required interventions from the OCS.

Services Provided: FACES include 1) intensive case management services for a maximum of 25 families with infants and young children at risk of abandonment due to parents' HIV status or substance use, 2) one-on-one parenting to support HIV-positive women who are first time mothers, 3) one-on-one support for HIV-mothers to enhance their abilities to recognize and react appropriately to the following: developmental milestones; indicators of medical follow-up; immunization schedules; and proper dietary/nutritional support for newborns/infants and 4) determine the impact of HIV, developmental delays, age, and/or substance use on child placement/child protection services involvement through monitoring of medical outcomes, family stability/residents patterns, incarceration rates, and use of support services.

Population Served: High-risk families that include HIV exposed infants with developmental delays, HIV-infected mothers who have prior involvement with OCS or whose child(ren) age five or younger has been deemed "in need of care", HIV-infected pregnant women or mothers age 19 or younger, HIV-infected women or post-partum women who have developmental delays and HIV-infected women who have HIV-infected children. Families served are in the New Orleans area.

Goals and Objectives: The goal of the FACES program is to prevent HIV-positive clients with children from becoming involved with OCS child protective services.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: In August 2005, the OCS funded social worker for the FACES program resigned. Before the initial steps to seek a replacement, New Orleans was struck by Hurricane Katrina and the program closed until late October 2006. OCS suspended the contract until it expired to assure that they were able to hire another social worker after Hurricane Katrina. The agency renewed the

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contract for three years and it was approved on October 16, 2006. A new social worker was hired and began providing services to clients in January 2007. The FACES program is fully operational and has been servicing OCS clients since January 2007. FACES will continue to provide case management services to HIV- positive mothers whose children are at risk of involvement with child protective services. The agency will continue to receive quarterly reports from the provider and conduct a site visit, however we will not be renewing this contract after June 30, 2009.

Methods to Measure/Outcome Measures: FACES submits quarterly reports that show the number of clients served and the services offered. It is a prevention program that works intensely with HIV affected clients with children to prevent them from coming into OCS custody. In 2008, The FACES program has served 53 families which include 59 HIV-positive individuals and 16 HIV-exposed children under the age of 2 years (negative but born to an HIV-positive mother). Among the HIV-positive individuals: 10 were age 0 to 12 years (4 have HIV-negative caregivers and 6 have HIV-positive mothers/caregivers). The majority of individuals were African-American (56).

Family Group Decision Making (FGDM)

Service Description: The FGDM process engages extended family and other persons closely connected to the family in assuring safety, permanency, and well being of foster children in placement, independent living and/or upon return home. (This service relates to an area needing improvement as identified in Item 2a, Item 8 and Item 18 in Louisiana's PIP).

Population served: Active cases in the Child Protection Investigations, Family Services, or Foster Care program in which the family can benefit from engaging extended family and community members in safeguarding its child(ren).

Goals and Objectives: To involve family, including extended family and community members, in the planning for the safety and stability of children.

Services Provided: This unique practice invites family, its extended family and community to come together and plan for the welfare of the children.

FGDM Training: Two Family Group Decision Making workshops were held in March 2005. Thirty persons from OCS and collaborative agencies participated in the orientation and workshop. Participants were trained to facilitate the family group decision making process with families. The agency contracted with El Paso Human Services Inc. (EPHSI) to provide training in Baton Rouge and Shreveport. There was a training held in June 2007 in Lafayette and in November 2007 for Monroe. A total of 266 people participated in the orientation sessions that provided an overview of FGDM. It was an opportunity for many community partners to come together and understand FGDM practice. The orientation presented the foundations of FGDM, the values and beliefs about children, families, and helping as well as the process elements of FGDM. The training also teaches the entire practice of FGDM and prepares participants to serve as coordinators and facilitators of a FGDM process. There were 4 orientation sessions, lasting 3 hours each.

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A total of 62 people received two-day trainings (one in each region) that prepared participants to serve as coordinators and facilitators of a FGDM process. Coordinators prepare all who are involved for a successful meeting. The facilitators facilitate the actual meetings. Participants learned the knowledge and skills of coordination and facilitation. They practiced FGDM preparation and meetings in role-play.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: FGDM was offered in Baton Rouge, Lafayette and Shreveport through the Resource Centers in those areas in an effort to effectively plan for the welfare of children. It was also expanded to the Monroe Region. However, FGDM ended in Baton Rouge, Lafayette and Shreveport in March 2008. The Monroe Region contract ended in November 2008. The agency has decided not to renew the FGDM contracts because they were not cost effective. Therefore, data regarding projection for FFY 2009 could not be obtained.

Methods to Measure/Outcomes Measures: The agency has implemented a database that incorporates information regarding the FGDM process where the information is quantified and feedback is obtained from participants on the effectiveness of the program. The following information was obtained during the contract year for the regions that offered the services: Baton Rouge - 18 Conferences; Lafayette - 6 Conferences; Shreveport - 1 Conference and; Monroe - None Reported.

Early Intervention Services

Service Description: When a child under age three (3) has been abused or neglected, the family must be referred to the early intervention program for cases with a valid or substantiated final finding, unless the child is already participating in such program. The early intervention services available on a statewide basis are provided by Early Steps. Early Steps is administered by the Department of Health and Hospitals through local providers called System Point of Entry (SPOE).

Services Provided: Once the child is referred to the SPOE, the child will be assessed to determine if there is a developmental delay in one or more of the domains covered by the Early Steps Program. The domains include: physical (vision and hearing), cognitive, social or emotional, communication and adaptive. Once the assessment is completed and the child is determined to be eligible for services, the SPOE is responsible for developing an Individual Family Service Plan (IFSP) and coordinating the services for the child and family. These may include services in the areas of health, nutrition, vision, occupational therapy, physical therapy, speech language therapy, social work, family training, counseling, home visits and transportation.

Population Served: Children from birth to three years of age who have been abused or neglected, have a known or suspected developmental delay, have a medical condition which can result in a developmental delay, or a disability and are not already participating in a DHH early intervention program. Case circumstances with non-abuse/neglect, low birth weight, premature birth, exposure to domestic violence, family break-up, prenatal exposure to drugs or alcohol, and/or risk factors are some circumstances which place a child at risk of developmental delay

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can also be referred with parent/caretaker consent. Referral procedures are implemented statewide.

Goals and Objectives: The goal of Early Intervention Services is to provide services to children in circumstances that place him/her at risk for a developmental delay and to assess for needed intervention services prior to age three (3).

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2009: While the agency requires that all children under the age of three (3) be referred to early intervention services, the agency does not track the number of children referred and therefore cannot provide outcome data. The agency received reports involving 3,319 children under the age of three during FFY 2007- 2008 (ACCESS Report) and had 2077 victims under the age of 3 with a valid CPI investigation case during FFY 2007-2008 (TIPS Report).

As per OCS Child Protection Investigation Policy 4-800 (2) the agency will continue to refer children under age three to early intervention services.

Criminal Record Clearances/Assurance

Service Description: Foster/adoptive home applicants and all necessary household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of OCS Home Development policy requires that a criminal record clearance on foster and adoptive home applicants and all other members of the household 18 years of age or older shall be conducted prior to certifying a family to foster or adopt in accordance with R.S. 46:51.2 C. The preceding policy description fully complies with the Child Abuse Prevention Treatment Act (CAPTA) Grant requirement. CAPTA is Public Law 108-36, and among other provisions, Section 106(b)(2)(A)(xxii) requires provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.

Population Served: Prospective foster/adoptive applicants and all household members 18 years or older; non-certified caregivers, child placing agency staff; and private foster/adoptive applicants; and other potential caregivers.

Goals and Objectives: The goal is to provide a fluent system to obtain criminal record clearance on potential caregivers to determine if disqualifying convictions are a factor.

Service Provided: Fingerprint-based national record clearances shall be completed statewide on all potential caregivers by using the PRINTRACK Livescan equipment. Arrangements for the person(s) to have fingerprints submitted to the State Police and Federal Bureau of Investigations (FBI) via PRINTRAK are made through each OCS Regional Office. The Regional Office identifies a staff person in the region to conduct the clearances. In some limited, case specific circumstances, the agency may not be able to: 1) obtain individual's fingerprints as a result of the individual's disability; or 2) obtain legible fingerprints due to low quality fingerprints, as a result of age, occupation or otherwise, thereby making it impossible to obtain results from national

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criminal information databases. In the aforementioned instances, the manual fingerprinting process is used for prospective caregivers who are incapable of coming to the office to use the PRINTRAK equipment and name clearances are requested if legible fingerprints cannot be obtained.

Additionally, foster/adoptive parents are required to notify the agency if at any time an adult moves into the foster home or when any member of the household has been involved in adult criminal behavior. In these instances, a criminal records check is conducted. If at any time there is reason to believe any foster parent or household member has been involved in adult criminal behavior since the certification and initial criminal record clearance, a criminal record clearance is completed to confirm that the home continues to meet certification requirements. This includes a minor who is a member of the household if there is reason to believe criminal behavior occurred which resulted in the minor being convicted as an adult.

If the worker has personal knowledge of behavior that would place the foster child at risk of harm such as a newspaper report or the foster parent or household member reports criminal behavior, it may not be necessary to obtain a criminal record clearance to confirm the behavior in order for the worker to deny or revoke certification.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: The agency shall obtain criminal record clearances per OCS Administrative Policy 1-1000 Background Check Process in accordance with R.S. 46.51.2. PRINTRACK Livescan equipment has been distributed to each region throughout the State. The agency utilized PRINTRAK clearances approximately 3,309 times for FFY 2007 – 2008 which averages to approximately 526 clearances a month statewide.

Consultation with Physicians

Service Description: The agency continuously consulted with physicians or other appropriate medical professionals in assessing the health and well being of foster children and determining medical treatment. Annual medical examinations are required for all foster children as are dental exams for all foster children over age three. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DSS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caretakers. Examinations shall be obtained according to the physician's recommendations for children up to one year.

Population Served: Children and youth in the OCS Foster Care Program statewide.

Goals and Objectives: To assess the health and well being of foster children and determine appropriate medical treatment.

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Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems is available for foster children when indicated based on an assessment/diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals (LCSW, LPC LMFT, Psychologist or Psychiatrist). The foster child may be referred to an approved agency when indicated. Referrals for treatment are made on the basis of medical necessity, treatment needs of the child and reduction of risk. Medical necessity refers to those services required to identify and/or treat a client's psychiatric/behavioral disorder. The goal of OCS is to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal. All treatment provided to OCS clients, is to be addressed in the case plan for the family and child.

Recommendations by medical professionals in assessing the well being of foster children are often essential to the development of a case plan to work with the child and the family. In some cases, it is used to assess the progress of the case plan or prepare for court involvement. All treatment provided to OCS clients is to be addressed in the case plan for the family and child.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: The agency continuously utilized medical professionals in assessing the health and well being of foster children and in determining appropriate medical or mental health treatment. The agency consulted with physicians to obtain initial annual medical exams and/or annual medical exams on 3,207 children in foster care during FFY 2007-2008. There were 8,216 foster children served during this timeframe.

Note: The agency believes that this data is underreported in the TIPS case event screens and therefore does not reflect an accurate account of medical services provided to children in foster care.

Methods to Measure/Outcome Measures: The agency utilizes a peer case review process to review agency consultation with physicians. This process involves the review of a minimum of 30 cases per region each year for a total of 300 cases annually. Sample cases are pulled randomly based on statewide case statistics and programmatic considerations. The review involves all areas of service delivery. Reviewers use the Federal Child and Family Services instrument to review all cases selected for review which requires workers to document compliance regarding assessment of the child's physical health care/dental needs and ensuring that appropriate services were provided to the child to address all identified physical health and dental needs. The agency also runs TIPS case events reports to document initial and on-going physical health and dental exams.

Substance Exposed Infants

Population Served: Newborns under the age of 30 days identified by a health care provider or practitioner involved in the delivery or care of the newborn as adversely affected by prenatal exposure to the illegal use of a controlled dangerous substance or chronic or severe use of alcohol, or as having experienced withdrawal symptoms from prenatal illegal drug exposure caused by the parent.

Goals and Objectives: Develop a plan of safe care as required by law.

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Services Provided: This statewide process consists of assessing the safety of the children in the home. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to his mother's care with a plan that includes necessary services and careful monitoring of the child's safety. Services such as home health, Family Services, Intensive Home Based Services (where available), substance abuse treatment and assistance from a spouse/partner or family member with parenting may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision is safe or unsafe, but with an in home safety plan, that appears sufficient to reasonably assure the safety of the newborn, the requirement for a plan of safe care is met and out of home placement is not required. Medical services to meet the child's needs are determined by the child's physician. The newborn must be referred to an early intervention program. When the safety decision is that the newborn is unsafe, staff are expected to seek court action to assure the child's safety. If service needs are identified, the worker is expected to refer the family to community and/or DSS services that may be available to meet the child's needs. Families should also be referred for emergency services with the OCS Family Services Program or Family Resource Centers as needed.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: In response to the federal Child Abuse Prevention and Treatment Act 338 of the 2005 Louisiana Legislature revised Children's Code, Article 603 (14) definition of neglect to include reports from health care providers involved in deliveries or care of newborns identified as affected by illegal use of controlled dangerous substances or withdrawal symptoms resulting from prenatal illegal drug exposure when the report is made within 30 days of birth. In December 2005, the DSS/OCS completed its collaborative work with health care providers in order to promulgate the rules for implementation of legislation that expanded the definition of neglect to include newborns affected by prenatal illegal drug exposure caused by the parent. Then in January 2006 an emergency rule and notice of intent on neglect of newborn identified as affected by illegal use of a controlled dangerous substance was submitted and subsequently published. By February 2006, policy was issued to OCS staff with instructions for working with the medical community in their areas. Also brochures explaining the new law and duty to report were distributed by the DSS/OCS to OB/GYN, pediatricians, and family practitioners. OCS began accepting reports by prenatal illegal drug exposure or experiencing withdrawal for investigations of child neglect beginning March 1, 2006.

Act 396 of the 2007 Louisiana Legislative session revised the definition of prenatal drug exposure to include chronic or severe use of alcohol. The definition is as follows: "Prenatal neglect" means exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance, as defined by R.S. 40:961 et seq., or in a manner not lawfully prescribed, which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning. "Newborn" means a child who is not more than thirty days old, as determined within a reasonable degree of medical certainty by an examining physician.

The revision of Act 396 narrowed the age of the child for a report of prenatal neglect from an infant (one year) to a newborn (up to 30 days). When the child was exposed to drugs or alcohol

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in utero and they are over 30 days of age, the current condition and care of the child must meet the definition of child/abuse neglect. Act 396 made changes to the Drug Affected Newborn report acceptance criteria. In addition to illegal drugs, if the mother used prescription drugs in a manner not lawfully prescribed while pregnant and the newborn was affected, the report meets the criteria for a report of prenatal drug exposure. In addition, as a result of Act 396, a newborn with observable and harmful effects in his appearance or functioning (due to drug exposure), is accepted as a report of prenatal neglect, even if there was not a positive blood, urine, or meconium test. The Appendix 4-F Report Categorization was revised to include the risk level to drug exposed newborns.

Brochures are provided to community and mandated reporters to assist in identifying situations that need to be brought to the agency's attention and to educate them on the agency's efforts. These brochures have been updated to include information regarding Act 396. There were 794 drug exposed newborns reported statewide during the 2007 calendar year.

Substance Exposed Newborn Training

Dr. Ira Chasnoff conducted a training in Alexandria Region regarding community wide prenatal screening of pregnant mothers by OB/GYNs and directing mothers to services before the baby is born. He also conducted training in the Baton Rouge Region, Capital City Area in April 2007. The training focuses on the four P's of alcohol/substance abuse (Pregnancy, Past, Partner and Parent). It aims to assist pregnant mothers in determining the risk factors that may be taken into consideration such as; use of drugs/alcohol during pregnancy, past drug/alcohol use, whether your partner has a drug/alcohol problem and whether a parent used drugs/alcohol. Also, Dr. Stewart Gordon presented at the "Together We Can Conference" regarding Drug Exposed Infants which was telecasted statewide.

One half day training titled, *Prenatal Substance Exposure: The Alcohol/ Drug Affected Newborn*, has been developed by the OCS training unit in collaboration with the CPI Section. This training covers the effects of alcohol/drugs on newborns, legislative and policy changes, and interventions.

Methods to Measure/Outcome Measures: While codes were added in TIPS and ACESS to track referrals for substance exposed infants, the agency has been encountering problems with the data in the ACESS system. A reliable method to track substance exposed infants referrals does not exist. Information Technology is currently working with the Child Protection Investigations Section on implementing a solution and developing an appropriate tracking system.

Effective June 2008, the agency implemented policy for substance exposed infants and elements of a report of child abuse or neglect. The definition in Appendix 4-B, Definitions of Allegations, was revised to include drug/alcohol exposure as a result of breastfeeding. The agency will continue to accept reports regarding prenatal illegal drug exposure or infants experiencing withdrawal for investigations of child neglect in an effort to determine a plan of safe care. OCS staff are trained on the effects of alcohol/drugs on newborns, legislative and policy changes, and interventions to include developing a plan of safe care for the infant. This training was also presented at the Foster Parent Conference in Shreveport, Louisiana on February 2, 2009.

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Updates to conferences attended by staff in FFY 2008-2009 and Summary of Conferences attended by staff in FFY 2005-2008:

In FFY 2007 – 2008, staff attended or planned to attend the following major conferences and meetings:

- The Domestic Violence Coalition conference was held September 4-6, 2007 in Baton Rouge, Louisiana. The Louisiana Coalition against domestic violence celebrated 25 years of service to their mission and purpose of ending domestic violence. This conference provided an opportunity to network, heighten our awareness about the impact of domestic violence, and helped us to strengthen our skills in supporting survivors of domestic violence. This was the first conference since 2005 as the conference had to be postponed due to Hurricane Katrina. Forty five (45) OCS staff members attended the conference.
- The “Together We Can Conference”, sponsored by OCS, the Louisiana Supreme Court - Court Improvement Program and other Louisiana sponsors, was held September 27-28, 2007 in Lafayette, Louisiana. A total of forty (40) OCS staff members attended the conference. The conference was telecasted statewide and included in-depth learning opportunities which address policy and practice concerns regarding abused and neglected children. The “Together We Can Conference” was rescheduled and held June 29 - 30, 2006 in Alexandria and Port Allen. A total of 88 OCS staff and 17 OCS attorneys attended the conference.
- The Children’s Bureau of CAPTA state grantees has not held an annual meeting for the current SFY, however the agency participated in a teleconference on April 29, 2008. Topics included how using a limited focus when implementing practice change can lead to success. This teleconference was presented by the Office of Children’s Services, Alaska Department of Health and Social Services.
- Regional staff attended the annual conference of the Louisiana Foundation against Sexual Assault. The conference was held December 5-7, 2007 and December 6-8-2006 in Baton Rouge, Louisiana. This training provides information and training on the victims of sexual assault. Regional staff is planning to attend the annual conference of the Louisiana Foundation against Sexual Assault.
- One staff member attended the NCCAN liaison officer meeting in April 2005, June 2006, and April 2007 in Portland, Oregon. The meeting is sponsored by the Children’s Bureau of CAPTA state grantees. Topics included new legislation such as the Adam Walsh Child Protection and Safety Act, Alternate Response and federally required disaster planning.
- Staff attended a conference on Differential Response in Child Welfare in San Diego, California November 12-14, 2006. A total of six OCS staff attended. The conference discussed building knowledge, disseminating ongoing practices, and provided a platform for the exchange of information related to implementing differential response in child welfare. The next conference is scheduled November 14-16, 2007 in Long Beach, California.

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- Family Group Decision Making (FGDM) was offered in Baton Rouge, Lafayette and Shreveport through the Resource Centers in those areas. This unique practice invites family, extended family and community partners to come together and plan for the welfare of the children. The agency contracted with El Paso Human Services Inc. (EPHSI) to provide training in Baton Rouge on February 5 - 8, 2007. Fifteen OCS staff and community partners participated. EPHSI also conducted training in Shreveport on February 27 - 28, 2007 and March 1 - 2, 2007 and Lafayette in June 2007. The trainings include a one day orientation with staff and community partners and a two day training that includes co-facilitators and community partners.

- The Louisiana Adoption Advisory Board held their annual training program in May 2005 and June 7-9, 2006 in Baton Rouge. Over fifty regional and state office staff attended, along with adoptive parents and community partners such as New Orleans Catholic Charities. The focus of the sessions was on reunions, trauma and ethics.

- In 2005-2006, the National Resource Center for Organizational Improvement offered three teleconferences attended by OCS staff. Topics included “A Framework for Implementing Continuous Quality Improvement” with ten attendees from state office; “Keeping Children Safe: Strategies to Reduce Recurrence of Maltreatment” with eight attendees from state office; and “Solution Focused Practice (Part 1)” with 25 attendees from state office and three regions.

- In 2005-2006, the Child Welfare League of America offered one teleconference attended by OCS staff: “Evidence-Based Treatment for Child Sexual Abuse” with 55 attendees from state office and five regions. In addition, the National Child Advocacy Network sponsored a teleconference “Fatal Child Abuse”, which was attended by 125 professionals from the state office and all regional offices. This teleconference included numerous community and multidisciplinary team professionals.

- The North American Council on Adoptable Children held their 31st annual conference in August 2005, in Pittsburgh, Pennsylvania. A total of twelve staff from all regions and from state office attended sessions on various adoption topics.

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CITIZENS REVIEW PANELS (CRP)

Service Description: The Panels examine the policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services. In particular, the panels must evaluate 1.) The State CAPTA plan and specific areas of the child protective system which are addressed therein, 2.) The State's compliance with federal child protection standards and assurances set forth in the CAPTA legislation and 3.) Any other criteria, which the panels consider important to ensure the protection of children, including the coordination of child protection with foster care and adoption services and the State's review process for child fatalities and near fatalities.

The federal statute indicates that the purpose of the panels is to "evaluate the extent to which the agencies (state and local) are effectively discharging their child protection responsibilities." Although the statute provides general guidelines for the panels, the functions of the CRPs are generally and broadly defined. This best suits the ability to address the issues of the local communities in which they are located. The CRP's are composed of volunteer members who are broadly representative of the community in which they operate and are experienced in the prevention and treatment of child abuse and neglect.

Services Provided: Panels meet at least every 3 months to examine policies and procedures and, where applicable, specific cases of both state and local agencies and prepare an annual report.

Population Served: Louisiana, in the past, has had, five (5) Citizen Review Panels located in various areas of the state. Two of the panels were parish based; Beauregard (located in the southeastern quadrant of the State within the Lake Charles Region) and Rapides (located in the center of the state within the Alexandria Region). The additional three (3) panels were regionally based and made up of a number of parishes. Currently, there are three active Citizen Review Panels in Louisiana, Beauregard, Lafayette, and Monroe. The Covington Region and Shreveport Region CRP's are no longer meeting.

Goals and Objectives: The goal of the panels is to provide new opportunities for citizens to play an integral role in ensuring that the state is meeting its goals of protecting children from abuse and neglect.

Update on Accomplishments/Progress in FFY 2008-2009 and Summary of Activities for 2005-2008: In SFY 2005-2007, Louisiana had five Citizen Review Panels (CRP) located in various areas of the State. Two of the panels were parish based; Beauregard (located in the southwestern corner of the State within the Lake Charles Region) and Rapides (located in central Louisiana within the Alexandria Region). The additional three panels are regionally based and are made up of a number of parishes. These panels were in the Covington Region, Monroe Region, and Shreveport Region. The Covington Region and Shreveport Region CRP's are no longer meeting; however the Monroe panel continues to meet. The Beauregard CRP continues to struggle with membership and attendance issues. During SFY 2008-2009, a newly established panel was developed in Lafayette. The panels, Lafayette and Monroe, are the only panels that met during the SFY 2008-2009. In attempts to rejuvenate and support the previously established

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panels, and the development of new panels, OCS engaged the services of Dr. Blake Jones, of the University of Kentucky. He is the facilitator of the National Citizens Review Panel Virtual Community.

Methods to Measure/Outcome Measurements: The CRP's provide annual reports and the state must respond to panel's recommendations no later than six months after recommendations are submitted.

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2008 ANNUAL CITIZENS REVIEW PANEL REPORT

Louisiana has previously had five Citizen Review Panels (CRP) located in various areas of the state. Two of the panels were parish based; Beauregard (located in the southwestern corner of the State within the Lake Charles Region) and Rapides (located in central Louisiana within the Alexandria Region). The additional panels in Covington Region, Shreveport Region and Monroe Region were regionally based and were made up of a number of parishes. Beauregard and Monroe Region are the only panels that have continued functioning in SFY 2008-2009 and Lafayette is a newly developed Panel.

Beauregard Parish CRP - Membership

Gayle Hodnett, (Chairperson)

Jerry DeWitt

Mitchell Evans

Natha Gantt

Sherri Hogg

Robyn Kelley

Donna McCullough

Terry Smith

Dena Stewart

Carol Williams

2008 Activities:

The panel has renewed its membership and held their first meeting on February 25, 2009. They have not yet formed recommendations.

Lafayette Region CRP -Membership

***Linda Boudreaux, (Chairperson)**

Lee Armelin

Katherine Boudreaux

Karen Dodd

Albert Glaude

Carleen Jones

Rex Leblanc

Pat McGhee

Louisa Redell

Brad Richard

Phillip Thevenet

Melissa Thompson

Michael Turnage

Jim Wright

2008 Activities:

During 2008, a Citizens Review Panel was established in Region 5 for a neutral committee to identify needs and offer suggestions to improve delivery of services for children and families in the region. Increasing community awareness of abused and neglected children and offering transparency of the agency to the community were the impetus for the development of the CRP in Lafayette.

In preparation for the establishment of the CRP, Lafayette Regional staff attended a CRP meeting in Monroe on October 16, 2007. The purpose was to view the structure of the CRP in that region, as Monroe is an active and successful CRP within the state of Louisiana. The staff was able to network with the members of the committee and determine the structure and procedures for the meetings. Ideas were shared regarding topics discussed, successes and challenges in reference to implementing and maintaining a successful CRP. Also, ideas were shared regarding projects that were completed by the CRP committee in Monroe. Information was gathered from other active and non-active CRPs within the state of Louisiana as a guide to structure the development in Lafayette. At the state level, the Office of Community Services sponsored training on August 24, 2008, conducted by the national CRP expert, Blake Jones, Ph.d. Since Lafayette Region OCS was in the process of developing the CRP, the Executive Manager, Bradley Richard, the Regional Program Specialist, Melissa Thompson, and an active

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community partner, director of the Family Resource Center, Linda Boudreaux, attended the training.

2008 Recommendations:

The Lafayette CRP has recommended that meetings will be held more frequently than quarterly to address permanency issues for foster children in the Lafayette Region during the upcoming year. They have determined that forming subcommittees, as necessary, and meeting bi-monthly will be beneficial for this committee to develop cohesion as a group and address areas of concern relative to finalizing adoptions within a twenty-four month period. The members are excited and are committed to addressing issues that will positively impact the children and families served by the Lafayette Region.

OCS Response: No response is needed.

Monroe Region CRP- Membership

Melody Breland, (Chairperson)	Marsha Linam	Jackie Perkins
Kathleen Bubin	Cindy Murphy	Chris Ramsey
Mike Cappel	Patricia Newman	Tammie Slausson
Gerri Green	Susan Nolan	Tamara Thompson
Ashton Hines	Ray Owens	Michael Wilkes
Peggy Kirby	Belinda Palm	Jacquiela Wright

2008 Activities:

During 2008, the Region 9 Office of Community Services (OCS) Citizens Review Panel met four times as a complete group. These meetings were held on February 20th, June 8th, October 8th, and December 3rd. Several representatives from the panel also met separately as a part of a focus group with foster children on April 28th.

Our Citizens Review Panel (CRP) began 2008 with a general overview of the OCS policies and practices which define Child Protection Investigations, Family Services, Foster Care, and Adoptions. The panel was briefed by OCS personnel about new policies regarding drug/alcohol-affected newborns and also about the new Alternative Response Program. We discussed the usual concerns over the shortage of foster parents and over the need for a statewide telephone number for reporting incidents of child abuse. As discussion arose concerning the issues that affect the agency and children alike, a recurrent theme began to surface from our panel. This theme revolved around the obvious lack of preparation for independent living that our children demonstrate as they transition out of foster care. Some of the concerns voiced over this young adult population included the low percentage of college graduates among their ranks; the high percentage of homeless citizens in those aged out of foster care; the lack of parenting skills in pregnant teens who will soon transition out of foster care; and the lack of adequate vocational/educational training or goals which often leads to pervasive unemployment and a lifestyle of dependency. Because these transitioning teens suddenly lose the supports and services from which they have benefited while in state custody and because the youth are not likely to return home to positive family support, they are often left without clear direction or the skills and resources with which to live successful adult lives. Early on it became evident to us

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that the focus for our 2008 Citizens Review Panel would revolve around the issues that affect youth as they transition from foster care to independent living.

To help identify common concerns among transitioning teens, a focus group for adolescents in foster care was conducted. This group of 17 foster children between the ages of 15 and 18 met with 3 facilitators from the CRP who asked each of them the same 6 questions. The last 2 questions opened the floor for the youth to express themselves regarding both their experiences with OCS and their concerns about transition. Their responses were reviewed by the panel during the following CRP meeting. By reviewing their concerns, we learned that the children often feel disrespected by the agency. They also expressed a preference that OYD youth not be included in their group settings, believing this implies that they are offenders themselves instead of the victims of abuse/neglect. The youth stated that they found comfort in knowing that the Transitional and Independent Living programs were available to them although not all had taken advantage of the programs. Desiring to closely consider and respond to the points the children made, our panel began to work together to help draw up an action plan with steps, goals, and assignments to committee members for future actions in order to help OCS address the children's concerns. From these brainstorming sessions the recommendations listed below would begin to form.

In addition to the focus group, the panel also gleaned insight into transition practices and pitfalls by hearing reports from OCS personnel who have worked in the Young Adult Program. Included in the information was one case study about a young woman who had successfully utilized the benefits of the Transitional Living Program to make a smooth transition from foster care to independent living. Another highlight of our panel experience was an enthusiastic report from Angie Thomas, the director of the Independent Living Program at the Methodist Children's Home (MCH.) OCS contracts with MCH to provide transition services for some of our foster children. She was able to give a clear picture of the resources and benefits which are available to participants in the program. She also spoke candidly about the dangers that await this group as they experience new-found freedoms combined with peer pressure and poor social skills. She shared with our panel several first-hand accounts of transition successes and failures. From the lively discussion which followed her report, the idea of an intensive training targeting both life skills and vocational/educational guidance in a summer camp setting began to evolve in our midst. Our panel believes that the intensity of providing independent living classes in a 3-4 day camp experience will have a greater impact and promote greater retention of skills than the less focused bi-monthly meetings which are provided currently through the agency. This camp would not be intended to replace, but rather to supplement the transitional services which exist now. The Monroe panel is continuing to explore curriculum elements, available community resources, and possible funding sources so that we may help the idea of such an event become a reality.

The Monroe Region Citizen Review Panel plans to continue our focus on Transition to Independent Living among foster children during the coming year. Early in 2009 another focus group is planned to interview young adults who have been living independently for several years in order to gain insight into their life experiences since leaving foster care and to gather information from their perceptions of needs during transition they now have in retrospect. In addition, the panel will be forming a committee to help make plans for a Life Skills Intensive

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Camp, exploring existing curriculum elements, available community resources, and funding sources so that we may help facilitate a prototype as a model.

The panel was pleased to learn about the “Transitioning Adolescents and Adults Task Force” that was recently initiated at the state level. The panel reports being energized to know that their recommendations are closely aligned with this new effort to better prepare our foster children for their future as adults.

2008 Recommendations: The panel continues to support the funding and implementation of a statewide, toll free telephone number to report all suspected abuse. The panel recommends that this number be tracked back during business hours to the local parish office based upon the origin of the call. This number should be well-publicized and listed in the phone book in a separate listing which makes a clear distinction between reports of child abuse and other services of the agency.

OCS Responses:

The Department of Social Services is currently working on a state-wide centralized intake. Related to the above item, the panel further recommends the funding and implementation of a separate well-publicized telephone number to be established for the purpose of obtaining automated information about becoming a foster or adoptive parent.

The agency currently has a statewide number for persons interested in fostering or adopting. The number was established during the statewide media campaign and is still in operation. The number is 866-249-0559. The number routes the caller to the appropriate region based on the number they are calling from. For example, if a caller makes the call from a land line in Lafayette, the call will be routed to the Lafayette Region Home Development (HD) intake number. The number only connects the caller to the intake worker during regular business hours; a message can be left after hours.

The agency has been considering having an automated option to give the criteria for foster parenting, but this was determined not to be an effective option based on the information that is needed. When people inquire about fostering or adopting, there is more to the conversation than just relaying the criteria.

Also, we currently have detailed information about foster parenting on the DSS website. The website has been instrumental in referrals. The panel continues to be concerned about the shortage of certified foster parents. We are hopeful that OCS will continue to find innovative ways to recruit, train, and retain qualified foster parents. Incentives and other supports should be considered to increase retention of certified foster homes.

The agency is working to find innovative ways to recruit and retain foster parents. At the present time, the Monroe Region is without a full time recruiter as the recruiter promoted to another position. We have been unable to fill this position due to the hiring freeze. We are hopeful that this position will be filled at the beginning of the new fiscal year for 2009-2010.

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Currently, one of the things we are doing to retain foster parents is providing more support visits to the homes of certified families. The HD worker, who is the primary worker for the home, currently visits two times per year (and more as needed during moves or during the time of a crisis) and has required phone contact with each home four times per year. We have received positive feedback about this change in practice. We are also working to involve foster parents in recruitment efforts.

The panel is concerned about the effectiveness of the current OCS Young Adult Program in providing transitioning youth the life skills and resources needed to begin their lives as independent adults. We wholeheartedly support the newly formed “Transitioning Adolescents and Adults Task Force” and recommend continued participation in this effort. We strongly advocate that open and frequent communication regarding the focus of this task force exists between the OCS task force representative and the Citizens Review Panel so that we may assist in supporting the process, aligning our own efforts with theirs in order to achieve more positive outcomes. We further recommend that this task force be consumer driven and that representatives from foster/adoptive parents and transitioning youth be included in the ongoing dialogue in this endeavor to facilitate changes in policy and service delivery.

Our foster youth are currently being given the opportunity to participate in almost all policy decisions and along with decision making opportunities.

The Louisiana Youth Leadership Advisory Council (LYLAC) is a state-wide youth group that deals with issues concerning all foster youth. They meet quarterly and focus on areas of concern within the foster care system. Hopefully, within the next year there will be youth advisory boards in all ten regions of the state.

In keeping with the above theme, this CRP supports additional funding and implementation of new services to improve outcomes for youth in transition from foster care to independent living. We wish to submit that the following recommendations be considered in restructuring policy and programs. We believe that the addition of these components will greatly enhance the current efforts to successfully transition children from foster care.

- The panel recommends the addition of a separate OCS staff position to serve as Transition Coordinator. We believe that one person’s oversight of this program will greatly enhance its continuity and efficacy. The proposed staff person would also serve as liaison with contracted services through Methodist Children’s Home’s Independent Living Program and oversee efforts to incorporate transition-related topics into meaningful training opportunities for foster parents.

This issue is impacted by our current budget deficit and will have to be addressed after the SFY 2009-2010 budget goes in to effect July 1st.

- The panel recommends that additional training for foster parents concerning the unique needs of children at the time of their exit from foster care be a part of initial MAPP training as well as ongoing certification requirements. We further recommend that foster parents of 15-18 year olds be required each year to complete at least three hours of their annual in-service training requirements for continued certification in a topic pertaining specifically to independent living skills.

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The HD program will be revising the in-service training curriculum in the future. We will be requiring more specialized training on the part of foster parenting.

We will include work to implement a training specialized for foster parents who parent older youth.

- The panel recommends additional funding for implementation of new Transition services, including stipends for foster children who successfully complete Independent Living Classes.

We concur that additional funding would better assist our youth in transitioning to adulthood. However, the Independent Living providers are contracted through Federal funding. The funding has not increased in 10 years. It is very difficult for providers to keep the same level of services, with the increase of supplies, transportation, and salaries, with no increase in funding.

- The panel recommends the development of an intensive training camp for teen-aged youth in foster care which will promote the acquisition of independent living skills, decision-making skills, vocational/educational goal-setting, and resource utilization. This camp should not replace, but rather supplement the transitional services which exist now.

Each year a “Reality City” is held in the Southern and Northern Regions for youth attending and who have attended Independent Living Skills training. This is comprised of a one day skills building experience for youth. Perhaps with the assistance of the CRP’s there can be research into possible grants through foundations that would fund camps for youth in the various regions.

- We recommend that teenage pregnant mothers in foster care be enrolled in in-depth parenting programs such as Volunteers of America, Early Childhood Supports and Services, Nurse Family Partnership, Healthy Start ABC’s, and the like as a part of their case plan to ensure that they learn the skills necessary to care for their child.

We will look at the possibilities of MOUs with other agencies to assist our youth who are pregnant or parenting.

- We recommend the creation of a Peer Mentoring Program in which young adults whom had successful transition experiences be used as trainers and models for teens beginning this process for themselves. Our panel believes that teens will relate to and imitate a peer instructor more readily than an agency representative.

We are meeting with an outside organization to develop a mentoring program for our foster youth who are both in high school and college so that their success in pursuing academics will increase. This program is just in the initial stages. We have foster youth who will participate in the discussions with the other organization.

- We recommend the creation of a monitoring system for those aging out of foster care so that OCS can more accurately assess the outcomes of their journey toward independent

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living and continue to make effective changes that will address deficits in the current system.

The Federal requirements for youth aging out of the foster care system have increased. Beginning in October 2010 youth between the ages of 17-21 years old will need to be tracked for statistical information and outcomes. This new tracking system is called the “National Youth Transitional Database (NYTD). Federal law which was passed in October 2008 requires that a transitional plan be developed for all youths within 90 days prior to them exiting the foster care. Because we see the urgency of youth aging from foster care, our policy reflects that all youth at age 15 (closest to their Family Team Conference (FTC) will have a transitional plan and the plan will be amended every six months. Since this is a new requirement, all transitional plans will be sent to OCS state office so that we can monitor trends, needs and opportunities for our foster youth.

Finally, in order to respect the request made by the adolescents participating in our focus group, the panel wishes to recommend that every effort be made by OCS to engender sensitivity in regard to group dynamics when planning training and other group meetings of children in their care. Whenever possible we ask that juvenile offenders be trained in separate group settings so as to not implicate the children who are in state custody for reasons beyond their control.

Due to the lack of adequate funding our Independent Living providers are stretched to the limit. This issue has been discussed in the past and it was recommended that OCS and OJJ youth be combined so that they can assist each other. Additionally, the agency is required by federal regulations that Chafee funds services to both OCS and OJJ youth.

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CHAFEE FOSTER CARE INDEPENDENCE PROGRAM/EDUCATION AND TRAINING VOUCHER PROGRAM (ETVs)

Program Description:

The Chafee Foster Care Independence Program (CFCIP), the Education and Training Voucher (ETV) Program, and the Young Adult Program (YAP) are administered as the Independent Living Program/Youth in Transition Services Section under the direction of the Division of Foster Care Services in the Louisiana Department of Social Services/Office of Community Services. Celeste Skinner is the Administrator for the Section.

CFCIP and ETV are both supported by contracted providers. Nine contracted providers (one in each region of the state) offer life skills training and other related services, and seven contracted providers offer ETV services. Two of the ETV providers operate in two regions. Both CFCIP and ETV services are offered statewide in locations convenient to service recipients. Oversight of the CFCIP and ETV contractors is provided by Ms. Skinner and her staff who visit each site quarterly using a monitoring form to determine the level of compliance with contractual obligations, and requiring corrective action plans and activities when necessary.

All youth (except those continuing in the ETV program beyond age 21) participating in these programs are also served by OCS or OJJ case workers who refer the youth to the CFCIP and ETV providers, and assure that all service needs are met, including those to prepare the youth for successful adult outcomes.

Specific Accomplishments Related to the Six Purposes of CFCIP:

Purpose 1: Help youth to transition from dependency to self-sufficiency

Significant changes have occurred in services to transitional youth during the 2005-2009 reporting period. As a part of hurricane recovery following Katrina and Rita, Louisiana began receiving technical assistance from the Administration for Children and Families (ACF), through the National Resource Center for Youth Development (NRCYD), and a comprehensive plan to realign and redesign services, policies, and practice was developed to better prepare youth for adult self-sufficiency. The recommendations were accepted by OCS management, endorsed by the Louisiana House and Senate Health and Welfare Committees, and authorized by House Concurrent Resolution (HCR) 281. Most of the recommendations of the NRCYD have been fully implemented, while work continues on others such as centralized ETV administration and specialized caseloads. Work also continues on development of policy to support practice changes.

Program Management: Emphasis was an increased on the needs of transitioning youth by agency management resulting in creation of a Section within the Division of Foster Care Services with an administrator and three child welfare specialists to oversee activities related to transitioning youth. Previously, one child welfare specialist within the Foster Care Section was responsible administration of services for transitioning youth.

Provider Contracts: Another significant accomplishment has been development of new requirements for CFCIP contracted providers and the establishment of new contracts in July

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2008. The number of providers was reduced in this change, but more effective geographical coverage of the state is provided. New contracts require that the curriculum used by each provider is relevant, current and sufficiently consistent to allow a youth moving from one area to another to complete his/her learning plan; includes experiential “hands on” learning opportunities; and provides a sufficient number of training hours. It also requires that the services be accessible to youth both in terms of geographical location of the training and assuring that life skills training does not interfere with the youth’s education or extra curricular activities.

Case Planning: CFCIP providers participate in Family Team Conferences (FTC) and discharge planning conferences when requested to provide information and assist in the planning for youth.

The Assessment of Family Functioning/Case Plan has been developed for use and implemented statewide. The instrument is designed to solicit information from the family (including the youth) and family support system regarding strengths and needs, and to use that assessment to develop an individualized case plan with the family and its natural supports to assure that service needs are met.

The Youth Transition Plan (YTP) and Youth Transition Review (YTPR) have been developed to supplement the family case plan and will be completed with the youth as the lead and the worker providing assistance only as necessary. The YTP will be completed for each youth at age 15 with the YTPR being completed at each subsequent family team conference. NRCFCPPP and NRCYD have played a role in assuring that the transition plan begins earlier in the youth’s life and that the plan adheres to Positive Youth Development principles.

Prior to 2007, CFCIP providers had the option of using the Ansell-Casey Life Skills Assessment (ACLSA) or the Daniel Memorial Assessment. Beginning in 2007, all providers were required to use ACLSA as a pre-and post-training method of assessing youth’s mastery of basic independent living skills. The new CFCIP provider contracts require that the curricula and the learning plan be based on the Ansell-Casey Learning Plan for consistency throughout the state, and assurance of high quality preparation for adult self-sufficiency.

Life Skills Education: The Ansell-Casey Learning Plan covers the following domains: career planning, communication, daily living, home life, housing and money management, self care, social relationships, work life, and work and study skills. New provider contracts moved the learning experience from a classroom type of environment to what could be better described as psycho-educational groups with emphasis on the development of concrete skills needed for successful transition into independence as well as identity development, self-control and motivation, and appropriate social interactions. Experiential learning opportunities are another important new component of the training. CFCIP providers are required to offer youth the opportunity to learn skills by actually practicing them in the community, and youth are provided field trips to community organizations and businesses as a part of the experiential learning component of life skills training.

Groups are usually conducted in a public library, church or community organization space in a locality convenient for the youth. In some situations, groups are conducted at the location of the

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provider, assuming that it is a convenient location for the youth. In rare situations, the youth is provided in-home instruction because of physical, mental or behavioral health issues.

CFCIP providers offer orientations for foster parents twice a year, and make home visits to youth in their programs to assure that foster parents reinforce the independent living skills taught in the programs. In July 2008, NRCYD representatives attended the CFCIP provider coalition meeting to help develop focus groups to provide assistance in assuring that foster parents, residential providers, and agency workers are maximizing opportunities to reinforce the skills learned in life skills groups. The CFCIP staff participated in leading six focus groups on this issue.

Youth served in the CFCIP program has expanded to include 14 year olds, and differential course lengths are provided so that 14 and 15 year olds have 10 hours of training and youth from 16 to 21 have at least 32 hours of training. Youth are encouraged to remain in the life skills groups until they have mastered the skills they will need as fully functioning adults, which results in many youth remaining in life skills classes beyond the minimum number of required hours. Life skills groups are offered at times that do not interfere with school or extra-curricular activities and within close proximity the youth's residence

CFCIP providers engaged in significant community networking activities in order to offer integrated and coordinated services and have offered youth information about and referral to other needed community resources as an essential component of their programs.

OCS worked with the NRCYD to develop strategies to engage youth with cognitive deficits in life skills training and transition planning. Written materials on this issue were provided to OCS parish offices and CFCIP providers.

Youth Conferences are held annually, with one in the southern and one in the northern part of the state. The success and cost-effectiveness of the two separate sessions which occurred as a necessity following the 2005 hurricane season has resulted in a permanent change to that format. Virtual cities during the conferences allow youth to experience "real world" activities, choices and consequences. Youth selected occupations and were given "money" equal to the entry level pay for their chosen career and had to learn to provide themselves with essentials such as food, medical insurance, housing, etc. The negative consequences of over-spending and using money for luxuries at the expense of necessities were felt as youth dealt with "payday" loans and other high interest rate financing methods.

Leadership Skills Development: An important component of developing successful adult outcomes for youth in foster care is providing opportunities to develop leadership skills. The Youth Leadership Board provided this opportunity prior to 2007 when the Louisiana Youth Leadership Advisory Council (LYLAC) was formed as an enhanced outgrowth of the Youth Leadership Board. LYLAC is a statewide a leadership development group, and during the past year, it was expanded and regionalized with the creation of a group in the Greater New Orleans Region. Eight additional regional groups will be formed in the coming year. There are 20 positions available on the statewide group, including representatives of each region, and youth may remain in the organization until they reach age 21. Youth plan their own meetings, develop

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the agenda, and invite speakers who come in to train the group in areas such as learning how to tell their own stories and advocate for youth in foster care.

Purpose 1 Measurements:

Improvement on ACLSA Scores:

CFCIP Provider	Average ACLSA Score Change*
FSGNO	+37%
FCA	+19%
FSGBR	+51%
MCH-R	+46%
GCTFS-H	+2.5%
ACC-NO	+68%
GCTFS-L	+19%
MHS	+14%
RH	+5.5%
YS	+20%

*Significant disparities were noted in score changes among providers. Efforts will be made to determine causes of these disparities and resolve any underlying issues related to either training or testing methodology.

Leadership Opportunities for Youth

Youth Leadership Opportunities	
2005	Catholic Charities provided an Advanced Life Skills Conference for youth with employment options presented by representatives from local businesses and educational opportunities presented by guest speakers from educational and vocational institutions.
2006	Catholic Charities sponsored a Youth Advisory Board Retreat
2006	A Louisiana youth was selected to be an intern for Senator Mary Landrieu in Washington DC under the Congressional Foster Youth Internship Program
2007	One LYLAC member attended the Child Welfare League of America Conference in Washington DC
2008	LYLAC members attended the Louisiana Department of Labor Workforce Conference in New Orleans
2008	Two LYLAC members attended Destination Future, a national youth conference held in Chevy Chase, Maryland; youth had to opportunity to present before a group of about 300 including a panel of judges
2008	Six youth presented to the National Juvenile Judges Conference in New Orleans
2008	OCS Assistant Secretary and public relations officer met with the statewide group to offer ideas for producing a brochure to market life skills groups and the Young Adult Program

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Purpose 1 Barriers:

We have determined that specialized caseloads for transitioning youth would be beneficial, but fiscal restraints prevent implementing that strategy.

Purpose 2: Help Youth Receive the Education, Training and Services Necessary to Obtain Employment:

Funding Sources: Education, training and services were provided to youth with the funding source based on the age of the child and the type of education or training. For those under 18, OCS continued paid room and board costs, education/training program costs and provided any other needed support services. The costs of education for foster children were paid by Title XX, Title IV-B, Title IV-E and state general funds, with ETV funds covering post secondary education costs not covered by other sources.

For those over 18, participating in YAP and attending secondary education, state general funds paid for room and board costs with some CFCIP funding as available, while Title XX funds and state general funds paid for educational/vocational costs. ETVs were used to supplement the additional cost of education not covered by other sources for youth 18 to 23 regardless of YAP participation.

Occupational/Vocational/Training Decisions: The Ansell-Casey Learning Plan assists the youth in determining an educational or vocational goal and an action plan for achieving it, and the YTP will further focus attention to the youth's educational and vocational goals along with progress toward achieving those goals. CFCIP providers use Self-Directed Search, a vocational interest instrument, to direct youth to vocations of interest, and the curriculum includes the necessary skills for obtaining employment and remaining employed. CFCIP providers sponsored educational and employment forums. At the forums, local businesses and educational institutions presented information about career choices and admission requirements and financial aid to youth who had their questions answered about particular occupations and/or schools that were of interest to them. Further, the virtual city concept presented at Youth Conferences gave youth insight into educational and vocational choices and a "reality check" on life choices.

Collaboration to Assure Available Services: Through collaboration with the Louisiana Department of Labor (LDOL), services for vocational assessment, job preparation, job placement and continuing vocational support services have increased for youth. Youth are eligible to receive job readiness services, employment assistance, job placement, tutoring, mentoring and support services. By interagency agreement, a joint policy for both OCS and LDOL eliminated any barriers in the referral of foster children and former foster children for services and simplified the referral process. Subsequent inclusion of Louisiana Rehabilitation Services (LRS) in this collaborative process has further reduced complications and delays for youth because referrals are accepted simultaneously by both agencies. If a youth is not appropriate for the services of one agency, the other steps in immediately.

Information on State Employment: The OCS Human Resources Division created a brochure describing state employment opportunities for current and former foster youth which is distributed to the CFCIP providers and our older youth.

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Purpose 2 Measurements:

Virtual City participation

Youth Conference Attendance	
Year	Number of Youth
2005	100 (one location)
2006	Not held (Katrina)
2007	150 (2 locations)
2008	135 (2 locations)

Number of youth assisted with the costs of room and board, education/training costs and any other needed support services

In FFY 2008, 295 youth were assisted with these expenses and in FFY 2009, 320 youth were so assisted.

Purpose 2 Barriers:

OCS and LRS began development of a vocational interest assessment specifically for youth in foster care, but the project was discontinued because of LRS funding constraints.

Purpose 3: Helping Youth Prepare for and Enter Post Secondary Training or Education Institutions:

Services Provided: OCS provides youth in foster care and young adults with educational/vocational services including tutoring, costs of education or vocational training, books, supplies, fees, GED tests, college admission tests, and any other service needed to gain admission to post secondary education or training.

Grant and Scholarship Applications: OCS staff and the CFCIP contractors provide assistance to youth in completing the federal financial aid application and other applications needed to attend college or vocational training programs. CFCIP providers have access to a website which provides Free Application for Federal Student Aid (FAFSA) Tips for Foster Youth because the unique legal and living status of foster youth can result in confusion about the applications for youth in foster care and those assisting them with applications. CFCIP/ETV providers also coordinate with post secondary institutions in the State to coordinate admission, funding and ETV grants.

Collaboration with Department of Education: In 2006, the Louisiana Legislature established a working coalition between OCS and the Department of Education (DOE) to provide a plan for improved educational outcomes for students in the foster care system. This collaboration resulted in information on Louisiana's technical colleges and vocational education opportunities being presented throughout the State at educational and vocational forums to CFCIP providers, residential providers, and OCS staff, and to various other groups interested in assuring successful outcomes for youth, including a workshop at the Together We Can Conference.

Funding for Education and Training: Funding from various sources has paid for the cost of post secondary education and training. If grants and ETV do not cover the entire cost the remainder

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of the costs has come from state general funds. Because ETV funds are insufficient to meet the needs of all eligible youth who desire to continue their education, collaboration with various organizations to develop other educational funding streams has resulted in three full scholarships for foster care alumni. Brave Heart – Children in Need, Inc. has partnered with a private foundation to provide the scholarships to our youth, and efforts are underway to develop additional resources.

Purpose 3 Measurements:

Youth Receiving Educational/Vocational Services	
Year	Number of Youth
2008	295
2009	320

Educational and Vocational Forums

In 2007, nine educational and vocational forums were provided by the CFCIP providers and presented by DOE were attended by 48 OCS staff, 17 CFCIP providers, 62 youth (57 OCS and 5 OJJ), and 9 foster parents. Approximately 150 youth attended the Youth Conferences in 2007, and approximately 135 youth attended in 2008.

Purpose 3 Barriers:

Achieving high school graduation is essential for most post secondary education. The high school graduation rate is low in for the general population (64.8%) in Louisiana and even lower for youth in foster care (44.2%). A number of efforts are planned to address this concern including keeping children and youth in the same school.

Efforts to develop a mechanism to obtain data to track services provided to youth have not been successful. A Memorandum of Understanding for data sharing was developed in 2008, but not all signatures have been obtained.

Purpose 4: Providing Personal and Emotional Support to Youth through Mentors and the Promotion of Interactions with Dedicated Adults:

Mentors: Agency staff, CFCIP providers, foster parents, child care workers, and teachers are a direct source of support for youth. Many young adults stayed in contact with CFCIP providers long after completing their programs. Aftercare services provided by the CFCIP providers continue to support the youth in handling emotional crises which may occur while transitioning into independence after leaving foster care.

Permanent Connections: Although some efforts were begun regarding locating permanent connections for older youth in foster care prior to hurricanes Katrina and Rita, that effort was improved dramatically following the 2005 hurricane season with the assistance of the National Resource Center for Family-Centered Practice and Permanency Planning (NRCCFCPPP). NRCCFCPPP provided training on family finding and engagement with an emphasis on the needs of adolescents for permanent supportive relationships. OCS Program Policy was developed and disseminated to guide staff in locating permanent connections to support the

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training. This initiative, called Louisiana Connections for Permanency, has strengthened worker ability to locate connections for youth and improved the working relationship between OCS and Court Appointed Special Advocates (CASA). OCS and CASA have co-hosted focus groups and training sessions. A Memorandum of Understanding (MOU) involving OCS, CASA and the Louisiana Supreme Court's Court Improvement Project (CIP) for diligent searches is being developed to continue the support of this initiative.

Purpose 4 Measurements:

Number of Youth who Self-Identify as Having Permanent Connection

A proxy measure for the effectiveness of Connections for Permanency is the responses of youth to the question as to whether they expect to have a permanent relationship with an adult when they leave foster care on the CFCIP provider survey. In response to that question on the 2008 survey, 73% of the youth self-identified as having a lifelong connection they could count on, while 20% did not respond to the question and only 6% indicated that they did not expect to have a lifelong connection.

Purpose 4 Barriers: OCS contracted for paid internet searches for family members of youth, but the contract was not renewed because only a small percentage of the searches were used.

Purpose 5: Providing Financial, Housing, Counseling, Employment, Education, and Other Appropriate Support and Services to Former Foster Care Recipients between 18 and 21 Years of Age:

Services: Agency staff provided case management services, supervised living arrangements and coordinated services and supports. OCS has provided services such as room and board, educational or vocational services, clothing and other support services to former foster care youth ages 18 years up to 21 years old in YAP. Funding for these services is primarily from state general funds, with CFCIP funds supplementing room and board costs after the annual YAP budget is depleted. The amount of CFCIP funds used for supervised apartment living is based on remaining available CFCIP funds.

Housing Options: Living arrangements for youth in YAP include foster family homes, relatives' homes, transitional living/supervised apartments, college dormitories and independent apartment living. Room and board included housing, food, rent, rental deposits, and utilities. YAP participants are also eligible for utility assistance through the Louisiana Low Income Home Energy Assistance Program (LIHEAP). Affordable housing is very limited, and OCS has worked with public and private non-profit community partners in Louisiana's recovery from the hurricanes of 2005 regarding housing issues, resulting in foster care youth being established as one of six priorities for permanent supportive housing.

Juvenile Justice Prevention and Delinquency Act: OCS continued to partner with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 to provide housing and other services to runaway homeless youth and former foster care youth.

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Additional Services: Youth in the YAP program were provided with clothing, transportation, educational, vocational, health care and mental health treatment and employment assistance in addition to housing. Some CFCIP providers provided household items, furniture, and personal items for youth in their programs through community donations

Non-College Bound Youth: Collaboration with the Louisiana Community and Technical College System was established to expand vocational training opportunities to support non-college track youth and to develop ways to assist youth not likely to complete high school.

Medicaid Services: OCS continues to provide Medicaid services for youth ages 18 up to the age of 21 in YAP and cover any needed medical care not covered by Medicaid or other community resources. The Medicaid or Alternative Health Care Chafee option was enacted for all youth who age out of foster care regardless of whether the youth elects to continue in the YAP program, and was implemented by the Department of Health and Hospitals on March 1, 2009.

Purpose 5 Measurements

Number of Youth who Participate in YAP

YAP Participation Rates	
Year	Number of Youth Served
2005	369
2006	364
2007	337
2008	332
2009 (through 5/15)	288

Data Source: Webfocus

CFCIP Funds Used for Housing for Youth over Age 18

CFCIP Funds Used for Housing for Youth over 18		
Year	\$ Amount	% of CFCIP Total
2005	\$155,560	11%
2006	\$155,560	11%
2007	\$155,560	11%
2008	\$72,927	5.36 %
2009	\$72,927	5.36 %

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Availability of Transitional/Supervised Living Apartments for youth over 18

Transitional/Supervised Apartments				
Provider	Location	Gender Served	Age Served	Capacity
Harmony Center Inc.	Baton Rouge	M	16-21	6
Youth Oasis	Baton Rouge	M/F	16-21	3
Independent Living Center, Inc.	Metairie	M/F	16-21	10
LA United Methodist Children and Family Services, Inc.	Monroe	M/F	16-21	6
Cane River Children's Services	Natchitoches	F	16-21	11
Cane River Independent Living Services	Natchitoches	M/F	16-21	6

Purpose 5 Barriers:

State general funds previously used to fund the YAP program are no longer available. Supplemental SSBG funds are filling that gap beginning July 1, 2009, but only for one year. Grants and other sources of funding are being explored.

Efforts to establish additional transitional housing have been sidetracked by Hurricane Gustav and the economy.

Purpose 6: Provide Vouchers for Education and Training, Including Post Secondary Education, to Youth Who Have Aged out of Foster Care to Strengthen Post Secondary Education to Achieve Purpose of ETV Program:

ETV Management: As part of the redesign of programs for transitioning youth, an investigation into the most efficient and effective way to manage ETV funds was undertaken by contacting other Independent Living Providers and Coordinators throughout the United States for information. We learned that other states used varying approaches, with the Orphan Foundation being identified as a responsible and efficient ETV provider, offering ease of obtaining data and support services to youth. Discussions have been held with the Orphan Foundation but no decision has been made. ETV continues to be managed by regional contracted providers with oversight from OCS.

ETV Providers: Eight of the ten CFCIP providers delivered ETV services to youth throughout the state from 2005 until 2008. Because of the selection of new CFCIP providers in 2008, only seven providers (Monroe, Alexandria, Lake Charles, Lafayette, Thibodaux, New Orleans and Baton Rouge Regions) deliver ETV services currently. The Monroe Regional provider serves Shreveport Region and the Greater New Orleans Region serves the Covington Region so that all regions are covered by an ETV provider.

ETV Outreach: OCS staff and providers have marketed the ETV program to youth and encouraged them to participate. Planned marketing efforts included engaging LYLAC youth to re-writing the ETV brochure to make it more relevant to youth. In June 2008, the OCS Assistant Secretary and Public Relations Director met with LYLAC youth to provide guidance on development of the new brochure, but LYLAC has not yet begun work on the document.

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Outreach efforts were made to foster parents and child care providers through educating these groups about ETV and the need to emphasize post secondary education and training for foster youth. Because a high school diploma or GED is required for most post-secondary education, younger youth were targeted to be encouraged to complete high school or a GED program.

Identification of Potential ETV Eligible Youth: Youth OCS worked with DSS Information Technology and with the National Resource Center on Data and Technology to develop an automated data information and tracking program to identify eligible youth in need of referral to the ETV program and data on youth's educational status and/or completion of an educational or vocational program. This effort is ongoing. OCS representatives will be attending the Data Conference in June 2009 and discuss this issue in that venue.

ETV Eligibility: Most elements of the ETV program have remained unchanged. Eligibility based on current or former foster care status is determined by a check of the computerized data system. Eligible youth received ETV assistance in the amount of the student's need after all other grants, scholarships, etc., not to exceed the smaller of \$5,000 per year or the actual cost of attendance. The ETV coordinator reported the amount of the ETV assistance to the post secondary institution to avoid duplication of benefits.

Education Funding: Federal grants, scholarships and ETV were the basic source of educational funding for youth not participating in YAP. State general funds, grants, scholarships, and SSBG funds paid educational costs, and some CFCIP funds paid for room and board costs. ETV was used to supplement costs of education not covered by other sources. As noted above, OCS has been successful in locating a scholarship source that is specifically for foster youth.

Youth Support: Youth who participate in ETV begin with a planning conference with the ETV coordinator. The youth has the option to invite other significant persons such as the foster care worker, foster parent, child care provider, or educational counselors. The focus of the conference is to assess the youth's strengths, needs, set educational goals and develop a plan to achieve the goals. The plan is youth centered and youth driven.

Benefit Calculation: Methodology for calculating ETV eligibility has not changed during the past five years. Periodic review of the youth's progress occur to assure that the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to the ETV coordinator, case manager, and program manager to evaluate progress and performance; this documentation justifies continued expenditure of education or training funds.

Success Determination: Successful outcomes for ETV participants are measured by graduation from college or vocational school or continuation in college or vocational training with satisfactory progress.

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Purpose 6 Measurements

Number of Youth Served by the ETV Program

Youth Served by ETV Program	
FFY	Number of Youth Served
2005	139
2006	159
2007	184
2008	154
2009 (through 3/30)	85

*It is estimated that 136 youth will be served by the ETV program in 2009-2010.

Average ETV Funds per Youth

Average ETV Amount per Youth Served	
Year	Average ETV Amount
2005	\$2,291
2006	\$2153
2007	\$2679
2008	\$2263
2009	Not yet determined

Percentage of Successful ETV Outcomes

Successful ETV Outcomes	
Year	% of Youth with Good Outcomes
2005	84%
2006	85%
2007	85%
2008	76.5%
2009	85%

Collaboration with other Federal, State and Community Programs

OCS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the State. The community support continued to be enthusiastic. Local school districts, public libraries, churches and vocational schools continued to donate their facilities for CFCIP groups so the location of the classes can be as convenient as possible for the youth.

CFCIP programs collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Goodwill Industries, Volunteers of America, National Park Services, IRS, YWCA, vocational schools, local businesses including financial institutions, Job Corps, the National Guard Youth Challenge and the Salvation Army.

The Louisiana Coalition of Independent Living Skills Providers, composed of OCS program staff and representatives of the CFCIP providers, meets quarterly to exchange information on services, service delivery and provide training to the participants. Additional purposes of the

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coalition include defining barriers and problems in service delivery and development of a unified approach to solve problems common to all members.

In May, 2008 Louisiana became one of the twelve new mentee states to join the ten pilot states in the Shared Youth Vision Mentor Mentee program. Celeste Skinner attended the Shared Youth Vision forum in Oklahoma May 6 and 7, 2008. OCS staff was not able to attend the 2009 Shared Youth Vision Forum because of funding limitations.

OCS continued partnership with the LDOL, DOE, LRS, OYD and other state departments to coordinate services for foster children and youth aging out of care. We continue to participate in LDOL's Shared Vision for Youth through the Interagency Youth Work Group and attended the regional forum in Dallas in June 2007. The forum focuses attention and resources on Louisiana's youth including foster children and former foster children. The LDOL sponsored a meeting with the Workforce Investment regions, OJJ and OCS to develop plans on referrals and meeting the needs of Louisiana's youth in 2007.

ETV providers continued to partner with post-secondary institutions in coordinating the ETV program. Brochures on the ETV program have been and continue to be provided to the post secondary institutions who are asked to refer any youth to the ETV who indicated on the federal financial aid application that they were previously in foster care. The ETV providers coordinate with other agencies such as DOE, LDOL's Workforce Investment Programs, Big Brothers/Big Sisters and the Orphan Foundation of America to access additional services for foster care youth.

OCS continued to coordinate with other state agencies, such as the Department of Education (DOE), Department of Health and Hospitals (DHH), Office of Citizens with Developmental Disabilities (OCDD) and Bureau of Community Supports and Services to identify foster children and former foster children who may be eligible for services for developmentally delayed youth. The coordination continues to result in access to federally funded Medicaid Waiver and other community based services. Interagency staffings are the mechanism used to coordinate and access services from these agencies.

OCS has coordinated with the DHH, Office of Mental Health (OMH) and Office of Addictive Disorders (OAD) to identify foster children and former foster children who may be eligible for federally funded services such as community outpatient, inpatient, and Mental Health Rehabilitation Option services. Interagency staffing was the mechanism used to coordinate and access services from these agencies.

CFCIP providers continue to coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of the independent living participants. In 2007, Methodist Children's Home in Ruston, LA (the parent organization of the Monroe Region CFCIP provider) opened a transitional living facility in Monroe, and four other providers expressed interest in developing transitional living facilities. The NRCYD offered to bring a nationally recognized expert on housing alternatives for foster youth and alumni to Louisiana to provide information and assist these providers in exploring housing options for youth. Hurricanes Gustav and Ike prevented this event from occurring in 2008, but NRCYD continues

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to be willing to assist as requested by potential providers. OCS and CFCIP providers also coordinate with local parish housing authorities.

OCS continued to partner with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 to provide housing and other services to runaway homeless youth and former foster care youth. This program continued to provide housing and other support services to youth.

OCS collaborated with NRCYD and NRCFCPPP to redesign transitional services and improve efforts to assure that all youth have at least one permanent connection with a caring adult.

Training

Since 2007, all CFCIP providers have been trained to use the ACLSA and all new providers were trained in 2008.

A total of 63 people were trained to become ACLSA trainers (with 16 [including CASA, OJJ, foster parents, residential providers and OCS staff] being trained in SFY 2008-2009). These individuals will be required to provide two trainings per year to maintain certification.

In partnership with the NRCYS, six OCS staff and 14 CILP providers were trained on using experiential learning techniques in group settings.

CFCIP providers presented specialized training and consultation for foster parents and other child care providers to build skills in working with youth in foster care as they move toward independence.

Six CFCIP providers attended the Pathways to Adulthood National Independent-Transitional Living Conference and Independent Living Forum in Pittsburg, Pennsylvania. Three CILPs and one youth attended the National Independent Living Association/Daniel Memorial Conference in Florida. Six OCS staff attended the Pathways to Adulthood conference in Minneapolis. In May 2008 two OCS representatives attended the National Pathways to Adulthood Conference in Pittsburgh, PA.

Youth Conferences were held annually. The 2008 conferences were funded with \$16,500 in CFCIP funding.

With the assistance of the Youth Advisory Board, CFCIP providers offered youth many educational/vocational and employment forums which provided opportunities for youth to obtain information to make informed decisions about their future. The importance of completing secondary education, and going on to post secondary educational/vocational training continued to be emphasized.

Work continued on developing training with the NRCFPPP concerning reunification of older transitioning youth with their family, especially those who have permanency goals of Alternative

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Planned Living Arrangements (APLA). This involved the Court Improvement Project, OYD, and the courts.

In conjunction with the NRCFPPP, training continued on how to include reunification in case planning for youth transitioning out of care. Focus Groups were conducted in two regions with CASA and OCS participants. Barriers and strengths were identified.

Youth Involvement in Agency Decision Making

Through LYLAC, youth are offered ongoing opportunities to participate in agency decision making. They were active in development of the transitional programs redesign, and are currently participating in development of agency policy regarding transitional living.

CFCIP Population Served

With CFCIP funding, OCS provides life skills training to eligible youth served by OCS and Office of Juvenile Justice (OJJ), formerly known as the Office of Youth Development (OYD). During the past year, age ranges served expanded to include eligible youth 14 years old up to age 18 who were likely to remain in foster care until age 18. During the previous four years, youth were served beginning at age 15. Youth who were enrolled in life skills training and who left foster care prior to completion of the program are eligible to continue or to return to participation. Former foster care youth in the Young Adult Program (YAP) who are 18 years up to age 21 and have aged out of foster care are eligible to continue participation. YAP is a voluntary program; to continue participation the young adults in YAP must attend college, high school to obtain a high school diploma, GED classes or vocational training.

Unduplicated Numbers of Youth Served in CFCIP	
FFY 2004-2005	1650
FFY 2005-2006	1391
FFY 2006-2007	1792
FFY 2007-2008	1683
FFY 2008-2009	1328

As noted in the table above, there have been two significant declines in the number of youth served during the past five years. The decline in FFY 2005-2006 resulted from the displacement of significant numbers of youth due to the impacts of Hurricanes Katrina and Rita. The decline in FFY 2008-2009 resulted from two factors: OCS and OJJ have made significant efforts to reduce the number of youth served in residential facilities; as part of that process, cases were carefully reviewed and youth were returned home whenever that could be safely accomplished resulting in a decrease in the total number of youth served by the agencies.

It is estimated that 1594 youth will be served in Federal Fiscal Year 2009 – 2010. The increase is anticipated because of 14 year olds being served and a general increase in the number of youth in foster care in the age range served by this program. Youth receive Independent Living Skills in all 64 parishes of Louisiana from nine contracted providers.

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Data On Youth Served in ETV

The data on youth served prior to 2008 is based on the SFY and not the FFY. OCS' information system does not collect information on foster children or YAP clients' educational levels or when they complete an educational or vocational program.

Youth Served by ETV	
SFY 2005-2006	159
SFY 2006-2007	184
SFY 2007-2008	163
FFY 2008	154

Supplemental Data on Youth Eligible/Served in the CFCIP and ETV Programs and Outcome of the Programs

During some part or all of the FFY 2005-2006, 2,495 youth in foster care and young adult clients were eligible for CFCIP services, and 1,650 clients were served by the CFCIP programs. In the 2006 – 2007 FFY, 1,792 clients were served by the CFCIP programs. In the 2007-2008 FFY, 1,328 clients were served by the CFCIP program.

Use of ETV Funds

Ninety percent of the ETV funds were spent on the vouchers and ten percent spent on staff salaries, travel, supplies and expenses, etc. to operate the program. The voucher expenses for youth included college or vocational tuition, books and supplies, dormitory costs, meal tickets, off campus living expenses, computers required for college or vocational training, tutoring and child care. The vouchers did not exceed the smaller of \$5,000 per year or the total cost of attendance.

Financial and Statistical Information Reporting

The actual final expenditure of the CFCIP allocation of \$1,358,131 for FFY 2008 was \$1,358,131. The amount spent on room and board in this time period was \$72,927.00 or 5.36%. The funds were used to pay for supervised apartment living for youth who are 18 years old up to 21 years old.

The actual final expenditure of the ETV allocation of \$386,284 for FFY 2008 was \$386,284.

Continuing and New ETVs by Year		
FFY	Total Vouchers	New Vouchers
2004-2005	114	66
2005-2006	139	79
2006-2007	129	62
2007-2008	132	65

ETV services will continue to be available in every region in the State in the FFY 2009-2010. The estimated number of eligible youth to be served is 125 with an estimated 40 youth receiving new vouchers.

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Services Available to American Indians

The four federally recognized American Indian tribes in Louisiana have been consulted regarding state's CFCIP and ETV five-year plan and for the APSR. The Social Service Directors of these American Indian tribes in Louisiana were asked for their input and suggestions regarding the plans. Two Tribal social services directors attended the March 10, 2009 CFSP kickoff meeting.

Tribal social service directors also participate on Regional Continuous Quality Improvement (CQI) teams where program development and evaluation is discussed and monitored for effectiveness. In addition to the tribal representatives who participate, various community partners and OCS staff are also involved in the process. This forum creates opportunities for OCS to ensure that Indian tribes are knowledgeable about eligibility for benefits and services and provides a forum for Tribal social service directors to inform OCS of any concerns related to fair and equitable treatment for Indian youth.

Beginning the point of initial OCS involvement with families, workers make efforts to identify Native American children. These efforts continue throughout the life of the case. All youth who have been identified as likely to remain in foster care until they reach age 18 are referred by their OCS or OJJ worker to the CFCIP provider at age 14 and to the ETV provider at the point post secondary education is an issue. Referrals to CFCIP providers are made without regard to race or ethnicity.

CFCIP and ETV providers offer services to all youth referred by OCS. For CFCIP life skills training and other related services, services are provided without regard for income or resources. For ETV services, eligibility requirements are in place regarding the necessity of applying for other grants and scholarships, and calculation of the benefit based on the total cost of attendance minus any other resources for attending. These requirements hold true for all youth referred for ETV services. In addition, youth in the ETV program must demonstrate educational progress to continue receiving the ETV. Youth in the YAP program are all required to make a contribution to their cost of care. This is true for all youth in YAP and the purpose is to assist youth in the transition to independence by providing a safe place for them to practice money management skills.

CFCIP providers are required to contact and make efforts to meet with the Tribes face-to-face. They are also asked to inform OCS state office staff prior to the meeting so that OCS may be a part of the meeting if possible. CFCIP are aware of the need to invite, involve and offer services to Indian youth. One Tribal youth has participated in the past year. One barrier to Tribal participation is the small Tribal population in Louisiana.

Trust Funds

Louisiana does not place CFCIP funds in trust funds for youth.

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STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

Please see page 78 for additional information.

Inter-Country Adoptions

Please see page 85 for additional information.

Child Welfare Demonstration Projects

The agency participated in a demonstration project with the Court Improvement Project. Please see page 166 for additional information.

Statewide Recruitment/Retention Plan

Please see page 73 for additional information.

Adoption Incentive Payments

Please see page 84 for additional information.

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ADDITIONAL INFORMATION

COURT IMPROVEMENT PROJECT

The information below provides a summary of activities of the Court Improvement Project (CIP) during 2004/2005-2008/2009 fiscal years, and provides updates on implementation of the recommendations developed from the Child and Family Services Review (CFSR) site visits and the final report. It also provides an overview of CIP goals for 2010-2014. During the past five years, CIP has continued to be a valuable OCS partner and an outstanding advocate for the vulnerable children and families served by the agency, and that positive relationship is expected to continue.

Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) Update on Accomplishments:

CIP assisted in arranging stakeholders for the 2003 Louisiana CFSR onsite, and the CIP coordinator served as an onsite case reviewer during the CFSR. CIP also participated in the development of Louisiana's original PIP by serving on the Timely Adoption committee. CIP accepted responsibility for two PIP Items: promulgation and implementation of attorney standards and judicial/stakeholder education.

Connections for Permanency Demonstration Project Update on Accomplishments:

The Connections for Permanency (CFP) demonstration project was designed to find family or kin for dependent youth and to engage them in the child's life in a meaningful way. CFP was conceived, funded, coordinated, and staffed by the OCS and CIP. Technical assistance was provided by the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFPPP) and Catholic Community Services of Western Washington (CCSWW).

The target population consisted of adolescents who had few or no family relationships. They had generally been unstable in placement and had a history of mental illness, destructive behavior, multiple placements, and/or few, if any, significant relationships in their lives, and were near the age of emancipation. Youth in the parishes impacted by Hurricanes Katrina and Rita had higher instances of exhibiting these traits due to the effects of the 2005 hurricane season.

Court delays and ensuring adequacy of hearings Update on Accomplishments:

With respect to reducing delays and ensuring the adequacy of hearings and court orders, the CIP, with the advice and counsel of its Advisory Committee, began drafting uniform proposed rules for Child in Need of Care (CINC) proceedings in 2004/2005. Model rules were available to local courts for modification and voluntary adoption by 2006. Beginning in 2007/2008, CIP and OCS began working collaboratively to identify courts having problems with Adoption and Safe Families Act (ASFA) compliant orders and helping courts to understand the deficiencies.

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Louisiana Task Force on Legal Representation (CFSR/PIP Item) Update on Accomplishments:

The Louisiana Task Force on Legal Representation in child protection proceedings has continuously throughout the last five years addressed access to qualified, competent legal counsel for children. This group, created by the Louisiana Legislature in 2003 and later reauthorized, consists of representatives of the CIP, OCS, the Louisiana Bar Association, Court Appointed Special Advocates (CASA), Louisiana law schools, and other child welfare stakeholders.

A 2005 assessment of the Louisiana dependency court system – conducted to comply with the federal Department of Health and Human Services requirements – included surveys with key stakeholders in the CINC system. The assessment found that attorneys representing children and parents did not visit or communicate with their clients often and did not investigate available services for their clients in every case. Subsequently, standards for legal representation were developed and presented to the Louisiana Supreme Court for official action on June 14, 2005. The standards were adopted by the Louisiana Supreme Court as a rule effective July 1, 2005.

Legislation in 2006 had created the Child Advocacy Program to oversee either salaried or contract attorneys providing representation to children in CINC cases. In 2006/2007, CIP provided funding for a pilot of a staff model for children’s attorneys. The model chosen for Louisiana CINC cases is representation through a government agency. The Child Advocacy Program is housed in the Mental Health Advocacy Service (MHAS), an existing state agency within the office of the governor which has historically provided legal services to individuals involved in such actions as commitment or legal competency. CIP also supported better representation for parents in CINC hearings through the Louisiana Indigent Defender Board for indigent parents. In November 2007, CIP, with technical assistance from the National Resource Center on Legal and Judicial Issues, co-sponsored with the Louisiana Public Defender Board, the first practice seminar in Louisiana for attorneys representing parents in CINC cases

The Child Advocacy Program is currently operating in the following jurisdictions:

- The 16th Judicial District (JDC) in St. Mary, St. Martin and Iberia Parishes
- Orleans Parish Juvenile Court
- The North Shore (21st and 22nd JDCs)
- The 14th JDC (Lake Charles Family Court of Calcasieu Parish)
- Caddo Parish Juvenile Court

It is worthwhile to note that Louisiana was one of only five states to receive an “A” in legal representation for children in First Star’s 2007 National Report Card on Legal Representation for Children. However, CIP cautions that this report focuses only on legislation related to legal representation which is not necessarily reflective of quality of legal representation.

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Integrated Juvenile Justice Information System (IJJIS) Update on Accomplishments:

The specifications document for an integrated information management system was completed in March of 2005; in 2006, CIP contracted with Integrated Information Systems to write software for a web-based CINC module of IJJIS. A pilot testing the system began in Orleans Parish Juvenile Court in 2006, with a second pilot in the 14th JDC in Lake Charles beginning in July 2007. Implementation is currently in progress in Caddo Parish Juvenile Court.

Training for Judges (CFSR/PIP Item) Update on Accomplishments:

In 2005, training was provided for judges on ASFA and other topics including an introduction to Bench Cards for Essential Judicial Functions, developed by CIP to assist judges in meeting all ASFA requirements during hearings and in court orders. In 2006, the same topics were covered at the spring and fall Judges Conferences, and six hours of continuing legal education was offered for judges at the CASA conference. Also, the Children's Law Advocacy Resource Center (CLARO), a collaborative effort made up of many stakeholders including OCS and Loyola University Law School which has agreed to host the website, began efforts to offer on-line continuing legal education for attorneys and judges related specifically to child welfare issues. The CLARO website can be accessed at www.childrenslawla.org.

In 2007, online video training was made available to judges and attorneys through the CLARO website. Judges have been invited and encouraged to attend the Together We Can conference, and participated in stakeholder presentations regarding Louisiana's long-term reform initiatives throughout the state.

In 2008/2009, a CIP Judicial Fellowship was developed to help courts and agencies promote best practice in the field of child welfare, mentor new judges assuming CINC jurisdiction, serve as a liaison to CASA, provide technical assistance to courts having IV-E compliance problems, and serve as a liaison in the CFSR and Title IV-E review processes. The concept of a Judicial Fellow has been approved by the Justices of the Louisiana Supreme Court. Judge Anne Simon has been identified to serve as the CIP Judicial Fellow for approximately 8 days per month, and will provide quarterly reports on court compliance with ASFA, issues she is encountering and progress being made.

Mediation Pilot - Update on Accomplishments: The major grant funding for the Mediation Pilot ended in June 2005, and CIP began working in advance of that date to ensure continued funding. In 2006, Orleans and Jefferson Juvenile Courts agreed to provide continued support, and efforts began to expand the mediation program into other courts. During 2006, a program evaluation of the mediation pilot revealed that reunification was achieved within one year in 73% of the mediation cases and in only 44% of the litigation cases. In 2007, the 19th JDC, 14th JDC, 4th JDC and 9th JDC expressed interest in the mediation program and were seeking ways to implement it. Implementation, however, continues to be hampered due to a lack of availability of funding.

Collaboration with CASA -Update on Accomplishments: CIP and CASA work collaboratively to assure that the interests of children are assured in legal proceedings. In 2005, CIP supported the CASA conference due to a lack of TANF funding. Throughout the previous five years, CIP and CASA have partnered and collaborated to provide regional training opportunities statewide for child welfare stakeholders, attorneys, CASA, OCS staff, foster

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parents, judges and others. The curriculum includes state and federal law and regulations, relevant court rules and procedures, and early childhood and adolescent development.

Child Advocacy Resource Effort (CARE) - Update on Accomplishments:

The CARE advisory committee consists of representatives of OCS, CASA, Child Advocacy Centers, Office of Indian Affairs, foster parents, attorneys (public and private) and judges. In FY 2006/2007, CARE began exploring means of improving permanency options for older youth including Benchmark Hearings, and disproportionate representation of minorities in child welfare cases.

Some of CARE's ongoing activities include working with stakeholders to ensure that youth exiting foster care do so with a permanent connection to at least one caring adult through Connections for Permanency; supporting the Benchmark hearings currently used in one section of Orleans Parish Juvenile Court to improve educational and other well being indicators for youth in foster care aged 14 and older; establishing a subcommittee to collect and analyze data on the issues of overrepresentation of children of color in the child welfare system and exploring ways for courts to address the issue; establishing linkage to CFSR and Title IV-E review processes to identify strategies for more comprehensive and meaningful involvement of the judiciary in the review processes; seeking technical assistance from the National Resource Center on Legal and Judicial Issues and considering the development and implementation of performance standards for legal representation of indigent parents.

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CHILDREN’S JUSTICE ACT

Program Description: The Louisiana Children’s Justice Act (CJA) Task Force is a multi-disciplinary group of professionals and community level representatives with knowledge and experience related to the juvenile and criminal justice systems and the issues of child abuse and neglect. The purpose of the CJA Task Force is to coordinate the functions and activities of the Children’s Justice Act in the State of Louisiana and ensure compliance with CJA Grant requirements. The recommendations of the Task Force for expenditure of grant funds are designed to improve the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim. Grants are also awarded to improve the investigation and prosecution of cases of child abuse and neglect, the handling of suspected child abuse and neglect related fatalities, and system responses to child victims with disabilities.

During the past year, the Task Force continued to implement its three year goals and objectives relative to training/resources, programs to improve process, collaboration, laws and protocols, and child victims with disabilities. The Task Force held quarterly meetings (except for the third quarter of 2009 during response and recovery subsequent to Hurricanes Gustav and Ike) and subcommittees met in the interim. The Task Force also completed the mandatory three year assessment and planning process and has recommended goals to guide Louisiana Children’s Justice Act activities for the next three years.

Summary of Activities – 2005-2008:

- Sponsored conferences including the Together We Can conference annually, except in 2005.
- Provided training and technical assistance to local Court Appointed Special Advocates each year.
- Provided training and technical assistance to Children’s Advocacy Centers (CAC) each year.
- Provided funding for the Mediation Pilot/program in Orleans and Jefferson Parishes each year.
- Provided funding and assistance to Child Death Review Panels each year.
- Sponsored research into Child Protective Services laws for Louisiana Children’s Code consideration and worked with Children’s Code Committee each year.
- Monitored contracts funded through CJA grant each year.
- In 2005, provided start up funding for Infant Team to limit additional trauma to abuse/neglect victims under age four.
- In 2005 and 2006 provided funding to OCS for Family Group Decision Making training.
- In 2006, held retreat and conference for three year CJA assessment.
- In 2008, provided educational and developmental activities for children’s attorneys; provided education to Child Advocacy Center representatives and partners on closed circuit testimony; and expanded work with child victims with disabilities.

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Activities Completed - FY 2008-2009:

In addition to regular meetings of Task Force members, the Task Force supported the following activities in FY 2008-2009:

- Co-Sponsorship of the annual Together We Can conference, Louisiana's statewide conference on child abuse and neglect.
- Additional conferences and/or conference tracks: Family Focus, Children's Advocacy Centers of Louisiana, Louisiana CASA, and the Louisiana Foundation against Sexual Assault.
- Child Advocacy Mediation Program in Orleans Parish.
- State and local child advocacy centers.
- State and local court appointed special advocates.
- Child death review coordination.
- Education and development opportunities for children's attorneys.
- Education of child advocacy center representatives and partners relative to closed circuit testimony.
- Continued collaboration with the Louisiana's Children's Code Committee regarding legislation impacting child victims of abuse and neglect and their families.
- Expanding program and training resources relative to working with child victims with disabilities.
- Developed and conducted a survey using Survey Monkey.com and conducted mini-focus groups throughout the State to determine needs related to child abuse and neglect in Louisiana.
- Held a retreat on April 6, 2009 followed by a meeting on May 4 to complete assessment and planning pursuant to program guidelines to set goals and objectives for the next three year plan in order to complete and submit the grant application by May 30, 2009.

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FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT
OF 2008:

Since H.R. 6893 or P.L. 110-351 became effective October 7, 2008 through amendment to parts B and E of Title IV of the Social Security Act the state has been working diligently to fulfill the requirements of the Act.

The State offers the following plan to comply with P. L. 110-351:

- 1) Reasonable Efforts to Place Siblings Together
 - a. Current policy requirement
 - b. Staff education planned
- 2) Full-time School Attendance
 - a. Policy updates achieved
 - b. Staff education underway, near completion
- 3) Educational Stability
 - a. Delayed implementation approved by ACF
 - b. Legislation underway, near completion
 - c. Staff education underway, near completion
 - d. Recruitment planning underway to develop foster/adoptive parent resources within areas where large numbers of children enter foster care
- 4) Healthcare Oversight Plan
 - a. In development in collaboration with Department of Health and Hospitals and Office of Juvenile Justice
 - b. Planned ongoing collaboration to monitor plan
- 5) Notification of Relatives within 30 days of Foster Care Entry
 - a. Policy updates underway
 - b. Staff education planned
 - c. Efforts to establish technological resources for staff assistance in identifying and locate relatives
- 6) Transition Plan for Youth
 - a. Policy updates complete
 - b. Staff education underway, near completion
- 7) Tribal Negotiations
 - a. Agency available for support and assistance as needed
- 8) Notification to Adoptive Parents of Tax Credit
 - a. Notification fulfilled
- 9) Kinship Guardianship Assistance (optional)
 - a. Program development planned
 - b. Technological support and data tracking planned
 - c. Legal consultation occurring
 - d. Rulemaking being initiated
 - e. Policy development to occur soon
 - f. Full implementation expected within the upcoming SFY

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FINANCIAL AND STATISTICAL INFORMATION REPORTING

Title IV-B Subpart 1

\$1,300,615 is the amount of Title IV-B, Subpart 1 expended in FFY 2005 for foster care maintenance and adoption assistance payments. \$433,538 is the amount of State expenditures for non-Federal funds for foster care maintenance payments that was used as match for Title IV-B, Subpart 1 for FFY 2005 and planned for FFY 2010.

Title IV-B Subpart 2

State and local share spending for Title IV-B, Subpart 2 for FFY 2007 for comparison with the 1992 base year amount indicates that \$13,989,828 was spent, of which, \$10,492,371 was federal funds and \$3,497,457 was state general funds.

State and local expenditure amounts for Title IV-B, Subpart 2 for FFY 2007 are the same amounts as shown on the final FS-269.

FFY 2007 Expenditures by purpose	
Family Preservation	22.5%
Family Support Services	22.5%
Time-Limited Family Reunification Services	22.5%
Adoption Promotion and Support Services	22.5%
Administration	10%
TOTAL	100%

Chafee Foster Care Independent Living Program (CFCIP)

The actual final expenditure of the CFCIP allocation of \$1,358,131 for FFY 2008 was \$1,358,131. The amount spent on room and board in this time period was \$72,927.00 or 5.36%. The funds were used to pay for supervised apartment living for youth who are 18 years old up to 21 years old.

Education Training Vouchers (ETV)

The actual final expenditure of the ETV allocation of \$386,284 for FFY 2008 was \$386,284.

Continuing and New ETVs by Year		
FFY	Total Vouchers	New Vouchers
2004-2005	114	66
2005-2006	139	79
2006-2007	129	62
2007-2008	132	65

ETV services will continue to be available in every region in the State in the FFY 2009-2010. The estimated number of eligible youth to be served is 125 with an estimated 40 youth receiving new vouchers.


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U. S. Department of Health and Human Services
 Administration for Children and Families

OMB Approval #0980-0047
 Approved through October 31, 2009

CFS-101, PART I. Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFOP and ETV
 Fiscal Year 2009, October 1, 2008 through September 30, 2009

1. State or ITC: Louisiana	2. IIRL: 1-72-400-0800-A1
3. Address: DSS - Office of Community Services P. O. Box 3318 Baton Rouge, LA 70801	4. Submission: () New (X) Revision
5. Estimated Title IV-B, Subpart 1 Funds	\$4,798,757
(a) Total administration (not to exceed 10% of estimated allotment)	\$479,876
6. Total Estimated Title IV-B Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines e-g.)	\$10,009,513
(a) Total Family Preservation Services	\$3,208,736
(b) Total Family Support Services	\$3,208,735
(c) Total Time-Limited Family Reunification Services	\$2,208,735
(d) Total Adoption Transition and Support Services	\$2,208,735
(e) Total for Other Service Related Activities (e.g. planning)	\$0
(f) Monthly Caseworker Visits (STATES ONLY)	\$771,912
(g) Total Administration (FOR STATES: not to exceed 10% of estimated allotment)	\$981,660
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program: \$0 b) If additional funds become available to State and ITC, specify the amount of additional funds the State or Tribe is requesting: \$981,660	
8. Child Abuse Prevention and Treatment Act (CAPTA), State Grant (No State match required) Estimate Amount: \$300,000 plus additional allocation, as available	
9. Estimated Child Foster Care Independence Program (CFOP) funds (FOR STATES ONLY) (a) Indicate the amount of State's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFOP allotment)	\$1,429,741 \$24,026
10. Estimated Education and Training Voucher (ETV) Funds	\$480,778
11. Re-allotment of CFOP and ETV Funds: a) Indicate the amount of the State's allotment that will not be required to carry out CFOP: \$0. b) Indicate the amount of the State's allotment that will not be required to carry out ETV: \$0. c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFOP: \$142,814, for ETV: \$48,078.	
12. Certification by State Agency and/or Indian Tribal Organization The State agency or Indian Tribe submits the above estimate and request for funds under Title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFOP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2009.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official
	6-30-09

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DMS APPROVAL # 0800-0047
 Approved through October 31, 2009

REVISED
 CFS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES
 State of LOUISIANA
 For FY October 1, 2008 to September 30, 2009

SERVICES/ACTIVITIES	ESTIMATED EXPENDITURES BY PROGRAM (IN THOUSANDS)				(a) ETV	(f) TITLE IV-E	(g) STATE LOCAL DONATED	(n) NUMBER SERVED		(o) POPULATION TO BE SERVED	(p) GEOG. AREA TO BE SERVED (include state # and type of area to be served)
	(M) I-CWS	(N) I-PSDF	(c) CAPTA	(d) CFCO*				Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (Family Support)	\$962,779	\$2,208,736	\$118,506				\$1,032,171		21,745	Children & Adults	Statewide
2) PROTECTIVE SERVICES	\$2,106,488		\$776,513				\$702,181	23,240		Children & Adults	Statewide
3) CRISIS INTERVENTION (Family Preservation)		\$2,208,736					\$736,245	20,004	8,091	Children & Adult, Neglected	Statewide
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		\$2,208,736					\$736,245		8,091	Children & Adult, Neglected	Statewide
5) ADOPTION PROMOTION AND SUPPORT SERVICES		\$2,208,736					\$736,245		8,091	Children & Adult, Neglected	Statewide
6) FOSTER CARE MAINTENANCE (FOSTER FAMILY'S RELATIVE FOSTER CARE)	\$1,500,814								806	1 year or shorter	Statewide
7) ADOPTION SUBSIDY PRMTS.									8,691	Children & Adult, Neglected	Statewide
8) INDEPENDENT LIVING SERVICES									1,876	Children & Adult, Neglected	Statewide
9) EDUCATIONAL AND TRAINING SERVICES									5,099	Children & Adult, Neglected	Statewide
10) STATE TRAINING				\$1,405,716					1,880	Children & Adult, Neglected	Statewide
11) FOSTER PARENT RECRUITMENT & TRAINING	\$478,876	\$865,861		\$24,036	\$480,778		\$100,173		170	Children & Adult, Neglected	Statewide
12) ADOPTIVE PARENT RECRUITMENT & TRAINING										Children & Adult, Neglected	Statewide
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING										Children & Adult, Neglected	Statewide
14) MONTHLY CASEWORKER VISITS										Children & Adult, Neglected	Statewide
15) TOTAL	\$4,288,787	\$10,098,513	\$396,019	\$1,430,741	\$480,778	\$65,296,386	\$11,271,400		40,700	Children & Adult, Neglected	Statewide

States Only. Indian Tribes are not required to include information on their programs.

Delia
 Secretary
 6/30/09
 Date

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