LOUISIANA TITLE IV-E PREVENTION PROGRAM

FIVE-YEAR PLAN: 2023-2027

Louisiana Department of Children & Family Services

LOUISIANA TITLE IV-E PREVENTION PROGRAM

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SECTION I. Foreword

Acronyms and Definitions:

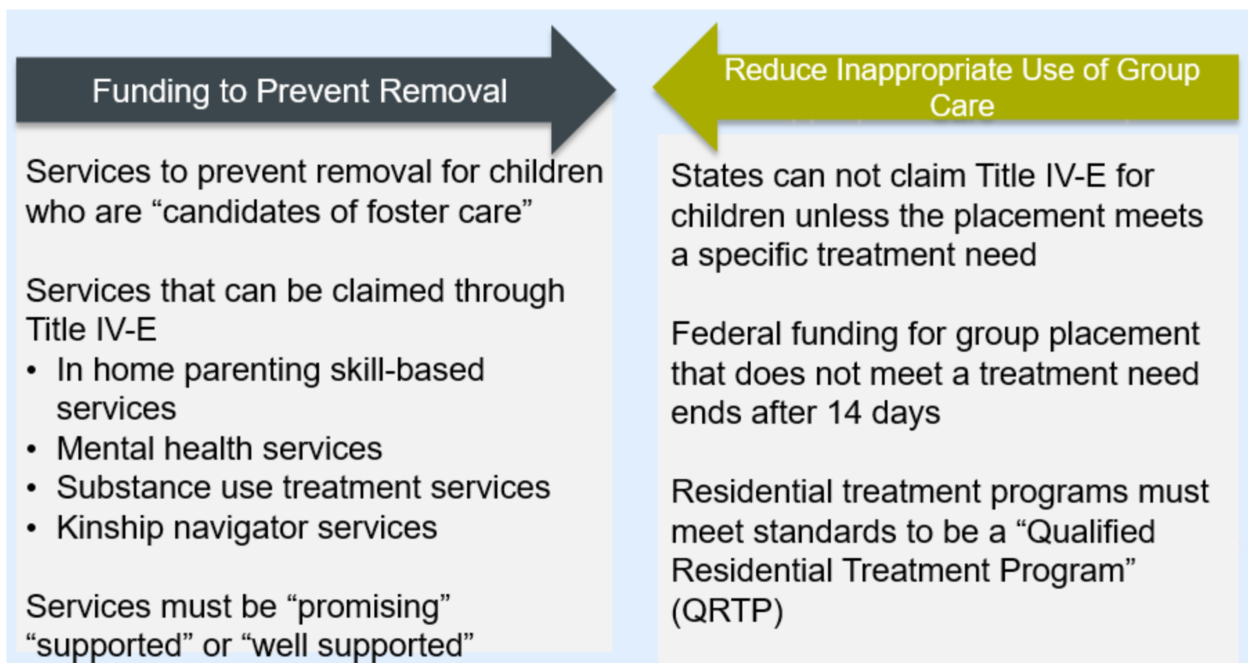
ACESS	A Comprehensive Enterprise Social Service System
AD	Area Director
ADS	Adoption Subsidy
AFF	Assessment of Family Functioning
AR	Administrative Review
BGC	Bureau of General Counsel
BH	Behavioral Health
CAFE	Common Access Front End
CC or Ch. C.	Children's Code
CI	Centralized Intake
CINC	Child in Need of Care
CIP	Court Improvement Project
CPA	Child Placing Agency
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CS	Child Specific
CSRP	Child Specific Recruitment Plan
CW	Child Welfare
CWTA	Child Welfare Training Academy
DCFS	Department of Children and Family Services
EFC	Extended Foster Care
FATS	Family Assessment Tracking System
FC	Foster Care
FFH	Family Foster Home
FINS	Families In Need of Services
FRC	Family Resource Center
FS	Family Services
FTM	Family Team Meeting
GS	Guardianship
HA	Adoptive Home
HB	Foster Home
HD	Home Development
ISC	Interagency Service Coordination
KCSP	Kinship Care Subsidy Program
LAC	Louisiana Administrative Code
LAMI	Louisiana Automated Management Information (System)

LARE	Louisiana Adoption Resource Exchange
LTC	Long Term Care
MDT	Multi-Disciplinary Team
MOU	Memorandum of Understanding
NR	Non-Accepted Report
NCP	Non-Custodial Parent
NCTSN	National Child Traumatic Stress Network
NMGH	Non-Medical Group Home
PSRT	Protective Service Review Team
QPI	Quality Parenting Initiative
RA	Regional Administrator
RC	Respite Care
R.S.	Revised Statute
SA	Services to Other Agencies
SA	Subsidy Agreement
SCR	State Central Registry
SDM	Structured Decision Making
SO	State Office
SP	Services to Parents
TBH	Trauma and Behavioral Health
TFC	Therapeutic Family Care
TGH	Therapeutic Group Home
TIPS	Tracking Information and Payment System
TPR	Termination of Parental Rights
VLD	Valid
VR	Voluntary Registry (Adoption)
WWK	Wendy's Wonderful Kids

Introduction

The Family First Prevention Services Act (FFPSA), enacted as part of Public Law (P.L.) 115-123 on February 9, 2018, authorized new optional title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. Family First includes reforms to help keep children safely with their families to avoid the traumatic experience of entering foster care. It also emphasizes the importance of children growing up in families, and helps ensure that children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. The FFPSA also provides increased support for kinship caregivers and increases the quality of residential programs through Qualified Residential Treatment Program (QRTP) standards. Louisiana implemented QRTP residential level of care in October of 2021. The Louisiana Department of Children and Family Services is electing to implement the Title IV-E prevention program as authorized by FFPSA. As instructed in ACYF-CB-PI-18-09, the following is Louisiana's five-year prevention plan for FFY 2023 through FFY 2027.

FAMILY FIRST PREVENTION AND SERVICES ACT HAS TWO PRIMARY GOALS:



Louisiana's Mission and Journey Thus Far

Louisiana's Child Welfare mission statement is *Caring for the well-being and safety of Louisiana's people*, and our priorities include: a competent, stable workforce invested in carrying out the Child Welfare Principles of Practice; a family willing and able to meet the unique needs of any child who must be brought into foster care; improved outcomes for older youth in foster care, especially regarding permanent connections; and improved technology for maximum efficiency and effectiveness in practice.

The Louisiana Family First Prevention Services Plan builds upon the strategies and activities that Louisiana has accomplished in its Program Improvement Plan (PIP) to positively influence safety, permanency and well-being outcomes. Louisiana recognizes that true system improvement and reform can only be accomplished and sustained with efforts that extend beyond the two-year PIP implementation offered through the CFSR process. Louisiana intends to connect and leverage the work accomplished through our PIP with the overall vision of the Family First Prevention and Services Act (FFPSA). FFPSA reinforces the DCFS's mission of keeping children safe and through primary prevention programs such as My Community Cares, Kinship Navigator, Workforce Development Prevention Team model, Plans of Safe Care and the continued exploration of prevention and family support services. The DCFS is working to create a robust continuum of prevention services, with FFPSA focusing on families at risk of removal and entry into foster care.

Louisiana DCFS's vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children, youth, families, and pregnant and parenting youth we serve and support are:

- Safe and free from maltreatment;
- Living in safe, supportive, and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high-quality services and supports that are designed to meet their needs; and
- Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Ongoing strategies for accomplishing these goals are to:
1. Promote safe, reliable, and effective practice through a strength-based, trauma-responsive practice model for child welfare services.
2. Engage in a collaborative assessment process that is trauma-informed, culturally responsive, and inclusive of formal and informal family and community partners.
3. Expand and align the array of services, resources, and evidence-based interventions available across child welfare services based upon the assessed needs of children, families, and pregnant and parenting youth, to include additional resources aimed at preventing maltreatment and unnecessary out-of-home placements.
4. Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
5. Modernize DCFS's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
6. Strengthen the State and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

Louisiana's initial state Title IV-E Prevention Plan is intentionally narrow in scope. Our intent is to first solidify a basic operational foundation by utilizing principles of implementation science and then expanding capacity through subsequent amendments to the plan. The prevention service array will expand through plan amendments as additional evidence-based services are approved through the Title IV-E Prevention Services Clearinghouse.

SECTION II. Consultation and Coordination

Stakeholder and Partner Consultation in the Development of the Title IV-E Prevention Plan

The DCFS welcomed a collaborative effort in the development of the 5-year IV-E Prevention Plan. With the assistance of the Annie E. Casey Foundation (AECF), various stakeholders and partners directly contributed to the creation of this plan, through membership in various workgroups and sub-committees. The DCFS launched two key Family First specific workgroups beginning in the spring of 2019 focusing on prevention and residential redesign. An Administrative/Data workgroup was added later in the year. Each workgroup engaged in an exploration and assessment of the opportunities provided by Family First.

In January 2021, a Family First Core Team was developed. This team was comprised of management, workgroup leads, and communication staff guided by the Capacity Building Center for States to engage in an overall assessment and readiness, as well as track steady progress towards planning and implementation of Family First. The core team spanned practice/program, policy, federal compliance, outcomes, and administrative roles to ensure that all adaptive, functional, and technical considerations could be a part of the planning for Family First implementation. A Steering Committee was convened monthly to engage local partner agencies, Judges, service providers, community partners, parents and other stakeholders in planning and preparing for implementation of Family First from a field perspective. Community stakeholders included those from the Department of Health and Hospitals, the Office of Behavioral Heath, the Office of Juvenile Justice, and youth and parents with lived experiences.

The DCFS convened a series of Family First dialogues with service providers. The purpose of these sessions was to share information, highlight the opportunities for transformation and identify challenges in early implementation of the 5 year IV-E Prevention Services Plan so that the DCFS and providers could have a shared understanding of the provider's capacity building needs. A link and e-mail address was also added on the Louisiana DCFS website to include information about Family First. The information can be found at Family First Louisiana | Louisiana Department of Children & Family Services.

The DCFS entered into a contract with the University of Louisiana at Lafayette, Kathleen Babineaux Blanco Public Policy Center (Blanco Center) to provide research support to the DCFS in identifying best practices for agency programs; assisting agency staff to identify and track key metrics related to program activities and outcomes; and conducting program evaluations to support the agency's efforts to improve the quality and impact of programs administered by the DCFS. The DCFS also entered into a contract with the Baldacci Consulting Group to provide ongoing support for the development of the 5-year IV-E Prevention Services Plan related to data reporting, financing, and cost allocation.

There is an ongoing partnership with the DCFS and OJJ, which includes active participation by OJJ in the workgroups, related to Family First prevention services. Louisiana DCFS sees Family First as an important opportunity to ensure youth who are at risk of or involved with the juvenile justice system and their families have access to prevention services and quality placements if they cannot remain safely at home. This workgroup has provided recommendations on specific

evidence-based placement prevention services that are well suited for both the DCFS and OJJ population. The workgroup also ensured other stakeholders were well-informed on Family First with a juvenile justice lens.

Coordination of Prevention Services

Louisiana DCFS Child Welfare individualizes services through an assessment process initiated when the department first becomes involved with children, youth and families. This assessment process is conducted throughout the life of a case. The DCFS collaborated with stakeholders, including the Capacity Building Center for States, to analyze all of the assessment processes utilized by the department. The goals of this analysis included:

- ensuring statewide consistency in the use of assessment processes;
- synchronizing the assessment processes for cohesion in service delivery across programs;
- building transparency in the service relationship with families;
- improving decision making regarding the appropriateness of services in meeting client needs; and
- partnering more effectively with court systems in guiding families to the best permanency solutions for their unique situation.

To ensure fidelity the DCFS intends to build a Louisiana Assessment Model that will be implemented in all CW programs to measure and evaluate the impact on service delivery with changes to the model as needed to improve effectiveness. The DCFS has identified several pathways for families to receive a continuum of primary, secondary, and tertiary prevention services in Louisiana. This includes families who are not known to the Department, known but with risk factors, and those families who have a finding of abuse and/or neglect with safety and/or risk factors. The visual below identifies the pathways for prevention services in Louisiana with the candidacy criteria for Family First Prevention Services identified. Candidates for Family First Prevention Services will include:

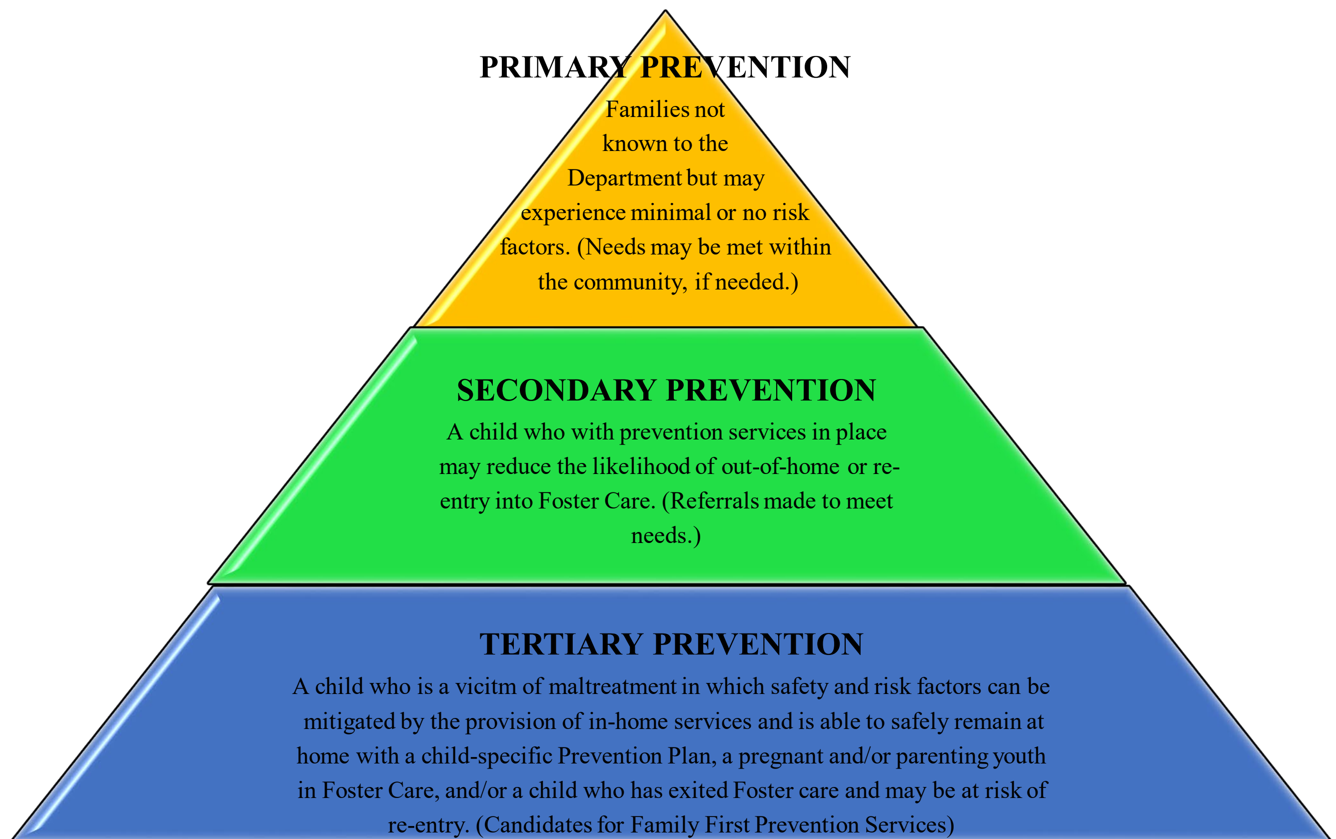
- A child who is a victim of maltreatment in which safety and risk factors can be mitigated by the provision of in-home services and is able to safely remain at home with a child-specific Prevention Plan;
- Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.

Louisiana DCFS has worked for the past five years to build the capacity of DCFS, legal stakeholders, and local communities to provide a comprehensive array of services and effective delivery of services that strengthens protective capacities of families to prevent maltreatment, repeat maltreatment and their children's entry into care; shorten foster care stays; reduce trauma and placement disruptions and entry into more restrictive placements; and supports the safety, stability, and self-sufficiency of Louisiana families and children. A State Level Workgroup, representing multiple disciplines and systems, met quarterly and provided collaboration, communication, and support at the state level to strengthen the capacity of parishes and address statewide systemic challenges and gaps in services and supports. Another workgroup facilitated a meeting with Casey Family Programs to discuss a prevention model that addresses one of the greatest needs identified through helping parents problem solve what services and supports they

need (before the DCFS intervention) and how to access them once they are identified. This workgroup partnered with Crossroads NOLA, the Louisiana Department of Health, and the Louisiana Department of Education to problem solve more efficient ways to connect children and families to accessible, appropriate, and quality mental health services (another cross-cutting barrier identified in all pilot parishes). These partnerships will support the successful implementation of the service array strategies, build the capacity of the pilot sites to promote trauma informed parenting, care, and treatment, and develop new opportunities for training.

Through state and community partnerships, Louisiana DCFS has also developed a collaboration with United Way/211 to help connect our families with needed services. This along with all of our other strategies will continue as legal stakeholders and the department partner together to implement, administer, and expand the evidence-based service array and delivery through the Families First Prevention and Services Act to promote collaborations across state-level systems and within local communities.

PREVENTION PATHWAYS FOR LOUISIANA DCFS



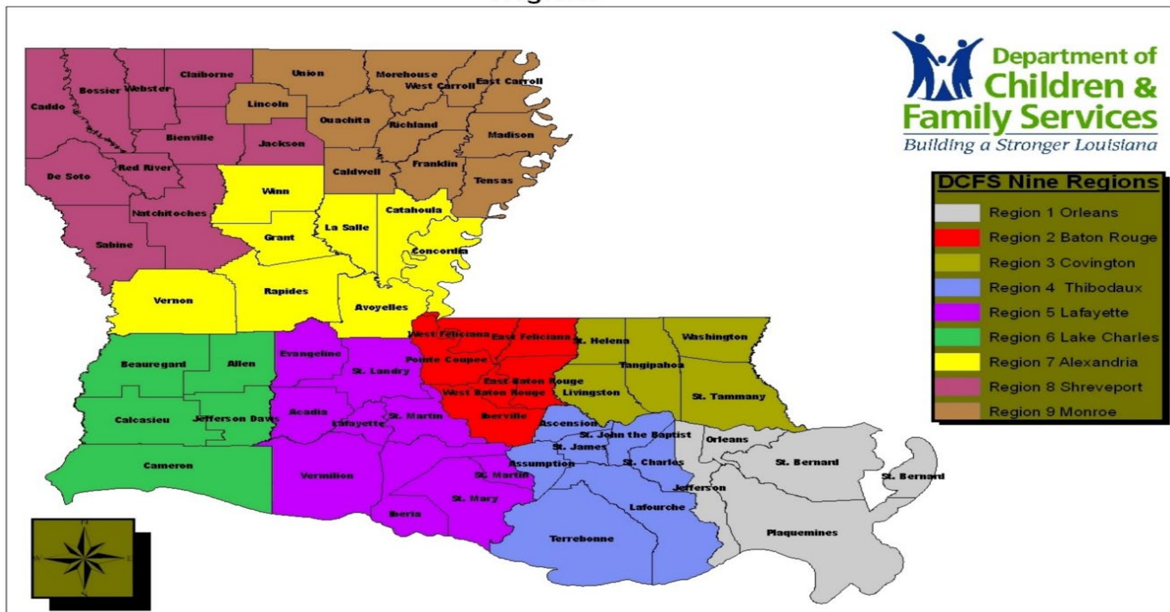
The DCFS Child Welfare (CW) program provides an array of services. The CW program assesses the strengths and needs of children and families, and determines service needs, while addressing the needs of families and individual children. This is done to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The DCFS CW program's service continuum/service array includes:

- Centralized Intake (CI) for intake, screening and referral;
- Child Protective Services (CPS) for the assessment of reports of abuse/neglect;
- Family Services (FS) for in-home services when it is safe for a child to remain in the home;
- Foster Care (FC), Services to Parents (SP), Kinship Care (KC), Guardianship Subsidy, Chafee Independent Living Services, Adoption (AD), Education Training Vouchers and Extended Foster Care for out-of-home services;
- Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents;
- Day Care (DC) services are provided in collaboration with the Louisiana Department of Education (LDE):
    - To prevent removal and provide for the safety of children served in the CPS and FS cases as well as children remaining in the home with the parents in SP cases where at least one child has entered foster care; and,
    - To stabilize placements of children in foster home settings as well as ensuring children of minor parents who are in foster care have the care needed while the minor parents achieve educational goals and seek normalcy.
- Interstate Compact on the Placement of Children (ICPC) for cross-jurisdictional placement services to children in out-of-home placements or being adopted; and,
- Residential and Behavioral Health Care for children who are unable to live in family/home-based settings.

Services are provided in all political jurisdictions throughout the state encompassing 64 parishes divided into nine regions. The DCFS has CW offices located in 48 parishes statewide. Individuals who live in a parish where a CW parish office is not present are served by DCFS staff in neighboring parishes. If travel for other services is required, the DCFS provides transportation as resources allow.

Louisiana Department of Children and Family Services Regions



The service array is provided through a number of specialized contracts in collaboration with community partners. Some examples include:

- A contract with the Language Line to serve clients with limited English proficiency;
- A drug screening contract allowing for a variety of screening options as needed to identify parental substance use;
- DNA testing contracts utilizing labs across the state to determine paternity; and
- Partnership with the Louisiana State Police to provide national, fingerprint based criminal background clearances for caregivers and staff.

Specific to in-home services, preventive services are provided to families through the DCFS Family Services (FS) program. The guiding philosophy of the program is that children should remain in their own home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of children from their families by identifying limitations in protective capacities of the parents, assisting families in improving protective factors, and preventing the breakup of families when a child can be cared for safely in the home. FS workers complete a comprehensive assessment of the family that identifies the unique needs, strengths and protective capacities of the family.

Primary services for FS clients are provided through the Family Resource Centers (FRC). Louisiana's FRCs receive referrals from the DCFS for families involved with the department due to neglect and/or abuse of a child. The FRCs provide Parent Education, My Community Cares, Kinship Navigator services, Parent Partner Support, and Family Skills Building. The DCFS Monitors analyze data gathered from FRCs monthly in an effort to assess outcomes and to complete annual evaluations. Monthly conferences are conducted with the FRCs to discuss services provided, barriers to services, and service trends. The DCFS Monitors conduct quarterly in-person site visits to discuss services and review case records. The DCFS Monitors also complete a quarterly analysis of budgets and contract deliverables to examine contract financial spending and assess compliance with service deliverable. The Contract Monitors also conduct in-services in an effort to increase the number of referrals to the FRC.

In an effort to increase the number of families served, the FRCs array of services was redesigned to allow for the provision of preventative services to the DCFS clients and families in the community. The FRC redesign includes the expansion of the Kinship Navigator program and availability of concrete services to prevent out of home placements. The DCFS incorporated training and evaluation of the newly instituted Kinship Navigator and Parent Partner programs. The FRCs receive referrals for Kinship Navigator from the DCFS as well as the community. Each FRC has hired a Parent Partner(s) to provide peer support for the referred DCFS clients. The Parent Partners and center directors received the Iowa model, Building a Better Future, training in Lafayette, LA. The DCFS contracts with the Extra Mile FRC to provide ongoing training and consultation to the other FRCs as they develop their Parent Partner program. The DCFS will continue to support ongoing FRC consultation for case and services provisions by the Tulane Parenting Education Program FRC.

The Louisiana Kinship Navigator Program serves as an information and referral network for kinship caregivers who are providing full-time care to children other than their own. The Kinship Navigator Program continues to expand services and resources and invite community partners, faith-based organizations, and other community organizations to collaborate and provide support

to kinship families. The 2-1-1 toll free number and 8980211 text messaging number continue to serve as the statewide numbers in which relative caregivers can request information or resources to assist their family. These resources are available 24 hours a day providing all kinship callers with information and resources available in their area specific to their indicated need or request.

The Kinship Navigator Program collaborated with the Louisiana Office of Economic Stability to increase payment amounts to families. Kinship caregivers providing care to children in foster care are eligible to receive needs assessments, referrals, and services statewide through the FRCs across the state. Although in its' infancy, the services available include assessments, short-term services, case management and information and referral services. In 2021, a pilot program in one region was implemented to better meet the needs of informal and formal kinship caregivers to support and maintain relative families. This more intensive FRC served 142 families in FFY2021. There have been 95 families served since October of 2021. Additionally, the remaining FRCs provided kinship navigator services to an additional 324 families through outreach and placement maintenance supports. All FRCs are focused on eliminating the need for formal foster care placements and utilizing informal kinship families by assessing the needs of the family and utilizing appropriate services and supports to safely maintain the child(ren) in the relatives' home. Some children the FRCs serve may already be in the formal foster care system in relative care; the goal is to provide support necessary to safely maintain the child in the home and move to permanency as quickly and safely as possible. Kinship Caregivers and Stakeholders are able to access information about the Kinship Navigator Program on the DCFS website connecting them with resource information and access to financial assistance programs. Formal contracted financial support to Grandparents Raising Grandchildren, a non-profit relative caregiver support organization, also provides a warm line, public awareness, and informational and legal education workshops.

My Community Cares (MCC) initiative was launched in four (4) pilot Parishes (East Baton Rouge Parish, Livingston Parish, Caddo Parish, and Rapides Parish). The goal of MCC is to enhance coordination and collaboration between the DCFS, courts, service providers, community members, and other stakeholders. This is achieved by: identifying social determinants and root causes of child abuse and neglect in the priority zip codes in each parish, identifying and capturing services and supports in each parish, providing a collaborative online resource platform, and engaging community members in advocating to fill any gaps or barriers to services and supports in their community.

The Pelican Center and the DCFS worked to collaborate with child welfare stakeholders and community partners in each pilot parish to implement MCC. The MCC Parish Steering Committees consisted of the MCC State Coordinator, Pelican Center staff, juvenile judge(s), the MCC Parish Coordinator, and two to three representatives from the DCFS who met monthly to discuss the overall implementation strategies of MCC. MCC Parish Anchor Teams have been established in each parish. These teams consist of the MCC Parish Steering Committee and DCFS, judges, FINS, CINC attorneys, service providers, non-profit groups, churches/faith-based organizations, CASA, local government, schools, businesses, youth and parents who have lived experience with child welfare, foster parents, and residents from each priority neighborhood. The MCC Parish Anchor Teams plan and convene the MCC Parish Wide Update Meetings every quarter.

The DCFS created geo-maps that identified the ten (10) zip codes across all four (4) pilot parishes with the highest number of removals and valid investigations in the parish. The DCFS and the Pelican Center then created geo-maps that identified the neighborhoods within those zip codes with the most removals and valid investigations. The DCFS reviewed cases in each of those zip codes to capture the most frequent 3-5 reasons children have been removed in those areas. A root cause analysis was conducted in each pilot parish, and social determinants of abuse and neglect in the priority neighborhoods were identified. Strategy teams were formed around the results of this analysis. The DCFS and the Pelican Center collected information on all of the current service providers in each parish and started by conducting a service array assessment to identify gaps in services and to create a service array continuum, from prevention to permanency. The goal of this exercise was to give community members an opportunity to share their understanding of service needs in their community and be an active partner and voice in improving service array and preventing child abuse and neglect in their community.

Across all four (4) pilot parishes, the DCFS and the Pelican Center conducted 624 needs assessments, 12 listening circles with parents with lived experienced with the DCFS, former foster youth, foster parents and over 40 community conversations with residents of the priority zip codes. The consistent barriers identified in each parish were as follows:

- Need for a trusted entity/person who can help community members problem solve what services/supports they need and/or provide short-term case management.
- Families are hesitant to seek services for fear of being reported for abuse or neglect.
- Services available in each parish are unknown by stakeholder and community members.
- Service providers lack the capacity to provide needed services.
- Service providers and community partners are disjointed and working in silos.
- A comprehensive centralized information-sharing platform housing all community resources does not exist.
- A mechanism for tracking the success of referrals, or addressing the true needs of families does not exist.
- Need for collaborative care coordination between service providers, stakeholders, and agencies to bridge communication and create a centralized hub to connect families to supports.
- Lack of emotional and physical support by community members to safely parent their children.

The DCFS and the Pelican Center developed strategies to create a collaborative communication, referral, and tracking processes in each pilot parish between service providers, the DCFS, and legal stakeholders to increase the quality, appropriateness, and accessibility of services. The Pelican Center funded and hosted a platform called the My Community Cares Connection Portal. This platform allows the DCFS and the Pelican Center to conduct service array assessments, organize parish and neighborhood teams, post community announcements, events, and meetings, house an internal and external services/resource directory, and allow service providers to share information.

The DCFS and the Pelican Center are also collaborating with Unite Us Louisiana to promote use of the Unite Us platform to provide holistic and efficient referrals between the DCFS, courts, service providers, and community members. Unite Us Louisiana allows users to make and track referrals and to ensure services were received by the client.

The DCFS and the Pelican center created a plan to sustain and expand the current MCC programs across Louisiana. The Court Improvement Program (CIP) collaborated with the DCFS, Mainspring, Casey Family Programs, and My Community Cares local staff and community members to create a new, expanded model/toolkit of MCC. This will improve the service array for Louisiana children and families as well as prevent entries of children in foster care. Under the new MCC model, MCC will be implemented in 9 parishes across the state, with three state MCC staff positions (MCC State Director, MCC State Data and Community Support Coordinator, and MCC State Family Support Coordinator) and three parish MCC staff positions (MCC Parish Director, MCC Parish Connect Coordinator, and MCC Parish Case Manager) in each of the nine parishes. The FRCs will also add a collaboration with My Community Cares program in supporting community-based services and support. The contractual agreements between the FRCs and MCCs are projected to begin October 1, 2022. The DCFS will utilize PSSF funds and TANF funds to support the addition of the MCC initiative in each FRC. MCC will go statewide in one parish per region and one city per parish by October 2022.

Homebuilders is an Intensive Home Based Service (IHBS) that offers child safety, reunification and preservation services to eligible families. This includes intensive, short-term, crisis intervention and teaching/educational services delivered primarily in the home of the families. These services are provided to the highest risk families where children are at risk of out of home placement, and families where reunification efforts are underway and the services are needed to support the safe transition of children back into the home. IHBS services are provided through the Medicaid health plans in collaboration with Louisiana Department of Health (LDH). Referrals must be made by mental health providers, Office of Juvenile Justice (OJJ) or the DCFS indicating the services are needed to facilitate reunification of the child with the parent or to prevent out-of-home care of a child through hospitalization, detention, or foster care.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child’s Medicaid provider. The LDH, Medicaid managed care programs establish a medical home for all children receiving Medicaid including children in foster care. This ensures coordinated medical care and better access to medical records. The primary care physician is able to monitor the child’s developmental needs as well. Through collaboration with LDH and the Office of Citizen’s with Disabilities (OCDD), Early Steps screenings are provided to identify early signs of developmental delays and establish appropriate services.

The DCFS has specific policy to provide practice guidelines on assessing and working with Substance Exposed Newborns (SEN) and their families. This policy provides guidance on conducting a thorough assessment of the infant, caregivers and their environment in order to determine what services, if any, are appropriate for the family. Louisiana’s statewide Plan of Safe Care process consists of a comprehensive assessment of the safety and risk of the substance or alcohol exposed newborn and any other children in the home by the Child Protective Services staff and is aligned with the Child Welfare Assessment Decision Making (CWADM) model. The comprehensive assessment is designed to promote best practice in the area of engagement and assessment at initial contact to ensure adequate services and supports are identified to enhance parenting capacity. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to their mother’s care with a plan of safe care including necessary services and careful monitoring of the child’s safety. Services such as home health, Family

Services, substance abuse treatment and assistance from a spouse/partner or family member may provide sufficient safety for the newborn to remain with their family. When the safety assessment decision for the newborn is, safe or unsafe, but with an in-home safety plan appearing sufficient to 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 and other services recommended by the child's physician. When the safety decision for the newborn is unsafe and an in-home safety plan cannot control the safety threats, staff are expected to seek court action to assure the child's safety. Whenever the newborn remains in the home, the CWADM model guides the CPS worker in determining the necessary services for the family (e.g., Family Services, Court Ordered Safety Plan or Foster Care). When ongoing service needs are identified during the assessment process, the worker is expected to refer the family to community and/or DCFS services that may be available to meet the needs of the child and family. The Department monitors plans of safe care via Regional Quarterly Stakeholder Teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. On a case specific level, all accepted cases continue to be monitored on a supervisor level to ensure that a plan of safe care was developed, appropriate referrals were made, and there was follow up on those referrals.

An Infant Mental Health/behavioral health screening tool was developed for children ages five and under to assist workers with identifying behaviors which indicate further assessment and treatment might be needed. The DCFS policy requires that all children be screened unless they are already receiving early intervention such as Early Childhood Support and Services (ECSS) or other developmental/behavioral health services. ECSS is a state program managed by LDH, Office of Behavioral Health (OBH) and provides a coordinated system of screening, evaluation, referral services and treatment for families of children ages 0 through 5 years who are at risk of developmental, cognitive, behavioral and relationship difficulties. Two infant teams in the Orleans region provide infant mental health services. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with the DCFS due to maltreatment or prenatal exposure to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessment, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment is used to assess the caregiver-child relationship, develop a plan of intervention and work with the caregiver and child to improve the caregiving relationship.

An adequate network of behavioral health services and supports is a critical component of our work to provide safe and nurturing home environments to maintain children safely with their parents. It is necessary to address the needs of all children regardless of age and their families. Louisiana is now able to offer a trauma-informed approach to address the needs, including clinical needs, of children with serious emotional or behavioral disorders/disturbances in a setting that best meets that child's specific needs. The DCFS works closely with the LDH, which maintains responsibility and oversight of the network of behavioral health providers serving the state's Medicaid population. Network development is a recurring topic for ongoing discussion at monthly interdepartmental meetings between DCFS, LDH and the managed care health plans. Discussions focus on identifying barriers, opportunities for improvement, and adjustments needed. It is the policy of Louisiana to connect children to in-state treatment providers whenever possible.

However, when there is no willing or able treatment provider within Louisiana, to meet the unique needs of individual children and adolescents, the DCFS will seek out of state treatment for children and youth.

In October of 2021, Louisiana established four Qualified Residential Treatment Programs (QRTP) with 42 total beds. There are two facilities for girls and two for boys. In March of 2022, a solicitation was published to expand the QRTP network. The DCFS also identified a network of licensed qualified mental health providers to serve as qualified individuals to complete the QRTP eligibility assessment. The DCFS has adopted the Child and Adolescent Needs and Strengths Comprehensive Assessment (CANS) as the eligibility determination tool. Data collection started with the current QRTP providers. This will help to establish outcome measures related to family engagement and permanency for youth served in Qualified Residential Placements. The DCFS collaborated with the Pelican Center Court Improvement Program to share information with Louisiana judges and attorneys on their role in QRTP implementation as outlined in the Family First Prevention Services Act. In FFY2022, Louisiana also contracted with the Blanco Center at University of Louisiana to evaluate key QRTP outcomes. Work in this area is focused on determining critical indices that will be assessed to determine family engagement and permanency outcomes for youth and their families who experience QRTP.

In FFY 2022, the DCFS established additional specified settings as reflected in section 50741 of Public Law 115-123. Louisiana added one residential provider to serve children and youth at risk for human sex trafficking and another provider that specializes in providing pre-natal, post-partum, and parenting supports for pregnant and parenting young adults. The DCFS entered into contracts with the five providers of residential care services that meet the federal definition of a specified setting in FFPSA (four QRTPs and the one Provider of a Specified Setting for youth at risk for human trafficking) to establish a learning collaborative to share lessons learned and implementation strategies among early adopter peers. The Learning Collaborative was established to provide a formal approach and vehicle for developing and implementing the state's first group of QRTP provider agencies. This Learning Collaborative provided the DCFS, the participating private agencies, and other key stakeholders with a forum to: share lessons learned, resources and potential solutions to implementation challenges; develop policy and practice documents; and to determine data elements that will be tracked for documentation and evaluation purposes.

The DCFS conducts monthly scheduled psychopharmacology consultations with OBH representatives, a Board Certified Child Psychiatrist, and the DCFS staff to discuss children identified as being outside of recommended psychotropic medication parameters. This service is provided to meet the individualized needs of DCFS children statewide. The service provides for the oversight and safe, effective use of psychotropic medications by children in state custody. The service is accessible statewide by phone. Services address individual situations of the referred children. The DCFS also collaborates with the Louisiana Department of Health, the Managed Care Organizations and system providers to enhance the provider network to ensure our child welfare client population receives behavioral health services to meet their needs. The LDH, OBH, DCFS, and OJJ work together to strengthen on-going service delivery. The DCFS will continue interagency collaboration and educating providers, stakeholders and state agency staff on the processes involved in behavioral health services. The DCFS will continue to collaborate with OBH regarding Coordinated System of Care (CSoC) services and to ensure uniform practice standards

across service providers for youth utilizing congregate care services. The DCFS will continue to refer children for CSoC services, which includes services and supports targeted to at-risk children and youth with significant behavioral health challenges or co-occurring disorders. The DCFS continues to ensure youth in DCFS care are in the most appropriate, family focused, and youth informed services.

In an effort to further the services being provided and to move closer towards the Family First model, Louisiana DCFS is currently using FFPSA Transition Grant Funds to support child welfare activities allowable under title IV-B of the Act, including efforts to promote primary prevention of child abuse and neglect. Transition funds are being used for evidence-based practices to promote the well-being of children, youth and families and to prevent unnecessary foster care placements. Louisiana has contracted with Youth Villages to oversee the implementation of the Intercept model with providers in certain areas of the state in addition to being a direct service provider in certain areas. Currently Youth Villages provides Intercept services in East/West Jefferson, Orleans, Livingston, and Tangipahoa parishes, and Choices provides Intercept services in Caddo parish with Choices being the provider. In addition, the DCFS will be expanding Intercept services throughout the state next year. Intercept®, developed by Youth Villages, is an integrated, intensive in-home parenting skills program used to safely prevent children from entering out-of-home care or to reunify them with family as quickly as possible if a period of out-of-home care is necessary (this includes, but is not limited to, foster care, residential treatment, or group home settings). Intercept is appropriate for children ranging in age from birth to 18, with services lasting four to nine months (typically, four to six months for prevention or six to nine months for reunification). Intercept Family Intervention Specialists work with both the child and the caregivers to address issues impacting the stability of the family, meeting an average of three times weekly in the home or community, depending on family need, and providing 24-hour on-call crisis support. Trauma-informed care is provided.

The characteristics and total number of children served by Intercept from July 1, 2021 until September 15, 2022 is located in the chart below.

Family First Prevention Services Act Transition Grant: Characteristics of Children Served									
REGION	**African American Females**	**Caucasian Females**	**Other Females**	**Total Females**	**African American Males**	**Caucasian Males**	**Total Males**	**African American Unknown Gender**	**Unknown Total**	**Grand Total**
Covington	14	22	1	37	11	16	27	0	0	64
Orleans	28	5	3	36	18	3	21	1	1	58
Shreveport	3	3	1	7	1	0	1	0	0	8
State Office	2	0	0	2	2	1	2	0	0	4
GRAND TOTAL	**47**	**30**	**5**	**82**	**32**	**20**	**51**	**1**	**1**	**135**

Referrals can be made to Intercept for any child ages birth-18 years old that meet the candidacy definition. Louisiana DCFS will prioritize referrals to Intercept for children ages 11-17 years old who have been determined to be eligible. Children ages 11-17 years old continue to enter Foster Care at a high rate and have a large gap in services needed in their communities. Prior to making a referral for Intercept, the youth must be deemed eligible for Family First Prevention services by completing the Family First Eligibility Determination/Prevention Plan in Redcap at

http://10.4.7.194/redcap/surveys/?s=XPEE8JDXAN. Once eligibility has been determined, the DCFS worker or supervisor will complete the Intercept Referral Form and send it to Youth Villages via email at www.youthvillages.org for East/West Jefferson, Orleans, Livingston, Tangipahoa, East Baton Rouge and St. Tammany parishes and send to Choices via email at Intercept@ChoicesCCS.org for Caddo Parish.

Prior to sending the Intercept Referral form to the provider, the DCFS worker shall contact the family to notify them of the referral in an effort to engage the family in the process and gain their cooperation. In addition, a consent to release form shall be completed and signed by the caretaker so information can be shared between Intercept and DCFS. Intercept staff will follow up with the family to explain their program in detail once a referral is received. If the referral occurs from CPS, the case must also be opened in FS for monitoring. Once the referral has been made, a Family Intercept Specialist (FIS) will make contact with the DCFS worker or supervisor if they need additional information before making contact with the family. The FIS and the DCFS worker may also schedule an initial visit together for the FIS to meet the family. The FIS will work with both the child or youth and the caregivers to address issues impacting the stability of the family. The FIS may collaborate with providers, schools, caseworkers, courts, and other community supports to formulate a treatment plan. The FS and FC worker shall be responsible for continuing to make contact with the family per SDM Policy, until the referral is accepted, contact with the family has been made by the FIS and the family is cooperating. If the family is cooperating with the FIS, the FS or FC worker will be responsible for making continued visits with the family to ensure child safety. Concerted efforts shall be made by DCFS to engage the family if they are not making themselves available to the FIS. If the family continues to not cooperate after concerted efforts, the DCFS worker shall staff with their supervisor to gain guidance on next steps. The FIS will provide the DCFS worker with weekly updates on the family by either phone or email. In addition, the FIS will schedule monthly meetings with the DCFS worker and supervisor in regard to the family treatment goals, plans and concerns, if any. DCFS will also receive a monthly progress report on the family from the Intercept Specialist.

If a new allegation of abuse/neglect arises, the FIS will notify the DCFS worker immediately in addition to making a report to the DCFS Hotline (1-855-452-5437). When a safety concern arises, the FIS will contact the DCFS worker or supervisor immediately to discuss. If the safety issue is not in regard to a threat of danger to the child or youth by a caretaker, then the FIS will develop an Intercept Safety Plan (e.g., the youth is suicidal; however, the caretaker is appropriate and seeking medical assistance) and will notify the DCFS worker, send the worker a copy of the plan, and continue to monitor the plan. However, if the safety issue is in regard to a threat of danger to the youth by the caretaker, the DCFS worker shall make immediate contact with the family to assess the safety of the child or youth and develop a safety plan should the child or youth be deemed unsafe when completing the safety assessment (Form 5). If DCFS has a safety plan in place, DCFS shall continue to maintain weekly contact with the safety monitor and also ensure that the FIS is provided with a copy of the safety plan. The FIS will contact the DCFS worker or supervisor if they become aware of any violation of the safety plan.

SECTION III. Child and Family Eligibility for the Title IV-E Prevention Program

Defining Candidacy in Louisiana

As a part of Family First, Louisiana is responsible for determining a "candidate for foster care." Through collaboration with stakeholders, the Department of Child and Family Services has developed a Candidacy definition for the State of Louisiana.

Louisiana's definition for "candidate for foster care" is as follows: a child, under the age of 21, who is at imminent risk of foster care entry or re-entry, and one of the following exists:

1. A child whose family receives DCFS prevention services that reduce the likelihood of out-of-home placements or re-entry into Foster Care.
2. A child who has exited Foster Care through reunification, guardianship, or adoption who may be at risk of re-entry into Foster Care.
3. A child whose family has a substance abuse issue affecting the care and safety of the child or a child born exposed to substances.
4. A child whose parent/caretaker has verbalized an inability or unwillingness to continue parenting the child, or needs additional support to address the child's serious psychological and/or behavioral needs.
5. A child living with a relative or kin caregiver (not including those living with either parent or in Foster Care).
6. Siblings of children in Foster Care who reside at home and have assessed safety concerns.

Definition of Risk

Risk is defined as the likelihood that a child or adolescent will be maltreated in the future. A risk assessment is the collection and analysis of information to determine the degree to which key factors are present in a family situation that increase the likelihood of future maltreatment to a child or adolescent. Risk factors that are assessed with the use of the SDM include: Prior history of involvement with DCFS regardless of location, the number of child victims in the current case, prior injury of any child in the home from past abuse/neglect, age of youngest child in the home, characteristics of children in the household which can include: substance-exposed newborn, mental health issues, medically fragile, developmental or physical disability, and behavior problems. Risk factors also include the caregiver's assessment of the incident, the caregiver ability to provide physical care consistent with child's needs, the caregivers characteristics, past or current mental health problems, and past or current drug problems. Risk assessments also include learning about any history of abuse or neglect of caregivers as a child within the household, two or more incidents of domestic violence in the household in the past year and lack of adequate visitation and progress with case plan are also included in the risk assessment.

Louisiana's focus in providing child welfare services is centered on the following six principles:

- Practice focuses on the physical safety and emotional well-being of children.
- Families are strengthened to care for their children, in their homes whenever possible.
- A permanent family is vital to a child's well-being.

- Decision-making is guided by the voice of children, young adults and their families.
- Everyone who supports children and families is treated as an important partner.
- The knowledge and well-being of our staff and partners is valued.

Submitting this Title IV-E Prevention Plan is Louisiana's opportunity to continue to leverage all available resources to realize and sustain this vision. Currently, Louisiana DCFS serves families that need additional support because they have characteristics that have been found to elevate the risk of harm to the child and thus the potential for entering foster care. Specifically, this includes families who come to the attention of the local department because of a health provider notification of a substance-exposed newborn; domestic violence situations involving a minor; cases where there is an identified substantial risk of child sexual abuse due to a known sexual offender living with the child; and caregivers who have impairments that are likely to cause harm to a child. Other risk of harm situations include a family who has experienced a prior child fatality or serious child injury; situations in which there is previous report to child protective services (CPS) and there is currently a child age five or younger living in the home; parental substance abuse; being a victim of human trafficking; having an unsafe living condition; children with complex medical needs; families having complex psychological and/or behavioral needs; and families with prior child welfare experiences. Louisiana continues to see high number of intakes received and accepted, a high number of valid investigations, increased numbers of children entering Foster Care and reports of substance-exposed newborns.

The charts below show data related to the number of intakes received and accepted by CPS with a steady increase since COVID and the start of the new school year, the percentage of investigations with an overall valid finding, the number of Foster Care entries by age groups with the largest group being aged 0-2, and the number of substance exposed newborn cases each year.

Number of Intakes Received and Percentage of Intakes Accepted for CPS Services

Month	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Total
Number of reports received FFY 2022	4,865	4,432	3,959	3,956	4,453	4,856	4,503	4,427	3,409	3,189	4,534	5,058	51,641
% and Count of Reports Accepted FFY 2022	34.27% 1,667	35.56% 1,576	36.85% 1,459	39.11% 1,547	35.86% 1,597	37.91% 1,841	37.91% 1,707	37.99% 1,682	39.25% 1,338	40.80% 1,301	46.91% 2,127	51.56% 2,608	39.60% 20,450

Number of Investigations Received and Percentage of Investigations with an Overall Valid Finding													
Month	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Total
Number of Investigations received FFY 2022	1,662	1,575	1,451	1,541	1,593	1,836	1,698	1,668	1,334	1,294	2,124	2,562	20,338
% and Count of Closed Investigations with an Overall Valid Finding FFY 2022	27.74% 461	28.38% 447	29.70% 431	27.77% 428	25.11% 400	24.73% 454	21.97% 373	25.60% 427	24.06% 321	19.24% 249	4.71% 100	0.51% 13	20.18% 4,104

Number of Foster Care Entries by Age Group													
Age Group	**Oct 2021**	**Nov 2021**	**Dec 2021**	**Jan 2022**	**Feb 2022**	**Mar 2022**	**Apr 2022**	**May 2022**	**Jun 2022**	**Jul 2022**	**Aug 2022**	**Sep 2022**	**Total**
00-02	75	84	74	73	96	84	90	99	101	88	127	105	1,096
03-05	37	33	29	40	44	50	26	53	41	41	54	57	506
06-08	36	36	29	23	35	44	22	30	35	26	48	55	419
09-11	29	29	28	22	24	42	17	41	24	29	36	39	361
12-14	26	27	28	24	24	45	22	33	34	36	55	46	400
15-17	24	27	28	23	25	29	30	30	22	33	37	33	340
Total	**227**	**236**	**216**	**205**	**248**	**294**	**207**	**286**	**257**	**253**	**357**	**335**	**3,122**

* Data updated as of 10/18/2022.

Substance Exposed Newborns					
	FFY 2019	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Valid	2,080	1,933	2,215	1,429	
Not Valid	186	120	156	95	
Total	2,266	2,101	2,371	1,524	

There are 16 cases pending for FFY 2021 and 562 cases pending as of 9/16/2022 that are not included in these counts. Also, FFY 2022 has not ended. There may be more investigations open during the last 2 week of September 2022.

To document and track data, Louisiana DCFS currently utilizes a number of information systems. The primary system of record is the Tracking, Information and Payment System (TIPS). TIPS is an on-line, statewide interagency information management and payment system capable of

tracking client information and generating payments on behalf of the Department's clients and providers. TIPS does not track all services. Using TIPS, the Department is able to collect and report required data elements for federal reporting as well as for any ad hoc reporting needed. Louisiana is a state based CW system including information systems. The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined extraction process through the federal submission portals. TIPS currently interfaces with other systems providing information on Medicaid Eligibility as well as Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. A Comprehensive Enterprise Social Services System (ACESS) was developed by DCFS as the statewide system for intake and investigation of all reports of suspected child abuse and neglect. This information management system contains Centralized Intake (CI) reports. The accepted reports are assigned to the Child Protection Services (CPS) program. All CPS investigative activities (interviews, staffings, collateral contacts, etc.) are documented in ACESS. Specific data from ACESS is migrated to the TIPS system for establishing related service records and for NCANDS reporting. CAFÉ is the department's Common Front End Access system and serves as a unified portal for entry into case files related to all programs of the department. It allows for a comprehensive search of department records to identify previous client records and prevent duplication of case numbers. Additionally, it can allow for verification of client demographic data such as birthdates, race, etc. There is capacity for client and provider information data-collection through separate portals of the system. Confidential information regarding program specific information is protected so that Family Support staff cannot view Child Welfare information. Family Assessment Tracking System (FATS) is a smaller web-based system for developing family assessments, case plans and tracking caseworker visits in the Foster Care and Family Services programs. FATS is an electronic forms application. Assessment and case plan forms as well as documentation of case activities are completed in the FATS system. Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics, location, and goals for youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not linked to any DCFS information system. Foster children in OJJ custody are given a TIPS number and integrated into the AFCARS reports through a data transfer from OJJ to DCFS.

The DCFS is in the process of creating a Comprehensive Child Welfare Information System (CCWIS) to modernize outdated legacy systems that currently support child welfare programs and is working towards the implementation of this system. The new CCWIS will serve as the integrated case management system for all child welfare programs. It will include the following modules: Administration, Intake, Investigation, Case Management (Foster Care, Family Services, Adoptions, Extended Foster Care, etc.), Eligibility and Financial, Provider Management, and Court Processing. The new CCWIS will provide child welfare staff with information to make informed decisions while being mobile, facilitate communication with courts and providers, and promote continuous quality improvement.

The new CCWIS will replace all Child Welfare Systems and tools including:

- Tracking Information and Payment System (TIPS)
- Louisiana Adoption Resource Exchange (LARE)
- ACESS 2.0

- Family Assessment Tracking System (FATS)
- Interstate Compact for the Placement of Children (ICPC) Database
- Family Resource Center (FRC) Database
- National Youth in Transition Database (NYTD)
- Quality Assurance Tracking System (QATS)
- Trauma Based Health tool (TBH)
- Child Abuse Neglect System (CANS)

Benefits of the new CCWIS include:

- One integrated case management system – DCFS Child Welfare employees will use one integrated system, ensuring the accuracy of records.
- Mobility – Offline system access and synchronization – DCFS Child Welfare employees will be able to access the new CCWIS offline, and data is automatically synced when the employee reconnects. It enables DCFS employees to provide more face time with clients and increase productivity.
- Case assessment and history are maintained in one repository.
- Court information and records will be documented throughout the new CCWIS System based on the specific area that is being addressed.
- To reduce time and paperwork, DCFS child welfare employees may use the 'Talk to Text' feature to record, upload, and edit notes to reduce manual data entry.
- Google Application Programming Interface (API) - DCFS child welfare employees will authenticate client addresses at intake. This will allow employees to schedule their workday by mapping addresses by groups for more effective time management.
- Real-time Compliance Assessment - Data entered into the new CCWIS will be automatically reported to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). This will ensure data documentation is captured in real-time for assessment of compliance at the federal level.
- Elimination of Duplicate Client Entries – the new CCWIS will automatically flag duplicate client entries to eliminate multiple sources of fact and assist staff by merging duplicated client profiles to ensure case history is available for case decisions.
- Scalability – The new case management system is easily customized and upgraded to align with industry compliance changes.
- Provider Management – When managing cases within the new CCWIS, DCFS child welfare employees will be able to access forms required to request information from agency- approved providers and view documents received from participating providers.

Initially, there will be a manual process of identifying and reporting pregnant/parenting youth. When a pregnant/parenting youth is identified that meets criteria for a referral for services, an indicator will be checked on the Family First Eligibility Determination/Prevention Plan in RedCap (see http://10.4.7.194/redcap/surveys/?s=XPEE8JDXAN). Reports are able to be generated through the RedCap system and can identify when reasonable candidate eligibility has been determined based on the child being a pregnant/parenting youth in Foster Care. This identifier is planned for development in the CCWIS system.

Identifying and Reassessing Candidacy

Louisiana's definition for candidacy for foster care is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry. A family is a candidate for prevention planning when a child or children in the family meet one or more prevention planning candidacy eligibility criteria *and* the family is matched with an approved evidence-based prevention service. For the purposes of eligibility determinations, the term family includes situations when children are living with kinship caregivers or other guardians. Louisiana has defined the following prevention candidacy eligibility categories:

- The child is at imminent risk of out-of-home placement or re-entry into Foster Care
- Family Services is being implemented to provide reasonable efforts to prevent the need for removal of the child from the home.
- A child whose family has a substance abuse issue affecting the care and safety of the child or a child born exposed to substances.
- Siblings of children in Foster Care who reside at home and have assessed safety concerns.

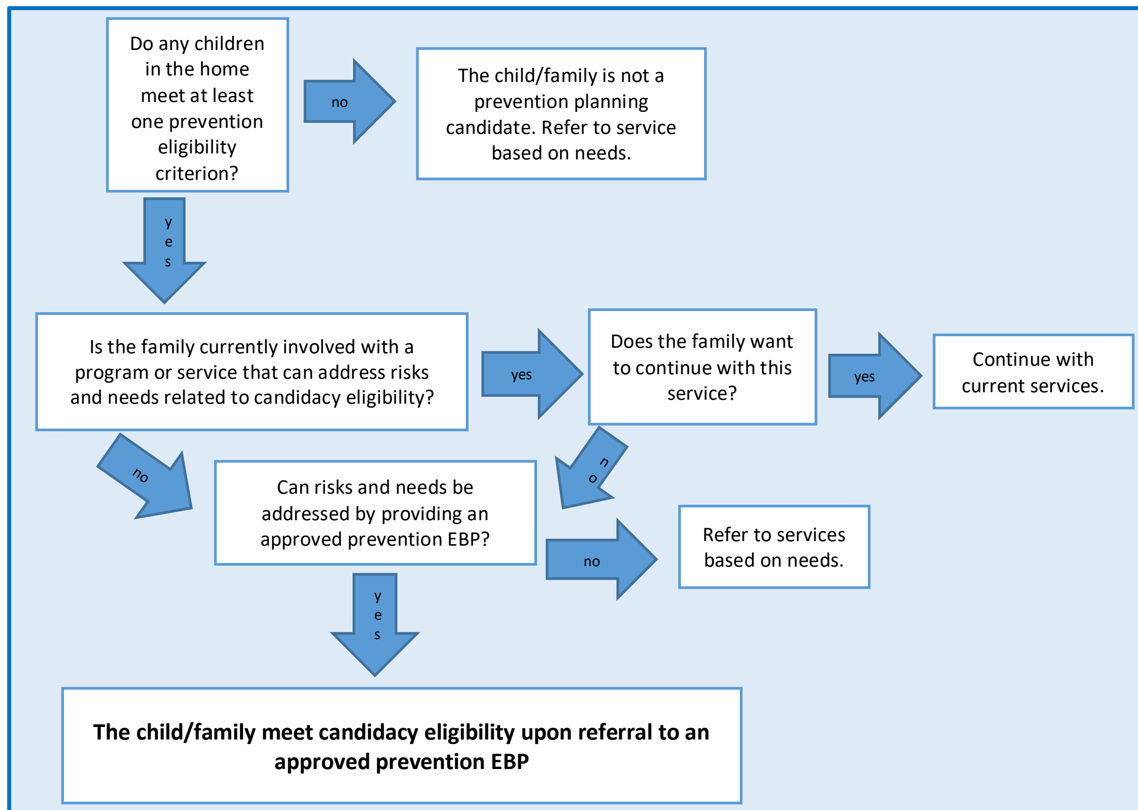
Based on a thorough understanding of key populations afforded by a review of data, the DCFS and its partners reached a decision as to which children and families could be eligible for and ultimately receive services under the prevention plan. Louisiana will continue to analyze data and may expand the candidacy description or refine the imminent risk criteria in later iterations of this plan. There is commitment by the DCFS to serve as many families as possible and appropriate through Title IV-E preventive services.

All families with an active DCFS case have identified risk factors and/or safety concerns that led to a determination of the need for ongoing intervention and support to enhance safety and mitigate risks for one or more children in the family. The DCFS uses a formal Safety Assessment (form 5) and Structured Decision-Making (SDM) tools to assess safety and risk. These tools guide decisions regarding determinations to provide treatment services. Therefore, all children involved in a family treatment case meet criteria of risk of entering foster care without provision of services and support to mitigate risks and address safety concerns.

Pregnant/parenting youth are eligible for services to support development of effective parenting practices and prevent the foster youth's child from entering the DCFS custody.

To determine candidacy eligibility, families with a child or children who meet one or more criteria will be assessed to identify risks and underlying needs. This assessment will include a review of information from safety and SDM tools, assessment information from other involved agencies, and information the family provides. The family team will work together to develop a plan to address needs and mitigate risks.

Determination for eligible candidates will be as follows:



Connecting Candidacy to Appropriate Evidenced-Based Practice

Children and families may already be involved with an evidence-based or research-informed practice through involvement with another department or partner agency. If that service can address the factors creating risk of entry into foster care and the family would like to continue with the current service, it will be used to support case planning efforts and address risks.

If a family is not already engaged in a service or support that can address needs and risk factors for entry into foster care, the child welfare worker will discuss available service options with the family. Priority will be placed on connecting families with evidence-based programs, services and supports likely to mitigate factors elevating risk of entry into foster care. When an approved prevention program is selected to address needs and at least one child meets candidacy requirements, the child and family meet prevention plan candidacy requirements.

Families with needs that cannot be best met through the approved evidence-based prevention program options will be offered alternative services and supports tailored to their needs with a goal of stabilizing the family and preventing negative outcomes, including foster care entry. This may include programs and services provided by contracted providers, state agency partners, community-based organizations, etc. It may also include assistance with concrete supports and other needs that address caregiver well-being, employment, income, and housing needs.

Louisiana is in the midst of a transition from our current case management system, Tracking Information and Payment System (TIPS), to an improved Comprehensive Child Welfare Information System (CCWIS). The new CCWIS will serve as the integrated case management system for all child welfare programs. The DCFS's ability to make significant changes within the current system is limited. Until a CCWIS system is in the place, the process for identifying eligible families and documenting eligibility is semi-structured consistent with the capabilities of the current system. A family's acceptance of in-home services and applicability of one of the imminent risk criteria is recorded in existing intake and assessment tools and data fields in TIPS and FATS. Workers will be directed by policy to identify potential candidates based on imminent risk. Similarly out-of-home workers identify a young person's pregnant or parenting status based on intake, assessment tools and other interactions with the young person. Even though imminent risk exists for a child or a young parent is identified, there is still a clinical determination to be made as to whether the family needs prevention services and a prevention plan to avoid foster care or build parenting capacity. The caseworker, in conjunction with a supervisor, will complete a Family First Eligibility Determination/Prevention Plan in Redcap at http://10.4.7.194/redcap/surveys/?s=XPEE8JDXAN and make referrals to Family First prevention services if this is the appropriate course of action for this child/family and that they are within the target population for a specific evidence-based service in this plan. The worker and supervisor will arrive at this decision using findings from assessments of the family, the risk assessment, safety assessment and determination tool, where appropriate. These tools, along with authentic partnership and engagement of the family or young person, will inform the identification of family strengths and needs, support co-creation of the prevention plan and identify the most appropriate and effective evidence-based program. Once eligibility has been determined, the DCFS worker or supervisor will complete the Referral Form and send it to provider chosen.

Reassessing Candidacy Definition through Life of Family First

Child welfare staff and EBP providers are required to monitor on-going risk as well as risk of future maltreatment. The SDM tool helps the worker to formally assess and identify risk factors in the family. Risk assessments are completed prior to the receipt of ongoing services in the home, at least every 90 days during ongoing Family Services unless case circumstances indicate more frequent re-assessments are needed, and to prepare for the end of services and closing the family's case. If at any time, the worker determines the risk of out of home placement remains high, despite the services being provided, the worker, supervisor, and prevention program staff will reassess the child's prevention plan including the types of services offered. Reassessments will occur, as needed, and prior to the 12-month timeframe. These redeterminations will be captured in an electronic system, Redcap, until the new CCWIS system is in place.

SECTION IV. Title IV-E Child Specific Prevention Plan Services (Service Description and Oversight)

The Louisiana Department of Children and Family Services (DCFS) serves more than 7,000 children in foster care every year and at any given time provides in-home services to over 3,400 families in the Family Services program and has provided services to an average of 7,588 children in the Family Services program over the last six years. The federal Family First Prevention

Services Act (FFPSA) gives Louisiana DCFS an exciting opportunity to build upon current efforts that connect families with the preventive services and support needed to strengthen the family unit and help more children remain safely at home.

Louisiana Family First Prevention Services Act Theory of Change	
Root Cause: Rise in the number of children entering or re-entering foster care in Louisiana.	**Desired Outcome:** Children will remain safely in their homes and reduce entry and re-entry in Foster Care. 1. If DCFS reduced risk and safety concerns, children could remain safely in their home and reduce entry and re-entry in Foster Care. 2. If DCFS improved child well-being and increased parents function, there would be reduced risk and safety concerns. 3. If DCFS provides evidence based prevention services for families, children's well-being will improve and parents' functioning will be strengthened.

The DCFS has started this transformation with our in-home parenting programs but will include mental health and substance abuse services and programs in the future as we expand implementation of Family First. The Family First Core Team comprised of management, workgroup leads, and communication staff guided by the Capacity Building Center for States, along with local partner agencies, Judges, service providers, community partners, parents and youth with lived experiences, and other stakeholders worked to review data and focus on the specific needs of children in Louisiana to develop our Family First five-year plan. Louisiana has chosen to start our prevention efforts using Intercept and Child First with a specific focus on children with at-risk behaviors and substance exposed newborns.

Program or Service Description	Program or Service Rating	Target Population	Primary Goal /Outcomes	Funding Stream
In-Home Parent Skill Based				
Intercept (Youth Villages or YV Intercept)	Well Supported	Children age 0-18 years and their caregivers	Reduce subsequent maltreatment, prevent foster care placement, and reduce time in state custody by successfully reuniting children with their families in a timely manner.	State
In-Home Parent Skill Based and Mental Health Programs and Services				
Child First	Supported	Families with young children (birth through age five at entry)	Build the executive capacity, self-regulation, and mental health of the child's parent or caregiver, so that she/he is able and available to nurture the child's development and provide a safe, growth-enhancing environment. Connect the child and other family members with community services that stimulate growth and learning. Provide parent/caregiver guidance and developmental and parenting	State

Program or Service Description	Program or Service Rating	Target Population	Primary Goal /Outcomes	Funding Stream
			strategies that enrich the learning environment and enhance development. The Child First approach is unique in combining comprehensive, coordinated services, psychotherapeutic intervention for child and caregivers, and increasing adult self-regulation and executive functioning in a single model, resulting in long-term positive outcomes for children and families.	

Intercept®, developed by Youth Villages, is an integrated, trauma-informed intensive in-home parenting skills program. Intercept® was developed with the goal of safely preventing children from being placed in out of home care, or in the cases where that is unavoidable, reunifying families faster. The program was designed for youth from birth to age 18 who have emotional and/or behavioral problems and/or are at risk for child abuse or neglect. Intercept® is provided by Bachelor's and Master's level providers who are specially trained in the model and work under the supervision of a licensed mental health provider. The duration of services can last from four to nine months, with a typical length of service of about four to six months. Family Intervention Specialists work with both the child and the caregivers to address issues impacting family stability, meeting with families on an average of three times a week, depending on family need, and providing 24-hour on-call crisis support. Services are provided in the home or in the community (e.g., at school), depending on case needs. The Intercept® model utilizes an online database of evidence-based and evidence-informed practices. Providers utilize the GuideTree program to personalize the treatment plan for each family based on their strengths and needs. Intercept® assesses and addresses the impact of trauma throughout the program. Louisiana began implementing the Intercept® model in 2021 in selected regions in the state.

The Intercept® model received a rating of well supported on the Title IV-E Prevention Services Clearinghouse and is the version of the program Louisiana is seeking approval for Family First Title IVE prevention funds. This rating was based on two studies conducted by the Center for State Child Welfare at Chapin Hall. Based on data from the model's implementation in Tennessee, Intercept® was found to reduce the chance of placement outside of the home by 53 percent, with sustained results at six and 12 months after the end of service. The study compared program participants ages 0 to 17 who were grouped into five age groups to children who did not participate in the program but whose characteristics were an exact match to those in the treatment group. In cases where Intercept® was used to help with reunification, the odds of achieving permanency were approximately 24 percent higher for enrolled youth.[1] Louisiana intends to implement the program in adherence to the *Youth Villages clinical protocols treatment manual* as developed by Goldsmith, T. (Ed,) in 2007.

[1] Huhr, S., & Wulczyn, F. (2021). The impact of Youth Villages' Intercept program on placement prevention: A second look. The Center for State Child Welfare Data.

Child First, formerly known as Child and Family Interagency Resource, Support, and Training (Child FIRST), is a home-based intervention that aims to promote healthy child and family development through a combination of psychotherapy and care coordination. Child First is provided by a clinical team that includes a mental health clinician and a care coordinator. There are seven major program components: (1) The clinical team starts by engaging and building trust with the family. (2) The clinical team then conducts a comprehensive assessment through clinical history, assessment measures, and observations in the home and other primary environments for the child (e.g., early care and education). The purpose of this component is to help the clinical team understand the child's health and development, the child's important relationships, and the challenges that interfere with the caregivers' ability to support their child's development. (3) The clinical team and family co-develop a plan of care that is informed by the assessment and used to guide program components 4 through 7. (4) The mental health clinician delivers a trauma-informed treatment, Child-Parent Psychotherapy, to the caregiver(s) and child to strengthen the parent-child relationship and increase the social-emotional well-being of both child and caregiver. (5) The clinical team promotes self-regulation and executive functioning capacity by mentoring caregiver(s) on how to focus their attention, plan, organize, and problem-solve. (6) If children are in early care and education environments, the mental health clinician consults with their teachers and caregiver(s) to enhance their understandings of the child's behavior and to coordinate efforts with the home intervention. (7) The care coordinator works to immediately stabilize the family and connects family members to community-based services to decrease stressors and promote healthy development, as identified in the plan of care.

Child First is rated as a supported practice because at least one study, involving families with children ages 6 to 36 months, carried out in a usual care or practice setting achieved a rating of moderate or high on design and execution and demonstrated a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome.[2] The *Child First Training Manual,* as authored in 2019 by Lowell, D., Parilla, R., Soliman, S. and DiBella-Farber, K., will be implemented by DCFS in conjunction with the *Child First Toolkit,* as developed and defined by Lowell, D., Parilla, R., Quieroga. S., Theriault, A. and Davino, A. in 2020.

Child First is provided to families with young children (birth through age five at entry). The program targets children with social-emotional, behavioral, developmental, or learning problems. These children usually come from families experiencing trauma and adversity. Many of these families also experience multiple social, economic, or psychological challenges (e.g., depression, substance misuse, intimate partner violence, abuse and neglect, homelessness). Child First is typically delivered over the course of 6 to 12 months. During the "assessment period" (first month), sessions occur twice weekly with both the mental health clinician and care coordinator. These sessions last about 90 minutes. After the assessment period, sessions occur at least once a week with each staff member. Sessions may occur with staff members together or separately depending on the unique family circumstances. These sessions last about 60 to 75 minutes. Sessions may be more frequent or extend beyond 12 months based on need. Child First is typically delivered in participants' homes.

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[2] Lowell, D. I., Carter, A. S., Godoy, L., Paulicin, B., & Briggs-Gowan, M. J. (2011). A randomized controlled trial of Child FIRST: A comprehensive home-based intervention translating research into early childhood practice. Child Development, 82(1), 193-208. https://doi.org/10.1111/j.1467-8624.2010.01550.x

SECTION V. Evaluation Strategy, Waiver Request, and Quality Assurance

The DCFS Secretary and Executive Management Team fully endorse and support the Continuous Quality Improvement (CQI) process. CQI is vital to ensuring everyone who supports children and families is treated as an important partner (*CW Principles of Practice*). The DCFS QA/CQI System operates in all jurisdictions of the state. The system is based on the CQI functional components as outlined in ACYF-CB-IM-12-07 issued on August 27, 2012.

CQI staff are currently housed in all nine regions of the state to provide local support to field staff regarding consultation on practice in addition to completing case reviews. The CQI Team is divided into three clusters, which correspond with the geographical regions of the state. The northern cluster includes three regions: Shreveport, Alexandria and Monroe. The central cluster includes the regions of Lake Charles, Lafayette and Baton Rouge. The regions of Covington, Orleans and Thibodaux comprise the southern cluster. The CQI Team is comprised of 3 managers and 17 case review staff who hold various roles within the CQI process. Most CQI staff have experience in multiple Child Welfare programs and field experience, front line supervisory and/or managerial experience. A CQI manager provides CQI oversight in each of the three clusters. Managers, online training resources, and Department Program staff who orient staff when there are role adjustments all provide training for case reviewers. Ongoing trainings, conference calls, and webinars are held with the entire CQI team to discuss CQI matters, case review items and standards, and provide training on changes to state and federal policy and procedures. In-person statewide trainings are held at least once annually for all involved in case reviews to review the CQI review process through a mock case review and discussions. Quality Assurance (QA) staff, CQI managers, and second level staff meet quarterly to review the QA processes and case review standards. Case review items and mock cases are reviewed and discussed to provide guidance and instruction to improve inter-rater reliability and this information is passed on to reviewers. In addition, QA staff, CQI managers, and second level staff meet by phone bi-weekly to discuss any case review items or needs, and debrief case review and process specifics.

Louisiana continues to conduct its own Child and Family Services Reviews (CFSR) and uses the same sampling plan and case review process outlined for Round 3 to report ongoing progress on the Program Improvement Plan (PIP). Such reviews are aligned with the ongoing statewide CQI monitoring approach supported by Public Consulting Group, which is conducting the case review process. The CQI Team completes Child and Family Service Reviews bi-annually from October 1 through March 30 and then from April 1 through September 30. Review periods are identified as RP1 and RP2 for each federal fiscal year. Louisiana accomplishes case reviews with a team approach and by using the model for reviews within the CFSR Procedures Manual at https://training.cfsrportal.org/resources/3105. The CFSR Round 3 Review was held in Louisiana from April 1, 2018 through September 30, 2018. Louisiana, in consultation with the Children's Bureau, elected to conduct a State led review. The results determined that Louisiana did not pass any of the outcomes or associated items. The following outcomes were targeted for improvement through a Program Improvement Plan (PIP): Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1 and Well-Being Outcome 1. To develop the improvement plan, Louisiana participated in a PIP development pilot led by the Children's Bureau and the Capacity Building Centers for States and Courts. During a four-day planning session held March 25 through 28, 2019, a group of

68 individuals including representatives from DCFS, Louisiana Department of Health, service providers, individual court systems, parents, foster parents, relative caregivers, and youth reviewed the results of the CFSR outcomes, examined root causes, conducted data analysis and developed a theory of change and logic model. The entire planning session was rooted in the principals of the CQI process and allowed those who participated to learn the effectiveness of problem exploration, root cause analysis and bi-directional feedback loops. This collaboration resulted in the development of a program improvement plan including five cross cutting themes: safety and assessment, engagement, workforce development, service array and quality legal representation. Louisiana's PIP was submitted for approval on April 11, 2019 and was given final approval on May 31, 2019. CQI played a vital role in assisting the Department in establishing and maintaining bi-directional feedback loops which has been used to disseminate information to internal and external stakeholders regarding the Department's progress. In FFY 2021, the CQI Team developed and implemented the case review process for the Child Welfare Assessment and Decision Making (CWADM) initiative. Case Reviews began in PIP Quarter 6 with members of the CQI Team and State Office Program Consultants conducting reviews. Data collected was used to determine the effectiveness of tasks and strategies that were implemented through the improvement plan. In addition to CWADM case reviews, the CQI Team disseminated survey data during Regional Exit meetings to fulfill a PIP Engagement goal of informing staff and soliciting feedback. In FFY 2022, the CQI Team continued to assist in the development and implementation of targeted case reviews and surveys for sections of the PIP as well as participated in workgroups in an effort to ensure a CQI foundational structure was included in all areas of the plan. During FFY 2022, the CQI Team also assisted the DCFS in the development and implementation of the state's Qualified Residential Treatment Program. The Team's focus in this program was to ensure that the program includes a CQI foundational structure that allows for measurable outcomes and feedback communication on all levels. The CQI team will continue to maintain a robust QA/CQI process based on the CQI functional components as outlined in ACYF-CB-IM-12-07 issued on August 27, 2012. As with Round 3 of the CFSR, Louisiana will continue in Round 4 to conduct a State-Led Review.

The Family First Services and Prevention Act requires that each program listed in a State's Five-Year Title IV-E Prevention Program Plan have a well-designed and rigorous evaluation strategy, unless granted a waiver from HHS. HHS may waive this requirement if they deem the evidence of the effectiveness of the practice to be profound and the state agrees to meet the continuous quality improvement standard regarding the practice. With a rating of "well-supported," the DCFS is requesting a waiver from conducting a rigorous evaluation of Intercept. Louisiana's overall approach to the evaluation and CQI process of chosen prevention programs will be completed by DCFS implementing the Theory of Change and Logic Model. Data will be collected through monthly reports and a contract provider portal for monthly data analysis. Please see Appendix A for Louisiana DCFS' overarching logic model for its Title IVE Prevention Plan. Provider meetings and feedback loops between frontline staff and providers will also be provided. The DCFS will review performance and fidelity to the model by evaluating all program documentation available on a monthly basis and by evaluating the Intercept Program Model Review documentation at 6 months and annually thereafter. The DCFS will receive and review a copy of any Program Improvement Plans providers are required to implement due to adherence with the model. Contract providers using evidence-based models are required to maintain fidelity of the model. In addition to the DCFS' contracted evaluation, many of these services also have fidelity measures to which they must adhere in order to administer the program. Intercept is the current model for Intensive

In-Home in many states. Intercept was created by Youth Villages, which has strong fidelity measures to ensure appropriate implementation. The DCFS will analyze and review appropriate data to ensure adherence to the model and positive outcomes for families are being achieved.

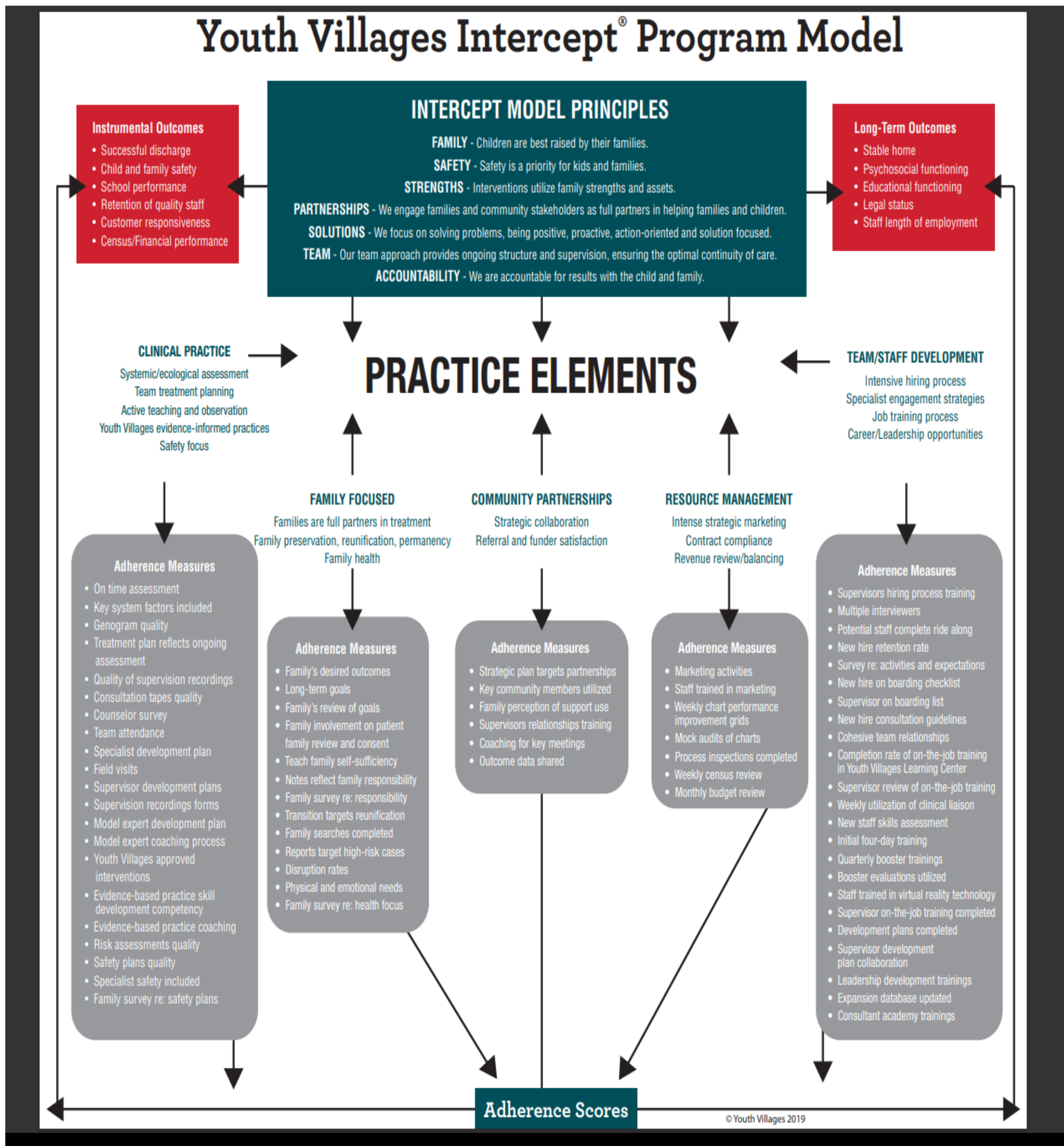
YV Intercept Evaluation Strategy

The Intercept model employs three key elements to ensure achievement of desired outcomes over a sustained period after treatment:

- Program Model – The foundation of the results-oriented framework is a strong program model, which starts with model principles, specifies key program elements as well as adherence measures for each program element, and identifies instrumental and long-term outcomes expected from model implementation. The annual program model adherence review includes survey data from youth, families, staff, and supervisors, and as well as an extensive document review that includes clinical records, staff development plans, and training materials. Scores, generated by the review, pinpoint areas of strength as well as opportunities for improvement to ensure the program achieves the expected outcomes.

- Performance Improvement – Using a Balanced Scorecard (Kaplan & Norton, 1996) approach, the Performance Improvement activity refers to a monthly process of examining leading and lagging indicators in both clinical and operational areas. Measures include average monthly census, staff caseload, staff tenure, percent of successful discharges, and number of critical incidents. Monthly review of these key metrics by all levels of staff allows an opportunity to ensure that the program is operating ‘within the guardrails’ and to troubleshoot any issues that might occur.

- Ongoing Outcome Evaluation – Although the monthly Performance Improvement process and the annual Program Model Adherence Review provide evidence that the program implementation is within model parameters, measuring outcomes on an ongoing basis is the only way to determine whether the program is achieving the expected results. Outcomes are measured for youth who receive a minimum dose of services, which is defined as at least 60 days. Focusing on basic functional and behavioral outcomes, including living situation, educational progress, criminal justice involvement, and out of home placements, surveys are conducted at six and 12 months post-discharge to determine the extent to which progress was sustained after treatment.



For Intercept, Louisiana will use the combination of case record reviews, interviews and/or surveys with parents/caregivers, DCFS staff, program participants/providers and data to inform the CQI reviews. See charts below for fidelity and outcome measures.

As described above, data collection shall include case record reviews, interviews, and surveys. In addition, data from the DCFS case systems will be used to measure items such as repeat maltreatment and entry into foster care post discharge. The collection strategy for each is described

below. For Intercept, the CQI unit will collect information from the YVIntercept program provider semi-annually. The semi-annual reviews will provide the DCFS with the opportunity to make mid-course corrections. The CQI team will create a structured case record review instrument for reviewers to gather needed information to answer the research questions, minus the one which assesses client satisfaction, as that will be captured elsewhere. The results of the review will be shared through a feedback loop process.

The requirement for a formal evaluation may be waived if the intervention has been rated by the Title IV-E Clearinghouse as well-supported, there is compelling evidence in support of the effectiveness of the intervention, and CQI requirements are met. Louisiana Department of Children and Family Services (the Department) is requesting an evaluation waiver for the Intercept model due to the compelling evidence of the Intercept model's effectiveness and the state's ongoing continuous quality improvement to meet the requirements.

Waiver Request

The DCFS is submitting Attachment II, Request for Waiver of Evaluation Requirement for a Well-Supported Practice for Intercept, for which the evidence of effectiveness of the practice is compelling. Documentation of that evidence is provided below.

Compelling Evidence of Effectiveness

The Department asserts that the confirmation of Intercept's effectiveness is both a) evident and b) compelling. Intercept is rated as a well-supported practice on the Title IV-E Prevention Services Clearinghouse (the Clearinghouse). As described on the Clearinghouse's website, "Intercept is rated as a well-supported practice because at least two studies with non-overlapping samples … achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain."[3]

Intercept's evidence is also compelling as reflected by the evaluations reviewed by the Clearinghouse. The Clearinghouse shows that Intercept had favorable[4] and statistically significant impacts on child permanency, as evidenced by a reduction in out-of-home placements[5] and an increase in planned permanent exits.[6] In a study conducted by the Center for State Child Welfare Data at Chapin Hall, Intercept was shown to reduce the chance of out-of-home placement by 53% following a maltreatment investigation. In Chapin Hall's follow-up evaluation with a non-overlapping population of youth, the risk of placement was 37% lower among children referred to Intercept than the children in the comparison group. The effect of Intercept is sustained at six and 12 months after Intercept services end. In addition, another study by Chapin Hall, which compared the treatment group to a matched comparison group, after controlling for how long they were in care, found the odds of achieving permanency were approximately 24% higher for the Intercept group. A safe reduction in the number of youth in out-of-home placements and an increase in the number of young people achieving permanency are key outcomes in the Department's prevention service array. Louisiana has chosen to start our prevention efforts with using Intercept and Child

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[3] Title IV-E Prevention Services Clearinghouse. Intercept. https://preventionservices.abtsites.com/programs/331/show
[4] Defined in the Title IV-E Prevention Services Handbook of Standards and Procedures as statistically significant and in a desired direction.
[5] Huhr, S., & Wulczyn, F. (2020a). Do intensive in-home services prevent placement?: A case study of Youth Villages' Intercept® program. The Center for State Child Welfare Data.
[6] Huhr, S., & Wulczyn, F. (2020b). Do intensive in-home services promote permanency?: A case study of Youth Villages' Intercept® program. The Center for State Child Welfare Data.

First with a specific focus on and youth with behavior problems ages 11-17 and substance exposed newborns, respectively.

It should also be noted that according to the Clearinghouse's review, Intercept produced multiple "favorable" impacts on outcomes, with zero noted as "no effect" or "unfavorable" impacts. A summary of this review's findings can be found in the table below.

Intercept Summary of Findings[7]

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child permanency: Out-of-home placement	0.40 15	2 (2)	91778	Favorable: 2 No Effect: 0 Unfavorable: 0
Child permanency: Planned permanent exits	0.13 5	1 (1)	4029	Favorable: 1 No Effect: 0 Unfavorable: 0

Continuous Quality Improvement

With the request for a waiver of an evaluation, the DCFS is providing documentation that the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(iii)(II), including 1) how the state plans to implement the program, 2) how implementation of Intercept will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved, and 3) how information learned from the monitoring will be used to refine and improve practice.

The DCFS is committed to continuous quality improvement through contract monitoring and measuring implementation fidelity and outcomes of evidence-based programs rated as "well-supported" as well as those rated as "supported" or "promising." On a semiannual basis, the DCFS will conduct fidelity reviews of both Intercept and Child First. A rigorous evaluation will be required to measure outcomes for Child First participants.

The DCFS will conduct or attend already scheduled semi-annual meetings with the providers to review the aggregated fidelity data for each EBP, identify areas for further exploration and develop strategies, where needed, to make mid-course corrections. The DCFS will work with providers by reviewing their Program Improvement Plans developed with the model providers and will monitor adherence with those plans. The DCFS will assess the extent to which families and children for whom the programs are intended are being referred to the respective programs.

Specifically for Intercept, Youth Villages has maintained fidelity to the model since implementation. Continuous quality improvement is incorporated throughout the Intercept model,

[7] Title IV-E Prevention Services Clearinghouse. Intercept. Summary of Findings. https://preventionservices.abtsites.com/programs/331/show

with specific fidelity measures tied to high-quality service delivery that lead to sustainable, positive long-term outcomes for children and families.

Louisiana will use a combination of case record reviews; interviews with parents/caregivers, the DCFS staff and providers; and a survey administered to program participants to inform the CQI process. The table below defines the fidelity measures that will be used to assess implementation of Intercept and Child First. Fidelity measures range from monitoring adherence to training and staff requirements, to adherence to program requirements, candidacy eligibility, appropriate program referral, as well as participant satisfaction. Outcome measures, also defined below for Intercept, will include those that the program uses to assess changes in behavior as well as those that the DCFS uses to examine safety and permanency of children in care. Changes in behavior will be measured from point of enrollment to program discharge, at a minimum for Intercept, and, to the extent possible, post-discharge where sufficient data exists, such as in instances where assessments continue to be administered by the DCFS for families who continue to receive protective or supportive services from Louisiana and assessments conducted by Intercept providers post discharge. Data from case records will be used to measure safety and permanency outcomes 6 and 12 months post discharge from Intercept.

Fidelity Measures for Louisiana's Evidence-based Programs

Measures	Instrument and/or Data Source
Intercept	
Family Intervention Specialists are certified to administer Intercept	Provider staff records and/or Program Model Review data
Family Intervention Specialists satisfy the program's educational requirements	Provider staff records and/or Program Model Review data
Staff attended the program's required training	Provider staff records and/or Program Model Review data Provider interviews
Family Intervention Specialists have weekly meetings with their clinical supervisor	Provider case records and/or Program Model Review data Provider interviews
Family Intervention Specialists average 5 cases	Provider case data and/or Program Model Review data Provider interviews

Measures	Instrument and/or Data Source
Families complete required assessments at enrollment Intercept-Clinical-Process-12132020-pdf.pdf (youthvillages.org)	Provider case records and/or Program Model Review data Provider interviews DCFS staff interviews Participant survey/interviews
Family Intervention Specialists identify changes needed to improve family functioning	GuideTree Toolbox data Provider interviews DCFS staff interviews Participant survey/interviews
Families are satisfied with the support they received from Intercept providers	Participant survey/interviews
Child First	
Mental health clinicians and care coordinators satisfy program education requirements	Provider staff records
Mental health clinicians and care coordinators complete required trainings	Provider staff records Provider interviews
Clinical team conducts a comprehensive assessment of the child's health and development, child's important relationships and caregiver challenges through their Intake Assessment, Health Assessment and other evidenced based assessment tools, as needed. Assessment of Child and Family | Child First	Provider case records Provider interviews DCFS interviews Participant survey/interviews
Clinical team develops a personalized plan of care	Provider case records Provider interviews DCFS staff interviews Participant survey/interviews
Mental health clinician delivers Child-Parent Psychotherapy to caregivers and child	Provider case records Provider interviews DCFS staff interviews

Measures	Instrument and/or Data Source
Clinical team members meet with the family and child at least weekly	Provider case records Provider interviews DCFS staff interviews Participant survey/interviews
Care coordinator works with family to identify community-based services	Provider case records Provider interviews DCFS staff interviews Participant survey/interviews
Families are satisfied with the support they receive from the Child First clinical team	Participant survey/interviews

Outcome Measures for Louisiana's Implementation of Intercept

Measures	Instrument and/or Data Source
Intercept	
Percent of parents with improved parenting skills	Provider case records
Percent of children with improved behavioral and emotional functioning	Provider case records
Percent of families with improved family functioning	Provider case records
Percent of children who remain safely in their own homes	DCFS case records
Percent of families who do not have a subsequent report of maltreatment	DCFS case records

<u>Child First</u>

Child First is a home-based program designed to provide a combination of Child-Parent Psychotherapy and child welfare service coordination. Implemented in the program are elements of child-parent relationship and attachment principles, assessments of the child's health and development needs, and strategies that are intended to increase capacity of parents/caregivers.

The Child First program is currently rated as "supported" by the Title-IV E Clearinghouse. To receive a rating of supported, a program must have evidence of a positive impact on child welfare outcomes on at least one independent sample of program participants, compared to a control group of participants, measured at least 6 months after program services are completed.

Below is a summary of the evidence on Child First from the Prevention Services Clearinghouse.

Child First Summary of Evidence for Clearinghouse Review

Outcome	Effect Size and Implied Percentile Effect	Number of Studies (Findings)	Sample size of Participants	Summary of Findings
Child Safety: Child welfare administrative reports	0.37 **14**	1 (4)	157	Favorable: 1 No effect: 3 Unfavorable: 0
Child well-being: Behavioral and emotional functioning	0.27 **10**	1(6)	117	Favorable: 1 No effect: 5 Unfavorable: 0
Child well-being: Cognitive functions and abilities	0.78 **28**	1(2)	117	Favorable: 2 No effect: 0 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.33 **12**	1(4)	117	Favorable: 2 No effect: 2 Unfavorable: 0
Adult well-being: Family functioning	0.38 **14**	1(8)	117	Favorable: 4 No effect: 4 Unfavorable: 0

Current evaluations of Child First in other states are underway to assess the program at twelve months follow up. There is an ongoing evaluation of the Child First program in other US states using a randomized control trial approach, and there are plans to report final outcomes in the future.[8]

Current Evaluation Framework

The Child First program has been implemented in select areas of Louisiana as a preventive response to child maltreatment. The DCFS will evaluate the implementation of the Child First program model used in selected parishes within the state. The DCFS will refer eligible families to the Child First program for services and track the risk assessment data of families involved in the program, at entry, exit, and post-exit periods of the program.

[8] MDRC, Hefyan, and McCormick, "Child First RCT."

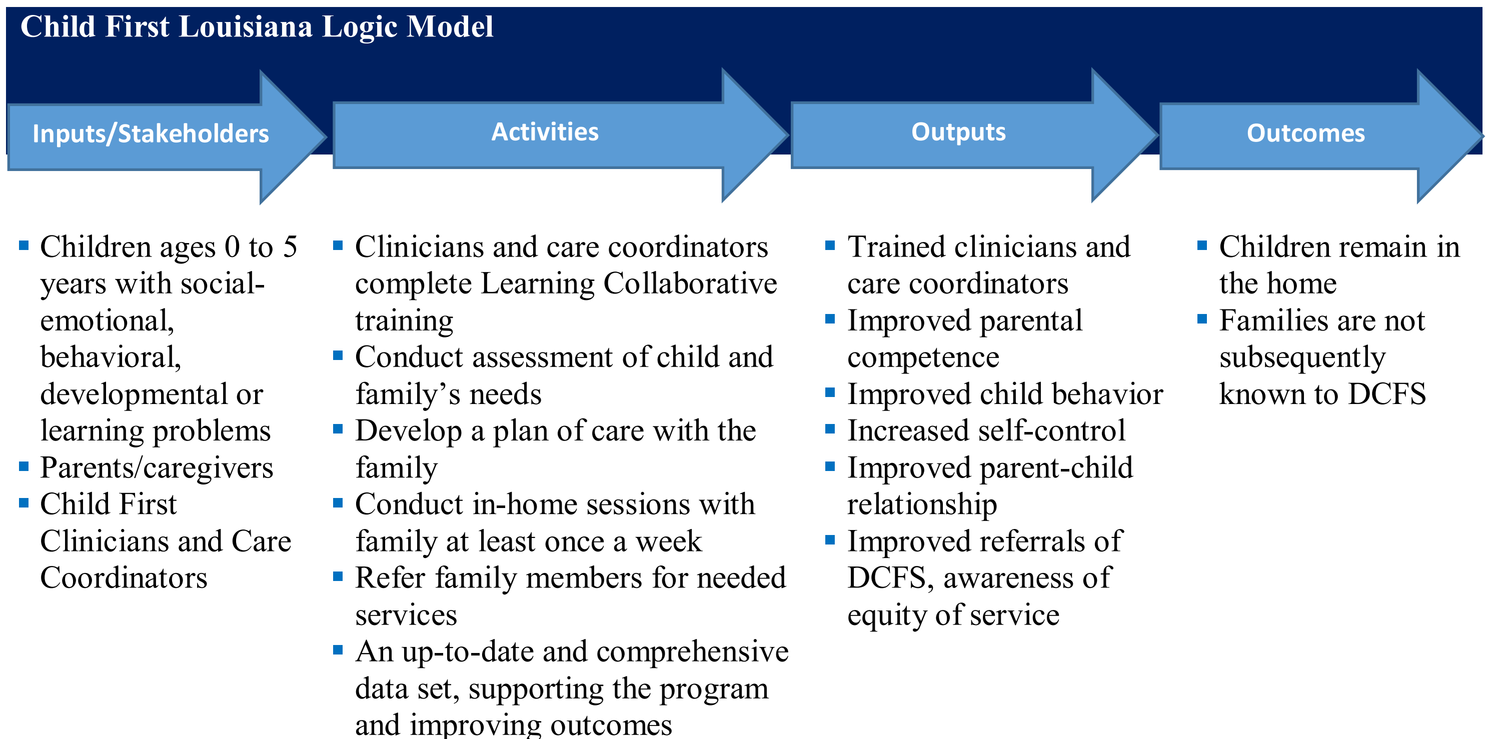
This evaluation has the following aims:

1. Describe the families served by Child First by their demographics and history of child welfare and social service involvement.
2. Compare the results for families served by the program over time, as well as compare to families served by DCFS within other family support programs of the agency.
3. Assess Child First served families on level of safety and risk for child welfare involvement: Each assessment of client safety at exit and post-exit will be compared to the level of safety measured at baseline (i.e., a pre-posttest of risk assessment scores of all clients).

The following general questions are proposed for the evaluation of the Child First program in Louisiana:

1) Who are the families enrolled in Child First services?
2) To what extent will the program services reach families eligible and in need of services?
3) To what extent will families served by Child First remain involved in child welfare at discharge and after discharge?

The Child First program has a designated program model (see comprehensive logic model). In addition, the DCFS agency has articulated a logic model for the implementation of Child First according to the FFPSA (see Child First Louisiana Logic Model below).



Evaluation Framework

The table below (Child First Evaluation Framework) outlines the evaluation questions, metrics proposed, and the sources of data verification. To answer the first question, "Who are the families enrolled in Child First services?" the evaluation data are the number of clients referred to Child First, admitted to the program, and the client socio-demographic background characteristics.

To answer the second question, "To what extent does the program reach families eligible and in need of services?" the data of referred clients will be compared to the data on other child welfare involved populations (e.g., families involved in child welfare but not referred to an evidence-based program, yearly new cases in CCWIS/NCANDS). Additional insight can be gained from comparing the families served by the program to the general population of the area (e.g., American Community Survey Census 2020).

To answer the questions regarding the prospective child welfare involvement of program clients (Q3a and Q3b), the evaluation will analyze maltreatment report data from administrative TIPS to track clients as they exit the program and at follow-up periods. The use of secondary data (NCANDS) will assist in determining if the program has helped to produce a relative reduction in maltreatment in the areas served.

Child First Evaluation Framework

Evaluation Question	Measure and *Evaluation Hypothesis*	Data Source/Means of Verification
Q1. Who are the families enrolled in Child First services?	Child age (0-5 years), gender, race/ethnicity, developmental/disability status Adult age, parent/legal guardian or custodian status, gender, ethnicity, highest education completed, marital status, housing status, employment Household income, family receiving aid, household size (# of children) Child welfare involvement *Children and parents served will meet eligibility of the criteria set by Child First program.*	Individual data on intake forms, needs assessment/ screenings of clients DCFS client referral intake data Monthly reports of implementation sites

Evaluation Question	Measure and *Evaluation Hypothesis*	Data Source/Means of Verification
Q2. To what extent does the program reach families eligible and in need of services?	Summary data on demographics from enrollees, compared to groups who are eligible but unserved, child welfare/family service cases in DCFS Summary data on enrollees compared to demographically similar groups in parish based on age, race/ethnicity, and poverty status. Estimates of coverage calculated as % served by program over the % of representation in area census (i.e., Coverage = % of Census group - % served) *Families served by program will be comparable to the population of eligible individuals, measured in terms of standardized scores.*	Summary statistics of program, reported by evaluator data analyses TIPS/CCWIS linked client information NCANDS American Community Survey 2020
Q3a. After exiting (discharge) from the Child First provider, what is the level of child safety? Q3b. At follow up to families with completed services, what is the level of family stability and child welfare involvement?	Risk level assessment compared to baseline does not show risk for • Repeat maltreatment. • Family separation Evaluation of former clients on future instances of measured: • Child safety • Child welfare involvement Number of families complete vs incomplete of service *Families completing services will have lower risk of repeat maltreatment at follow-up, and lower risk than families not completing services.*	Data gathered at discharge from the DCFS on safety risk The DCFS record of client completion/ discharge from service The DCFS case record review/CSFR of maltreatment/ foster care placement data

Evaluation Metrics

The following demographic information will be collected and received electronically on clients referred to Child First services: *child age at enrollment, child gender, child race/ethnicity, child care or level of education, caregiver relation to child, caregiver age, caregiver gender, caregiver race/ethnicity, caregiver marital status, caregiver employment status, caregiver level of education, family's receipt of public assistance, caregiver substance use, family prior involvement in child welfare, history of homelessness/housing status, and caregiver incarceration status/history.* These data will be compared to the DCFS criteria for who are eligible for Family First candidacy (see p. 8 of the plan) and needing an enrollment in Child First evidence-based services.

DCFS will track the child welfare involvement and report on the clients receiving Child First services through the agency safety assessment model (see Section V). The evaluation indicators, collectively referring to *level of family/child initial safety* and *risk of separation*, are assessments reported as clients are referred to Child First, and these assessments are taken at regular intervals until exiting the program. Families of Child First services will be assessed on their risk at exit and post-exit periods of 6 and 12 months as determined by Family First best practices. Those families re-entering child welfare or continuing with family services (i.e., through another program) after Child First program exit will be assessed on safety and level of risk of separation. Of clients admitted to the program, the evaluation will include data on the *program completion status* (e.g., not started, in program, completed, incomplete), as well as the reason for leaving the program if applicable. External evaluation of the program will be conducted via NCANDS through the tracking of data at regular intervals (i.e., every 6 and 12 months) for presence/absence of maltreatment and child welfare cases in those areas/regions of the state where Child First is implemented.

The evaluators will use individual level data collected from the DCFS referral to Child First and the Child First staff collection processes. In addition, the demographic data collected on clients will be used to measure the characteristics of clients referred through aggregated reporting and descriptive statistical approaches (see more information in Data Collection and Reporting).

Anticipated Families Served

Child First in Louisiana is currently planned for implementation in pilot sites/regions including Alexandria (Rapides Parish), Baton Rouge (East Baton Rouge Parish), Covington (St. Tammany Parish), New Orleans (Orleans Parish), and Shreveport (Caddo Parish). According to the agency, it is expected that sixteen teams will be serving 10-15 families each for an average service period between 6 – 18 months. This expected service use will be evaluated for coverage rates of the program by parish/area. The process of referral is to occur through purposive (non-random) strategies based on agency interactions with clients in child welfare, and the application of the DCFS policies to families at risk (e.g., Family First candidacy, foster care candidacy).

Prior evaluations have reported on populations served, which can be used to anticipate how the Child First referral approach will compare to the potential Louisiana landscape of children and families. The following socio-demographic data are reported for evaluations performed from the

first RCT of Child First,[9] a follow up study,[10] and a third special study on a sample of participants during COVID-19 to assess the impact of the pandemic .[11]

Children served by the program initially evaluated tended to be between early infancy and toddlerhood (e.g., Lowell et al. report 5 to 36 months). Across studies, the samples evaluated of enrolled clients tended to include single mothers as the primary target of the therapeutic services. The table below illustrates more on the sample socio-demographic characteristics of youth and families served by Child First.

Demographic Characteristics of prior Child First Evaluations

Demographic	**Lowell et al., 2011**	**Crusto et al., 2008**	**MDRC, 2022**
Child Gender (% Female)	56 %	44 %	33 %
Caregiver/Parent Race (Unknown not included)			
Black or African American	30 %	27 %	18 %
Hispanic	59 %	55 %	33 %
White	8 %	9 %	45 %
Other	6 %	1 %	4 %
Birth Mother Education (% GED-Diploma; % some college)	22 %; 6 %	NR	29 %; 46 %
Household Income (% low income; % TANF or % Medicaid)	NR	NR; 87 %	80 %; 75 %
Any prior involvement in child welfare	28 %	NR	60 %

NR – Not Reported.

Assessment of Program on Maltreatment

The following section provides information to be anticipated regarding the child welfare involvement of children in Louisiana eligible for Child First. Data from the NCANDS FY 2021 child file were analyzed for maltreatment prevalence of children ages 0-5 years (presented in the table below).

In FY 2021, NCANDS reported there were 3,182 substantiated reports of maltreatment of infants and children between the ages of 0-5 years. These parishes where Child First is anticipated for rollout accounted for 1,477 substantiated cases of maltreatment. Socio-demographics of cases varied by parish/region, but in general the rate of substantiation was roughly equal for male and female victims, higher among Black and African American youth as compared to other youth of other racial backgrounds, and some cases were families with a prior maltreatment record. The rates

[9] Lowell et al., "A Randomized Controlled Trial of Child FIRST."
[10] Crusto et al., "Evaluation of a Wraparound Process for Children Exposed to Family Violence."
[11] MDRC, Hefyan, and McCormick, "Child First RCT."

of maltreatment among Asian and Pacific Islander youth, and Native American and Indigenous youth recorded episodes of maltreatment were infrequent (< 1% of cases).

FY 2021 Demographics of Maltreated Children of 0-5 Years in Louisiana

Parish	Rapides	East Baton Rouge	St. Tammany	Orleans	Caddo	State
# Reported (Substantiated)	480 (203)	1,073 (533)	428 (207)	611 (237)	793 (297)	9,770 (3,182)
% Female	48 %	50 %	55 %	53 %	53 %	51 %
% White	47 %	26 %	70 %	12 %	38 %	48 %
% Black/African American	52 %	71 %	32 %	81 %	57 %	50 %
% Hispanic/Latin	1 %	1 %	6 %	2 %	1 %	2 %
% Had prior maltreatment	21 %	14 %	12 %	14 %	12 %	14 %

Sample and Effect Size Determination
As noted above, the evaluation will also measure child welfare involvement outcomes for program clients. Using a descriptive approach and a pre-posttest of the intervention, the plan is to analyze outcome data on all referred families regardless of program completion. The evaluators of Child First in Louisiana will plan for an anticipated sample of families served based on previous evaluations of the program.

As shown in the summary table of the Child First evidence reviewed by the Clearinghouse (p. 38), the Lowell et al. evaluation found the program helped to produce decreased odds of re-involvement with child welfare, relative to a control group of families referred to services as usual. The outcomes for the treatment group at a 36-month follow-up period showed significantly reduced safety risks (OR = 2.1, N = 157). The safety risk assessments of treated families were non-significant at 6-, 12-, and 24-months (OR = 1.7 for each time point). A subsequent analysis of families at risk for family violence exposure (Crusto et al.) reported that Child First helped produce significant changes in parent and child reported outcomes relative to their baseline level (e.g., reduced risk for trauma). This evaluation examined the data of 143 children from pre to post program, like the current evaluation plan.[12] Taken together, these estimates provide initial estimates for the numbers needed to evaluate child welfare involvement of families in the program.

Data Collection and Review
Client data from Child First will be collected from the DCFS staff and program managers of Child First from intake and background, through electronic surveys and forms. In addition, Child First caseworkers and the DCFS staff will communicate via the administrative data systems, the case logs, and events to be used for tracking clients throughout the program. These data are numerous, however, each client in Child First will have personally identifying information linked via the child welfare data systems in place (i.e., all clients have a TIPS unique ID). Data collected on families involved with DCFS child welfare services are reported through TIPS and ACESS. Administrative

[12] Crusto et al., "Evaluation of a Wraparound Process for Children Exposed to Family Violence."

data on child welfare involved clients are collected and reported by TIPS. Data management and research practices will be reviewed by the DCFS agency and the agency internal review process.

Proposed Data Analyses

Analysis of the data collected will inform the coverage of the program enrollment during implementation, and the analyses of participant progress via completion of the program and their level of subsequent child welfare involvement. Data analyzed will include socio-demographic information, safety and risk assessment data, and the child welfare involvement of each client. An exhaustive list of data to be analyzed has not been determined, but an overall plan for analyses is presented.

The analyses on implementation data collected will include a descriptive statistical analysis of program participation and measures of service coverage requirements and service utilization. Statistical information will be reported in frequencies (e.g., percent participation), measures of central tendency (e.g., mean, median, modal participation length) and variability (e.g., variance, standard errors of sample quotas). Analyses will be performed to analyze cases/families by cross-tabulating demographics and program completion status (e.g., Chi-square). The IV-E Clearinghouse criteria for analyzing results will be referenced for best practices of data analyses.[13] The evaluation will also include the following practices, which will compare regions for performance.

- Data analyses conducted to ensure data errors are minimal (e.g., detecting missingness patterns, attrition, and inspection of data reporting protocols).
- Exploratory data analyses will ensure the data are feasible for ongoing collection and data analyses of outcomes (e.g., inspect non-normality, violation of homogeneity of variance, outlier patterns).
- Test of the relationship between the child welfare involvement and groups identified within the analyses as comparable (i.e., complete vs. incomplete, by reason). These analyses will be performed to examine short-term and long-term outcomes using program level data (e.g., child and parent measures) and state administrative data (e.g., entry into foster care).
- Review of measures of data reliability and validity on the DCFS client target population, including but not limited to coder reliability (% agreement, coefficient Kappa), assessment internal consistency (Cronbach alpha, test-retest reliability), and criterion/predictive validity (correlation/regression analyses of client assessment scores on one measure compared to another measure).
- Baseline equivalence analyses to compare served clients to other clients not referred to the program or who are served by other DCFS family services. This approach follows the What Works Clearinghouse, which performs an omnibus test of differences between groups on the following selected variables: child age at enrollment, child gender, caregiver race/ethnicity, caregiver marital status, caregiver work status, caregiver education, household income, family's receipt of public assistance, caregiver substance use, family involvement in child welfare (prior). This approach to baseline equivalence will help to mitigate potential false-positive discovery.

[13] Kerns et al., "Title IV-E Prevention Services Clearinghouse Reporting Guide for Study Authors."

Anticipated Barriers and Alternative Strategies

The maltreatment cases in Louisiana open the possibility that the families enrolled in Child First will differ substantively with demographics of prior evaluation reports.[14] In addition, the rate of prior maltreatment with youth 0-5 years suggests the DCFS could anticipate that clients tend to be representative of families with risk of child welfare system involvement. The planned program evaluation will need to be assessed in a sample that represents the localized areas and socio-demographics of youth in child welfare served by the DCFS. It will be imperative to use the results informed by the program enrollment to provide equitable services. The current plan involves reviewing the enrollment data at designated review periods to better determine how the agency can provide the program services to a larger proportion of eligible families.

Positive outcomes of Child First in Louisiana will likely be attained based on the evidence-based impact of the program. However, since the state is a new context of the program, the program efficacy will likely vary with quality of implementation, with better outcomes related to higher levels of program fidelity, and higher levels of client completion of the program. Conversely, the program outcomes are not guaranteed due to factors external to the program (e.g., clinician turnover, client access to program). To minimize the impact of this barrier, the DCFS should meet regularly with the evaluators to review the completer data, and to analyze which aspects of the Child First model are related to program completion.

Administrative data are limited to retrospective aspects of client functioning. Further, there is at least a minimal expectation of data input error across pilot sites. It is currently anticipated that the Child First program will have an adequate program uptake in the piloted regions, thus allowing for ample data to review for quality. The evaluators and agency staff will conduct regular quality checks. Importantly, these practices outlined are intended to serve as methods for discovering issues with fidelity and implementation. Typically, this process will also be informed with the collection of qualitative information to provide a more in-depth analysis and proposed solutions to any issues identified.

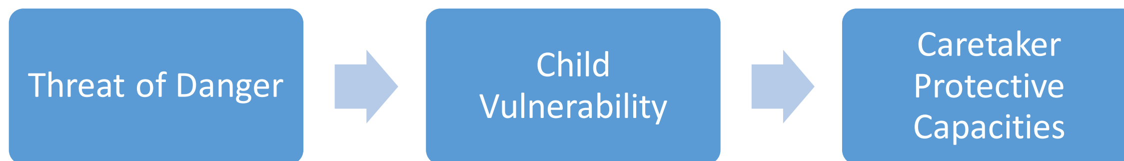
Challenges are anticipated in determining an impact of this program. Despite anticipating similar results with the Child First program in Louisiana to prior evaluation findings, the results of the evaluation will likely be limited in generalization beyond the local child welfare regions, because the program evaluation is not using a RCT or QED approach to control for potential confounds. Should it become feasible to randomly assign participants to treatment (i.e., there is adequate fidelity of the program model), an RCT outcome evaluation will be pursued at a future date. Should it not be feasible, then the QED approach will be based on a precise estimation of the samples using potential methods of capture (e.g., control cases selected from geographical areas/zip-code), and appropriate controls identified according to IV-E standards.[15]

[14] Crusto et al., “Evaluation of a Wraparound Process for Children Exposed to Family Violence”; MDRC, Hefyan, and McCormick, “Child First RCT”; Lowell et al., “A Randomized Controlled Trial of Child FIRST.”
[15] Kerns et al., “Title IV-E Prevention Services Clearinghouse Reporting Guide for Study Authors.”

SECTION VI. Monitoring Child Safety

As Louisiana works diligently to keep children safe, it is the policy of the DCFS that children's safety and risk is assessed throughout their involvement with the Department. Assessing safety is an essential part of the work of child welfare and in keeping with the vision Louisiana will utilize the current practice for initiating and monitoring assessments of risk and safety to children and families in the FFPSA program.

Louisiana is dedicated to ensuring the safety of its children and families and in doing so, the Child Welfare Assessment Decision Making model (CWADM), instituted in Louisiana as a part of the Program Improvement Plan (PIP), is utilized to assess and guide decision making throughout the life of a case. This model serves to identify abuse and neglect, along with the needs and strengths of children and families, so that the best decisions are made with and for the families. CWADM focuses on three core principles when assessing risk and safety.



The core principles are a guide to determining the potential of imminent harm or danger to a child, the extent of the child's contributing factors to the risk of child abuse and neglect and repeat maltreatment, and identifying the strengths in the way a caretaker thinks, feels, and/or acts that prevents or controls threats of danger and guides case planning activities.

Louisiana DCFS Assessment Tools

Assessing safety is an on-going process and includes both formal and informal assessments. Informally, the worker is to assess for threats of danger at every contact with the family. If threats of danger are identified, a formal **safety assessment, (Form 5)** is immediately required to be completed with supervisory consultation. The safety assessment is a shared worker/supervisor comprehensive assessment completed in all programs during safety discussions to guide decisions that keep children safe. An initial safety assessment is completed within 15 days of opening a case, every 90 days thereafter and/or prior to case closure; and anytime a threat of danger is identified. A safety assessment is to be completed on each household, which is defined as all persons living in the home 50% or more of the time. Additionally, a person that is in a domestic relationship with the parent/caretaker or a relative such as a grandparent, uncle, aunt, adult sibling, etc. who is providing care for the child(ren) and who is in the home on an ongoing/regular basis can also be included in that parent/caretaker's household for assessment purposes. All caretakers and children within each household must be assessed unless diligent efforts to locate one or more persons were unsuccessful. For CPS (excluding foster home investigations) and FS, a safety assessment shall be completed on all legal caretakers as the formal, required safety assessment cannot be completed on a temporary caregiver. For all other programs, a safety assessment shall be completed on parents/caretakers as outline in the Louisiana DCFS policy. With transfers from CPS, the current safety assessment and any safety plan is reviewed during the initial contact with the family. The review includes all children residing in the home. The safety assessment shall be

reviewed both for accuracy and applicability to the current family circumstances. Any inconsistency between identified threats of danger, the safety decision and a safety plan must be corrected with a new Form 5 within five working days of the initial contact.

A safety plan is needed when a child is determined unsafe in the safety assessment. The worker and supervisor will consider whether or not the threats of danger can be mitigated, if addressed in a plan that allows the child to remain in his own home. When it appears the threat/danger can be elevated with an in-home plan, court intervention shall be considered. All safety plans shall be approved and signed by the supervisor.

Louisiana utilizes the **Structured Decision Making (SDM)** model, which is a comprehensive approach to screening for investigation, determining response priority, identifying imminent threatened harm and determining the risk of future abuse and neglect. An initial SDM Risk Assessment is used to identify families who have low, moderate, high or very high probabilities of future abuse and/ or neglect. The Initial SDM Risk Assessment determines the family's potential risk of an incidence of abuse and neglect absent further intervention by the Department. The initial SDM Risk Assessment is completed by the assigned caseworker on the home of the parent where the abuse or neglect occurred. The SDM risk assessment sets contact requirements for the family's case plan. The SDM risk level determines the minimum number of face-to-face contacts required with the parent/caregiver and child monthly and guides reunification decisions and permanency. The SDM risk level, which is determined by completing the online SDM assessment tool, shall be entered, and updated as it changes, in the appropriate spaces on the Assessment of Family Functioning (AFF) and case plan cover pages. The completed SDM assessment tool shall be printed from the online SDM system, signed by the caseworker and supervisor, and filed in the case record.

The charts below illustrate the contact requirements as prescribed by the SDM model and the DCFS visitation requirements for the Family Services Program.

SDM Monthly Contact Requirements Matrix			
Risk Level	**SDM® Minimum Contact Requirements for Parents/Caretakers with children living in the home**	**SDM® Minimum Contact Requirements For Caretakers of Children living out of the home of their parents (5-205 C. 2. c.)**	**Minimum Additional Contact Requirements for all Families**
Low	1	1	1
Moderate	2	1	1
High	3	1	1
Very High	4	1	1

Family Services Visitation Requirements		
SDM Rating	**Safety Plan**	**Modified Visitation Requirements**
Moderate or Low	No Safety plan or court order	Review/staff case; connect to appropriate community resources; request approval to close FS case.
Moderate or Low	Yes and/or court order	• A minimum of one face to face contact in the home by the caseworker, and • A collateral contact, including safety monitor, for FS cases to obtain additional information regarding family functioning and child safety (may be via telephone contact).
High	Yes or No	• A minimum of two monthly face to face contacts - caseworker should have at least one contact per month in the family home and, • One face to face contact may be delegated to a service provider other than DCFS when family is participating in the services (such as Homebuilders, Family Resource Centers, MultiSystemic Therapy (MST), Early Steps, or Infant Team Services) with required documentation, (the family may be seen at the provider's place of business or in the family's home) and • One monthly collateral contact with the safety monitor to obtain additional information regarding family functioning and child safety (may be via telephone contact).
High (with child(ren) 5 years of age and/or disabled child(ren) of any age	Yes or No	• A minimum of three monthly face to face contacts - caseworker should have at least two contacts per month in the family home and, • One face to face contact may be delegated to a service provider other than DCFS when family is participating in the services (such as Homebuilders, Family Resource Centers, MultiSystemic Therapy (MST), Early Steps, or Infant Team Services) with required documentation, (the family may be seen at the provider's place of business or in the family's home) and • One monthly collateral contact with the safety monitor to obtain additional information regarding family functioning and child safety (may be via telephone contact).
Very High	Yes or No	• A minimum of three monthly face to face contacts - caseworker should have at least two contacts per month in the family home and, • One face to face contact may be delegated to a service provider other than DCFS when family is participating in the services (such as Homebuilders, Family Resource Centers, MultiSystemic Therapy (MST), Early Steps, or Infant Team Services) with required documentation, (the family may be seen at the provider's place of business or in the family's home) and • One monthly collateral contact with the safety monitor to obtain additional information regarding family functioning and child safety (may be via telephone contact).

*minimum contact requirements are subject to change

The **Assessment of Family Functioning** used by Louisiana DCFS, is a formal assessment tool used to engage families and related collaterals in order to allow the family to tell their story from their perspective and gather information about the child/family as it pertains to the reason the Department is currently involved with the family. The assessment guides case decision-making and case planning and establishes conditions for case closure. The Assessment of Family Functioning (AFF) is a summary of the family's protective capacities, concerns and needs as perceived by the family and other collaterals. Information gathered through the assessment process is used to identify underlying needs creating diminished caretaker protective capacities through the three areas of assessment including development of behavioral change goals to address diminished caretaker protective capacities. In order to complete a thorough assessment of the family, the worker must assess all of the family household members and family members, including the involvement of any out-of-home parents in the information gathering for the assessment. It shall be completed and committed in the Family Assessment Tracking System (FATS) within 30 days of the case open date. Engagement of the family is essential to improve their outcomes related to safety, permanency and well-being. Successful engagement occurs through conversation and joint planning and decision-making. It is essential for gathering reliable and thorough assessment information over time and results in cooperation and a partnership with the parents and caretakers.

Workers engage the family, build cooperation, and develop partnership by:

- Conveying their genuine concern about the family's well-being,
- Communicating an attitude that is open minded rather than judgmental, and
- Displaying positive regard for the family's ability to work together with DCFS to build safety, permanency and well-being for their children into the family environment.

Families, if referred to FS, are expected to receive services through the FS program for up to six months unless court involvement or service needs of the family, dictate otherwise. A Child Welfare Manager's review and approval is needed to continue services beyond six months when the SDM risk level or supervisor/worker consultation indicate the need for ongoing services. When services are approved to continue beyond six months, the Child Welfare Manager shall review and approve continuation of services at least every three months. Approvals are documented on Family Services Staffing Form the (OCS Form 62), case documentation and the TIPS case events screen.

The Department of Children and Family Services implemented the **Child Protective Services (CPS) Centralized Decision Making (CCDM) Model** in July 2021. CCDM was designed and implemented based on a model currently in use in the State of Idaho. The primary goal of the CPS Centralized Decision Making Model is to improve the quality of practice and timeliness in case closures. When a report of child abuse and/or neglect has been made to the CPS Hotline and accepted for investigation, the worker is required to make contact with the family within the assigned response priority. During the initial assessment with the family, if the assessment determines all children are safe and the case is determined to be invalid, the worker can call the CCDM line and staff the case with Consultants who will review the information gathered from the assessment and close the case in real time. This allows for a quick closure of cases, decreases a backlog of cases and removes cases from the caseworkers' caseloads and thus creates less stress for the worker. It also allows the worker and supervisor to spend more time on cases that require more attention and intervention. The CCDM Consultants are current employees with the

Department and have experience in CPS and multiple programs administered by the Department. The Department has also contracted with retired DCFS employees who have the same experience as the agency employees to assist with the Consultant line. At this time the case closure rate for safe/invalid cases is at 88% for cases called into the CCDM Consultation line. Currently, CCDM is activated in five parishes, Jefferson, Orleans, Rapides, Vernon and Livingston. The Department has contracted with the Change and Innovation Agency and will assist with the continued statewide rollout of CCDM. The Change and Innovation Agency worked with the State of Idaho to implement this program in that State.

In conjunction with the assessment tools, all DCFS caseworkers are trained to ensure staff and stakeholders have a clear understanding of how safety, risk and service needs are assessed and addressed throughout the life of a case. The CWADM Case Reviews are conducted to monitor quality of assessments and decision-making and measure compliance and adherence to policy requirements. Case Consultation are held to reinforce the CWADM model, to provide direct feedback to and from staff, and to identify systematic and practice issues to inform the problem solving process and to provide training and further changes needed to the CWADM model. The Department will utilize the information to identify areas needing improvement and practice issues to enhance practice as Louisiana remains committed to improving the safety and well-being of the children and families it serves.

SECTION VII. Child Welfare Workforce Support and Training

The Department of Children and Family Services (DCFS) supports staff development and provides ongoing training by utilizing a training and staff development plan that addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives reflecting the ever-changing nature of staff training and development. The training plan is based on providing legally required training as well as incorporating feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders. The DCFS, in partnership with the Universities Alliance and the Pelican Center (PC), has established the Louisiana Child Welfare Training Academy (LCWTA). Through the LCWTA strategic partnership, Louisiana continues to expand the resources available to support child welfare training and workforce development. The LCWTA is committed to aligning and maximizing human, fiscal, technological, and programmatic resources to support high quality training and professional development of students, staff, foster parents, kinship caregivers, adoptive parents, providers, legal stakeholders, and other key community partners and working closely with DCFS staff to advance critical child welfare workforce investments. This includes supporting initial and on-going training and professional development of DCFS child welfare staff, foster and adoptive parents and providers as well as expanding training and professional development opportunities for legal stakeholders, law enforcement, students, and other key partners. While the work in strengthening the LCWTA continues, the academy is working to provide comprehensive and consistent education and training to departmental staff, foster parents, and other key child welfare stakeholders including judges, attorneys, and Court Appointed Special Advocates (CASA). This training plan is supported by the use of child welfare trainers, university partners, and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX, Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match

includes state general funds provided by the DCFS, the Universities Alliance, and general fund supported costs of trainers and trainees provided by public agencies other than the DCFS. Full implementation of this plan is contingent upon funding and resources.

The Department adopted various definitions and principles about training and professional development through new knowledge gathered from the trainings. These principles shaped the training needs analysis that was conducted. The following are key concepts from this model:

- **Training** prepares a person to do a specific job; the person leaves training able to begin to apply the knowledge and skills learned (e.g., How to complete a safety assessment; how to write behaviorally specific case plans; and how to plan meaningful visits between parents and their children in foster care).
- **Education** is information presented from a broader perspective; it contributes to one's overall knowledge but is not expected to necessarily result in immediate application on the job (e.g., Understanding the dynamics of domestic violence; core concepts of child trauma; and the effects of commonly abused drugs).
- **Professional development** refers to on-the-job training (e.g., coaching, mentoring, and various forms of supervision such as task supervision, reflective supervision, or supervision for licensure).

The decision to offer training, education, or professional development – or a combination of all three – should be carefully considered and based on the expected outcome. Training needs are continually assessed utilizing feedback and input from staff, university partners, biological parents, foster/adoptive parents, youth, and other stakeholders. Evaluations are conducted following each training to provide direct feedback about the training experience and need for future training topics. The LCWTA Learning Management System provides the capacity to collect and report this data in a routine and systematic manner. Trainings contain assessments providing information on improvement in subject knowledge and comprehension and several provide information about improvement in key competency areas because of the training experience. Trainees are required to complete pre and post-tests, and an evaluation after every training session. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs.

Staff are offered various training opportunities throughout the year and the Department provides a competency-based CW curricula. Staff development and training opportunities are provided to address the skills and knowledge needed to carry out child welfare duties. The DCFS collaborates with the LCWTA, the Pelican Center, the University Alliance, Healthy Blue (a Medicaid managed care organization), Louisiana State Office of Behavioral Health, the Office of Public Health, and several community organizations to collaboratively provide training opportunities for DCFS staff, federally recognized tribes, and other partners. The LCWTA Learning Management System will be used for all child welfare training offered by LCWTA, and it will provide automated registration for these trainings.

The Department has extended training and reduced caseloads for new workers for the first six months of employment. This is recognized as an important practice to assure that new workers are fully prepared for the challenging careers child welfare offers. Achieving the goal of improved retention of staff will significantly reduce the impact that extended new worker training has on the

caseloads of experienced workers. Child Welfare New Worker Orientation curriculum includes orientation, classroom training, and structured activities to help the new worker move learning into practice. These trainings include some of the following topics:

- Introduction to DCFS
- Overview of DCFS Major Programs
- Child Welfare Code of Ethics
- Principles of Child Welfare Practice
- Mandated Reporter Training
- Safety Focused Practice Terms and Concepts
- Work Safe, Work Smart
- Cultural Competency and Awareness
- Child Developmental Milestones
- Quality Parenting Initiative
- Family Engagement and Assessment Skills.

Job specific training is also included for each Child Protection Service worker, Family Service worker, and Foster Care worker. There is also a training curriculum for new supervisors to help transition to their new role. Child Welfare Supervisor Support and Capacity Building Program is a twelve-month training and professional development program that is designed to assist and support Child Welfare Supervisors as they transition into their new positions. This training includes sessions on:

- Preparing for Supervision
- Building your Team
- Supervising and Supporting your Team
- Supervising for Permanency
- Respectful Accountability
- Supervisors as Leadership

There is also a six-module training on Mastering the Art of Child Welfare Supervision. The DCFS CW staff expects the supervisory training to result in better preparation of new staff and reduce the high rate of turnover among staff with three or fewer years of experience.

The training academy also offers training by the National Adoption Competency Mental Health Training Initiative (NTI), Advancing Practice for Permanency and Well-Being**.** NTI is a state-of-the-art web-based training to enhance the capacity of child welfare and mental health professionals to effectively address the complex mental health needs of children in foster care, moving to permanency through adoption or guardianship, or living with their adoptive or guardianship families. NTI seeks to enhance casework and clinical practices to improve well-being and long-term stability outcomes for children and families.

Training for staff on the Intercept program has been offered and completed in the regions where Intercept has started, including East/West Jefferson, Orleans, Livingston, Tangipahoa, St. Tammany, and Caddo parishes. There is also an informational training on Intercept in the Louisiana Child Welfare Training Academy for staff to view. Child First informational meetings were offered in July of 2021 and again in July of 2022. Additional prevention trainings will be

developed and offered as the prevention programs are added and expanded across the state. Information regarding both programs and the referral process will be included in new worker training and in the on boarding of new staff.

SECTION VIII. Prevention Caseloads

Caseload size is an important factor to ensure effective case management for families and children receiving preventive services. Louisiana has determined that prevention caseload sizes can be maintained at their current rates given that candidates for prevention services will initially be limited to the population of children who receive In-Home Services and pregnant and parenting foster youth. Caseload ratios will be monitored and managed by local department child welfare supervisors and administrators. For families with higher needs, supervisors and case managers may determine a family could benefit from additional supportive services and assign a case associate to assist the case manager working with the family.

The caseloads for experienced and new DCFS workers are shown in the chart below:

Child Welfare Caseload Standards		
Program	**Caseload Standard for Experienced Workers**	**Maximum Caseload for Workers with Less than Six Months Experience**
CPI	10	7
Family Services	15	10
Foster Care	10	7
Adoptions	15	N/A*
Home Development	55	N/A*

**DCFS requires experienced workers carry Adoption and Home Development Caseloads*

The prevention programs the DCFS chose has their own caseload standards. Intercept Specialists carry average caseloads of five families, with the acceptable caseload range of 4 to 6 families at any point in time. Each family meets with the specialist three times a week and the specialist completes an average of 12-15 face-to-face sessions weekly. Depending on the needs and struggles families face, the number of sessions may increase. Additional communication via phone calls, text messages, e-mails, or other means of contact are also part of the support provided by the specialist weekly. The involvement of other key stakeholders within the family's ecology is also essential to the success of the family. Intercept Specialists are available to families outside of working hours, via an on-call system. Families typically receive services for four to six months for prevention of out-of-home placement and six to nine months for families being reunified. Child First has a Team Intervention Process. Their services last six to twelve12 months, but can be

increased to 18 months as needed. The in–home visits include a Clinician and Care Coordinator team and occur 2 times per week during the 1st month and once per week or more after the 1st month. Team caseloads average 10-15 cases, based on complexity and geography.

SECTION IX. Closing Summary

The Family First Prevention Services Act, passed in 2018, provides Louisiana with an opportunity to receive federal funding to address the rise of children entering foster care by expanding and enhancing prevention services aimed at maintaining children safely in the home. Through state and community partnerships, Louisiana has developed a comprehensive State Prevention Plan that includes the expansion and establishment of existing and new prevention services including Intercept and Child First, while also increasing the knowledge of other services available to families in Louisiana in collaboration with United Way/211. Title IV-E funding, along with state funds, other federal grant opportunities, and statewide initiatives will allow Louisiana the opportunity to implement the FFPSA and guide the way to increased access and availability of services for families in Louisiana to support families and prevent the need for out-of-home placement.