

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2015- 2019

Five Year Child and Family Services Plan

**Louisiana Department of Children and Family Services
2015-2019 Child and Family Services Plan**

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SECTION 1: INTRODUCTION TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES: The DCFS is the state agency designated in Louisiana to administer and supervise the administration of child welfare services delivered under Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), Promoting Safe and Stable Families (Title IV-B subpart 2), and Title IV-E of the Social Security Act. In addition, the Department is designated to administer the Chafee Foster Care Independence Program and the Child Abuse Prevention and Treatment Act Grant (P.L. 104-235).

This report outlines the Department's plan for child welfare for the next five years.

ADMINISTRATION OF PROGRAMS: The DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care and adoption. Services are administered statewide within a centralized organizational framework with 9 regional offices and 48 parish offices. Services are available in all 64 parishes.

ORGANIZATIONAL CHARTS: Organization charts are located in Appendix A of this document.

DECISION MAKING PROCESS: The DCFS selects community-based agencies and organizations to provide family support services in accordance with the Louisiana Procurement Code, financial regulations, and the state's Cost Allocation Plan. Contracts are issued through a competitive bid process. Requests for Proposals (RFP) are issued outlining services and requesting proposals. Proposals are then received from community-based agencies. A RFP committee consisting of field staff and state office staff is assigned to review proposals. Proposals are then reviewed and scored to determine who will be awarded contracts. Contracts, which are negotiated with community agencies, are awarded for three year intervals.

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CHILD WELFARE PRINCIPLES OF PRACTICE: In decision making, and the development and identification of best practices and/or evidence-based practices, the Department utilizes the child welfare principals of practices as listed below. In addition, the DCFS also works toward best practice standards as identified through the Council on Accreditation (COA). The Department is accredited on over 750 standards that address programmatic issues, administrative and staffing issues and service environment issues.

Further, both state and federal data are utilized in the decision making process. Elements in this five year plan are in keeping with areas originally initiated as part of the federal program improvement plan.

DCFS Mission Statement: DCFS is working to keep children safe, helping individuals and families become self-sufficient, and providing safe refuge during disasters

DCFS Vision: Safe and thriving families and individuals

DCFS Values: Throughout DCFS, our work is carried out in the context of the following values:

Respect

We treat all individuals with dignity. We exemplify respect by protecting confidential information, maintaining timely and open communication with the children, youth and families we serve, our stakeholders, and with our colleagues within DCFS.

Committed, competent and professional staff

We are committed to recruiting, preparing, and retaining a workforce that contributes to high quality services that meet the individual needs of the children, youth, and families we serve. As employees of DCFS, we endeavor to maintain a high level of integrity and professionalism in all circumstances.

Continuous quality improvement

We uphold integrity, accountability, fidelity and commitment to best practice standards as evidenced by data analysis, ongoing assessment of quality, and input from stakeholders. Information is shared with all levels of staff to achieve positive outcomes for children, youth, and families, and to ensure a system that functions optimally.

Principles of Child Welfare Practice: Our focus in providing child welfare services is centered on the following five principles:

Children are safe, and their well-being is supported

The physical and psychological safety and well-being of children and youth is our paramount concern, and we address it at every contact. Ongoing assessment of safety, risk and protective factors guides every intervention and plan.

In our work with families, we assess safety threats and risk factors and consider the degree to which the parent/caretaker protective capacities control these threats. We

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consider the history of traumatic events and responses in understanding potential triggers and assuring trauma-informed services. Our focus on safeguarding children's physical and psychological safety is accomplished through meaningful engagement of parents, substitute caretakers and family members with the assistance of appropriate community supports.

- **Families are strengthened and parental capacity is enhanced**

Trauma informed evidence-based interventions are utilized to identify and support parents, caretakers, and families who can develop protective capacities and maintain a safe, stable environment for their children. When children or youth must be placed out of home for their safety, foster care is considered a short-term intervention.

We strive to engage and empower families and their natural support systems to provide safe, nurturing care for children and youth in their own home. While working toward timely reunification with families, we concurrently develop alternative permanency options for children and youth.

- **Children and youth have permanence and their well-being is prioritized**

All children and youth need stable and nurturing families to grow and develop to their full potential. Permanency for children and youth should occur timely while ensuring ongoing permanent connections. Youth should have a voice in their plans.

We strive to assure that children and youth are placed in the least restrictive and most appropriate environment to meet their social, emotional and developmental needs. We work in partnership with the legal system, following federal guidelines to identify timely and permanent placement, as evidenced by actions such as continuously searching for connections.

- **Communities are engaged**

Communities share the responsibility for the safety and well-being of children, youth and families. Communities are defined broadly and include foster parents as well as stakeholders of the educational, law enforcement, health care, social service, faith-based, and legal systems.

We actively promote partnerships with stakeholders to assist in achieving the goals of safety, permanency, and well-being of children and strengthened families.

- **The competencies and well-being of those working in the system are advanced**

We acknowledge the complexity of child welfare work and provide evidence-based tools, training, and supervisory support in order advance staff knowledge and competencies. As a trauma-informed system, the impact of primary and secondary trauma on the workforce is recognized and supported.

In addition to tools, training and supervision, we are responsible for recognizing the potential impact of trauma on those who work with traumatized children and families,

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and for instituting policies and practices that identify traumatic stress and provide supportive services and interventions.

CHILD WELFARE DEMONSTRATION WAIVERS: Louisiana is not participating in any demonstration waivers at this time.

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COLLABORATION: The Department of Children and Family Services (DCFS) is committed to the involvement of stakeholders in the development and improvement of service delivery. To that end, the Department engages in a number of collaborative processes. They are as follows:

A) Committees, Workgroups and Partnerships with Public Agencies/Entities:

The **Louisiana Court Improvement Project (CIP)**, DCFS and other key stakeholders have given priority to several issues. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, **juvenile courts** and state and parish agencies is required to effectively comply with state and federal mandates. Through various work efforts and processes the CIP and the DCFS are working toward the following:

Enhanced Collaboration: Promotion of best practice and collaboration among stakeholders serving families through the implementation of **the Pelican State Center for Children and Families**. (Together with the CIP, CASA, the DCFS and the state universities alliance, a multi-disciplinary training academy is being built); Interdisciplinary education and training (“Together We Can” Conference); Multi-disciplinary, joint training, exchange of data, and identification of challenges, promising practices and strategies for improvement, statewide.

Increased Support: Efforts to decrease the number of children experiencing repeat maltreatment; Increase the number of children who have permanency and stability in their living situations, including the transition from foster care to independent living, and that long-term foster care placements are stable and; Increase and improve engagement of the entire family, including fictive kin and foster parents.

Provision of High Quality Legal Processes: Promotion of due process of law in child abuse and neglect proceedings; promotion of timely, thorough and complete court hearings and; through the work of the CIP Judicial Fellow promotion of improved judicial performance in courts that hear Child in Need of Care (CINC) cases.

Additionally, CIP participates in the DCFS state level child welfare PQI subcommittee and in March 2012 CIP developed its own statewide, interdisciplinary PQI committee. DCFS staff serves on the CIP PQI committee.

The DCFS and the **Louisiana Department of Education (LDE)** - explore issues related to improved educational outcomes for children in foster care and include mechanisms for data sharing, surveying staff and cross training staff. DCFS has developed regional education liaisons for improved communication within the regions with local education authorities. These liaisons will continue to work over the coming year in developing local work plans to address issues specific to the individual school systems with which they work. As the work plans are finalized and working agreements developed, the liaisons will lead the change efforts in the regions. The liaisons will continue to meet monthly by conference call for consultation with a state office lead to share successes and challenges as well as to generate solutions. Through collaboration with **Casey Family Programs** and the **Picard Center** of the University of Louisiana in Lafayette, the DCFS and the LDE will hold a statewide convening of DCFS staff and staff from the local education authorities to initiate the local work efforts. In addition, a Memorandum of

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Understanding between child welfare staff and educational system staff is being developed at the state level to address the establishment of clear guidelines regarding mandated reporting roles, the sharing of information and the utilization of shared information. Joint opportunities for shared training to staff within child welfare as well as the educational system will continue to be explored and provided as the opportunity arises.

A committee has been established that includes the Department of Children and Family Services (DCFS), the **Office of Juvenile Justice (OJJ)**, the **Department of Health and Hospitals (DHH)**, and private medical providers working under contract with the DHH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in foster care. This plan is currently being revised. The DHH has adapted the provisions from the Affordable Care Act for the extension of Medicaid services up to age 26 for youth aging out of foster care at age 18 in the United States and then residing in Louisiana. In the coming year, the DCFS will be monitoring legislative impact on continued provision of this service, then developing and disseminating promotional materials to applicable youth as appropriate to support access to the services. Through development of a managed health care system called **Bayou Health** for the provision of Medicaid services, DHH and the DCFS are now able to offer children in foster care a medical continuum of care. Youth or older youth, children and their caregivers are able to select a managed care provider for the delivery of medical services. The child is able to retain this managed care provider even if the child's residence changes. If it becomes unrealistic for the child to continue to use the same physician, the managed care provider can remain the same and another physician be identified within the provider network to insure that the child's medical history is retained within the network. The plan promotes a more efficient referral process for children that require specialized medical services. The enhancement of the provision of services through this network will continue in the next few years.

DHH, DCFS, **Louisiana Department of Education (LDE)** and OJJ have partnered to develop the **Louisiana Behavioral Health Partnership** to enhance the availability of behavioral health services for all children and families in Louisiana. Special attention will be given to the development of a provider networker that administers trauma informed care services with statewide accessibility. In addition, there will be continued work to fully implement integrated case planning for those children eligible for specialized wraparound services through the Coordinated System of Care (CSoC) approach.

The Department's Foster Care Program and the Transitional Living Services staff work with the **Office of Citizens with Developmental Disabilities (OCDD)** to obtain services for developmentally challenged children and youth. DCFS continues to participate at the local and state level in the **Interagency Service Coordination Council** as a process for collaborative service delivery for this group of youth. This process will continue to be a venue for resolving challenging situations in service delivery for developmentally challenged youth.

The DCFS Foster Care and IV-E Programs work with the OJJ and the tribes to assure that IV-E eligibility is calculated accurately for children in the custody of the **Department of Corrections** and the **tribes**.

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Foster Care/Transitional Living Program staff, OJJ staff and tribal liaisons work together to assure that youth receive the life skills training needed to function independently as adults. In the upcoming year, a new RFP will be released with joint planning for the refinement of expectations for the utilization of Chafee funds in preparing youth to exit foster care. The new contract(s) will become effective SFY 2016 and will cover a three year term.

Child Welfare staff work with **DCFS Child Care Assistance Program** staff to assure the availability of child care services through the **Child Care Development Fund**. The fund provides temporary protective care to children in the CPI and FS programs to prevent removal, child care services for children in foster care or children of minor foster child parents to promote placement stability, and to meet the developmental needs of children when other state programs are not available.

Child Welfare staff are working with OJJ staff to explore an integrated case management system for youth dually involved in both systems. A pilot will be implemented this year. The pilot will be evaluated for improvement and then spread statewide over the next few years.

Departmental staff serve on the **Children's Cabinet Advisory Board**, a state task force with OJJ, the state police, the **FBI**, as well as other state and private agencies to plan for state awareness and management of human trafficking issues.

The DCFS also works with the **Louisiana Family Forum** which is an organization committed to defending faith, freedom and the traditional family.

The DCFS' "**Faith in Families**" initiative seeks to safely reduce the number of children in foster care, decrease the amount of time children spend in the system and ensure that each child has a permanent connection when they leave foster care.

Departmental staff work with OJJ **Interstate Compact on Juveniles** to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana.

Child Protection Investigations (CPI), Prevention/Family Services (FS) and Foster Care (FC) Program staff work with the **DCFS TANF unit** to provide an efficient referral process for various financial assistance programs.

Citizen Review Panels (CRP), CASA, the Louisiana Foster and Adoptive Parent Association and the Louisiana Adoption Advisory Board. (For additional information on CRP, please refer to CAPTA portion of this plan.)

Federal Partners - DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as a wide array of training and technical assistance (T/TA) from the **National Resource Center (NRC) Network**.

B.) Private Not for Profit Organizations: Louisiana is engaged in ongoing collaboration with the **Casey Family Programs** for various projects. These projects include but are not limited to

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implementation of the Family Team Meeting (FTM) model; the implementation of Advanced Safety Focused Practice (ASFP) across child welfare programs; the development of “safe” homes as a resource for families in collaboration with **Catholic Charities**, the facilitation of improved working relationships to support better educational outcomes for children in foster care, the development of staff skills in recruiting families to provide permanency for older youth, and the support of drug court implementation efforts.

The **Braveheart Foundation**, a Baton Rouge based organization, supports the DCFS statewide for children entering care by providing local offices with backpacks containing comfort items, and scholarships for foster care alumni.

Cross Roads NOLA (New Orleans, LA), a faith-based organization affiliated with the **Louisiana Baptist Association**, is developing plans for outreach in the New Orleans area in relation to supporting current caregivers of children in foster care as well as exploring other opportunities to be a community resource for families involved with the child welfare continuum of services.

HP Serve of Baton Rouge, a faith-based organization affiliated with **Healing Place Church**, a local, non-denominational church has developed an extensive array of foster care service projects including: human trafficking survivor services, transitional living services for youth aging out of foster care; homeless shelter for youth without a place to live; and, foster parent recruitment and supportive services. Additionally, HP Serve is developing an MOU to provide training to staff in relation to working with runaway youth and survivors of human trafficking. HP Serve is also the recipient of a Children’s Bureau grant to assess the issues impacting youth exiting foster care and youth experiencing homelessness after foster care. This collaboration through the grant will be ongoing for at least the next two years and potentially beyond.

Louisiana Baptist Children’s Home, a faith-based organization affiliated with the Louisiana Baptist Association is also collaborating with DCFS in the development of specialized homes to meet unique care needs of children in foster care such as survivors of human trafficking. Louisiana Baptist Children’s Home also collaborates with HP Serve and will join that organization in providing DCFS staff training.

C.) Development of the 2015-2019 Child and Family Services Plan: Consultation with federal partners on the development of the plan was done during a site visit on March 6, 2014, via phone calls and e-mail correspondence. During this meeting DCFS provided information on how the Department planned to approach long term planning. The strategy involved a continuation of a number of initiatives that were initiated as part of the state’s PIP as well as the incorporation of the child welfare principles of practice.

In preparation for this five year planning cycle, DCFS engaged various stakeholders [ex. Louisiana Court Improvement Project (CIP) and the Casey Foundation] in the development of the child welfare principles of practice which has been used as the foundation for this five year plan.

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Additionally, through the state level and regional level PQI/CQI process various stakeholders were involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps.

Stakeholder involvement occurs on an ongoing basis throughout the year through the PQI/CQI process, the training partnership between Southeast Louisiana University, the Pelican Center and the CIP.

A public notice regarding the APSR and the public hearing was published in the Louisiana Register and posted on the DCFS website on April 20, 2014. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 7, 2014 at 10:30 a.m. No members of the community were present at the hearing.

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COORDINATION WITH TRIBES: There are four federally recognized Native American Tribes in Louisiana:

- **The Chitimacha Tribe of Louisiana** is located in Charenton, LA in St. Mary Parish. John Paul Darden, Sr. is the Chairman and Karen Matthews is the Social Services Director. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-4973. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Lovelin Poncho is the Chairman and Milton Hebert is the Social Services Director. The mailing address is P.O. Box 818, Elton, LA 70532, and the telephone number is (337) 584-1401. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Marshall Pierite is the Chief and Betty Logan is the Social Services Coordinator. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 240-6444. Website: www.tunicabiloxi.org
- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Cheryl Smith is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

Collaboration Activities: Annual meetings between federal, state and tribal partners will be held to discuss collaboration, planning and service delivery. The meetings are coordinated by ACF and prove beneficial in improving service delivery to tribal families and children. Chafee Independent Living providers in regions where the tribes are located make ongoing outreach efforts to the tribes. Formal and informal working agreements with American Indian tribes are in place.

DCFS continues to build relationships with tribes via the Performance and Quality Improvement (PQI)/ Continuous Quality Improvement (CQI) processes. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional PQI/CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica-Biloxi and Jena Band of Choctaw Tribes). The Chitimacha Tribe Social Services Director participates in the statewide PQI Stakeholder Committee on a quarterly basis.

Plans, Reports and Reviews: DCFS provided tribes with an outline for the new Child and Family Services Plan (CFSP) and goals and action steps to obtain feedback for planning for the next five years at the annual tribal meeting held in Charenton, LA. All of the Louisiana Tribes have finalized Title IV-B agreements.

As with previous years, the Department provided a copy of the finalized plans to all Louisiana's federally recognized tribes along with a request for each tribe to provide their plans to DCFS.

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Only the Chitamacha Tribe acknowledged the receipt of the DCFS’ 2014 final report and new five year plan and provided their 2014 final report. Ongoing discussion regarding plans, reports and the state’s compliance with ICWA will be held in quarterly conference calls initiated by DCFS and DCFS will resume site visits with tribes. The DCFS will continue to conduct the calls and encourage tribal participation through meeting reminders and requests for agenda items which are important to tribes as well as coordinate site visits.

Rights of Tribes to Operate a Title IV-E Program: DCFS continues to be available to all tribes in the state, the Director of the Bureau of Indian Affairs, and the Director of the Louisiana Intertribal Council to negotiate in good faith with any tribe or tribal organization that requests the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independence Program on behalf of Native American children, and to provide access to Title IV-E administration, training and data collection resources.

Specific Measures to Comply with ICWA: DCFS provides initial and ongoing training to front-line staff to assure that ICWA policy is understood and implemented. Additionally, tribal representatives are invited to participate in trainings offered by DCFS. In consultation with tribes, Louisiana has developed policies and procedures to comply with the Indian Child Welfare Act.

Notifications to Indian Parents and Tribes: DCFS policy requires that staff identify children who are American Indian. The Child Protection Investigation (CPI) data system, A Comprehensive Enterprise Social Services System (ACESS) intake screen captures information regarding Native American Indian status, and inquiries continue throughout the life of the case, with Tracking, Information and Payment System (TIPS) data and/or ACESS being updated accordingly. Upon identification of a child affiliated with a federally recognized Native American tribe involved with DCFS, the tribe is notified. DCFS encourages identification of Native American children early in the child welfare process and stresses open communication with the family and the tribe throughout the family’s involvement with the Department.

The state does not currently capture data on the notification to tribes when a Native American child becomes involved in the child welfare system, but DCFS is able to provide data on removals among this population. The table below reflects the total number of Native American Indian children who were alleged victims of abuse/neglect as well as the total of Native American children who represented valid cases of abuse/neglect.

FFY	Total Alleged child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2013 Baseline	29,054	71	0.24%	10,386	31	0.30%
2014						
2015						
2016						
2017						
2018						

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See table below for information related to children in foster care:

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2013 Baseline	19	61	80
2014			
2015			
2016			
2017			
2018			

Data Source: ACN0007 Unduplicated person report

Placement Preferences: DCFS policy recognizes the special placement preferences for Native American children within the tribe if placement within the family is not possible. Policy addresses placement preferences for Native American children in foster care, pre-adoptive and adoptive homes. Policy requires children be placed with family and within a placement resource that can meet the specific ethnic and cultural needs of the child.

Family Preservation: The Department seeks to provide services to prevent the breakup of Native American families. The DCFS is working toward building a continuum of services that focuses on prevention and the preservation of the family unit for all families served by the Department, including tribal families. Limitations exist in the availability of services in rural areas of the state, which negatively impacts the ability to provide services to tribal families and all other families who reside in rural areas.

Tribal Jurisdiction: The DCFS recognizes in policy, the rights of tribal courts and their jurisdiction. Policy has been updated to reflect the process of transferring jurisdiction to a tribal agency, if requested. Tribal courts usually allow the local courts to proceed, but would prefer complete details in an informed decision making process. It is hoped through ongoing participation of tribal representatives on regional PQI/CQI teams and on the statewide stakeholder committee, these types of issues can be discussed and resolved in a satisfactory manner for all parties and in the best interests of the children and families served.

Special Provisions: In July 2007, the Department added special provisions to policy that applies to a child eligible for membership in a federally recognized Native American Tribe and involved in child custody proceedings relative to foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. These special provisions include family background investigation, pre-removal services, and hearing notification to the parent(s) and the tribe. DCFS requires Chafee Independent Living Service providers by contract to serve tribal youth in foster care with the tribe as well as state custody in providing services.

Plans for Tribal Collaboration for FFY 2015-2019 CFSP: The state level Foster Care and Transitioning Youth Unit will do the following:

- Continuously review and update policy for improved guidance to departmental staff in serving Native American children and families;
- Conduct verbal communication on at least a quarterly basis and conduct onsite meetings annually with each Louisiana tribal social service director and their local child welfare

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tribal liaisons to collaboratively identify challenges and facilitate improved working relationships;

- Encourage tribal PQI involvement at the state level;
- Encourage tribal youth involvement in the Louisiana Youth Leadership Advisory Council (LYLAC), if previously in state custody;
- Notify tribes of monthly Keeping in Touch (KIT) conferences and other DCFS child welfare trainings provided to child welfare staff in relation to policy/legislative issues and encourage participation;
- Collaborate with Supreme Court, Court Improvement Program in planning for improved ICWA compliance in serving Native American families;
- Work with contracted Chafee Independent Living Services providers to reach out to tribes on a regular basis to offer support and services to tribal youth in custody who are transitioning to adulthood;
- Assist tribes with the development of a Title IV-E plan and/or agreement, if needed/requested;
- Work to improve the Adoption and Foster Care Analysis Reporting System (AFCARS) data collection and reporting and consider opportunities to develop field staff knowledge regarding identification and reporting of children's Native American status; and,
- Participate in monthly, national Indian Child Welfare Managers teleconference calls.

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PROGRAM SUPPORT AND EVALUATION AND RESEARCH: The Department continued to participate in a variety of surveys and research projects with academia or other sources. The results/findings were used to increase quality practice, expand knowledge and to identify and utilize exemplary models of child welfare practice. Current research projects the state is engaged in or completed include the following:

Isaac Disaster Case Management Program – The DCFS received a disaster case management grant from the Federal Emergency Management Agency (FEMA). The DCFS has sub-contracted with Catholic Charities Archdiocese of New Orleans (CCANO) to serve as project management/lead provider and to provide disaster case management services in the south shore/river parishes. CCANO also sub-contracted with Catholic Charities Diocese of Baton Rouge to provide disaster case management in the Capital Area, Lutheran Social Services Disaster Response to provide disaster case management on the north shore, and Terrebonne Readiness and Assistance Coalition to provide disaster case management services in the coastal parishes.

The purpose of the grant is to provide disaster case management services throughout the 26 parish FEMA Individual Assistance (IA) designated areas. The basic goal of disaster case management is to identify households that still have unmet needs directly tied to the impact of Hurricane Isaac, to complete a thorough needs assessment, to develop a recovery plan, and then to link the households to resources that will help them meet the goals set on their recovery plan to complete their recovery process.

The performance period of the Isaac Disaster Case Management Program grant per FEMA guidelines is from the date of disaster (August 29, 2012) for a 24 month window (ending August 28, 2014); however, the DCFS was not awarded the grant until January 4, 2013. The DCFS contract with CCANO is effective through August 31, 2014.

Activities Planned for remainder of grant period: The DCFS will report quarterly to FEMA and continue with site visits to providers and to the PMO. Plans are to hire new a Program Manager since the Department received a three month extension for the grant. After those three months, staff will work to close out the process.

Louisiana Child Welfare Trauma Project - Tulane University applied for and received a grant from the Administration for Children and Families (ACF). The project was planned with DCFS as a key partner. The Department's commitment to the project includes the consultative use of three child welfare staff (Child Welfare Administrator and two Program Managers) to work with Tulane on the proposed scope of work.

The project is expected to address the long-standing need for more specialized skill levels in the child welfare workforce, key stakeholders, and mental health professionals as well as improve the identification of and referral to services for traumatized children. The project will impact children from birth to 18 years in child welfare programs statewide. It is a 5 year grant, awarded in October, 2012.

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Activities Planned for remainder of grant period: The TBH (Trauma and Behavioral Health Screen) will be implemented in three phases in the next 4 years. The pilot is to last for 6 months (phase 1) with changes made as feedback is received. Phase 2 will begin in October of 2014 to include Baton Rouge, Thibodaux, Alexandria and Monroe Regions. This will involve the training of clinicians to provide trauma focused treatment, training of workers in the use of the TBH, and meeting with community stakeholders in each region. Research on tool utilization effectiveness is being conducted as a part of the grant that will include four questions on the Continuous Quality Improvement (CQI) review instrument.

Foster Care Youth Homelessness Grant - Healing Place Serve (HP Serve) in Baton Rouge acquired a two year federal planning grant to focus on foster care youth who experience homelessness. The grant is to identify youth most at risk of homelessness and develop interventions that would increase protective factors and reduce risk factors that lead to homelessness. The areas of focus for the planning grant are, Covington Region, Baton Rouge Region and Lafayette Region.

DCFS is partnering with HP Serve to establish three Regional Planning Teams comprised of the Foster Care Youth Coordinator, DCFS Liaison, Project Director (all on HP Serve staff), Regional Service Providers to include foster parents, Youth/Young Adults and DCFS Regional staff.

Activities Planned for remainder of grant period: HP Serve will work with the Child Welfare liaison and evaluator to conduct extensive review of non-identifying DCFS youth-level data from Regions 2, 3, and 5 regarding the three engagement points; youth in foster care ages 14-17 years old, 17-18 year old youth aging out of foster care, and 18-21 year old homeless youth with prior foster care involvement

Child Focused Recruitment Program - The Dave Thomas Foundation for Adoption awards grants (Wendy's Wonderful Kids Child Focused Recruitment Program) to public and private adoption agencies to hire adoption professionals who implement proactive, child-focused recruitment programs targeted exclusively on moving America's longest-waiting children from foster care into adoptive families. In December 2013 the Department received a \$70,000 grant. The grant is being used to provide funding for two part time recruiter positions for targeted recruitment of adoptive homes for older youth. The recruiters focus on recruitment of families for specific children who do not have an identified adoptive resource. The children either have been available for adoption greater than one year and no adoption resource has been located or children 12 and over who do not have an identified adoptive resource at the time of adoption availability.

Activities Planned for remainder of grant period: Recruiters will continue child specific recruitment and the Department will reapply for this one year grant in December 2014.

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TECHNICAL ASSISTANCE: As part of the administration of child welfare services, Louisiana receives ongoing training and technical assistance from the National Resource Center (NRC) network. Through this partnership, training and technical assistance is provided to regions, parishes and programmatic/organizational units. Technical assistance also consists of training, policy interpretation/clearances, on-site and/or case specific consultation and programmatic development and implementation.

The state's requests for technical assistance are always directed at ensuring favorable outcomes for children and families in the areas of safety, permanency and well-being as well as systemic factors that impact services.

At this time, the DCFS does not have any open training/technical assistance. Any future T/TA requests will be centered on the state's priority areas of focus (safety, family engagement, PQI/CQI and initiatives to improve staff recruitment and retention.) and could involve requests for ongoing implementation of the training partnership.

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SYSTEMIC FACTORS:

INFORMATION SYSTEMS: The Department has a number of separate information systems that serve clients in child welfare, economic stability and child support enforcement. In child welfare, the Tracking, Information and Payment System (TIPS) is a computerized on-line, statewide information management and payment system capable of tracking client information and generating payments for clients served in all DCFS Child Welfare programs. Through TIPS, the Department is able to collect and report the required data for the federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). The Department also developed A Comprehensive Enterprise Social Services System (ACESS) which is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (Centralized Intake) that are assigned to the Child Protection Investigation (CPI) program. Additionally, it is the electronic case record for all CPI cases. As opposed to ACESS, TIPS does not provide effective case management tools nor lend itself to the changing automation and information needs of staff in a timely manner. The Department continues to address system issues for optimal performance.

Currently, the Department is designing and implementing a Common Access Front End (CAFÉ) that interfaces with all DCFS “legacy systems” (TIPS, ACESS, etc.). At this time, the DCFS Economic Stability (ES) is functional in CAFÉ and the Department is rolling out child welfare functions as part of Release 4. Child Welfare will also gain benefit from the Document Imaging Content Management System to coincide with the Release 4 of CAFÉ. These projects will enable the Department to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and data sharing.

Systems Descriptions: TIPS is a computerized 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. The TIPS system serves as the State of Louisiana's legally mandated Central Registry and houses the Louisiana Adoption Resource Exchange (LARE). The major Child Welfare (CW) program areas included in TIPS are Foster Care, Adoption, Adoption Petition, Family Services (or in-home cases), Services to Other Agencies and Families in Need of Services. TIPS has been in existence since January 1985 while LARE was developed in 1995.

The system tracks all placement services for foster children and tracks all supportive services paid for through the TIPS system. TIPS is used for maintaining a record of all foster child placements (regardless of the placement type) whether the placement resource receives payment through TIPS, through other sources such as Medicaid, or is a non-paid placement. TIPS does not track all services, as children and families are served through community support systems and contract services, such as faith based educational services, community mental health, etc.

TIPS program codes associated with payments made on behalf of clients allows DCFS to distinguish between payment made for children in Foster Care and payments made for children and families in Family Services cases as well as appropriate funding sources for each payment type and program. However, there are fewer federal and state funding sources in the child

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welfare system available for in-home services, resulting in greater reliance on community and contract services and less client service-specific data availability.

ACCESS serves as the electronic case record for all intakes, child abuse and neglect reports and investigations. This fully web enabled system serves as the electronic intake and investigation record. Specific data from ACCESS are migrated to the TIPS system for establishing related service records and for NCANDS reporting. Louisiana is a state based, not county based, child welfare system. Its information systems are state based and available to all staff across the state based on security levels.

The Family Assessment Tracking System (FATS) is a smaller web-based system for recording family assessments, case plans and tracking caseworker visits. FATS was developed as an electronic forms application. The system is housed on a SQL server and has been available to staff over the agency's intranet. With the implementation of CAFÉ Release 4, staff can access FATS via the CAFÉ worker portal. Although workers will be able to access FATS through a link on the worker portal, there is no integration between the two systems.

Structured Decision Making (SDM) is another smaller web-based system that provides electronic risk and reunification assessment forms. This system is hosted by the Children's Research Center on a yearly subscription basis. SDM functionality has also been built into CAFÉ. SDM is not integrated into CAFÉ but is accessible through a link on the worker portal.

The Quality Assurance Tracking System (QATS) provides quality assurance tracking and reporting of specific case review instruments as part of the state's continuous quality improvement process.

WebFOCUS Quality Assurance and Outcome Reports provides a dashboard for reports on various performance, outcomes and management data. It has drilldown capacity to the client level on most reports and is accessible to workers at all levels.

The 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). The two previously separate systems OJJ was using (JIRMS and Case Management) were combined. This reduced the amount of time the probation officers spent inputting the same information in both systems. JETS is not specifically linked to TIPS, ACCESS or any other DCFS child welfare information system. However, foster children in OJJ custody are given a TIPS number and integrated into the AFCARS reports.

System Functions: TIPS functions as the primary statewide information management and payments system for the DCFS/CW. TIPS meets and/or is working to meet federal and state requirements for tracking, (i.e. demographics, location, legal status, and goals for all children in state foster care as well as other tracking requirements). TIPS captures the following information for every child who is (or within the immediately preceding 12 months, has been) in foster care on the following screens: 101 screen: demographics (name, date of birth, date of death, address, gender and race), 102 screen: child's goal, the goal date and adoption date, and the 105 screen: number of placements, the current placement and type of placement.

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In the TIPS system, there is no differentiation in the process of entering placement or other information in TIPS, regardless of the payment status of the placement resource. The state has a report available to all staff on foster children indicating whether or not a placement was entered in TIPS for a particular child.

Private foster care placement agencies do not have authority to change the placement location of a child without state worker approval. While this is possible, it is an extremely rare occurrence. With an assigned TIPS number, a child can be readily located in TIPS. Provided correct information has been entered, both the foster parent and the provider agency are identifiable for a specific child. (For additional information on efforts to meet federal requirements please refer to the AFCARS review and improvement plan portion of this document.)

Clients are tracked throughout their involvement with the agency with TIPS providing client-specific and aggregate-level data on the client population among the various programs. Client investigative, program, services, and placement data are kept indefinitely and are available as far back as 1983, depending on the program and type of information required. Investigation data is maintained in both the TIPS and ACESS systems with abuse and neglect report data residing only in ACESS.

In combination with the FATS system, TIPS assists case management of clients among CW programs. The FATS system records and tracks family assessments and case plans while TIPS tracks case events, client history, financial information, provider availability and enables DCFS to obtain data needed for program planning and policy decision making. A tickler system within TIPS tracks the provision of selected services and case review requirements. TIPS provider tracking allows a search capacity for available placements. It provides the required AFCARS and NCANDS data.

Through JETS, the DPSC/OJJ system has the capability to generate all standardized forms and contains an on-going narrative history of all activities on cases and creates a quasi-paperless case record system. The system also records and tracks the location of youth at all times as well as Individual Service Plans, Administrative Reviews, Permanency Planning Hearings, and Termination of Parental Rights letters.

The Department's CW caseworkers and OJJ probation officers primarily collect required data and input into the system with clerical or supervisory support. Both the TIPS policy manual and JETS manual guide data input processes. FATS information is entered by the caseworker who then prints the assessment and case plan directly from the system.

TIPS produces over 600 reports and has the capacity for on-demand reports which include worker tickler reports, supervisor reports, outcomes and aggregate data reports on clients, financial reports, and management reports concerning the various programs. Infopac software makes this pyramid of reports available to staff at the state, regional and local office levels. The Department uses WebFOCUS software to provide a dashboard of drilldown reports available statewide. All federal data measures are included on this dashboard. The reports are utilized during staffings by caseworkers and supervisors.

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Through reporting tools, TIPS produces statistical summaries of client population, cross-program comparisons, trend analysis related to the numbers of clients, placement reasons, average lengths of stay, average medical and dental cost per foster child, data for good fiscal management and resource allocation, and analysis by geographic areas. It also aids the state in long-term planning and forecasting future needs. ACESS, through use of the WebFOCUS reporting tool provides similar reports relating to federal outcome measures and statistical analysis of child protection reports and investigations.

Louisiana uses legislatively mandated Budget Performance Indicators (BPI) and General Performance Measures to measure child welfare performance outcomes. Many of these measures relate to federal outcomes. Data for these measures are provided using TIPS. Aligned with BPIs, TIPS generates outcome measures and related variables. Also, the outcomes for the Consolidated Child and Family Services Plan are measured through TIPS and quality assurance systems.

ACESS and TIPS reports are utilized by each region for administration of services, caseload coverage, and outcomes as well as in the PQI/CQI processes. At the field level, caseload reports track children and families served by each worker. Other reports provide a tickler system for case events. Aggregate caseload and overdue reports are available for administrative staff at all levels.

Staff are trained through a variety of systems. There is ACESS specific training for staff, particularly new hires. There is less TIPS system training, as statewide support staff perform more data entry tasks in TIPS. Training has been offered in all regions to teach and encourage staff to utilize the reporting side of the information systems to improve practice. Louisiana utilizes a centralized help desk system to allow information technology (IT) support staff capacity to “remote in” when helping fix computer issues. Issues which cannot be fixed through remote processes are referred to the IT field support staff for on-site repair.

The DCFS continually receives requests for child welfare data and information from stakeholders and the general public. Data are used by consumers as background information for state and federal legislation, grants, training, and local public funding of community programs. Requests are met through TIPS reporting and the WebFOCUS dashboard reports and ad hoc data extraction coding.

JETS generates monthly caseload reports, upcoming six month Administrative Review (AR) reports and upcoming Judicial (Permanency Planning) Hearing reports for every caseworker. One report reflects the amount of days every youth was in an out-of-home placement and eligible for Title IV-E benefits. This report is forwarded to the Department for verification and payment. For AFCARS reporting, a JETS report is sent to DCFS with the names of all IV-E eligible youth. Other reports are used by management for the general operation of the program. JETS is used to ensure that juveniles committed to DPSC/OJJ receive appropriate and timely services. Cases are randomly selected and reviewed monthly in each Region to ensure IV-E guidelines are met. Deficiencies are reported to the Regional Manager, Program Manager and Deputy Assistant Secretary over Community Based Services. Regions are given 30 days to correct deficiencies.

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For the DCFS, TIPS and ACESS provide information to inform the continuous quality improvement system and to generate random samples for case review and continuous quality improvement processes.

All workers and supervisors have computer access to case level TIPS, FATS, SDM, and JETS information relative to individual system security. TIPS is a seven day per week/24 hours a day computer operation networked to 65 state/regional/parish offices, providing on-line services to approximately 1,200 devices, either through the Louisiana's Wide Area Network (LANET) or directly to several state and federal agencies or selected contractors. ACESS is available via the World Wide Web and operate seven day per week/24 hours a day. FATS and SDM are web-enabled and available to staff on the LANET or to mobile workers via Virtual Private Network (VPN). TIPS has the capacity to provide VPN connectivity to outside office locations on a 24 hour basis. JETS data is available on a 24 hour basis through laptops.

DPSC/OJJ has seven Program Specialists who review all cases due for an administrative review for IV-E compliance. They use JETS to check accuracy of information and ensure cases are in IV-E compliance.

The Department utilizes standard back-up procedures for its systems. The back-up processes are specific to the storage location and the system type. These procedures and back-up systems are successful as evidenced by no lost data or any main child welfare system. The data quality varies depending on the facets studied. Louisiana AFCARS files passed the edits testing for every submission prior to the AFCARS review. However, during the state's 2013 AFCARS review several issues were identified as problematic to data quality.

The AFCARS and NCANDS data are stored and reported from the TIPS system. While child protection investigation data is initially stored in ACESS, the integration process double-stores it in TIPS pending SACWIS functionality completion. Louisiana worked to improve the speed with which foster care placement settings were input into TIPS, but there continue to be areas needing improvement as the details and comprehensiveness of assessments are variable. This appears at times to be a clinical issue. At other times, it appears to be a data entry issue (e.g. the data is in the case notes, but not entered into data fields.)

Dashboard reports are used to assist staff with identifying missing data. Dashboard report 'FC With No Placement in TIPS' identifies children in foster care without an active placement authorization (ie current placement has not been entered or updated). This report is monitored daily by designated regional staff to insure that placement information is updated timely.

Dashboard report 'FC With Incorrect Social Security #' identifies children in foster care with an SSN that does not fit the Social Security enumeration rules.

Dashboard report 'Foster Care with SDM Level' identifies children in Foster Care 6 months or less with associated SDM levels (thus, missing SDMs are also identified). The SDM risk re-assessment level is expected to be used to guide permanency planning decision making. Additional dashboard reports are planned to support staff in identifying various data issues:

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- Months in which face to face visits with children in foster care have not been documented
- Cases in which team meetings or court hearings for administrative reviews are coming due or may be overdue
- Cases in which key events in the life of the case are not documented, such as medical and dental visits
- AFCARS data quality report(s) to support timely and accurate entry of AFCARS data elements

These data issues will be consolidated to the extent possible to limit the number of reports for staff to use for this purpose.

DCFS Child Welfare staff meet twice monthly through WebEx with Regional Performance Measures Consultants and Regional Management staff to review data entry and data quality issues. These meetings are used to identify ways to improve data quality as well as to provide training and guidance on strategies for monitoring and managing data entry for data quality improvement. Feedback is received through these meetings for additional data reports or reformatting existing reports to improve usefulness.

CQI Case Reviewers have exit meetings with supervisors to discuss the results of specific case reviews. In addition, an exit conference is held with Regional Management staff to discuss overall findings. These meetings include discussions about data quality issues identified during the case review process.

DCFS is confident that all children who enter DCFS custody are reflected in TIPS. When a child enters DCFS custody, a transfer staffing occurs that requires participation of all involved workers and supervisors. The staffing includes completion of a form for use in entering the Foster Care information into TIPS. The staffing form is given to an administrative support staff to complete the TIPS data entry function. In addition, payment for clothing, school supplies, placement providers, transportation provided by workers and caregivers, etc. can only be paid through TIPS and this can only occur if there is an open program record for the client. Certain purchase codes are available for use for Foster Children and not for any other Client program. These processes, among others, help ensure that children who enter DCFS custody are reflected in TIPS.

DCFS experiences data gaps and discrepancies because of the number of data systems currently in use. Because workers must use multiple systems, it is sometimes necessary to enter the same data multiple times. Multiple instances of data entry increase the chance of data entry errors as well as the possibility that data might not be entered in all the required systems. In addition, integration between TIPS and ACESS sometimes fails, resulting in some cases having different data between the two systems. Certain personal and demographic data must be updated in each system because the systems do not have sufficient capacity to determine which source is the most recent or most accurate data.

CAFÉ does not address data gaps associated with multiple CW data systems. However, it is expected that CAFÉ will promote more timely and accurate data entry for TIPS, and therefore improve Louisiana's AFCARS data. The web-based front end will allow workers to 'see' their cases in a more comprehensive manner than is currently available through the TIPS green screen

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displays. The navigation pane will allow workers to easily move from one area of the case to another and to update case information through user-friendly screens.

Strengths: The Department is currently engaged in a technology transformation project. Thus far, this project has provided mobile technology to frontline child welfare staff and allowed staff accessibility to information systems from home or in the field using Wi-Fi. The process also includes improvement of connectivity to other existing systems. This includes connectivity to Department of Health and Hospitals (DHH) as well as the Office of Juvenile Justice (OJJ) and other departments to help enhance service delivery for individual clients. Citizen portals were developed to guide mutual clients to services across the spectrum of state agencies.

The Department continues to design and implement a Common Access Front End (CAFÉ) that interfaces with all the DCFS “legacy systems”. At this time, DCFS Economic Stability (ES) is fully functional in CAFÉ and child welfare functionality is scheduled for inclusion in Release 4. For Child Welfare, CAFÉ provides a Provider Portal for the submission of Foster/Adoptive parent applications, emergency preparedness plans, requests for reimbursement, view of payment history. Worker portal functionality includes Foster/Adoptive parent applications, approval of reimbursement requests, referrals for vendor services to specific vendors for client centered services, and the management of provider case activities. The worker portal provides a dashboard, scheduling that integrates with Outlook, cross program case search to view data from other program areas as allowed by law, rule and regulations, tasks and alerts and presentation of case information from TIPS, data entry wizard with integration with TIPS, staffing wizard for recording and storing of case staffing, IV-E wizard to automate the IV-E process. These projects will enable the Department to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and data sharing.

The Louisiana Supreme Court, Court Improvement Program (CIP) continues to incrementally implement an Integrated Juvenile Justice Information System (IJJIS) in courts across the state. IJJIS offers courts the opportunity to utilize technological tools to improve timely processing and effective decision-making in individual cases as well as better understand how the court system impacts outcomes for children and families generally. Through a Memorandum of Understanding between the Department and the Louisiana Supreme Court, CIP staff has direct access to the Department’s Web focus reporting system. Through this system, CIP staff is able to review real-time performance and outcomes data by court of jurisdiction.

Further, the DCFS has a Memorandum of Understanding with the Picard Center for Child Development and Lifelong Learning at the University of Louisiana Lafayette to provide access to data across multiple state agencies that also have agreements in force with the Picard Center. This agreement provides access to data and indices regarding educational services and success relating to children within the child welfare system.

Barriers/Concerns: There are several barriers in the child welfare IT systems. The Department does not yet have a SACWIS system and there are multiple systems across multiple platforms supporting child welfare practice; however, the Department has begun planning for the implementation of a SACWIS system.

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DCFS is currently working on updates to a submission of the PAPD which outlines the next phase of the Transformation Project, the planning phase of the CW system replacement. This planning phase will identify options for extending the enterprise architecture of CAFÉ as well as a cost analysis of each option. Other activities will focus on the development of Request for Proposals (RFPs) associated with procurement of multiple vendors needed to begin the implementation of the system replacement.

For additional information on TIPS please refer to the AFCARS portion of this plan.

Activities Planned for FFY 2015: The planning phase activities for the CW system replacement will end toward the end of the state fiscal year, at which time DCFS will enter into the implementation phase. The planning tasks to be accomplished in the year following the approval of the PAPD are:

- Development of the State Budget Form IT-10
- Development of planning assistance vendor Request for Proposals
- Planning assistance vendor selection
- System Goals and Requirements Definition/Validation
- Feasibility Study and Alternative Analysis
- Cost/Benefit Analysis
- Development of IAPD
- Development of IV&V vendor Request for Proposals
- IV&V vendor selection
- Development of Design, Development and Implementation (DDI) RFP
- Design, Development and Implementation vendor selection
- The planning will conclude with the task of bringing additional project staff on board to coordinate the implementation activities

Activities Planned for FFY 2016-2019: The implementation phase will include conducting design sessions with appropriate stakeholders. DCFS will work closely with the selected DDI vendor to develop a system to meet the needs of the multiple program areas of CW while developing a system that builds upon the enterprise architecture established during the initial phase of the Transformation Project. The design, development, testing, staff training, and statewide deployment are expected to span a period of approximately 2 years.

Phase II of the Department's Transformation project is to implement a SACWIS system. Planning has been initiated and will continue throughout this planning cycle.

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QUALITY ASSURANCE SYSTEM:

Performance and Quality Improvement (PQI) is a process by which all levels of staff, community stakeholders, and service recipients participate in the evaluation of effectiveness and efficiency of services provided by the DCFS. PQI is a vital and necessary management tool to support the Department's mission and to improve outcomes for service recipients. It is a department-wide process that encompasses all programs and all service areas operated by the DCFS. PQI operates through regional and state PQI teams and committees that focus on all areas of organizational functioning including service delivery, service environment, and human resources, fiscal and administrative issues. This holistic approach to PQI is consistent with developing improvements for better overall service to consumers and minimizing the possibility that improvements in one program have unintended negative consequences for service provision in another program.

PQI teams use qualitative data to supplement streamlining efforts and qualitative data to supplement traditional Quality Control (QC) and Quality Assurance (QA). QC, QA, audits, reviews and other sources provide information on areas needing improvement but do not provide methods of improvement. PQI teams review data and feedback from multiple sources of both qualitative and quantitative data to identify areas needing improvement and develop program improvement plans to achieve performance targets, program goals, client satisfaction and positive client outcomes.

The component of analyzing and reporting data is primarily done through case record reviews; however, the state has other data sources that allow the staff to measure service delivery and implementation of the federal outcome indicators.

Quality Monitoring/Ensuring Valid and Reliable Data:

1. Statewide: The DCFS Secretary and Executive Management Team fully endorse and support Performance and Quality Improvement (PQI) principles, and provide an organizational structure to support continuous improvement.

Strategic plans are developed for each program area as required by federal funding sources. These plans include broad goals for improvement of service delivery throughout the Department. Annual reports to federal funding partners monitor ongoing performance and achievement of stated goals.

The Department's strategic plans and goals are supported by monthly joint executive meetings convened by the Secretary and attended by the entire Executive Team and all Regional Administrators and leadership of all program areas. An agenda item at each of these meetings is a review of key performance indicators for all programs. Managers from the Systems Research and Analysis Section provide rolling annual data on progress on the performance indicators, and quarterly trends are examined carefully to assess improvement needs.

PQI Teams at the state and regional level are empowered to monitor progress toward goals and include all levels of staff, external stakeholders and service consumers, to identify and correct areas needing improvement.

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2. Statewide and Regional: The Systems Research and Analysis Unit was established at the state level and the Performance Measures Consultant (PMC) position was established for each region as a part of departmental reorganization in 2010. The Systems Research and Analysis Unit provides and analyzes performance data and trains PMCs on developing and using data to guide performance improvement. The PMC serves on the Regional Management Team and reports performance concerns to the Regional Manager and Management Team. The Systems Research and Analysis Manager is a member of the state PQI team and PMCs serve on each regional PQI team.

3. Regional: The Deputy Secretary for Operations holds a weekly conference call with all Regional Administrators and Area Directors. PMCs, PQI Team Leaders, and Program Consultants (as appropriate depending on the topic of discussion) participate in the call in the first week of each month. PMCs provide reports and lead discussion on corrective action and improvement plans being implemented in their regions.

Each region holds a monthly performance measures meeting including the management team, Program Operations Managers (POM) and other staff as appropriate to discuss areas needing improvement and the progress of initiatives undertaken to improve performance. Regional Administrators provide time, space, and conference call lines to assure that PQI meetings occur.

Optimization of data and expansion of Web Focus reporting tools continues along with testing to ensure data reliability and validity. This reporting environment provides comprehensive tools for data manipulation and reporting. A ‘dashboard’ has been developed that provides users with a ‘friendlier’ method of accessing reports, such as CFSR outcome reports. The improvement of the Web Focus environment will also support integration of external data sources, which will support evaluation of new initiatives.

Additional data elements used to communicate information to inform practice and decision making can include:

- Customer Satisfaction data
- Case record review data
- QA data/Outcomes data
- Referrals from stakeholders
- Program improvement plans/action plans
- Other review processes (i.e. CFSR/legislative audits, IV-E audits, Citizen Review Panel Reports, child fatality reviews, etc.)

The case review process was developed as part of the CFSR Program Improvement Plan (PIP). The Department has transitioned this case review process into the new CQI process. A detailed explanation of the Case Review process can be found in the systemic factors section of this report.

Data Analysis and Monitoring: During the PIP, quarterly case review findings were shared with leadership and PQI teams at the regional and state levels. The new CQI process mimics this process and holds exit conferences in each region between state office CQI staff and regional

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staff to provide information as to the specific needs of each region and to allow for open dialogue about each quarter's findings.

Many regions use regional performance measures staff to share with front line supervisors and their staff the case review findings that have been discussed at the regional exits. Regional management teams understand the purpose of the case review process and have become invested in ensuring that not only are areas needing improvement identified but that corrective action plans are also developed to address these areas. The corrective action plans are monitored by PQI teams.

PQI Teams: PQI teams are composed of DCFS staff at all levels. The PQI teams continue to meet at least quarterly to focus on service delivery, service environment, human resources, fiscal and administrative issues. Practice and outcome performance measures along with quarterly case review findings have been a major focus for the state and regional level teams. Monthly performance meetings are held in each region. The PCM provides data through presentations that guide the discussion of areas needing improvement. At the state level, the DCFS Secretary meets with all Regional Administrators, Program Directors and the Human Resources Director monthly to review performance measures. Graphs and charts are used to review and analyze data. This type of information is also used when requesting support from stakeholders and funding sources.

Regional PQI teams submit issues needing resolution to the state level PQI team for attention. An example of how this process has been demonstrated is through a recent form revision. The Shreveport Region submitted a PQI referral from the regional team to the state level team. The referral recommended revising the 98A Authorization for Placement form. The change involved including the Regional Placement Specialist contact information when youth were placed in residential facilities. There were also some additions to the youth's information that would be helpful for providers to have. The changes were made to the form and placed into the policy system for statewide implementation. The state level PQI team receives several referrals from regional teams on a quarterly basis. All are addressed in the state level team.

Stakeholders: Stakeholders play a significant role in assisting DCFS in analyzing trends and improving outcomes in service delivery to children and families. The collaborative efforts of DCFS and its stakeholders has led to the enhancement of services to families, the development of training opportunities as well as the monitoring of identified performance issues.

One such performance issue focuses on family engagement. In this example, collaborative efforts of DCFS and the Court Improvement Project (CIP) of the Louisiana State Supreme Court related to increase child participation in court has resulted in the development of tools and best practice guidelines for the judiciary, DCFS Child Welfare attorneys, DCFS staff and foster/adoptive parents.

DCFS is involved in similar collaborations with faith-based organizations, Court Appointed Special Advocate Associations (CASA), federally recognized tribes in Louisiana and child welfare consumers (parents, former foster/adoptive children/youth, and peer parent "mentors") on the state and regional levels.

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Integration of CQI/PQI: The Continuous Quality Improvement (CQI) process with its focus on Child Welfare is being integrated into the PQI system. DCFS is committed to continuous quality improvement and is restructuring its CQI system based on the Children's Bureau Information Memorandum 12-07 (IM 12-07). The new structure will address the five components of a functioning CQI system. The components are as follows:

- I. Foundational Administrative Structure
- II. Quality Data Collection
- III. Case Record Review Data and Process
- IV. Analysis and Dissemination of Quality Data
- V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

CONTINUOUS QUALITY IMPROVEMENT: CQI falls under the umbrella of PQI and is focused on the Child Welfare Program within the DCFS.

CQI, formerly referred to as QA, is a process by which all levels of staff, community stakeholders, and service recipients participate in the evaluation of the effectiveness and efficiency of services provided by the Child Welfare Program Section of the DCFS. CQI is a vital and necessary management tool to support the Department's mission and to improve outcomes for service recipients. It is a process that encompasses all Child Welfare programs and all service areas. CQI is designed to measure the quality of services provided by determining the impact those services have on child and family level outcomes. CQI also assesses the effectiveness of processes, systems and training in the State and/or as required by Federal law.

CQI interfaces with PQI at the regional and state office level. Information captured through the CQI process is communicated to the local and state level PQI committees via a quarterly and annual report. An exit meeting is also held with regional management teams to review and discuss CQI findings. PQI committees then use the information to further inform on areas needing improvement and strength areas to replicate. The PQI committee will determine what measures of change will be used to impact practice and improve service delivery to children and families. CQI can serve as an extension of the PQI committee by assisting with monitoring improvement over time, suggesting alternative measures for improvement and by providing direct service to staff in the form of training, mentoring, coaching, policy review, and policy interpretation.

An example of how CQI and PQI regional and state level teams will work in collaboration in the upcoming quarter is through creating and implementing Improvement Plans for low performance in the CQI case reviews. Regions with low performance will develop and implement a plan for improvement. The regional PQI teams will develop and monitor the plans and the state level PQI team will utilize the regional plans to determine if state-level changes need to be implemented. The regional teams will utilize CQI case review data to monitor on going progress and the state level team will do the same to determine if progress is being made on the state level. The two-level PQI process is a continuous loop of information and feedback for the purposes of improving performance.

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CQI also connects with PQI at the state level. PQI holds quarterly meetings at the state level and includes CQI as a part of that process. Data and information gathered via the CQI process are reviewed from a state level perspective in these quarterly meetings. PQI, through their normal process, can identify areas and issues that need to be impacted or changed at the state level. For example, an overall policy change; statewide training in a particular area of focus or practice; a review of staffing needs; developing a subcommittee to look at specific, identified areas of concern such as: worker retention, lack of available services in one region or parish, streamlining work processes, etc. It is important for the PQI process to incorporate information from the CQI team in order to guide decision-making on areas of focus for change and improvements in outcomes to children and families.

Quality Monitoring/Ensuring Valid and Reliable Data:

1. Statewide: The DCFS Secretary and Executive Management Team fully endorse and support CQI formerly referred to as QA principles, and provide an organizational structure to support continuous improvement.

In 2013 a CQI unit was created in the Child Welfare Program Division of DCFS. CQI operates through a team of qualified staff members that assess efficiency and effectiveness of practice and policy and focus on all areas of organizational functioning including best practice standards, service delivery, human resources, training, and fiscal and administrative issues. The system is built around inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process. This is accomplished through coordinated efforts between PQI and CQI.

CQI assesses child welfare practice on an ongoing basis through the use of data, surveys, case review information, stakeholder interviews and other resources. The information is analyzed and utilized to identify trends, including strengths of practice and areas needing improvement. This information is used to assist regional and state office managers and administration to improve child welfare performance in the areas of safety, permanency and well-being.

CQI team members include case reviewers and Implementation Specialists. Team members are placed in regional offices throughout the State while serving under the functional supervision of state office. Case reviewers are primarily responsible for gathering information through a formal case review process. This team of reviewers received initial training from federal partners with experience in the CFSR process. Reviewers participate in mandatory quarterly trainings focused on the review instruments, review process, state policy, best practice standards and how to effectively interview, coach and mentor staff.

CQI implementation specialists serve as trainers in the field and assist with implementation of new areas of practice. This includes serving as coaches and mentors to assure a smooth transition from the training environment to direct practice in the field. Implementation specialists also assist in evaluating the effectiveness of new areas of practice by conducting targeted case reviews and conducting surveys. Information gathered from reviews and surveys is used to guide decisions regarding additional training needs, areas for coaching and mentoring and policy clarifications and changes needed to support implementation in practice.

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The CQI unit is comprised of qualified, professional staff members that receive mandatory training on a Quarterly basis. Training is focused on CQI review instruments, program initiatives, policy, mentoring and coaching techniques and other CQI-related activities. CQI team members receive a quarterly review on their performance and receive additional support and training as needed to assure ongoing improvement in their area of practice.

CQI methods for gathering information for analysis and interpretation:

- Case record review information and data
- Management Information Systems (MIS) data/Web Focus Reports
- Stakeholder Interview information and data
- Survey Data and Information
- Other review processes (i.e. CFSR/legislative audits, IV-E audits, Citizen Review Panel Reports, child fatality reviews, etc.)
- Case Crisis Review information
- Program Improvement Plans/Action Plans

Louisiana currently utilizes four (4) review instruments to assess practice statewide on a Quarterly basis. The review instruments are:

- Child and Family Service Review (CFSR) Instrument with addendum/ 120 cases
- Advanced Safety Focused Practice (ASFP) Review Instrument/120 cases
- Youth in Transition Review Instrument/45 cases
- Adoption Foster Care Automated Reporting System (AFCARS) Review Instrument/27 cases

Cases for review are selected using a random sample process based on a specific review period referred to as period under review (PUR).

Review Period for CFSR type review: The PUR is 9 months immediately preceding the first day of the review quarter and up to the day of the case review. This strategy produces a minimum review period 9 of 9 months and 1 day and a maximum review period of 12 months.

CFSR Criteria for Entering the FC/FS Sampling Frame:

- Foster Care case open at least 45 days
- Family Services case must be open at least 60 days
- Case can be open or closed at time of sampling

Exclusionary Criteria:

- Siblings excluded from review in the same quarter
- Foster Child on a trial home visit during entire PUR
- Situations in which the same worker has more than two cases pulled (over-representation)
- FS case in which any child in the family was in Foster Care more than 24 hours during the PUR (this includes situations in which a child entered foster care after sample was extracted and before the review was completed).

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Sub-Sample Descriptions:

- Sample 1 -- Adoptions: Under age 16 as of the day immediately preceding the first day of the review period or the date the child exited care. The current/most recent permanency goal is Adoption. Foster care entry can be before or during the 9 months prior to the first day of the review quarter, as long as FC has been opened at least 45 days.
- Sample 2 – New Entry: Under age 16 as of the sampling date or when the child exited care, if applicable. FC entry must be within the 9 months prior to the review quarter as long as the FC case has been opened at least 45 days. The goal can be any goal except Adoption.
- Sample 3 – Prior Entry: Under age 16 as of the day immediately preceding the sampling date or the date of foster care exit, if applicable. FC entry must be prior to the beginning of the PUR. The goal can be any goal except Adoption.
- Sample 4 – APPLA: Youth who have a goal of ALA at the time the sample is pulled.
- Sample 5 – In Home: Family Service case open at least 60 days and open or closed during the PUR. Family must not have had a child in foster care more than 24 hours during the PUR.
- YTP Sample: Baseline of sampling cases will include youth age 15.5 or older in the following categories:
 - Open at least one year prior to closure with closure date in the quarter prior to review quarter with a closure reason of AGE – 1 per region
 - Open at time of sample and within 90 days of 18th birthday (18th birthday occurs within review quarter) – 1 per region
 - Open at time of sample, has been open at least 6 months and age 15.5-16.0 – 2 per region
 - Open at time of sample, has been open at least 6 months and age 16.1-17.5 – 1 per region
- CPI Sample: CPI cases will be extracted from ACESS data files. The case must have a closure date as of the latest update of the data files. The case must have an open date on or after the Begin Sampling Period. No specific distribution is specified for closure reasons.
- AFCARS Sample: Sub-sample selection based on federal reporting periods:
 - A file: October 1st to March 31st
 - B file: April 1st to September 30th
 - Selection criteria for 3 cases per region (pulled from CFSR review sample)
 - Child entered FC after beginning of the most current, complete reporting period and the case remained open at the end of the reporting period (1 case).
 - Child entered FC before the beginning of the most current, complete reporting period and the case remained open at the end of the reporting period (1 case).
 - Child entered FC before the beginning of the most current, complete reporting period and the case closed prior to the end of the reporting period.

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In addition to the manual case review process, Louisiana utilizes information from the Management Information System (MIS)/Web Focus. Some of the information that is captured on a quarterly basis includes:

Descriptive Data for the Region (statewide and regional level data):

- # CPI Cases Received (PUR) by Month, By Response Priority – [ACCESS Report 001 (ACN01)]
- # Children Served in FC - Current Data – [Web Focus]
- # Children Served In-Home Services - Current Data – [Web Focus]
- # Staff by Program Assignment/% Turnover (for Quarter in Review) – [Human Resources data]

Program Level Data (statewide and regional level data):

CPI

- Compliance Rate with Initial Face-to-Face contact with Victim and Parent/Caretaker
- Compliance Rate – Safety Decision Met, Final Finding Met, Case Closure Met
- # Fatalities (PUR) – include whether, open case at time of fatality, prior case with closure within 3 months of fatality
- Repeat Maltreatment

FS

- Repeat Maltreatment
- Children exited In Home Services with another report received within 6 months
- Structured Decision Making (SDM) Rating – consistency with Case Decision/Disposition

FC

- # Cases closed in FC and reopened in FC within one year
- Length of Stay in Care (Current Cases open in FC) – (Short term: less than 90 days, 0-6 months, 6-12 months, 12-18 months, 18-24 months, over 24 months)
- Stability of placement (# placements) – (Current cases open in FC)
- SDM Rating – consistency with Case Decision/Disposition

Information is gathered from identified sources as listed above on at least a quarterly basis. Information may be gathered from one or all of these sources on a more frequent basis as needed for targeted reviews and to assess progress in a specific area of practice statewide or within an identified Region, office or unit.

CQI has incorporated a second level review process for case reviews. Second level reviewers include CQI and program level staff who are experts in their assigned area of practice and review. The goal of the second level review process is to assure quality reviews are conducted and improve inter-rater reliability.

CQI conducts an annual analysis of review instruments and processes to determine if changes are needed in the methods and instruments being utilized to assess practice. This analysis is comprehensive and includes an annual review of data/findings from the past year; incorporates

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PQI concerns and issues and program leadership concerns and issues; identifies new areas of practice/emphasis; and identifies training needs and policy changes that were implemented or are still pending. After careful analysis, decisions are made regarding resources, instruments and information that will be used by CQI for the upcoming year. While a formal, annual analysis is conducted for CQI programmatic and process decisions, an ongoing assessment occurs through bi-weekly conferences with 2nd level reviewers and CQI administrative and management staff. Corrections to processes, instruments and methods can be made as needed throughout the year as needed.

2. Statewide and Regional: Quarterly and annual reports are developed for the State and each region outlining the findings from an analysis of information gathered and assessed during the PUR. Regional information is reviewed with administrative, management and supervisory level staff in a quarterly exit meeting. The goal of the meeting is to provide information to the region on identified trends, including policy and systemic issues, strengths and areas needing improvement. This information is then incorporated into the region's overall improvement plan utilizing the PQI model.

Statewide information is reviewed in the quarterly PQI committee meeting. The state level PQI committee is comprised of administrative level staff from the Program and Operations Division of Child Welfare, stakeholders, Bureau of General Counsel, and representatives from the Training Unit. This committee reviews the statewide quarterly report as well as other PQI information for the quarter. PQI, through normal process, can identify areas and issues that need to be impacted or changed at the state level. Examples include overall policy change, statewide training, a review of staffing needs, developing a subcommittee to look at specific, identified areas of concern such as: worker retention, lack of available services in one region or parish, streamlining work processes, etc.

3. Regional: The CQI Managers and Regional Administrative Teams utilize review findings to develop a corrective action plan with dated, targeted goals for improvement. The CQI team provides supportive assistance as needed for the region including but not limited to: training, mentoring, coaching and other identified means. CQI assistance can be targeted at different levels based on the need including, statewide training, region-wide training, parish-wide training, office in-service, unit in-service, supervisory mentoring and coaching, and facilitative observation and coaching of worker-supervisor interaction and staffings.

CQI monitors progress or lack of progress to corrective action plans on an ongoing basis in an effort to determine if change methods are effectively addressing the identified problem(s) or if alternate methods of change need to be identified and implemented.

Strengths: A notable strength is that the DCFS Secretary and Executive Management Team fully endorse and support the CQI process. In 2014, positions were transitioned to the CQI team to fill reviewer and implementation specialist positions. This was a commitment by the Secretary to move toward an organized and ongoing review process for the Child Welfare Program with a goal of improving outcomes for families and children served by the Department.

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Another strength of CQI is the commitment to assure the validity and inter-rater reliability of case reviews. This is accomplished through training and through the institution of a 2nd and 3rd level review process. In addition to initial training upon entry onto the CQI unit, CQI staff members receive a minimum of 14 training hours per quarter as a group focusing on Review Instruments, Policy, Processes, and Coaching and Mentoring.

Another effort to improve validity and reliability of case reviews is the 2nd and 3rd level review process. The team has assigned three (3) dedicated staff members to conduct a 2nd level review on cases submitted by reviewers. Also, due to the infancy of the CQI unit, a 3rd level review process was implemented to review the 2nd level reviewers. The 3rd level reviewer has extensive experience with conducting Child and Family Service Reviews and is a federal liaison who has served in the capacity of a reviewer in other States. Having this 3rd level reviewer available has served as a hands-on training tool for Managers and 2nd level reviewers. This, combined with ongoing training serves to improve the validity and reliability of case reviews.

Areas Needing Attention: Due to the infancy of the CQI Unit, processes are still in development and being refined as needed. This has caused delays in completing reviews timely and providing feedback to regions. Since this issue has been identified early on, steps are being taken through additional structure in the case review process by setting timelines for completion of tasks. Improvement is expected as the CQI unit further develops.

Another issue to address is determining the best format for reporting information to the regions on case review and data findings. An effort is being made to assure that regional reports provide timely and relevant feedback in a simple and user friendly manner. Reports utilized prior to the development of the CQI Unit are seen to be cumbersome and not helpful in the discussion of strengths and areas needing improvement. A significant amount of time has been utilized in an attempt to format a new reporting tool. The report format will be changed as needed to assure that the final product meets the needs of the region by reporting the information in a concise, user-friendly format.

Activities Planned for PQI/CQI for FFY 2015-2019

YEAR 1: FFY 2015- Action Steps	
Development of Functioning PQI Teams	<p>Assessment of regional PQI teams to determine their functioning level.</p> <p>Develop new PQI teams in regions where teams are not actively meeting and or functioning according to Parts 3 and 4 of the DCFS PQI Plan and Handbook.</p> <p>Provide support and consultation to PQI Teams in an effort to maintain operational stability.</p>
YEAR 2: FFY 2016 – Action Steps	
Development of Internal and External Stakeholder Teams	Invite internal and external stakeholders to regional PQI informational meetings

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	<p>Establish community stakeholder team in each region. Assessment of community stakeholder teams in regions where they exist to determine their functioning level.</p> <p>Provide stakeholder teams with performance data and outcome results for review and feedback on areas needing improvement.</p> <p>Review and evaluate formal referral process/procedure for stakeholder team report/recommendations to regional and/or state level PQI committees to ensure the referral process operates as intended and according to DCFS PQI Plan and Handbook.</p>
YEAR 3: FFY 2017 – Action Steps	
Training	Develop training materials and provide training to DCFS employees and community stakeholders to describe the PQI structure and explain the agency’s PQI philosophy.
YEAR 4: FFY 2018 – Action Steps	
Training	Conduct ongoing training of first and second level CQI case reviewers to develop internal sustainability and maintain inter rater reliability in the case record review process.
Use of Data to Improve Performance	<p>Develop a process to consistently collect customer satisfaction data statewide to use for analysis of performance and quality improvement.</p> <p>Develop program specific CQI data analysis reports from case record review instruments for disseminated to program sections to measure outcomes</p>
YEAR 5: FFY 2019 – Action Steps	
Development of a Comprehensive PQI System	Develop process to address the ongoing monitoring of PQI and CQI systems integration to ensure the functionality of both processes as defined by the Department.
YEARS 1-5: FFY 2015-2019 – Action Steps	
Training	Conduct ongoing training of first and second level CQI case reviewers to develop internal sustainability and maintain inter rater reliability in the case record review process.
Use of data to improve performance	<ul style="list-style-type: none"> • Analyze and report quantitative and qualitative data regarding program performance to Senior Executive Management Team, Regional Management Teams, community stakeholders committees and PQI teams to identify trends and areas needing improvement. • Conduct annual evaluations of the CQI case record review instruments to allow for changes in data collection methods and in program polices and practice.

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CASE REVIEW PROCESS: As per §45 CFR 1355.34(c)(2) (2) the State has procedures in place that:

(i) Provide, for each child, a written case plan to be developed jointly with the child's parent(s) that includes provisions: for placing the child in the least restrictive, most family-like placement appropriate to his/her needs, and in close proximity to the parent's home where such placement is in the child's best interests; for visits with a child placed out of State at least every 12 months by a caseworker of the agency or of the agency in the State where the child is placed; and for documentation of the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home (sections 422(b)(10)(B)(ii), 471(a)(16) and 475(5)(A) of the Act);

The DCFS develops a case plan jointly with the child's parents, any foster caretaker for the child, and the child to the degree the child is developmentally capable within the first 30 to 45 days of foster care entry, and then updates at a minimum of every 6 months from the date of foster care entry. The case plan has a federal compliance page which must show documentation at the initial development: the reason the child entered foster care with any identified safety and risk factors; any preventive services offered prior to removal and appropriateness to the situation to reduce risk; or, the circumstances which indicated substantial, immediate danger to the child which precluded provision of preventive services as an alternative to removal; assurance the placement of the child in foster care was determined with consideration given to the appropriateness of the current education setting and proximity of the placement to the school in which the child was enrolled at the time of placement; assurance efforts were coordinated by child welfare with the Local Education Authority (LEA) when necessary to ensure each child could remain in the same school in which each the child was enrolled at the time of placement; assurance if remaining in the same school was not in each child's best interests child welfare and the LEA coordinated enrollment of each child requiring a school change immediately in a new school with all records provided to the new school; current case goal; any concurrent case goal; a description of the reasons for the case goal if the case meets the timeline for termination of parental rights when the case goal is not adoption or termination is not being pursued as well as any factors impacting the progress of a termination; the history of previous case goals and reasons for changing; commitment of the current caretaker to adopt child if unable to achieve reunification; if child is not in a permanent placement resources that have been explored including relatives to facilitate a timely placement to achieve permanency; any permanent connection that has been established for the child with name and type of commitment as well as efforts to develop permanent connections; adequacy of services in addressing the needs of the family in achieving case goals; suitability of service providers in meeting needs of the family; appropriateness of placement and close proximity to child's family; and, the plan for worker contact, including the frequency with each child to review the child's case plan, monitor placement, assess needs, and provide supportive services. At each revision the case plan must show review and documentation of the same information. Departmental policy requires if the child is in an out-of-state placement, a judicial determination must be made at the first court hearing after the child is placed out-of-state and at least every 12 months thereafter while the child remains out-of-state. The judicial determination in the court order or court transcripts must address whether the placement is safe, appropriate and otherwise in the best interest of the child.

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(ii) Provide for periodic review of the status of each child no less frequently than once every six months by either a court or by administrative review (sections 422(b)(10)(B)(ii), 471(a)(16) and 475(5)(B) of the Act);

The Louisiana Children's Code and DCFS policy requires:

1. Case Review Hearings – conducted three months after the disposition hearing if the child was removed prior to the disposition or within six months after the disposition hearing if the child was removed at the disposition, but in no case more than six months after removal of the child from his parent(s), and at least once every six months thereafter; and,
2. Permanency Hearings – conducted within nine months after the disposition hearing if the child was removed prior to the disposition or within twelve months if the child was removed at the disposition, but in no case more than twelve months after the removal and at least once every twelve months thereafter.

Case Review Hearings and Permanency Hearings are held in the court of jurisdiction, regardless of the parish of placement of the child or parish of residence of the parents. Courts may schedule Case Review Hearings and Permanency Hearings and/or other court hearings to be heard simultaneously so long as the record reflects the appropriate findings and orders are made accordingly.

(iii) Assure that each child in foster care under the supervision of the State has a permanency hearing in a family or juvenile court or another court of competent jurisdiction (including a Tribal court), or by an administrative body appointed or approved by the court, which is not a part of or under the supervision or direction of the State agency, no later than 12 months from the date the child entered foster care (and not less frequently than every 12 months thereafter during the continuation of foster care) (sections 422(b)(10)(B)(ii), 471(a)(16) and 475(5)(C) of the Act);

In addition to six month Case Review Hearings, the Louisiana Children's Code and DCFS policy requires Permanency Hearings be conducted. The requirements are:

1. A Permanency Hearing may be conducted immediately and shall be conducted within 30 days of a judicial determination. Efforts to reunify the parent and child are not required.
2. The Department may file a motion at any time requesting a judicial determination - efforts to reunite the parent and child are not required considering the health and safety of the child and the child's need for permanency.
3. A Permanency Hearing is conducted within nine months after the disposition hearing if the child was removed prior to disposition or within 12 months if the child was removed at disposition but in no case more than 12 months after removal. The Foster Care case manager must address in-state and out-of-state placement considerations, as applicable, in the court report prepared for the 12 month Permanency Hearing.
4. A Permanency Hearing is conducted at least once every 12 months thereafter for the duration of the jurisdiction of the court over the child.

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(iv) Provide a process for termination of parental rights proceedings in accordance with sections 422(b)(10(B)(ii), 475(5)(E) and (F) of the Act; and,

DCFS policy allows for the following in accordance with applicable Louisiana Children's Code Articles:

The Louisiana Children's Code Article 1015 provides the following grounds as the legal basis for immediate involuntary termination of parental rights:

- a. Conviction of murder of the child's other parent.
- b. Unjustified intentional killing of the child's other parent.
- c. Misconduct of the parent toward this child or any other child of the parent or any other child in his household which constitutes extreme abuse, cruel and inhuman treatment, or grossly negligent behavior below a reasonable standard of human decency, including but not limited to the conviction, commission, aiding or abetting, attempting, conspiring, or soliciting to commit any of the following:
 - a. Murder
 - b. Unjustified intentional killing
 - c. Aggravated incest
 - d. Rape
 - e. Sodomy
 - f. Torture
 - g. Starvation
 - h. A felony that has resulted in serious bodily injury
 - i. Abuse or neglect which is chronic or life threatening or results in gravely disabling physical or psychological injury or disfigurement
 - j. Abuse or neglect after the child is returned to the parent's care and custody while under department supervision, when the child had previously been removed for his safety from the parent pursuant to a disposition judgment in a child in need of care proceeding
 - k. The parent's parental rights to one or more of the child's siblings have been terminated due to neglect or abuse and prior attempts to rehabilitate the parent have been unsuccessful
 - l. Sexual exploitation or abuse which shall include, but is not limited to, sexual battery, aggravated sexual battery, trafficking of children for sexual purposes, felony carnal knowledge of a juvenile, indecent behavior with juveniles, pornography involving juveniles, molestation of juveniles, prostitution pursuant to Louisiana R.S. 14:82.1(A)(2), crime against nature and aggravated crime against nature
 - m. Human Trafficking when sentenced pursuant to the provisions of R.S. 14:46.2 (B)(2) or (3).

The Louisiana Children's Code Article 1015 provides the following grounds as the legal basis for involuntary termination of parental rights based on circumstances involving time periods:

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- a. Abandonment of the child by placing him in the physical custody of a nonparent or the department or by otherwise leaving him under circumstances demonstrating an intention to permanently avoid parental responsibility by any of the following:
 - a. For a period of at least four months as of the time of the hearing, despite a diligent search, the whereabouts of the child's parent continue to be unknown.
 - b. As of the time the petition is filed, the parent has failed to provide significant contributions to the child's care and support for any period of six consecutive months.
 - c. As of the time of the petition is filed, the parent has failed to maintain significant contact with the child by visiting him or communicating with him for any period of six consecutive months.
 - d. Unless sooner permitted by the court, at least one year has elapsed since a child was removed from the parent's custody pursuant to a court order; there has been no substantial parental compliance with a case plan for services which has been previously filed by the department and approved by the court as necessary for the safe return of the child; and despite earlier intervention, there is no reasonable expectation of significant improvement in the parent's condition or conduct in the near future, considering the child's age and his need for a safe, stable and permanent home.
 - e. The child is in the custody of the department pursuant to a court order or placement by the parent; the parent has been convicted and sentenced to a period of incarceration of such duration that the parent will not be able to care for the child for an extended period time considering the child's age and his need for a safe, stable and permanent home; and despite notice by the department, the parent has refused or failed to provide a reasonable plan for the appropriate care of the child other than foster care.
 - f. Commission of a felony rape by the natural parent which resulted in the conception of the child. Aggravated, forcible and simple rape are felonies.
 - g. The relinquishment of an infant pursuant to Chapter 13 of the Children's Code.

(v) Provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in permanency hearings and six-month periodic reviews held with respect to the child (sections 422(b)(10)(B)(ii), 475(5)(G) of the Act, and 45 CFR 1356.21(o)).”

Departmental policy requires the Department give timely notice of the right to appear at each case review hearing and be heard by the court regarding the care and treatment of the child to the child's foster parents, pre-adoptive parents, relatives providing care for the child, or other foster caretaker. The notice must state the date, time and place of the case review hearing and the recipient's right to attend and to be heard. If foster parents, pre-adoptive parents, relative or other individual providing care for the child fails to appear at a case review hearing, the case manager shall report to the court whether notice was given or, if not, what diligent efforts were made to locate and notify the absent person. Additionally DCFS policy requires the Department shall provide notification of all judicial hearings to the parents, child(ren), and foster parent(s)/caretaker(s). The notice shall be provided by certified mail at least 2 weeks prior to the

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scheduled hearing. The Department must notify foster parents, pre-adoptive parents, relatives providing care for the child, and other foster caretakers not only of the right to appear at each hearing regarding the child, but also of the right to be heard by the court regarding the care and treatment of the child. The Department shall also provide notice of any changes in the scheduled hearing. These notices shall state the day, date, time, and place of the hearing and inform the recipient of his right to attend and be heard. The court report shall include efforts to notify the parents and the child(ren) and foster parent(s)/caretaker(s). All parties to the hearing shall be notified of the next court date in open court, if present, and if not, by subpoena. However, this does not relieve the Department of the responsibility for providing notice by mail as described herein.

TIPS allows for the tracking of case events related to the completion of case plans, the occurrence of administrative reviews and case review hearings, and the timely petition for termination of parental rights. These case events generate reports which can be viewed by staff and supervisors regarding overdue case events. The CAFE system, rolling out statewide October 6, 2014, also has built into the system alerts for staff generated from these case events to electronically notify staff of events coming due as well as events that are overdue. This electronic process should allow for improved compliance in the future.

Strengths and Concerns: Departmental policy requires: for any child that is a member of or eligible for membership in a Native American tribe, the tribe absolutely must be consulted in relation to placement of the child for adoption and tribal members considered as adoption resources. Case planning for children in foster care typically involves the utilization of multiple stakeholders such as legal system partners, advocates, and service providers to effectively plan for service delivery that meets the unique needs of each family. In the past state fiscal year (2013/2014) DCFS has been collaborating with the Office of Juvenile Justice to establish an Integrated Case Planning process for both our Foster Care and In-home Services cases when youth are dually involved with both departments. The departments have a joint work plan for expanding this work effort statewide by July 1, 2015. Meetings are held bi-weekly with implementing areas to assess implementation and revise procedures as necessary. Additionally, DCFS is a partner to the Coordinated System of Care (CSoC) process through the Louisiana Behavioral Health Partnership along with the Department of Health and Hospitals, Louisiana Department of Education and Office of Juvenile Justice. The CSoC involves collaboration among systems in family planning to address the behavioral health care needs of the child receiving this level of services. The CSoC process is available in 5 areas of the state currently with plans to expand statewide over the next few years. Additionally, the DCFS has been working with the Child Welfare Policy and Practice Group for three years now to implement greater family engagement and empowerment in the case planning process, including the development of a team of supportive individuals as identified by the family to assist them in achieving case goals. This process has been introduced in 4 areas of the state, and in September 2014 will be introduced into the remaining 5 areas of the state with full implementation statewide expected by end of State Fiscal Year 2018.

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STAFF TRAINING:

It is the vision of the DCFS and its stakeholders that everyone who plays a role in intervening with children and families involved in the child welfare system possess the relevant knowledge, skill and expertise to affect the best possible outcomes. (For additional information on staff training, please refer to the training plan section of this report and Appendix B).

Through a partnership between the DCFS, the Pelican Center for Children and Families and the university alliance, a Child Welfare Training Academy will be developed. The mission of the training academy is to develop a community of professionals, para-professionals, and caregivers competent to provide services and support to families involved in the child welfare system, through training, coaching, and mentoring. The level of expertise needed by each stakeholder will be developed according to the role the individual serves within the system. For example, all stakeholders may need training on child welfare laws; however, caseworkers, foster parents, children's attorneys, and CASA volunteers will each need a different level of training on this topic.

The design and implementation of the training academy are expected to have a major impact on training as a systemic factor over the next five years. The DCFS anticipates an increase in knowledge and skill among child welfare staff at all levels, specifically related to a comprehensive training and professional development planning. A more targeted and deliberate array of training for foster parents and other child welfare stakeholders is also anticipated.

Improvement in staff retention is also expected as a result of the efforts of the training academy. Historically, anecdotal information from managers indicated that one of the reasons workers leave the agency is because they do not feel they are sufficiently trained to do the job.

In an effort to understand more about the causes of staff turnover, particularly in New Orleans and Baton Rouge, the two regions with the highest rates of turnover, CW Operations staff conducted a detailed interview with 15 staff that left the agency within a 5 month period during 2013. There were three reasons mentioned in nearly every interview that contributed to the decision to resign: insufficient training to do the job, lack of skilled and supportive supervision, and an overwhelming workload.

According to reports from DCFS Human Resources, **278** new child welfare professional staff (Trainee level and above) were hired during the 2013-14 fiscal year. Of the 278 new child welfare staff, **44** (16%) have resigned or have separated from DCFS as of June 30, 2014.

The new worker training period was extended to six months in order to more comprehensively prepare staff for child welfare work; however, a small number of new workers (<7%) were not able to complete all segments of the new worker training curriculum within six months of being hired last fiscal year. This was primarily due to the decision to separate and rewrite the curriculum for the specialized week of training for Family Services staff, resulting in a delay in getting staff trained across the state.

Initial efforts of the Training Academy will be focused on developing an infrastructure within which training will operate; development of a comprehensive recruitment and retention program

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for IV-E stipend students (identifying the type of candidates we are interested in recruiting, ideas for recruitment, development of a standardized, and meaningful internship experience, development of a support program for these students, etc.) comprehensive training and professional development plan for front-line supervisors over the course of their first year of supervision, including peer shadowing, coaching, and mentoring; a 10 session adoption certification course led by Gary Mallon; review and revisions to the training and professional development plan for foster parents; and review and revisions to new worker training to emphasize safety focused practice, risk assessment, and behaviorally based case planning, all done within the context of the Family Teaming Model and with an urgency for timely permanence for children.

In addition program staff will continue to work with the DCFS trainers to develop and deliver on-going training for all staff on safety assessment and planning, and utilizing a teaming approach when working with families. A multitude of other trainings are offered to staff across the state to assure compliance with receiving at least 32 hours of training each year during the first 3 years of employment with DCFS and 20 hours per year thereafter. Last year 98% of all child welfare staff were compliant with these training requirements.

The Department does not currently have a comprehensive structure for assessing the quality and sufficiency of staff training. Evaluations are completed by participants after each training session to rate the trainer's organization, responsiveness to the group, relevancy of training and relationship of training to practice. Following each session, trainers compile a summary report of the participant evaluations. A review of the summary reports over the past fiscal year for four weeks of in-person new worker orientation indicated that participants generally rated each area very good or above average. It would seem that although the training is viewed positively overall, it may not be fully sufficient to prepare staff for child welfare practice. Work will be done through the Training Academy to incorporate an annual training needs assessment as well as to develop measures that will be included in training evaluations and exit surveys to monitor progress towards improvement.

Strengths: The DCFS' executive management has a strong commitment to improving staff training and workforce development through the concept of the training academy. This commitment is demonstrated by a willingness to devote a full-time, high level position to this initiative, and to ensure that there are clear channels for open communication among all partners so that challenges can immediately be recognized and resolved. The partnership with the Pelican Center for Children and Families and the university alliance is also a clear strength in this effort.

Concerns: The biggest concern moving forward is the magnitude of the project that is being undertaken, and the recognition that the actual training activities are only one part of a much larger, comprehensive approach that must be taken to retain staff. Training, mentoring, and coaching are key components in building a competent workforce; however, developing competence to effectively intervene with the children and families involved in the child welfare system takes time. It is generally agreed that it can take up to two years to feel really competent in the role of a child welfare worker that assumes good training and supervision. If unable to retain staff to reach the point of achieving competence in their work, the Department will constantly be starting over with new staff, rather than building layers of expertise.

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Further, over the last few years there have been several retirements of veteran trainers in the Training Unit. The training of new trainers in curriculum development and training techniques takes time to develop. As the Department continues to work on building the skill levels of staff, it will also continue to work on building the skill levels of trainers. As noted above, to address some of these issues, program staff are assisting with training and curriculum development as are the CQI implementation specialists.

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SERVICE ARRAY:

The Department's landscape for service array has changed since the last CFSP. During the last report, the DCFS directly contracted with most providers for services. In this current CFSP, several services are still managed through contracts, Memorandum of Understanding (MOU), Cooperative Agreement, or through management with Magellan Health Services, Inc.

The major change in the service array is the implementation of the Louisiana Behavioral Health Partnership (LBHP). This joint effort between the DHH, DCFS, OJJ, and DOE transitioned the management of behavioral health services to a statewide management organization, Magellan Health Services. Magellan assumed management of behavioral health services on March 1, 2012 and residential services on July 1, 2013. To date, all behavioral health services are managed by Magellan. Departmental staff statewide utilizes providers credentialed and approved by Magellan for services. The transition to this new partnership has presented many opportunities and challenges for the DCFS to evaluate current practices and to continuously look for ways to improve service delivery to families. The DCFS communicated the need for network providers who specialize in trauma informed treatment, sexual abuse treatment, and providers of residential care in the areas of Therapeutic Group Homes and Therapeutic Foster Care (TFC). The network currently has therapeutic providers in all 9 regions of the state. In addition, there are currently 4 Psychiatric Residential Treatment Facilities (PRTF); 2 Therapeutic Group Homes (TGH); 16 Non Medical Group Homes (NMGH), and 8 Therapeutic Foster Care (TGH) sites.

The Infant Team continues to provide services through the Department's contracts in the New Orleans, Jefferson, and Baton Rouge areas. These services are not statewide. (For additional information on the Infants Teams, please refer to the PSSF section of this plan.) The services through this contract focus on assessing relationships between children ages 0-5 and their caregivers. Services are provided to caregivers to increase understanding of children's needs. The contracts currently serve Jefferson Parish and Tulane University served 33 families who were already in treatment in October 2012. An additional 27 new children and 18 families were provided services in the fiscal year 2012-13; Baton Rouge – ICFS had 45 families who were already in treatment in October 2012. An additional 40 children and 22 families were provided service in the fiscal year 2012-13; Orleans Parish – LSUHSC had 13 families who were already in treatment in October 2012. An additional 21 children and 16 families were provided service in the fiscal year 2012-13.

DCSF is in the process of developing outcome measures for monthly reporting from all Infant Teams. This data will be used to further inform the effectiveness of infant mental health services. There have been several meetings with the teams to solicit their input on the development of the measures in addition to discussing how it will be reported. The goal is to finalize these measures by the end of the calendar year.

The Department contracts with Family Resource Centers (FRC) throughout the state (Monroe region does not currently have a resource center). They are as follows: 1) Discovery FRC- Southeastern University, Baton Rouge Region 2) Renew Family Resource Project- Southeastern University, Covington Region, 3) Nicholls State University Family Service Center, Thibodaux Region, 4) The Extra Mile, Lafayette Region, 5) Educational and Treatment Council, Inc., Lake Charles Region, 6) Volunteers of America-North Louisiana, Alexandria Region, 7) Community

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Support Program-Portals, Shreveport Region 8)Project Celebration, Shreveport Region and 9)Tulane Parenting Education Program, Orleans Region. The resource centers provide parenting classes and skill building, and visit coaching. The Department is working with staff to increase referrals. The table on the following page shows the number of clients resource centers are currently serving:

Region	Referrals for 2012-2013 (By adults)	Referrals for 2012-2013 (By children)
Alexandria	123	153
Baton Rouge	234	303
Covington	221	278
Lafayette	272	373
Lake Charles	279	405
Monroe	No center	No center
Orleans	206	233
Shreveport	264	313
Thibodaux	68	107

The FRCs will be entering into new three-year contracts with the Department beginning October 1, 2014. Program worked with the FRC network to improve fidelity around the three core services: Parent Education, Family Skill Building, and Visit Coach. Program staff have engaged the FRC network into the developing fidelity and outcome measures around the services. The work was accomplished by the formation of workgroups, comprised of FRC staff and DCFS program staff. The following outcomes will be captured yearly as the Department moves forward with FRC services:

- a) Parenting Education
 - o Number and % of parents who complete the Nurturing Parenting Program (NPP)
 - o Number and % of parents who complete the NPP with a higher post-test men score that the pre-test mean score.
- b) Family Skill Building (FSB)
 - o Number and % of parents who demonstrate an improved kill/behavior at the conclusion of the intervention (as indicated on the FSB pre/post instrument)
- c) Visit Coaching
 - o Number and % of visit coaching referrals received within the first 90 days of out of home placement.

The Louisiana Child Welfare Trauma Project Grant is overseen by Tulane University's Department of Psychiatry and Behavioral Sciences in partnership with Louisiana DCFS. The goal of the project is to improve the social and emotional well-being of children in the DCFS system that has mental and behavioral health needs. The project will work within the DCFS system to increase the capacity of the work force to screen for trauma in children and refer those with a positive screening for comprehensive clinical assessments and/or mental health treatment

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services. To accomplish this goal, DCFS staff will be trained and the grant will focus on educating providers who want to become specialized in trauma informed service delivery.

The Department has entered into a MOU with Healing Place Church for Human Trafficking services. The MOU outlines expectations around provision of advocacy services for identified victims of trafficking (in custody of state) or for youth at risk. In addition, the DCFS is working in partnership with the Louisiana Baptist Children's Home to recruit and certify homes that will specialize in trauma care. The homes will serve children/youth who are victims of trafficking or some other form of trauma.

The DCFS has implemented a psychotropic medication consultation process with a contracted Psychiatrist at DHH. Children on multiple psychotropic meds at risk of placement disruption are targeted for presentation in the calls. The purpose of the consultation is to educate staff on medications and on advocating for children and allows the Psychiatrist to staff cases with departmental staff to provide guidance in case planning as needed. If this process is beneficial, the DCFS will explore ways to implement it on an ongoing basis.

Service array is a strength for the DCFS in that a new behavioral health system has been developed and that the FRCs are well-established in 8 of the 9 regions. Although there has been a transition in the management of behavioral health services through the LBHP, the network of providers is strengthening with the passage of time. DCFS will engage stakeholders in assessment of the service array in 2015. This will allow the LBHP to become more fully developed. Several providers were lost in the transition, but as the Department, courts, and other providers become more confident in the partnership, it will strengthen. The Family Resource Centers have been a strong resource for the DCFS, but there is a need to increase referrals so more families can benefit from the services. In order to address the needs of the service array, a 5 year incremental improvement plan has been developed as stated below:

Activities Planned for FFY 2015-2019: The Department endeavors to increase service providers in areas of Trauma informed care, sexual abuse treatment, residential services, and referrals to Family Resource Centers (FRC). Additionally, the Department is developing a Request for Proposals (RFP) to recruit a family resource center in the Monroe Region. (For additional information on FRC please refer to the PSSF section of this plan.)

Year One –

- Conduct needs assessment to identify service gaps
- Communicate needs to statewide management organization or contract monitor
- Implement plan to increase identified service
- Implement monitoring plan to track progress
- Educate staff on referral process for LBHP and contracted services

Year Two –

- Conduct needs assessment to identify service gaps
- Communicate needs to statewide management organization or contract monitor
- Implement plan to increase service
- Implement monitoring plan to track progress/revise plan if needed

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- Educate staff on referral process for LBHP and contracted services

Year Three –

- Conduct needs assessment to identify service gaps
- Communicate needs to statewide management organization or contract monitor
- Implement plan to increase service
- Implement monitoring plan to track progress/revise plan if needed
- Educate staff on referral process for LBHP and contracted services

Year Four –

- Conduct needs assessment to identify service gaps
- Communicate needs to statewide management organization or contract monitor
- Implement plan to increase service
- Implement monitoring plan to track progress/revise plan if needed
- Educate staff on referral process for LBHP and contracted services

Year Five –

- Evaluate service array and determine if new services are needed
- Implement plan to secure new services or strengthen existing ones

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AGENCY RESPONSIVENESS TO THE COMMUNITY: For additional information please refer to the Collaboration section of this document.

The Department of Children and Family Services maintain multiple collaborations throughout the state that result in meaningful community, stakeholder, tribe, and court involvement in the assessment, input, decision making, and implementation processes of child welfare services and delivery. Internally, there exists a structured process through the Department's PQI/CQI teams at both regional and state office levels that include stakeholders in the ongoing assessment of issues related to child welfare service quality and delivery. Staff, community stakeholders, and service recipients participate in the evaluation of the effectiveness and efficiency of services provided by the Department. These teams also provide feedback that is utilized by the Department to improve existing services, suggest new services, and enhance the service delivery process. Stakeholder committees continue to meet quarterly throughout the year to address areas unique to the child welfare community. Planning meetings are held for the express purpose of reviewing and analyzing data, and the sharing of the groups' ideas on strategies to improve services and service delivery. This subcommittee includes tribal representatives, Baton Rouge Mental Health, DHH, OJJ, Child Advocacy of Louisiana, regional Family Resource Centers (FRC), Court Appointed Special Advocate (CASA), private mental health providers, the Juvenile Court, private child placing agencies, the Court Improvement Project (CIP), the Louisiana Department of Education (LDE), substance abuse recovery centers, Volunteers of America (VOA), local school board Truancy Assessment and Advocacy Center, foster/adoptive parents, former foster youth and other consumers of DCFS services (for more information on PQI/CQI teams please refer to the Case Review Systemic Factor of this plan).

In addition to the above mentioned PQI/CQI process, community partnerships throughout the state that actively participate in the ongoing assessment and decision-making processes of the Department include the following;

The Louisiana Child Welfare Trauma Project grant is managed by Tulane University's Department of Psychiatry and Behavioral Sciences in partnership with the Department of Children and Family Services. The goal of the project is to improve the social and emotional well-being of children in the DCFS system that have mental and behavioral health needs associated with the experience of trauma. The partnership is designed to strengthen the child welfare system's understanding of trauma through professional training opportunities, and to help professionals within the system to make informed decisions about individualized treatment services needed to enhance child well-being outcomes.

In February of 2014, Tulane University, partnered with Title IV-E child welfare programs at Southeastern Louisiana University, and Southern University at New Orleans, the Pelican Center for Children and Families, and the Department of Children and Family Services to collaboratively present a two day conference on the topic of trauma. "Integrating Trauma Informed Practice in Child Welfare" was held at the Hyatt Regency hotel in New Orleans, and participants included foster/adoptive parents, child welfare professionals, medical providers, IV-E students from the three universities, DCFS staff and administrative staff, and university professors and administrative staff. Internationally recognized experts in social work, mental health, and medical disciplines created this unique opportunity for professionals, foster parents

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and students to engage in a learning environment that included interactive discussions throughout the conference on ways to create a trauma informed environment within Louisiana's foster care system. Through ongoing training and the building of available provider resources, the partnership endeavors to accomplish increased trauma awareness through child welfare professionals, and increased screening by health/mental health care providers to result in more comprehensive clinical assessments, and mental health treatment services, ultimately for the purpose of improving child well-being outcomes. Additional professional development training is forthcoming within the next few years for DCFS staff through the training institute. Former foster youth shared their personal stories about their experience in the foster care system through the trauma grant with Tulane University. The DVD will be utilized to educate and bring awareness to the issue of trauma to professionals and the community alike.

Substance Exposed Newborns is a collaborative, comprehensive approach to address the issue of substance exposure beginning with pre-pregnancy and continuing throughout a child's developmental milestones. The Department currently has an established partnership with DHH to provide inter-agency training and technical support, and expert consultation to child welfare professionals, dependency court, and substance abuse professionals. DHH and DCFS hope to improve safety, permanency well-being and recovery outcomes for children, parents and families. The Department implemented changes to policy to reflect unique identifiers for Substance Exposed Newborns (SEN) cases, and child welfare worker training on SEN dynamics. Family Service policy was also revised to strengthen practice expectations and to provide staff with a clearer guidance in their work with parents and their newborns.

Children's Advocacy Centers of Louisiana: The Children's Advocacy Center is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, and child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse and neglect cases. The Department actively support and engage this group of professionals in a collaborative effort to develop policy, procedures, and to provide guidance on cases of child abuse and neglect. CAC embraces the concept of coordination between community agencies and professionals involved in the intervention system. CAC includes a hyperlink on its website that direct viewers to the Department's webpage with information on reporting child abuse and neglect.

Family Resource Centers (FRC) of Louisiana provide therapeutic intervention services to families to improve safety, reduce risk, and to support permanency for children in their homes or out of homes when applicable. There are eight centers located throughout the state and each serves families in their designated geographic area. These centers receive referrals from DCFS of families who are involved with the Department due to neglect and abuse of a child. FRC provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building through a multi-year contract.

The Department participates in FRC quarterly meetings to provide service ideas based on the current need of DCFS family consumers. Discussions range from budget issues to the utilization and fidelity of core services provided. The Department shares recent data reports with the group from Citizen Review Panels, CQI case reviews, and program improvement outcomes to assist

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FRC in shaping its services to match the current needs of the families and communities it serves. Currently, the Department's child welfare program staff is working with FRC groups to complete work on FRC fidelity measures. The current FRC are: 1) Discovery FRC-Southeastern University, Baton Rouge Region 2) Renew Family Resource Project-Southeastern University, Covington Region, 3) Nicholls State University Family Service Center, Thibodaux Region, 4) The Extra Mile, Lafayette Region, 5) Educational and Treatment Council, Inc., Lake Charles Region, 6) Volunteers of America-North Louisiana, Alexandria Region, 7) Community Support Program-Portals, Shreveport Region 8) Project Celebration, Shreveport Region and 9) Tulane Parenting Education Program, Orleans Region. Each FRC provides services to parishes in their geographic area so that services are available throughout the state. For additional information on the FRC, please refer to the PSSF section of this plan as well as the Service Array systemic factor section of this plan.

The Pelican Center for Children and Families was developed by the ***Louisiana Court Improvement Project (CIP)*** CARE advisory committee and supported by the Department. Officially created in January of 2013, the statewide CIP CARE Advisory Committee plans to encompass all Louisiana CIP activities that include collaborative work agreements with child welfare stakeholders throughout the state. Its goal is to help improve child and family outcomes throughout the state of Louisiana through combined training and data, maintaining collaborative relationships with child welfare agencies, maximizing combined resources, and implementing interdisciplinary training and education for child welfare practitioners, judges and court advocates (CASA). The center's key stakeholders include the Department of Children and Family Services, the Louisiana Judicial College, the Louisiana Court Approved Special Advocates, the Louisiana Public Defender Board, the Louisiana Bar Foundation, the Mental Health Advocacy Services/Child Advocacy Program, the three Louisiana Legal Services Corporations and the University Alliance of the Louisiana Public University system and others. The Committee meets monthly at the DCFS, and conducted its first interdisciplinary conference on Trauma in February of 2014.

Tribal Partnerships: The Department continues to nurture its relationship with Louisiana's four federally recognized Native American Tribes. They are the Chitimacha Tribe (Lafayette), the Coshatta Tribe (Lake Charles), the Tunica-Biloxi Tribe, and the Jena Band of Choctaw Indians (Alexandria). The Administration for Children and Families schedules and coordinates annual meetings between the Department, and Chafee Independent providers in regions where tribes are recognized. In the regions where tribes are recognized, departmental staff makes an effort to assure that updates are provided and communication is active and ongoing through the use of quarterly conference calls and in the coming year DCFS will resume making site visits to each tribe.

The Department updates policy changes to Title IV-E, ICWA, Foster Care, Family Services, and Adoption as needed to reflect any new development associated with its tribal partners. The tribes were given information and the outline of the new Child and Family Service Plan (CFSP) for suggested input and feedback at its annual 2014 meeting. Frontline staff training on the Indian Child Welfare Act (ICWA) is provided by the Department on a continual basis. The Chitimacha Tribe Social Services Director participates in the statewide PQI Stakeholder Committee on a quarterly basis. As PQI/CQI processes are developed and fine-tuned, the Department plans to

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expand its communication with tribes to include notification to case planning meetings, safety/risk assessments, staffings, and court hearings. Please refer to the “Coordination with Tribes” section of this document for additional details.

Louisiana Adoption Advisory Board (LAAB) is a non-profit group that focuses its attention on issues related to post-adoption services. Its mission is to bring various members of the adoption community together to share different perspectives, seek common understanding, and to promote initiatives that pertain to adoption. Board member representation include foster parents, former adoptees, staff from private adoption agencies, and community members with interest in the topic of adoption. The Department’s adoption and home development child welfare manager serves as the board’s liaison. Board meetings are held monthly, and topics of discussion include legislative updates, birth parent committee updates, planning of recruitment activities, planning of annual retreat, etc. Board members consist of foster/adoptive parents, DCFS manager and consultant, adoptees, Children’s Trust Fund representative, birth parents, and other community partners.

Departmental representation on the board promotes a collaborative effort in the decision making process, activities planned, legislative activities, and policy changes and updates. At the 2014 legislative session, LAAB participated in the support of Louisiana House Bill 1028 that aims to mandate that birth parents provide identifying information and an updated statement of family history even when choosing the “No Contact” option on the contact preference form of the Louisiana Voluntary Adoption Registry. The proposed law would also mandate that an adoptee twenty five years of age or older receive a non-certified copy of their original certificate of live birth. Passing of the law would require that the Department hold the responsibility of developing and implementing a year-long media campaign informing the public of the changes, implementing changes in adoption departmental policies, and conducting DCFS staff training on the changes. Additionally, the Secretary of the Department and the Secretary of the Department of Public Safety and Corrections would serve as promulgators of the implementation of the rules associated with the law. LAAB board members utilized its 2013 and 2014 meeting dates to brainstorm ideas to be included on the bill. The bill was scheduled for floor debate on April 15, 2014.

Advanced Safety Focused Practice Model (ASFP) is a model that was adapted by the Department after research and assessment of other states’ success in use of the model. DCFS worked with the National Resource Center for Child Protective Services as well as Action for Children protection in the adaptation and implementation of this model. The Department chose to implement ASFP due to its high percentage of positive outcomes, the comprehensive assessment process inclusive of all programs, and the need to improve state outcomes relative to child safety. The ASFP model focuses comprehensively on child and family functioning through the life of a family’s involvement with the DCFS. It engages the community and informal supports systems available to the family to assist in decision making and the development of a safety plans when needed. This inclusive approach has been embraced by the community, as case reviews utilizing the model experienced success. Phase one of staff training on the model ended in the early months of 2014, and phase two of the training is scheduled to begin soon.

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Louisiana Foster & Adoptive Parent Association (LFAPA) is a non-profit organization made up of foster/adoptive parents in the state of Louisiana. The association includes an executive board of officers, and a full board of officers and local association members. The LFAPA serves to empower foster/adoptive parents and the children in their care by providing support, effective communication, relevant training, recruitment and retention activities, and advocacy services. Founded by Louisiana's certified foster/adoptive parents and supported by the Department, LFAPA remains fully engaged in its quest to promote the Department's vision, gain meaningful partnerships, advocate for the best interest of children and youth in the foster care system, and provide support to foster/adoptive parents in the state of Louisiana. Currently, there are active local associations in eight of the nine regions of the state. The Baton Rouge region is currently working on re-establishing its local association with plans to begin their association by the summer of 2014.

The LFAPA participates in several activities that promote the recruitment of additional foster/adoptive families and the retention of certified foster/adoptive families. The association hosts annual conferences, serve as representatives on various committees and work groups at the Department, participates in recruitment events given by the Department, initiates its own recruitment activities/events, provide scholarship opportunities to foster youth, and offer training and support to its members and DCFS staff. One of the Association's most popular training is "Defensive Parenting" where departmental staff and foster/adoptive parents come together to participate in an interactive training that promote teamwork in working together to realize positive outcomes for foster/adoptive families and the children placed in their homes. The LFAPA partnered its annual conference this year for an interdisciplinary educational experience with the annual "Together We Can" conference in October of 2013.

An additional LFAPA support to statewide foster/adoptive parents is the Louisiana Advocacy Support Team (L.A.S.T.). L.A.S.T. is endorsed and promoted by the Department, as it allows the dissemination of L.A.S.T. brochures in its DCFS offices statewide, and invite foster/adoptive parents to the panel night of training class to share its vision with new potential foster/adoptive parents. L.A.S.T. makes training available to LFAPA members throughout the state that express interest in becoming L.A.S.T. advocates in their designated region. The LFAPA utilizes several training, meeting and conference opportunities to promote the formulation of new local foster/adoptive parent associations and to re-energize struggling local associations.

In September of 2013, the Department organized a "Meet and Greet" social for foster/adoptive parents covering the southern portion of the state. The Department of Children and Family Services' Secretary, Child Welfare Executive Director, Director of Programs, and Assistant Director all attended to provide departmental updates, and to address some of the concerns foster/adoptive parents expressed. The meeting was the first of a planned ongoing effort to strengthen the partnership DCFS has with LFAPA. The LFAPA meets quarterly throughout the year along with its liaison that is responsible for contractual activities, departmental updates, to serve as an assistant on the conference planning committee, to advocate on behalf of LFAPA, and to assist in planning recruitment activities relevant to child welfare. In December of 2013, the DCFS awarded the LFAPA with funds that resulted in a surplus from a statewide recruitment activity. Funds were donated by statewide DCFS staff, and the DCFS voted unanimously to utilize the funds to support LFAPA. LFAPA utilized the funds to create a virtual KIT (keep in

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touch) mass email account that informs state employees and community partners of all activities planned, to provide an open invitation to scheduled full board quarterly meetings, to encourage foster parents with “words of wisdom” from seasoned parents, and to publicize youth scholarship availability. The LFAPA also manages an official website that also includes the above mentioned information in addition to upcoming conferences, and other updates.

Faith Based Initiatives in Louisiana include several partners from the faith-based community committed to the safety, well-being, and permanency of children and youth in the foster care system. Based on the Department’s previous successes with local churches within communities of the state, it continues to build on and seek new collaborative partnerships with the faith based community. In March of 2013, the Department launched a new initiative in support of Senate Bill 220 authored by Senators Walsworth and Ward. The DCFS utilizes its “Faith in Families” to enhance its recruitment effort to “safely reduce the number of children in foster care, to reduce the amount of time children spend in foster care, and to ensure that all children exiting foster care do so with a permanent family connection.”

The Department currently maintains partnerships with several churches and faith based organizations that are committed to promoting positive permanency and well-being outcomes for children without identified family resources and connections. Some of the partnerships include the Louisiana Baptist Children’s Home, Healing Place Church, Cross Roads NOLA, and St. Elizabeth Foundation. This network of partnerships continue to enhance existing strengths of the Department while filling in the gaps that limit its impact on recruitment and positive permanency outcomes for children and youth in the foster care system. The Department’s faith based partners are crucial to the building of capacity and gaining access to resources within its local communities, as they help to maximize limited fiscal and non-fiscal resources. For more information on our faith based partners, please refer to the “Foster and Adoptive Parent Licensing, Recruitment and Retention section of this document.

Strengths: Strengths associated with gaining and maintaining meaningful partnerships are far reaching and enormously beneficial. Building collaborative relationships with the community require consistency over time. Some partnership efforts are in the initial phases of development; therefore, data that represent the Department’s successes and challenges with these partnerships is difficult to report. However, the Department plans to utilize its newly hired CQI implementation specialists to develop measuring tools, and to assess the progress and challenges these partnerships bring to the table of collaboration. Though measures such as the use of surveys, evaluation forms, electronic sharing of ideas and feedback, and verbal feedback are ongoing practices utilized by the Department to maintain these partnerships, the implementation of statewide CQI implementation specialists along with effort to maximize the use of its current data system will assist the Department in providing the kind of data that directly impacts outcomes of safety, well-being and permanency for Louisiana’s children and families. Additionally, the Department’s PIP resulted in a closer look at practice outcome measures that have led to the identification of necessary policy updates, additional training, and new evidence-based model implementation.

The Department’s relationship with the Court Improvement Project (CIP) has translated into a clearer understanding of expectations, responsibilities, and roles of each partner involved.

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Departmental staff, foster/adoptive parents, foster youth, judges, and attorneys expressed that they are more equipped in resolving, staffing, and ultimately progressing efforts that move child welfare cases through the system in a timely, efficient manner. During the PIP and beyond, the Department endeavored to improve case closure timeliness statewide (once the threat to child safety is no longer existent) through its collaborative work with the Louisiana Court Improvement Program in the Transformation Zone (TZ) which was/is in the Lafayette Region and the 16th Judicial District Court. Parishes included in the Transformation Zone include St. Martin, St. Mary, and Iberia.

As of February 2013, there were 48 Family Services (FS) cases open in the TZ, twenty four (24) cases were open in St. Martin Parish, two (2) cases were open in St. Mary Parish, and Iberia Parish had twenty (20) open cases. Of the forty eight (48) cases identified, fifty percent (50%) of the cases were open for a period of six months or longer while nineteen percent (19%) were open for one year longer. As of 2014, however, thirty-four percent (34%) of the cases were open 6-12 months, and none of the cases (0%) were open for over one year. In addition, in 2013, approximately 67.4% of the TZ cases were in low/moderate risk levels, while in 2014, it was reported that 46% of the cases opened were in low/moderate risk levels, a decrease in opened FS cases of more than twenty percent (21%).

A baseline for data collection will be established with the expectation that outcome measures would include information gathering through DCFS case reviews, the Department's CQI implementation specialists and other DCFS data collection processes. The CIP will offer training opportunities for DCFS legal stakeholders beginning October 2014.

As a result of this partnership, policy updates are set to be made to reflect timely case closure within 6-9 months (when consistent with child safety and the absence of child maltreatment) and through the training and implementation of the Advanced Safety Focused Practice (ASFP) model these revised policies will be reinforced. Overall, the Department anticipates improved statewide outcomes resulting in the reduction of out-of-home placements with the implementation of the ASFP model, ongoing internal case review, and the maintenance of its partnership with judges, attorneys, and community constituents through the CIP in the upcoming years.

Additional policy updates included revised policy on substance exposed newborns and national policy and practice guidance on drug testing in child welfare derivative of the collaboration the Department has developed with DHH. The Department's plan moving forward with regard to this population is to engage DHH in inter-disciplinary joint agency training, technical support, and expert consultation to child welfare professionals, dependency court, and substance abuse professionals through its collaborative relationship. Together, DHH and DCFS will decide upon the effectiveness of training through the creation of performance indicators that reflect practice competence. The Department will utilize focus groups, surveys and its CQI case review process to measure the effectiveness and practice knowledge of the joint training effort.

The Department is in the process of creating measurements to track the success of its Family Resource Centers and with a projection of nine active resource centers to serve nine regions of the state through contractual agreements, the Department will focus its attention on performance measures involving the core services of parenting education, family skill building, and visit

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coaching. Moving forward, parenting education will monitor the number and percentage of parents that complete the Nurturing Parenting Program with a higher post mean score than the pre-mean score. The family skill building service will monitor the number and percentage of parents that demonstrate improvement in targeted parenting skills and/or behaviors through the utilization of a pre and post test instrument. Finally, the Department will monitor the number and percentage of referrals for visit coaching within the first ninety days of out of home placements.

The trauma focused partnership that the Department continues to develop with Tulane University is part of a demonstration grant awarded to Tulane to improve the assessment and referral process for children and youth who experience trauma. The partnership also endeavors to promote the need for therapists with specialized skills to treat trauma victims. During its initial stages, the target population was defined as children and youth from both the Foster Care and Family Service programs, aged 0-18. The steering committee for the project includes representation from OBH, Tulane, DCFS, and Magellan.

A new assessment tool was created to capture trauma events and symptoms. To that end, the group created the Trauma and Behavioral Health screening form (TBH) to replace the original behavioral health screening form (BH-1) previously utilized by the Department. Currently, the new form is being used in one region of the state as a pilot region for this project (Covington) and will soon be rolled out to four additional regions of the state. To date, 514 screens were completed and out of this case population of youth 50% of 13-18 year olds, 27% of 7-12 year olds and 5% of 0-6 year olds were identified as youth in need of trauma focused therapeutic services. The group identified a need for trauma informed/trained therapists with the skills needed to serve this population of foster youth. Training and consultation was offered to providers in the region who serve DCFS children.

Partnership meetings including Tulane, the DCFS and PRG (The Policy and Research Group) take place weekly. Progress is discussed including the number of cases pulled and the screening results (TBH scores). Regional advisory meetings are held quarterly and site visits to each parish office are occurring monthly to provide support to staff in completing the screens with the children on their caseloads. Data sharing agreements have been completed with the DCFS and Tulane and are in progress with OBH. An evaluation plan was developed. An initial group of providers in the pilot region (Covington) were contacted and trained in PTSD-CBT and ongoing consultation sessions are already in progress. Meetings with the pilot region staff have continued and they have remained eager and interested in the launching of this project.

The Department's establishment of partnerships within the communities of Louisiana such as outreach to the faith-based community and the inclusion of foster/adoptive parents, former foster youth, community partners and the pursuit birth parent participation in its effort to improve the coordination of services, the way it serves, and taking care to implement measurements that involve feedback from the community is integral to the success of any child welfare agency. The Department recognizes that this network of partnerships enhance existing strengths and core values while filling in the gaps that limit its impact on recruitment and efficient permanency processes for children and youth in the foster care system. The Department's partners are crucial

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to the building of capacity and gaining access to resources within its local communities, as they help to maximize limited fiscal and non-fiscal resources.

Concerns surround the challenge of maintaining meaningful partnerships in good faith when departmental staff/leadership continue to experience turnover, funds are limited and there is a loss of stakeholder interest. In addition, departmental perception in the community continues to be a challenge. To that end, the Department realizes the benefit of employing an ongoing presence engaged in relevant child welfare community issues and activities. Because building and maintaining these partnerships are vital to the Department's success, it becomes challenging to assure that a sufficient amount of time is spent developing goals and determining practice measures that will produce sustainable outcomes over time.

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FOSTER/ADOPTIVE PARENT CERTIFICATION, RECRUITMENT AND RETENTION:

Certification: The DCFS Child Welfare – Home Development (HD) Program is charged with the responsibility of certifying and re-certifying foster/adoptive family homes that can meet the placement needs of children in the Louisiana foster care system. These homes are required to meet the Department’s prescribed minimum licensing standards for the health, safety and well-being of children placed in foster care, as well as those children which become available for adoption. These families are dually certified to both foster and adopt. The overall certification process is conducted by means of a home study, pre-service training and mutual assessment. The re-certification process involves assessing whether the home continues to meet licensing standards, providing support to the family, and addressing any identified issues/concerns. A family can be re-certified on an annual or a three-year basis. There are various types of family homes; each requiring a level of expertise and skill necessary to meet the placement needs of the child placed in the home.

To assist interested individuals in determining whether they are ready to become a certified foster/adoptive family, information about certification is available on the Department’s website. This includes: Common Questions about Foster/Adoptive Parenting, Am I Ready Quiz, Minimum Qualifications, and Steps to Certification, Contact numbers, and Orientation/Training Schedules. As the Department moves forward, the current intake/application process will be more readily available for prospective foster/adoptive applicants. The Department’s upcoming release of the Child Welfare Common Front End Access (CAFÉ) will allow individuals interested in becoming certified to complete an intake inquiry on-line and submit it via a designated provider portal. Applicants will also be able to submit an application via CAFÉ, as well as maintain their profiles (address, phone/cell number, e-mail address, etc.).

The DCFS utilizes the Tracking, Information and Payment System (TIPS) to capture foster/adoptive certification data (e.g., the date of inquiry, orientation, application, clearances, training sessions, certification, closure; capacity, age range of child, as well as, newly certified relative and/or closed homes. In addition to the information tracked in TIPS, each region, on a monthly basis, submits to state office, a monthly reporting form which captures the: names of prospective applicants, date of intake, orientation, certification, and closure, number of newly certified, closed and/or child specific homes, and descriptions of monthly recruitment activities. The information is summarized in a statewide internal tracking database.

Regional HD staff is responsible for submitting a copy of the region’s Recruitment/Retention plan to the State Office Home Development Unit. The plan includes: an annual needs assessment (demographics and placement needs of children within the region); goals/objectives; method of recruitment (general, child specific), orientation/pre-service training schedule, and the recruitment budget. The region’s annual plan will be used to review and/or monitor the following: 1) identified placements needs; 2) types of available homes; 3) strategies for increasing the number and types of foster/adoptive families; and 4) results/outcomes.

An internal process is used to keep track of the statewide average number of foster/adoptive homes per calendar year. The average number is 2,000. For the past two calendar years, the

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number of newly certified homes was 748 (2013) and 621 (2012). The number of closures was 815 (2013) and 655 (2012). In most cases, certified foster/adoptive families which accept children initially as a foster care placement may later become the adoptive family, particularly if the child has remained in their home since entering foster care.

The licensing standards are applied equally for any prospective applicant. In an effort to ensure the standards are applied equally on a continuous basis, policy/procedures outline the certification process.

As per the Louisiana Child Placing Agencies Licensing Regulations, a Criminal Record Clearance is to be conducted on all foster/adoptive applicants. During the week of November 3, 2013, the Children's Bureau of the Administration for Children and Families conducted a primary review of the Louisiana title IV-E foster care program. A total of 80 cases were reviewed. Case file information of each child in the selected sample was reviewed to verify title IV-E eligibility. The foster care provider's file was examined to ensure the foster family home where the child resided during the period under review was licensed or approved. The review team determined that 79 of the 80 cases met eligibility requirements.

Diligent Recruitment

As of April 2014, there were approximately 4,244 children/youth in Louisiana's Foster Care System:

- 900 African American females
- 937 African American males
- 1054 Caucasian females
- 1118 Caucasian males
- 68 Other Race females
- 89 Other Race males

During Federal Fiscal Year 2013, there were approximately 2,411 certified foster/adoptive families. Of the 2,411, the demographic data shows the following racial makeup of 769 single parent families:

- 262 Caucasians
- 500 African-Americans
- 1 American Indian/Alaska Native
- 6 Unknown

Of the 769, 678 were not Hispanic; 2 were Hispanic; and 89 were Unknown.

The remaining 1,642 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians - 1153 (Parent 1) and 1151 (Parent 2)
- African-Americans - 451 (Parent 1) and 472 (Parent 2)
- American Indian/Alaska Native – 5 (Parent 1) and 6 (Parent 2)
- Asian – 2 (Parent 1) and 2 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 1 (Parent 2)
- Unknown – 30 (Parent 1) and 10 (Parent 2)

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Of the 1,642 – 1,370 (Parent 1) and 1,390 (Parent 2) were not Hispanic; 17 (Parent 1) and 21 (Parent 2) were Hispanic; and 255 (Parent 1) and 231 (Parent 2) were Unknown.

Regional HD staff, when developing the 2013-2014 recruitment/retention plan, identified placement needs for foster children within their respective regions. Information regarding placement needs was obtained through DCFS WebFOCUS and INFOPAC data, and communication with Foster Care and Adoption staff. Based upon information obtained from the regional monthly reports, the majority of the regions rely heavily on the faith-based community to promote awareness of the need for foster/adoptive parents. In other regions, it was observed that they also target other community organizations, such as the local stores, medical facilities, community fairs, schools and libraries.

Overall, there has been an increase in support within the community. Some regions have stronger support system resources than others, which may be due to one region being more urban vs. another being considered more rural. In any respect, each region has managed to maintain relationships with their community and their foster parents. In some areas, the certified foster/adoptive parents are the best recruiters. The HD staff has embraced the support that has been provided through the Faith In Families Initiative and Louisiana Baptist Children's Home cooperative agreement.

The data for FY 2013's newly certified foster/adoptive homes show diverse numbers ranging from 38 to 105. The three regions with the highest numbers were: Lafayette, Covington and Orleans; three regions in the middle were: Alexandria, Monroe and Thibodaux; and the three regions with the lowest regions were: Lake Charles, Baton Rouge, and Shreveport.

Recruitment: Recruitment is a joint departmental/community effort. However, the HD staff are responsible for taking the lead on recruitment related activities. There are three types of recruitment methods: general, targeted and child-specific. General recruitment is designed to educate the community about: the purpose, goal, policies/practices of the agency regarding foster care/adoption; the types of homes needed to provide temporary/permanent placements for children in care; and certification requirements. Targeted recruitment is a community based approach to seek out potential foster/adoptive families that reflect the ethnic and racial diversity of the children in need of foster/adoptive homes. Child-specific recruitment is used to bring about awareness within the community about the placement needs of a specific child and/or sibling group who are available for adoption but have no identified adoptive resource. Recruitment plays a vital role in the achievement of permanency for children awaiting adoption.

Retention: Retention is another important aspect of the certification/re-certification process. The retention of certified foster/adoptive families involves two processes: working with foster/adoptive parents as partners in permanency planning; and providing families with identified support services. Support visits are conducted by the HD staff in the homes of certified foster/adoptive parents. Other methods utilized to retain foster/ adoptive families include: annual selection of a foster/adoptive parent(s) of the year; foster parent appreciation month, meetings between executive management and foster parent associations; participation of staff in the annual foster/adoptive parent association's conferences; and encouraging

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foster/adoptive parent's participation in the Performance and Quality Improvement and accreditation process.

The CIP and the Department's collaboration continues, as we seek together to improve foster/adoptive parents' involvement in the court process. In 2013, the Pelican Center participated in the 37th Annual Foster/Adoptive Parent Conference by conducting court related sessions that informed foster/adoptive parents of court dynamics and the results of the administered surveys. The Department will assist the Pelican Center (Mark Harris) in the creation of an additional survey. The results will be utilized to evaluate foster/adoptive parent training needs and to address the need for additional consultation/policy enhancement.

Strengths: The DCFS has continued to put forth an effort to establish on-going community partnerships to address the need for temporary and/or permanent placement for children within the foster care system, such as: the 2013 Faith in Families Initiative which focuses on creating permanent connections for children placed in DCFS' custody; cooperative agreement with Louisiana Baptist Children's Home to recruit a targeted number of foster/adoptive families; and developing open dialogue with foster/adoptive parent associations. Regional staff also continues to maintain and establish community partners within their respective regions. Within the past fiscal year, the use of foster/adoptive parents (current or closed) as foster/adoptive parent MAPP/GPS co-trainers has been implemented.

Each region has a standardized format for developing/implementing the annual recruitment/retention plan. Each region has identified community resources that are available to assist with ongoing recruitment. Within the past year the regions were able to seek out the assistance of foster/adoptive parents to assist with the pre-service training of foster/adoptive applicants. The foster/adoptive parents were able to participate in the trainer's training to learn the necessary tools/skills need to conduct pre-service training.

Foster parents are participating in various community and national associations such as LAAB and AdoptUSkids to bring attention to the work of parenting children in care. Additionally, DCFS has been contacted by AdoptUSkids for Louisiana families to serve as spokespersons for the organization.

Concerns: Difficulty in managing each region due to different demographics and varying statewide recruitment activities. Retaining foster parents after they have made the choice to adopt and providing them with support from the community are areas of concern for the Department as well as retaining foster parents to be open to permanent connections for the young adult and LGBTQ population. (For additional information regarding recruitment/retention of foster/adoptive parents please refer to the Foster and Adoptive Parent Diligent Recruitment Plan in this document.)

The HD monthly reports are used to outline the methods used by staff to provide information to the community about the need for certified foster/adoptive family homes. Reports received from Louisiana Baptist Children's Home provides the number of orientations, homestudies, and certification conducted through their organizations.

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Efforts to improve the retention of foster/adoptive parents included exploration of their involvement in courts through a survey conducted in partnership with the DCFS Foster Care Program and Court Improvement Project (CIP). Foster/adoptive parents were surveyed (during 2013) regarding their knowledge and understanding of the court process, their experiences in participating in court proceedings, and to obtain feedback regarding whether they were receiving notice of court hearings. The survey also explored whether or not they are attending hearings and being offered an opportunity to be heard. Responses were received from 318 foster and adoptive parents.

While it appears that the vast majority of foster parents know that they have a right to notice, attend court hearings and be heard, only about half are ever offered the opportunity to participate when they attend. In addition, foster parents indicate clearly that they would like to learn and know more about the court process. The summary also reveals foster parent's lack of knowledge of the court process and their need to be a fully informed and acknowledged partner in the process. Following a review of the survey by DCFS staff and the CIP partners, practice pointers were developed for both the staff and foster/adoptive parents. This information was disseminated to staff through policy/procedures and a letter was sent to the foster/adoptive parents. There are plans to conduct a follow-up survey during 2014.

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ASSESSMENT OF OUTCOMES/PLANS FOR IMPROVEMENT: The Department believes that the following federal outcome indicators could be positively impacted by implementation of Strategies 1 and 2, and the related goals and action steps. These action steps will be taken based on an analysis of the data collected/received by the Department during the PIP process, Louisiana’s Data Profile reports provided by the Children’s Bureau, the CQI case review process, DCFS information system reports and stakeholder input.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 1:

Safety Outcome 1: children are first and foremost, protected from abuse and neglect; and

Safety Outcome 2: children are safely maintained in their own homes whenever possible and appropriate.

Permanency Outcome 1: children have permanency and stability in their living situations

Permanency Outcome 2: the continuity of family relationships is preserved for children.

Well-being Outcome 1: families have enhanced capacity to provide for their children’s needs;

DATA SOURCES AND DATA ANALYSIS for STRATEGY 1: All CFSR items in this section are included with data for 1st quarter 2014 CQI case review. All related federal data measures from FFY 2013 are included. When available, 1st quarter of 2014 DCFS dashboard data is provided.

SAFETY OUTCOMES 1 & 2: As part of its long-term commitment to keep children safe, the DCFS implemented a research-based “safety focused” approach Advanced Safety Focused Practice (ASFP), to assessing child abuse and neglect, moving away from the traditional “incident based” model. Initially, three regions (Monroe, Alexandria and Baton Rouge) were chosen as pilots and trained using the safety model provided by Action for Child Protection. At last year’s end, all departmental child welfare staff completed basic foundational training on assessing child safety under the new model. Further workforce development and outreach to legal and community partners are planned/has begun to reinforce and further build capacity statewide.

Safety-focused practice provides Louisiana with an opportunity to implement consistent methodical standards for child safety decision-making, while engaging caretakers in insuring the safety of their children.

The safety-focused approach requires information collection in six critical areas:

- nature and extent of maltreatment
- circumstances surrounding maltreatment
- adult functioning
- child functioning
- parenting skills and

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- disciplinary practices

Information collection begins with initial contact (Intake) and continues throughout the DCFS' involvement with the family. The identification of present and impending danger to the alleged child (ren) victims is necessary to make more appropriate safety decisions. Ongoing safety assessment, along with the Department's structured approach to risk, informs decisions about the need for intervention, ongoing services, and permanency decision-making for children who are removed from their homes to ensure their safety.

The gathering of more comprehensive information in the six areas of assessment allows the worker to determine if abuse and neglect is a continuous family condition or a one-time incident and how present and past traumatic events impact the family. The parent/caretaker's capacity to protect is assessed as an integral part of the overall assessment. The ability of the parent/caretaker to provide protection to the alleged child (ren) victim is critical to determining the overall safety of the child, the need for departmental intervention, and identification of services provided to the family.

In January 2014, the CQI team began reviewing 120 Child Protective Service (CPS) cases [formerly referred to as Child Protective Investigation (CPI) cases] in quarter 1 and 2 for a total of 240 cases. The period under review began October 1, 2013. The key focus of the reviews focused on the following:

- the identification of danger (present and impending)
- the sufficiency of information in the six areas of assessment (extent of maltreatment, circumstances of maltreatment, child functioning, adult functioning, parenting general and discipline practices)
- the use of the Structured Decision Making (SDM) Risk Assessment

The CPS Program Staff provided second level reviews of a small sample of the reviews by CQI to determine assess fidelity of the reviews.

The first quarter reviews were considered baseline statistics for measurement of future improvements and to inform the Department of additional training and consultation needs for field staff. The Covington and Shreveport Regions were not included in the initial statewide statistics due to late implementation of ASFP in their region. The second quarter statistics will serve as baseline data for those two regions.

The following chart indicates the results of the statewide review of CPS cases for quarter 2 which includes baseline data:

2nd Quarter CPS Data

Area of Practice	Q2	Q1 Baseline	Variance
Identification of Present Danger	79.8	79.1	.07
Extent of Maltreatment	19.2	20.0	-0.8
Circumstances Surrounding	24.4	29.2	-4.8

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Area of Practice	Q2	Q1 Baseline	Variance
Child Functioning	9.3	7.5	1.8
Adult Functioning	5.9	3.3	2.6
General Parenting	4.2	4.1	0.1
Disciplinary Practice	5.9	2.5	3.4
Caregiver Protective Capacity	23.5	20.8	2.7
Impending Danger	55.5	48.4	7.1

Present Danger: Present Danger was correctly identified in 79.8 % of the cases. This shows an increase of 0.7%. The identification of present danger allows the CPS worker to immediately determine if the child(ren) victims is safe or unsafe. If the child is unsafe, collaborative decisions must be made with the family to determine the appropriate intervention to keep the child safe. The in-home, court ordered safety plans are options to keep the child safe while remaining in the home. If these options are not available, court intervention to remove the child from the home is necessary. Current data suggests that workers are beginning to understand and identify present danger in order to keep children safe.

Extent of Maltreatment: Information collection in the area of extent of maltreatment decreased by .8%. The extent of maltreatment describes the facts and evidence which supports the alleged abuse and/or neglect. There was a small decrease in the information collection from quarter 1 to 2. During the review of the data with regional leadership, staff were informed that most of the information in this area was cut and pasted from the Intake Report. This area of assessment focuses on the CPS workers assessment of the events leading up to the alleged maltreatment and clearly identifies the unsafe child and the maltreating parent/caretaker. The data suggests that more consultation is needed in this area.

Circumstances Surrounding Maltreatment: Information collection in the circumstances surrounding maltreatment showed a decrease of 4.8% from the Q1 baseline data. The information gathered in this area describes the events leading up to the maltreatment of the alleged victim. The intent of the parent/caretaker is assessed to fully understand the attitudes of the parents regarding the maltreatment. A decrease in the information collection indicates workers are not fully exploring the intent and attitudes of the parent regarding the maltreatment of the child(ren) victim.

Child Functioning: Information collection in the area of child functioning showed an increase of 1.8% from baseline data. Information collection in this area mainly consists of the day to day functioning of the child(ren). An increase in the data indicates staff are exploring more pertinent information regarding the child's functioning both in the home and other settings. This information is necessary to determine the parent's knowledge of the needs of their child(ren).

Adult Functioning: Information collection in the area of adult functioning showed an increase of 2.6% from the baseline data. Information collection in this area focuses on how the adults in the family function on a daily basis. The data suggests that workers are capturing more information

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in this area to determine how the adults function daily and how their functioning impacts their children.

General Parenting: Information collection in the area of general parenting showed an increase of 0.1% from baseline data. Staff have shown a small increase in the collection of information in this area. The information in this area describes the overall parenting activities. Information gathered in this area assists the worker in assessing the parent's motivation toward parenting and knowledge of child development and expectations. This information is also critical in assessing the parent's belief about parenting, its origin, and how they parent their children, which aids decision at determining the parent's capacity to safely nurture and protect their child(ren).

Disciplinary Practices: Information collection in the disciplinary practices showed an increase of 3.4% from baseline data. The focus of assessment in this area centers around the disciplinary practice of the parent and their knowledge of age appropriate discipline. Staff have shown a significant increase in their information collection and assessment in this area.

Caretaker Protective Capacities: Information collection in the disciplinary practices showed an increase of 2.7% from baseline data. Correct identification of caretaker protective capacities are critical to safety planning and the alignment of services for Family Services and Foster Care as case plans are developed to remove the threats that puts the child in danger. The data indicates workers are beginning to understand the importance of fully assessing the parents and their ability to protect. However, further staff development efforts are still needed to improve performance in this area.

Identification of Impending Danger: The identification of impending danger is determined based on the information collection in the six areas of assessment. The correct identification of impending danger showed as 7.1% increase from the baseline data from Q1. This asserts that efforts to improve staff distinction in assessing danger is improving. This is important to the safety, permanency, and well-being of children in assuring that the right decisions about interventions to be utilize with a family is appropriate.

Risk Assessment/Structured Decision Making (SDM)

Data was also collected regarding the correct and timely completion of the structured decision making risk assessment, evident in following chart:

Area of Practice	Q2	Q1 Baseline	Variance
Correct Household	97.5	94.0	3.5
Timely Approval	46.3	51.2	-4.9
Consistency	61.7	64.2	-2.5

There was an increase of 3.5% in completing the SDM on the correct household. The timely approval and information consistent with the SDM and case record showed a decrease. This shows that CPS staff are better understanding the need to complete timely risk assessments with families. The SDM risk assessment, along with accurate safety decision making assists the worker to determine the appropriate disposition of a case and determine the need for continued services through departmental or community service providers.

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SDM refresher trainings were held in all the regions from October 2013 to March 2014. There is an expectation that this training will continue to improve practice on the overall completion and timeliness of the SDM risk assessment.

The Department's ACESS system was modified to align with ASFP and to allow the workers to appropriately screen reports surrounding present and impending danger. Screening cases more thoroughly at intake using ASFP can serve as the foundation for safety planning in the investigative and case planning phases for all of child welfare program areas. These changes allow CPS workers to respond to reports based on the assessment.

Centralized Intake workers and supervisors have engaged in on going activities to focus on improving/applying model fidelity to the intakes to ensure consistency in assigning appropriate response priorities.

Ongoing Support: All staff have been trained at the basic level of ASFP; however, the Department is aware of the need to provide continued support around implementation through the child welfare continuum. Identification of further staff development activities will be defined through ongoing consultation and case reviews efforts.

The CPS Program Staff developed a series of webinars to include content around information gathering in the six areas of assessment. The webinars were taped and are included on the Department's intranet page for quick references for staff. Targeted ASFP consultation/training has been and will continue to be provided by the Implementation Specialist and program staff to regions that have requested more assistance with the implementation. A "safety planning" workshop has developed to assist staff to write appropriate safety plan. In late 2014, a pilot of the training will commence in the Thibodaux Region, with a statewide rollout to later follow. A similar workshop will be developed to target the writing of behaviorally specific case plans.

Safety Outcome 1: Data Source: ACESS Report - Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker Report - ACN0004 – During Federal Fiscal Year 2013, 84.34% of alleged victims and 81.63% of at least one parent/caretaker were seen in accordance with departmental policy. This contrasts with 69.11% of alleged victims and 69.85% of parent/caretakers seen in accordance with policy during FFY 2010, as DCFS was entering its PIP.

Item 1: Timeliness of initiating investigation of reports of child maltreatment

Achievement Level	# of Cases	% of Cases
Strength	47	83.9%
Area Needing Improvement	9	16.1%
Not Applicable	64	

The 1st quarter 2014 review found the state had 83.9% conformity in Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 75.82% and for contact with parent/caretakers was 78.17%.

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Safety Outcome 2 (S.2): Data Source: The Annual Safety Profile provided by the Children’s Bureau following NCANDS submission and DCFS dashboard reports ACNOOO7 – Absence of Maltreatment Recurrence and S.2 – Absence of Maltreatment in Foster. The FFY 2013 Safety Profile indicates Louisiana is at 93.5% while the standard is 94.6% for Absence of Maltreatment Recurrence. Louisiana is above the standard for Absence of CA/N in Foster Care with a Profile measure of 99.78% and a standard of 99.68%. Based on the 2013 measure, S.2 is not currently an area needing improvement. However, continued monitoring will occur through CQI case reviews and the DCFS dashboard report CFSR S.2. The CQI case review process will also continue to provide additional qualitative data for this item. (For additional information on the case review process, please refer to the Systemic Factors section of this plan).

Item 2: Absence of Repeat Maltreatment

Achievement Level	# of Cases	% of Cases
Strength	39	83.0%
Area Needing Improvement	8	17.0%
Not Applicable	73	

The 1st quarter 2014 CQI case review found the state had 83.0% conformity in Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.17%.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

Achievement Level	# of Cases	% of Cases
Strength	55	73.3%
Area Needing Improvement	20	26.7%
Not Applicable	45	

The 1st quarter CQI case review found the state had 73.3% conformity on Item 3. CFSR Permanency Item C1.4-Re-entries to foster care in less than 12 months, provides a partial measure of Item 3. Louisiana’s annual Permanency Profile for FFY 2013 provides a performance level of 11.60%. This is better than the national median of 15% but still falls short of the 9.9% standard. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure. In addition, the DCFS has added two budget performance indicators to its quarterly state performance measures that will provide additional monitoring of this item. These new measures are percent of valid CPI investigations not referred to Family Services or Foster Care and percent of children in new Family Services cases that enter Foster Care within 6 months.

Item 4: Risk assessment and safety management

Achievement Level	# of Cases	% of Cases
Strength	74	61.7%
Area Needing Improvement	46	38.3%
Not Applicable	0	

The 1st quarter CQI case review found the state had 61.7% conformity in Item 4.

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PERMANENCY OUTCOMES 1 and 2:

Item 5: Re-entries to foster care in less than 12 months

Achievement Level	# of Cases	% of Cases
Strength	15	88.2%
Area Needing Improvement	2	11.8%
Not Applicable	103	

The 1st quarter CQI case review found the state had 88.2% conformity in Item 5. This measure is reported on the annual state data profile as CFSR Permanency Measure C1.4. Louisiana's performance was 11.60% for FFY 2013. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

Item 6: Stability of Foster Care Placement

Achievement Level	# of Cases	% of Cases
Strength	62	82.7%
Area Needing Improvement	13	17.3%
Not Applicable	45	

The 1st quarter CQI case review found the state had 82.7% conformity in Item 6. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3 In FFY 2013 Louisiana's performance on Composite 4 was 92.4, which was below the national standard of 101.5. The DCFS dashboard reports are available for interim monitoring of this measure.

Measure C4.1 – Two or fewer placement settings for children in care for less than 12 months –

For FFY2013, the Louisiana Data Profile reported a performance measure of 81.90%. This falls below both the national standard of 86.0% and the national median of 83.3%. The DCFS dashboard C4.1 report for 1st quarter 2014 reflects a performance of 82.36%. While this is still below the standard, it is consistent with case review results and suggests possible improvement in placement stability.

Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months

– For FFY2013, the Louisiana Data Profile reported a performance measure of 60.90%. This falls below the national standard of 65.4% but is slightly higher than the national median of 59.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 67.67%. This is above the standard and suggests possible improvement in placement stability.

Measure C4.3 - Two or fewer placement settings for children in care for 24+ months –

For FFY2013, the Louisiana Data Profile reported a performance of 33.80%. This falls below both the national standard of 41.8% and the national median of 39.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 33.10%. This is below the FFY Data Profile performance level, indicating that placement stability continues to be difficult for children in care for longer periods of time.

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CFSR Review Item 7 does not relate to a specific measure on the state data profile; however, both timely identification of an appropriate case plan goal and diligent efforts to achieve the goal are linked to the other permanency measures.

Item 7: Permanency Goal for Child

Achievement Level	# of Cases	% of Cases
Strength	47	62.7%
Area Needing Improvement	28	37.3%
Not Applicable	45	

The 1st quarter CQI case review found the state had 62.7% conformity in Item 7. Current system limitations impact data availability related to the case plan goal. Establishment of goal dates and changes in goal are not captured in a system history table. In addition, there is no capture of a concurrent goal. System changes are planned for early 2016 to enable capture and maintenance of goal history. Staff training and dashboard reports will be developed in tandem with the system changes to promote improvement in data quality. The CQI case review process will continue to be the primary source for details related to children whose cases receive an ANI rating.

Permanency Composite 1, Component A contains 3 sub-measures associated with CFSR review Item 8. These are C1.1-Exits to reunification in less than 12 months; C1.2- Exits to reunification-median; and C1.3-Entry cohort reunification.

Item 8: Reunification, Guardianship or Permanent Placement with Relatives

Achievement Level	# of Cases	% of Cases
Strength	31	72.1%
Area Needing Improvement	12	27.9%
Not Applicable	77	

The 1st quarter CQI case review found the state had 72.1% conformity in Item 8.

Measures C1.1 and C1.2 – Exits to reunification in less than 12 months – The FFY Data Profile for Louisiana indicates that 69.8% of exits to reunification occurred in less than 12 months (national standard is 75.2%) and the median time to exit was 7.4 months (national median is 5.4 months). The DCFS dashboard report indicates that for the 1st Quarter of 2014, 71.79% of exits occurred in less than 12 months with 7.46 as the median number of months to exit.

Measure C1.3 – Entry Cohort Reunification less than 12 months – The Louisiana Data Profile for FFY 2013 reports a performance of 48.1% for this measure. The national standard is 48.4% with a national median of 39.4%.

CFSR Review Item 9 focuses on timely achievement of the goal of adoption. This item is related to Data Profile measures captured in Permanency Composite 2, which contains 5 measures.

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Item 9: Adoption

Achievement Level	# of Cases	% of Cases
Strength	21	50.0%
Area Needing Improvement	21	50.0%
Not Applicable	78	

The 1st quarter 2014 CQI case review found the state had 50.0% conformity in Item 9. The DCFS dashboard report for C2.1 and C2.2 for the 1st quarter of 2014 indicates that 30.95% of finalized adoptions occurred within 24 months of foster care entry and the median number of months for all finalized adoptions was 29.40.

Measures C2.1 and C2.2 – Exits to adoption in less than 24 months (percent and median)

The Data Profile for FFY 2013 reports that Louisiana 30.70% children who were discharged to adoption did so within 24 months of foster care entry. For all children exiting to adoption, the median number of months to a finalized adoption was 28.7 months. The national standards are 36.6% and 37.3 months.

Measure C2.3 – Children in care 17+ months, adopted by the end of the year- The FFY 2013 Data Profile reflects a performance rate of 39.2%, which exceeds the national standard of 22.7% as well as the national median of 20.2%. Louisiana has exceeded the standard on this measure for the last four FFYs.

Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months – Louisiana’s Data Profile reflects a 22.1% performance on this measure. This exceeds the national standard of 10.9% and the national median of 8.8%. Louisiana has exceeded the standard on this measure for the last 4 FFY. The DCFS dashboard report for the period covering 01/01/2014-06/30/2014 reflects 18.04%, indicating sustained performance on this measure.

Measure C2.5 – Legally free children adopted in less than 12 months According to the Louisiana Data Profile, of all children who became legally free for adoption (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), 64.7% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. Louisiana has exceeded the national standard of 53.7% for the last four FFYs.

While the CQI case reviews and dashboard data indicate continued need for improvement on more timely completion of adoptions, the DCFS was able to finalize a record number of 739 adoptions in FFY 2013.

OTHER PERMANENCY MEASURES:

Measure C3.1 Exits to permanency prior to 18th birthday for children in care for 24+ months – Louisiana’s performance on this measure for FFY 2013 was 39.7%. Louisiana has exceeded the national standard of 29.1% for the last four FFYs.

Measure C3.2: Exits to permanency for children with TPR - Louisiana’s performance on this measure for FFY 2013 was 94.3%. The national standard is 98.0%.

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Item 10: Other Planned Permanent Living Arrangement

Achievement Level	# of Cases	% of Cases
Strength	16	80.0%
Area Needing Improvement	4	20.0%
Not Applicable	100	

The 1st quarter CQI case review found the state had 80.0% conformity in Item 10. The DCFS dashboard report C3.3 for 1st quarter 2014 indicates that 40% of children who were emancipated or aged out of foster care were in care three years or more. This reflects some improvement over the FFY data profile reports for the past four years. However, substantial improvement is still needed.

Measure C3.3 – Children emancipated who were in foster care for three or more years – FFY 2013 Data Profile shows that 46.4% of Louisiana children who were emancipated or aged out of foster care were in care three years or more.

Item 11: Proximity of Foster Care Placement

Achievement Level	# of Cases	% of Cases
Strength	59	96.7%
Area Needing Improvement	2	3.3%
Not Applicable	59	

The 1st quarter CQI case review found the state had 96.7% conformity in Item 11. DCFS does not have a geographic definition of proximity of placement. However, % of children placed in parish of the removal court is used as a state performance measure. The performance standard is set at 40%. On the last day of 1st quarter of 2014, 48.19% of children in care were placed in the removal court parish.

Item 12: Placement with Siblings

Achievement Level	# of Cases	% of Cases
Strength	38	92.7%
Area Needing Improvement	3	7.3%
Not Applicable	79	

The 1st quarter CQI case review found the state had 92.7% conformity in Item 12. The DCFS dashboard enhancement plan includes adding reports on placement with siblings.

Item 13: Visiting with Parents and Siblings in Foster Care

Achievement Level	# of Cases	% of Cases
Strength	39	60.9%
Area Needing Improvement	25	39.1%
Not Applicable	56	

The 1st quarter CQI case review found the state had 60.9% conformity in Item 13. The DCFS dashboard enhancement plan includes adding reports on parent, child and sibling visits to

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provide ongoing data resources for the frequency of contacts. The quality of visits will continue to be assessed through the case review process.

Item 14: Preserving Connections

Achievement Level	# of Cases	% of Cases
Strength	59	80.8%
Area Needing Improvement	14	19.2%
Not Applicable	47	

The 1st quarter CQI case review found the state had 80.8% conformity in Item 14.

Item 15: Relative Placement

Achievement Level	# of Cases	% of Cases
Strength	54	78.3%
Area Needing Improvement	15	11.7%
Not Applicable	51	

The 1st quarter CQI case review found the state had 78.3% conformity in Item 15. The dashboard currently contains limited placement data by placement type, but relative placements is not one of the options. The DCFS dashboard enhancement plan includes additional detailed reports on placement types for children in foster care, which will include relative placements. Data on relative placements is periodically reviewed and assessments have been completed to identify strategies to promote certification of non-certified relative caregivers. This is intended to prepare these caregivers to be in a position to adopt or accept legal guardianship if the child cannot be returned home.

Item 16: Relationship of Child In Care with Parents

Achievement Level	# of Cases	% of Cases
Strength	21	37.5%
Area Needing Improvement	35	62.5%
Not Applicable	64	

The 1st quarter CQI case review found the state had 37.5% conformity in Item 16. DCFS does not currently have a dashboard report for visits between foster children and their parents. This is included in the DCFS dashboard enhancement plan.

PERMANENCY & WELL-BEING MEASURES:

Measure C4.1 – Two or fewer placement settings for children in care for less than 12 months – For FFY2013, the Louisiana Data Profile reported a performance measure of 81.90%. This falls below both the national standard of 86.0% and the national median of 83.3%. The DCFS dashboard C4.1 report for 1st quarter 2014 reflects a performance of 82.36%. While this is still below the standard, it is consistent with case review results and suggests possible improvement in placement stability.

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Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months

– For FFY2013, the Louisiana Data Profile reported a performance measure of 60.90%. This falls below the national standard of 65.4% but is slightly higher than the national median of 59.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 67.67%. This is above the standard and suggests possible improvement in placement stability.

Measure C4.3 - Two or fewer placement settings for children in care for 24+ months – For FFY2013, the Louisiana Data Profile reported a performance of 33.80%. This falls below both the national standard of 41.8% and the national median of 39.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 33.10%. This is below the FFY Data Profile performance level, indicating that placement stability continues to be difficult for children in care for longer periods of time.

Item 17: Needs and Services of Child, Parents and Foster Parents

Achievement Level	# of Cases	% of Cases
Strength	56	46.7%
Area Needing Improvement	64	53.3%
Not Applicable		

The 1st quarter CQI case review found the state had 46.7% conformity in Item 17.

Item 17A: Needs Assessment and Services to Children

Achievement Level	# of Cases	% of Cases
Strength	94	78.3%
Area Needing Improvement	26	21.7%
Not Applicable		

The 1st quarter CQI case review found the state had 78.3% conformity in Item 17A.

Item 17B: Needs Assessment and Services to Parents

Achievement Level	# of Cases	% of Cases
Strength	44	43.1%
Area Needing Improvement	58	56.9%
Not Applicable	18	

The 1st quarter CQI case review found the state had 43.1% conformity in Item 17B.

Item 17C: Needs Assessment and Services to Foster Parents

Achievement Level	# of Cases	% of Cases
Strength	59	85.5%
Area Needing Improvement	10	14.5%
Not Applicable	51	

The 1st quarter CQI case review found the state had 85.5% conformity in Item 17C.

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Item 18: Child and Family Involvement in Case Planning

Achievement Level	# of Cases	% of Cases
Strength	59	50.0%
Area Needing Improvement	59	50.0%
Not Applicable	2	

The 1st quarter CQI case review found the state had 50.0% conformity in Item 18.

Item 19: Case Worker Visits with Child

Achievement Level	# of Cases	% of Cases
Strength	88	73.3%
Area Needing Improvement	32	26.7%
Not Applicable	0	

The 1st quarter CQI case review found the state had 73.3% conformity in Item 19. The DCFS reports case worker visits with children in foster care based on the federal performance requirements. However, the dashboard enhancement plan includes the addition of a report to capture all face to face visits with children in foster. While this enhanced report will capture the frequency of documented visits with children, the case review process will continue to be an essential tool for assessing the quality of visits.

Item 20: Case Worker Visits with Parents

Achievement Level	# of Cases	% of Cases
Strength	36	36.0%
Area Needing Improvement	65	65.0%
Not Applicable	19	

The 1st quarter CQI case review found the state had 36.0% conformity in Item 20. While data is available on case worker visits with parents, this is not currently being reported from the information system. The dashboard enhancement plan includes adding a report this item.

Item 21: Educational Needs of the Child

Achievement Level	# of Cases	% of Cases
Strength	72	86.7%
Area Needing Improvement	11	13.3%
Not Applicable	19	

The 1st quarter CQI case review found the State had 86.7% conformity in Item 21.

Item 22: Physical Health of the Child

Achievement Level	# of Cases	% of Cases
Strength	78	72.9%
Area Needing Improvement	29	27.1%
Not Applicable	13	

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The 1st quarter CQI case review found the state had 72.9% conformity in Item 22. The DCFS dashboard contains a report on timely initial medical and dental assessments. Additional reports are planned for ongoing medical and dental evaluations. Dashboard reporting will not capture unusual events requiring non-routine medical needs. This level of assessment will continue to be derived through the case review process.

Item 23: Mental/Behavioral Health of the Child

Achievement Level	# of Cases	% of Cases
Strength	77	79.4%
Area Needing Improvement	20	20.6%
Not Applicable	23	

The 1st quarter CQI case review found the state had 79.4% conformity in Item 23.

STAKEHOLDER PARTICIPATION for STRATEGY 1: The DCFS engaged various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders included social service directors from federally recognized tribes, the consumer and community stakeholder group (PQI/CQI subcommittee) and the state level PQI/CQI team. Feedback from the regional CQI quarterly case review exit interviews was used to inform this process as were other collaborative efforts listed below.

The Children’s Justice Act Task Force works with community partners collaboratively to improve investigative, administrative, prosecutorial and judicial processes for child victims of abuse and neglect by advancing systemic reform through innovative and evidence based policies, programs, practices and training. The CJA task force is made up of individuals from law enforcement, Judges, Attorneys, CASA, health and mental health professionals, the DCFS, parents and representatives of parent groups, former victims of abuse and neglect, and individuals who work with individuals with disabilities and homeless children.

The CJA task force has supported trainings for departmental staff, CASA, CAC’s and law enforcement regarding child victims with disabilities. The task force has also funded the 15th JDC Family Preservation Court project, human trafficking training with HP Serve, and Powerful Paws. The task force worked with community partners to submit a grant for human trafficking within child welfare.

Stakeholders from the community are also invited to participate in regular scheduled meetings to update the task force on initiatives to support the Department’s efforts to address child abuse and neglect. Recent presentations included the Louisiana Sheriff’s Association, Louisiana Children or [Child Advocacy Centers (CAC) and CASA], and the East Baton Rough Coroner’s office. CJA also partnered with the Department to provide business cards for all law enforcement, which contains the centralized intake number for reporting child abuse and neglect.

The Together We Can Conference, which is a multi-disciplinary training on abuse and neglect for CASA , CAC, Judges, parents’ and children attorneys, social workers, Indigent Defenders,

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law enforcement, educational and mental health professionals and DCFS staff, is also supported by the task force efforts.

STRATEGY 1: Focus on child safety and child and family strengths and well-being

Goal: Improve family engagement, assessment, decision making and trauma- informed care.

Population and geographic information: (Children, under 18 years of age, and families in which there have been reports of abuse and/or neglect). Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. Children ages 0-5, including substance affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. Services are provided on a statewide basis through 9 regional offices and 48 parish offices.

Action Steps:

1. **Implement and Monitor Advanced Safety Focus Practice**
 - Centralized Intake (CI) – improve information collection to support accurate assessments and appropriate information for decision-making by completing the following:
 - Supervisor review of Intakes by their staff;
 - Ongoing ASFP refresher trainings;
 - ACCESS and Policy changes relative to Intake assessments;
 - Monitoring of ASFP implementation;
 - Supervisory ownership of assigned measures for ASFP improvement;
 - Fully align and integrate alternate responses and investigative practices into overall CPS assessment practice consistent with best practice in safety and risk assessment;
 - In collaboration with Training Academy leadership, participate in the development of safety and risk assessment tools and decision-making module for supervisory certification, and integrating trauma informed practice into ASFP;
 - Incrementally expand select staff’s knowledge to produce advanced practitioners in safety and risk assessment practice;
 - Through the CQI process, review CPS, FS, and FC cases quarterly to support quality safety and risk assessment practice to seek opportunities to appropriately respond to varying impact of traumatic stress on children, caregivers, families, and others who have contact with the child welfare system.
 - Hold quarterly meetings at both state and regional level to review progress and maintain fundamental application of effective safety and risk assessment practice through multiple means;
 - Orient the judiciary and legal system in effective safety and risk assessment practice;

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- Develop state and regional implementation plans that include specific improvement targets in the areas of sufficiency of information collection, recognition of danger, and development of safety and service plans that promote child and family resilience after trauma.
2. **Provide Supervisor Mentoring and Support**
- Mentor 20% of CPS supervisors, FS supervisors, and FC supervisors in integrating the assessment of safety and risk, and the assessment of family functioning and case planning within the context of their respective programs;
 - Develop targeted staff training through various mediums to address challenging practice areas (i.e. vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences)
 - Develop a competency assessment tool to be utilized by front line staff, supervisors and managers/consultants with guidance from the Casey Foundation

Measures/Data Sources for CI:

- Fidelity Intake Assessment Review Instrument
- TIPS and ACCESS Reports
- Dashboard Reports
- Case Crisis Review Feedback Reports

Measures/Data Sources for CPI and FS:

- CQI case review findings (Items: 3, 4, 17, 18, 19, 20)
- CPI case review instrument
- Structured Decision Making (SDM) reviews
- ACCESS reports: Initial Face to Face contact (ACN0004) and Investigation Compliance Report ACN0005
- Family Services dashboard reports (Year 2)
- Family Services Quarterly Regional Reports
- Absence of maltreatment recurrence
- Accepted re-referrals
- % children/families requiring on-going services being served in-home/out of home
- % supervisors at basic, intermediate, mastery, and advanced levels of safety and risk assessment practice

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Incremental Improvement Plan:

Centralized Intake - Outcome Measure	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2015 data)	Year 4 – 2016 APSR (FFY 2016 data)	Year 5 – 2017 Final Report (FFY 2017 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Intake Cases Reviewed for Sufficient Information Regarding the Extent of the Maltreatment	48%	92% Achieved				

CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2015 data)	Year 4 – 2018 APSR (FFY 2016 data)	Year 5 – 2019 Final Report (FFY 2017 data)
	%	Improvement Goal %	Improvement Goal %	Improvement Goal %	Improvement Goal %	Improvement Goal %
CPI - Timely initiation of face to face contact	*79.47% * review next year for adjustments	80%	81%	82%	83%	84%
CPI – Timely completion of Safety Assessments	83.48%	85%	86%	87%	88%	89%
FS - Absence of Maltreatment Occurrence	82.73	83%	84%	85%	86%	87%
FS - Safe reduction of Risk	To be determined in Yr. 2					

The measures selected above are in alignment with federal safety outcome measures and represent a continuation of work the Department initiated in the PIP.

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RELATED FEDERAL OUTCOME MEASURES for STRATEGY 2:

Permanency Outcomes 1: children have permanency and stability in their living situations;

Permanency Outcomes 2: the continuity of family relationships is preserved for children.

Well-being Outcome 2: children receive appropriate services to meet their educational needs; and

Well-being Outcome 3: children receive adequate services to meet their physical and mental health needs.

DATA SOURCES AND ANALYSIS: All CFSR items are included with data for 1st quarter 2014 CQI case review. All related federal data measures from FFY 2013 are included. When available, 2014 1st quarter DCFS dashboard data is provided.

PERMANENCY OUTCOMES 1 and 2:

Item 5: Re-entries to foster care in less than 12 months

Achievement Level	# of Cases	% of Cases
Strength	15	88.2%
Area Needing Improvement	2	11.8%
Not Applicable	103	

The 1st quarter CQI case review found the state had 88.2% conformity in Item 5. This measure is reported on the annual state data profile as CFSR Permanency Measure C1.4. Louisiana's performance was 11.60% for FFY 2013. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

Item 6: Stability of Foster Care Placement

Achievement Level	# of Cases	% of Cases
Strength	62	82.7%
Area Needing Improvement	13	17.3%
Not Applicable	45	

The 1st quarter CQI case review found the state had 82.7% conformity in Item 6. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3 In FFY 2013 Louisiana's performance on Composite 4 was 92.4, which was below the national standard of 101.5. The DCFS dashboard reports are available for interim monitoring of this measure.

Measure C4.1 – Two or fewer placement settings for children in care for less than 12

months – For FFY2013, the Louisiana Data Profile reported a performance measure of 81.90%. This falls below both the national standard of 86.0% and the national median of 83.3%. The DCFS dashboard C4.1 report for 1st quarter 2014 reflects a performance of 82.36%. While this is still below the standard, it is consistent with case review results and suggests possible

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improvement in placement stability.

Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months

– For FFY2013, the Louisiana Data Profile reported a performance measure of 60.90%. This falls below the national standard of 65.4% but is slightly higher than the national median of 59.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 67.67%. This is above the standard and suggests possible improvement in placement stability.

Measure C4.3 - Two or fewer placement settings for children in care for 24+ months

– For FFY2013, the Louisiana Data Profile reported a performance of 33.80%. This falls below both the national standard of 41.8% and the national median of 39.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 33.10%. This is below the FFY Data Profile performance level, indicating that placement stability continues to be difficult for children in care for longer periods of time.

CFSR Review Item 7 does not relate to a specific measure on the state data profile. However, both timely identification of an appropriate case plan goal and diligent efforts to achieve the goal are linked to the other permanency measures.

Item 7: Permanency Goal for Child

Achievement Level	# of Cases	% of Cases
Strength	47	62.7%
Area Needing Improvement	28	37.3%
Not Applicable	45	

The 1st quarter CQI case review found the state had 62.7% conformity in Item 7. Current system limitations impact data availability related to the case plan goal. Establishment of Goal dates and changes in Goal are not captured in a system history table. In addition, there is no capture of a concurrent goal. System changes are planned for early 2016 to enable capture and maintenance of goal history. Staff training and dashboard reports will be developed in tandem with the system changes to promote improvement in data quality. The CQI case review process will continue to be the primary source for details related to children whose cases receive an ANI rating.

Permanency Composite 1, Component A contains 3 sub-measures associated with CFSR review Item 8. These are C1.1-Exits to reunification in less than 12 months; C1.2- Exits to reunification-median; and C1.3-Entry cohort reunification.

Item 8: Reunification, Guardianship or Permanent Placement with Relatives

Achievement Level	# of Cases	% of Cases
Strength	31	72.1%
Area Needing Improvement	12	27.9%
Not Applicable	77	

The 1st quarter CQI case review found the State had 72.1% conformity in Item 8.

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Measures C1.1 and C1.2 – Exits to reunification in less than 12 months – The FFY Data Profile for Louisiana indicates that 69.8% of exits to reunification occurred in less than 12 months (national standard is 75.2%) and the median time to exit was 7.4 months (national median is 5.4 months). The DCFS dashboard report indicates that for the 1st Quarter of 2014, 71.79% of exits occurred in less than 12 months with 7.46 as the median number of months to exit.

Measure C1.3 – Entry Cohort Reunification less than 12 months – The Louisiana Data Profile for FFY 2013 reports a performance of 48.1% for this measure. The national standard is 48.4% with a national median of 39.4%.

CFSR Review Item 9 focuses on timely achievement of the goal of adoption. This item is related to Data Profile measures captured in Permanency Composite 2, which contains 5 measures.

Item 9: Adoption

Achievement Level	# of Cases	% of Cases
Strength	21	50.0%
Area Needing Improvement	21	50.0%
Not Applicable	78	

The 1st quarter 2014 CQI case review found the state had 50.0% conformity in Item 9. The DCFS dashboard report for C2.1 and C2.2 for the 1st quarter of 2014 indicates that 30.95% of finalized adoptions occurred within 24 months of foster care entry and the median number of months for all finalized adoptions was 29.40.

Measures C2.1 and C2.2 – Exits to adoption in less than 24 months (percent and median)

The Data Profile for FFY 2013 reports that Louisiana 30.70% children who were discharged to adoption did so within 24 months of foster care entry. For all children exiting to adoption, the median number of months to a finalized adoption was 28.7 months. The national standards are 36.6% and 37.3 months.

Measure C2.3 – Children in care 17+ months, adopted by the end of the year- The FFY 2013 Data Profile reflects a performance rate of 39.2%, which exceeds the national standard of 22.7% as well as the national median of 20.2%. Louisiana has exceeded the standard on this measure for the last 4 FFYs.

Measure C2.4: Children in care 17+ months achieving legal freedom within 6 months –

Louisiana’s Data Profile reflects a 22.1% performance on this measure. This exceeds the national standard of 10.9% and the national median of 8.8%. Louisiana has exceeded the standard on this measure for the last 4 FFY. The DCFS dashboard report for the period covering 01/01/2014-06/30/2014 reflects 18.04%, indicating sustained performance on this measure.

Measure C2.5 – Legally free children adopted in less than 12 months According to the Louisiana Data Profile, of all children who became legally free for adoption (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), 64.7% were

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discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. Louisiana has exceeded the national standard of 53.7% for the last four FFYs.

While the CQI case reviews and dashboard data indicate continued need for improvement on more timely completion of adoptions, DCFS was able to finalize a record number of 739 adoptions in FFY 2013.

OTHER PERMANENCY MEASURES:

Measure C3.1 Exits to permanency prior to 18th birthday for children in care for 24+ months – Louisiana’s performance on this measure for FFY 2013 was 39.7%. Louisiana has exceeded the national standard of 29.1% for the last four FFYs.

Measure C3.2: Exits to permanency for children with TPR - Louisiana’s performance on this measure for FFY 2013 was 94.3%. The national standard is 98.0%.

Item 10: Other Planned Permanent Living Arrangement

Achievement Level	# of Cases	% of Cases
Strength	16	80.0%
Area Needing Improvement	4	20.0%
Not Applicable	100	

The 1st quarter CQI case review found the state had 80.0% conformity in Item 10. The DCFS dashboard report C3.3 for 1st quarter 2014 indicates that 40.0% of children who emancipated or aged out of foster care were in care 3 years or more. This reflects some improvement over the FFY data profile reports for the past four years. However, substantial improvement is still needed.

Measure C3.3 – Children emancipated who were in foster care for three or more years – FFY 2013 Data Profile shows that 46.4% of Louisiana children who were emancipated or aged out of foster care were in care 3 years or more.

In State Fiscal Year (SFY) 2014 the DCFS implemented a Youth Transition Plan review instrument and process for case record review by the CQI team on a quarterly basis to assess the quality of practice with older youth to insure efforts are made to develop permanent connections for youth and support improved permanency outcomes for youth. Additionally, the DCFS provided statewide training to departmental staff in the Foster Care program regarding the importance of youth engagement, youth involvement in planning for the youth’s goal for permanency and building a supportive network of personal and professional individuals to help the youth in goal achievement. The follow-up work to this initial training in the next few years will involve addressing key issues identified through interaction with staff during the trainings. A key work effort will be developing pre-service and in-service training in collaboration with Home Development staff and experienced foster caretakers for all foster caretakers, particularly those routinely working with older youth, to help develop understanding of the critical role these individuals fulfill in developing the potential of youth to achieve permanency and/or independence successfully.

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The number of youth aging out of foster care in state fiscal year 2014 (July 1, 2013 through June 30, 2014) was 163 which was actually a decrease from the previous 5 state fiscal years for which the number of youth aging out of foster care averaged 221. During state fiscal year 2014 when the number of youth aging out of foster care decreased the overall number of children entering foster care increased.

The youth remaining in foster care for three years or longer are typically those youth facing greater challenges in placement identification and stabilization for reasons such as:

- Behavioral health conditions
- Medical health conditions
- Criminal/runaway behaviors
- Lack of relative resources
- Uninvolved parents
- Developmental issues

The training provided to staff to improve work with older youth involved feedback from previous youth from foster care via video regarding the needs of youth in establishing permanency, as well as input and support in delivery of the training by experienced foster parents, Chafee Independent Living Skills providers and CASA workers. These partners will continue to be key participants in planning for the future skill building of staff and foster caretakers in more effectively serving older youth in establishing permanency to decrease the numbers of youth remaining in foster care for 3 or more years or aging out of foster care.

Item 11: Proximity of Foster Care Placement

Achievement Level	# of Cases	% of Cases
Strength	59	96.7%
Area Needing Improvement	2	3.3%
Not Applicable	59	

The 1st quarter CQI case review found the state had 96.7% conformity in Item 11. DCFS does not have a geographic definition of proximity of placement. However, % of children placed in parish of the removal court is used as a state performance measure. The Performance Standard is set at 40%. On the last day of 1st quarter of 2014 48.19% of children in care were placed in the removal court parish.

Item 12: Placement with Siblings

Achievement Level	# of Cases	% of Cases
Strength	38	92.7%
Area Needing Improvement	3	7.3%
Not Applicable	79	

The 1st quarter CQI case review found the state had 92.7% conformity in Item 12. The DCFS dashboard enhancement plan includes adding reports on placement with siblings.

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Item 13: Visiting with Parents and Siblings in Foster Care

Achievement Level	# of Cases	% of Cases
Strength	39	60.9%
Area Needing Improvement	25	39.1%
Not Applicable	56	

The 1st quarter CQI case review found the state had 60.9% conformity in Item 13. The DCFS dashboard enhancement plan includes adding reports on parent – child – sibling visits to provide ongoing data resource for the frequency of contacts. The quality of visits will continue to be assessed through the case review process.

Item 14: Preserving Connections

Achievement Level	# of Cases	% of Cases
Strength	59	80.8%
Area Needing Improvement	14	19.2%
Not Applicable	47	

The 1st quarter CQI case review found the state had 80.8% conformity in Item 14.

Item 15: Relative Placement

Achievement Level	# of Cases	% of Cases
Strength	54	78.3%
Area Needing Improvement	15	11.7%
Not Applicable	51	

The 1st quarter CQI case review found the state had 78.3% conformity in Item 15. The dashboard currently contains limited placement data by placement type, but relative placements is not one of the options. The DCFS dashboard enhancement plan includes additional detailed reports on placement types for children in foster care, which will include relative placements. Data on relative placements is periodically reviewed and assessments have been completed to identify strategies to promote certification of non-certified relative caregivers. This is intended to prepare these caregivers to be in a position to adopt or accept legal guardianship if the child cannot be returned home.

Item 16: Relationship of Child In Care with Parents

Achievement Level	# of Cases	% of Cases
Strength	21	37.5%
Area Needing Improvement	35	62.5%
Not Applicable	64	

The 1st quarter CQI case review found the state had 37.5% conformity in Item 16. DCFS does not currently have a dashboard report for visits between foster children and their parents. This is included in the DCFS dashboard enhancement plan.

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PERMANENCY & WELL-BEING OUTCOMES:

Item 17: Needs and Services of Child, Parents and Foster Parents

Achievement Level	# of Cases	% of Cases
Strength	56	46.7%
Area Needing Improvement	64	53.3%
Not Applicable		

The 1st quarter CQI case review found the state had 46.7% conformity in Item 17.

Item 17A: Needs Assessment and Services to Children

Achievement Level	# of Cases	% of Cases
Strength	94	78.3%
Area Needing Improvement	26	21.7%
Not Applicable		

The 1st quarter CQI case review found the state had 78.3% conformity in Item 17A.

Item 17B: Needs Assessment and Services to Parents

Achievement Level	# of Cases	% of Cases
Strength	44	43.1%
Area Needing Improvement	58	56.9%
Not Applicable	18	

The 1st quarter CQI case review found the state had 43.1% conformity in Item 17B.

Item 17C: Needs Assessment and Services to Foster Parents

Achievement Level	# of Cases	% of Cases
Strength	59	85.5%
Area Needing Improvement	10	14.5%
Not Applicable	51	

The 1st quarter CQI case review found the state had 85.5% conformity in Item 17C.

Item 18: Child and Family Involvement in Case Planning

Achievement Level	# of Cases	% of Cases
Strength	59	50.0%
Area Needing Improvement	59	50.0%
Not Applicable	2	

The 1st quarter CQI case review found the state had 50.0% conformity in Item 18.

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Item 19: Case Worker Visits with Child

Achievement Level	# of Cases	% of Cases
Strength	88	73.3%
Area Needing Improvement	32	26.7%
Not Applicable	0	

The 1st quarter CQI case review found the state had 73.3% conformity in Item 19. DCFS reports case worker visits with children in foster care based on the federal performance requirements. However, the dashboard enhancement plan includes the addition of a report to capture all face to face visits with children in foster. While this enhanced report will capture the frequency of documented visits with children, the case review process will continue to be an essential tool for assessing the quality of visits.

Item 20: Case Worker Visits with Parents

Achievement Level	# of Cases	% of Cases
Strength	36	36.0%
Area Needing Improvement	65	65.0%
Not Applicable	19	

The 1st quarter CQI case review found the state had 36.0% conformity in Item 20. While data is available on case worker visits with parents, this is not currently being reported from the information system. The dashboard enhancement plan includes adding a report this item.

Item 21: Educational Needs of the Child

Achievement Level	# of Cases	% of Cases
Strength	72	86.7%
Area Needing Improvement	11	13.3%
Not Applicable	19	

The 1st quarter CQI case review found the state had 86.7% conformity in Item 21.

Rationale for selection of Action Step 3 listed on the following pages: Research indicates early intervention and sound foundational academic skills lead to school success. In using intervention assessments, the Department can better plan for all children in foster care to ensure their educational needs are met. The 2012 Annual Report Building Capacity to Ensure Stronger Schools, Stronger Families and a Stronger Louisiana Economy outlines the need for early intervention and the 2012 Casey Picard Center Longitudinal Educational Outcomes for Youth in Foster Care outlines the status of foster children in the Louisiana educational system.

Item 22: Physical Health of the Child

Achievement Level	# of Cases	% of Cases
Strength	78	72.9%
Area Needing Improvement	29	27.1%
Not Applicable	13	

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The 1st quarter CQI case review found the state had 72.9% conformity in Item 22. The DCFS dashboard contains a report on timely initial medical and dental assessments. Additional reports are planned for ongoing medical and dental evaluations. Dashboard reporting will not capture unusual events requiring non-routine medical needs. This level of assessment will continue to be derived through the case review process.

Item 23: Mental/Behavioral Health of the Child

Achievement Level	# of Cases	% of Cases
Strength	77	79.4%
Area Needing Improvement	20	20.6%
Not Applicable	23	

The 1st quarter CQI case review found the state had 79.4% conformity in Item 23.

Measure C4.1 – Two or fewer placement settings for children in care for less than 12

months – For FFY2013, the Louisiana Data Profile reported a performance measure of 81.90%. This falls below both the national standard of 86.0% and the national median of 83.3%. The DCFS dashboard C4.1 report for 1st quarter 2014 reflects a performance of 82.36%. While this is still below the standard, it is consistent with case review results and suggests possible improvement in placement stability.

Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months

– For FFY2013, the Louisiana Data Profile reported a performance measure of 60.90%. This falls below the national standard of 65.4% but is slightly higher than the national median of 59.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 67.67%. This is above the standard and suggests possible improvement in placement stability.

Measure C4.3 - Two or fewer placement settings for children in care for 24+ months

– For FFY2013, the Louisiana Data Profile reported a performance of 33.80%. This falls below both the national standard of 41.8% and the national median of 39.9%. The DCFS dashboard C4.2 report for 1st quarter 2014 reflects a performance of 33.10%. This is below the FFY Data Profile performance level, indicating that placement stability continues to be difficult for children in care for longer periods of time.

STAKEHOLDER PARTICIPATION for STRATEGY 2: The DCFS engaged various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders included social service directors from federally recognized tribes, the consumer and community stakeholder group (PQI/CQI subcommittee) and the state level PQI/CQI team. Further, feedback from the regional CQI quarterly case review exit interviews was used to inform this process as well as other groups listed below.

Each region was involved in planning prior to the youth training provided in state fiscal year 2014 as well as local stakeholders such as the local Chafee Independent Living Skills provider, local foster parents, and local CASA. After the training debriefing calls were held with each of the regions to discuss lessons learned. The CQI staff will continue review of the practice in the

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regions with the new Youth Transition Plan review instrument as a tool to assess improvements in practice since the training. All involved stakeholders will continue to be consulted for collaboration in developing follow-up training in issues identified through the training process and as additional issues arise in practice.

During the 2014, the Department obtained assistance from one of the state's universities to conduct an analysis of foster/adoptive parent retention surveys. The results of the surveys (2012 and 2011) were analyzed through descriptive and content analyses. The input from those foster/adoptive parents that withdrew from the program provides the Department with information on ways to improve the foster/adoptive certification process and the recruitment/retention of foster/adoptive parents.

Through collaborative efforts between the Louisiana Court Improvement Project (CIP) and the DCFS, surveys were development to obtain input from certified foster/adoptive parents regarding their involvement in the court process. The results of the initial survey(s) were provided to the foster/adoptive parents during the 2013 Foster/Adoptive Parent Association Conference. The results of the surveys are to be used to evaluate foster/adoptive parents training needs, as well as determine the need for additional consultation/policy enhancement.

The DCFS is strongly advocating the inclusion and participation of certified foster/adoptive parents on various departmental projects, such as Council on Accreditation (COA) process and Continuous/Program Quality Improvement (CQI/PQI) process. The foster/adoptive parents' level of participation is recorded in minute/meeting notes.

As a result of the involvement of the faith-based and private sector community partners, there has been an increase in activities from a state and regional level related to the recruitment and retention of foster/adoptive parents. The Faith In Families Initiative of 2012 has provided an avenue to access members of the faith-based community through a key contact (Louisiana Family Forum). There has been a commitment from the organization to not only recruit foster/adoptive parent, but also provide a means of support services for foster/adoptive parents (e.g., respite, mentor, trainings, heart gallery, etc.) and bring about a greater awareness of the DCFS children that are in need of a forever family.

A cooperative agreement was established between the Department and Louisiana Baptist Children's Home. The agreement resulted from the private agency recognizing the Department's need for assistance in the recruitment and retention of foster/adoptive families. The organization provides data on their work within the community (e.g., number of orientations and/or trainings, number of new certifications, etc.).

In 2013, the Louisiana Adoption Advisory Board held a rally at the State Capitol in an effort to bring attention to the need for foster/adoptive parents and the number of children awaiting foster/adoptive families. The organization plans to hold a rally in 2014.

STRATEGY 2: Focus on permanency for children in foster care. Concurrently prepare older youth for independent living and provide services to all that ensure their well-being.

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Goal: Improve family/youth engagement, trauma-informed care and youth in transition planning

Population and geographic information: All areas of the state are being targeted for improvement efforts. Children and youth in foster care transitioning from foster care to adoption availability status will be served by the proposed improvement efforts.

Action Steps:

1.) Continue implementation of the Family Team Meeting (FTM) Model

- Continue implementation of FTM principles for family engagement and case planning to include expansion statewide;
- Continue implementing Family Teaming process in relation to youth team building for youth transition planning;
 - Improve engagement of families or youth from initial contact;
 - Exercise engagement strategies to improve family or youth involvement in case planning;
 - Encourage family or youth to share their family experiences for thorough assessment purposes;
 - Empower family or youth in the planning, decision making regarding case planning, goal setting, and identification of actions to achieve those goals.
 - Utilize the right evidence-based or evidence informed mental health services, when applicable
 - Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
 - Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

2.) Enhance work efforts initiated through the Faith in Families initiative

- Ensure each child exiting foster care has a permanent connection;
 - Monitoring through CQI reviews;
 - Utilize YTP training with staff to promote the of importance of establishing permanent connections;
- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice improvement and tracking potential around concurrent planning;
 - Utilizing supervisory mentoring of FC supervisors by program staff to guide in planning for multiple permanency options in case planning;
 - Develop targeted staff training through various mediums to address challenging practice areas, i.e., vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences, etc.

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- Employ a “ strength based approach” that assists staff in looking for strengths and the capacity to do what is best for children in all families;
- Partner with other agencies and systems that interact with children and families
- TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

3.) Improve assessment of developmental/educational status and assure improved and consistent service delivery to promote progress for children in foster care.

Year 1 – Ensure all children entering or in foster care have had an Early and Periodic Screening, Diagnosis, and Treatment (EPDST) assessment (birth – age 20) and referral to the Early Steps (birth – age 3), Louisiana’s Early Intervention system for those infants and toddlers with disabilities upon entrance into foster care according to the Louisiana DHH guidelines . Ensure any recommendations made as a result of these assessments are followed. This is will be tracked in TIPS and other electronic data collection systems, cumulative school records and the school counselor notification form. Collect existing data for baseline.

In a separate effort, work with the DHH to develop a protocol for health screening of children entering foster care within the first 72 hours after foster care entry to establish physical health baselines on children entering foster care and insure immediate identification of any health issues to guide foster caretakers in more effective physical care of the children.

Year 2 – Continue data collection outlined in/from Year 1 and increase compliance by 1%. Host training with Louisiana Department of Education (LDE) regarding trends for Louisiana children. Review a random selection of cases to determine compliance with educational progression. The review will capture whether the youth is in the age appropriate grade, current standardized testing results, and IEP/504 Plan status, if needed.

Year 3 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 2 by 1%.

Year 4 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 3 by 1%.

Year 5 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 4 by 1%.

3. a.) Develop measures to show improved educational outcomes and measure work efforts

Year 1 –Fully implement usage of the Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form to more effectively track and support educational progress of children in foster care. Establish baseline for compliance. The Department will host meetings with the tribal, consumer & community stakeholder groups and state level PQI/CQI teams to

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identify elements to be included in an electronic system which will yield reports regarding the progression of foster youth through the primary, secondary and post-secondary education systems.

Year 2 – Collect information from the 98-B and School Counselor Notification Form to determine compliance with full implementation as established in Year 1 through CQI case record reviews. Compile elements identified in Year 1 team meetings to include in an electronic reporting system once developed. Submit identified elements to DCFS Management for inclusion to any existing systems and any subsequently developed systems.

Years 3- 5 – Continue all efforts outlined in Year 2.

4.) Initiate mental health well-being treatment protocols for children in foster care

- Implement use of psychotropic medication tracking forms;
- Engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children;
- State level psychiatric consultation in decision making regarding children prescribed multiple psychotropic medications;
- Screen for traumatic history and traumatic stress responses to assist staff in understanding a child's and his family's history for alignment with appropriate interventions.

(Adoption/Home Development Programs)

5.) Increase the number of adoption finalizations within 24 months of foster care entry and/or permanent connections

Year 1:

- Enhance collaboration with Faith in Families community partners;
- Monitor work efforts initiated through the Faith in Families Initiative;
- Focus on the population of youth (nine and older) available for adoption without an identified adoptive resource;
- Develop and implement targeted recruitment protocol;
- Conduct quarterly contacts with staff to review progress, enhance communication and reinforce the importance of permanency.

Year 2:

- Review recruitment efforts on children served and recruited families;
- Monitoring through CQI reviews;
- Review and disseminate the Bureau of General Counsel TPR tracking reports to adoption staff for management purposes;
- Conduct quarterly contacts with staff to review placement progress, enhance communication and reinforce the importance of permanency.

Years 3-5:

- Review trends and identify practice that results in timely permanency;
- Provide guidance/consultation to regions in achieving timely permanency goals;
- Conduct quarterly contacts with staff to review progress, enhance communication

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and reinforce the importance of permanency.

6.) Increase the number of newly certified foster/adoptive family resources by 2% each state fiscal year

Year 1:

- Review the foster care population and specifically the children available for adoption to identify special needs population;
- Assess interests and skill level of foster/adoptive family population;
- Assess regional recruitment/retention plans and review effectiveness for achieving regional placement resource needs;
- Conduct quarterly contacts with staff to review placement progress and reinforce the importance of recruitment/retention based on regional placement needs.

Year 2:

- Develop plan for recruitment/retention;
- Develop plan for tracking foster/adoptive family interests and skills;
- Develop plan to improve current practice for matching families with children;
- Focus on data collection to identify trends and develop plan for analysis of data.

Years 3 and 4:

- Implement plan for recruitment/retention, matching of children and families, data collection/tracking and data analysis;
- Review data with regions to support regional focus for recruitment/retention based on identified regional placement needs;
- Provide mentoring/guidance/consultation to regions in achieving recruitment/retention plan goals.

Year 5:

- Conduct review of foster/adoptive family closure reasons to assess challenges to retention;
- Review trends and identify practice that results in achieving recruitment/retention plan goals.

Measures/Data Sources:

- CQI case review findings (Item 18, Item 10, Item 9, and Item 8)
- YTP case review instrument;
- TIPS/INFOPAC reports;
- dashboard reports;
- AFCARS AIP;
- Federal outcomes report;
- FTM data tracking reports;
- Monthly Home Development statistical reports;
- Bureau of General Counsel TPR tracking reports;
- New data measures will be identified or developed;

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- Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form

Incremental Improvement Plan

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2015 data)	Year 4 – 2018 APSR (FFY 2016 data)	Year 5 – 2019 Final Report (FFY 2017 data)
	%	Improvement Goal %	Improvement Goal %	Improvement Goal %	Improvement Goal %	Improvement Goal %
*Involvement of family in case planning	47.9 %	1.1%	2%	2.5%	3%	3.5%
**Decrease the length of time between FC entry and exit to permanency for children	Average LOS 13.61 months	Decrease annual average by 0.5 month	Decrease annual average by 1 month	Decrease annual average by 1.25 months	Decrease annual average by 1.5 months	Decrease annual average by 1.75 months
Increase number of new foster/adoptive families certified	616 total	Increase by 2%	Increase by 2%	Increase by 2%	Increase by 2%	Increase by 2%

* Baseline provided from CQI reviews in 4th quarter 2013 (October – December). Data for reporting will be pulled annually during the same quarter.

** Based on children who have achieved permanency that were in the entry cohort of children who entered foster care within the previous state fiscal year, e.g. of children entering foster care between July 1, 2012 through June 30, 2013 and achieving permanency by June 30, 2014 report as the baseline for 2014 with regard to the average length of time to establish permanency.

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SECTION 2: COMPLIANCE WITH FEDERAL REGULATIONS AND LEGISLATION:

ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM

ASSESSMENT REVIEW: The federal Adoption and Foster Care Analysis and Reporting System (AFCARS) collects case-level information from state title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement. Title IV-E agencies are required to submit AFCARS data semi-annually to the Children's Bureau (CB). The AFCARS report periods are October 1st through March 31st and April 1st through September 30th. Data submission for each report period occurs annually on May 15th and November 14th. The Administration for Children and Families (ACF) utilizes AFCARS data for a number of reasons, including the following:

- Determining awards for the Adoption Incentives program;
- Preparing the Child Welfare Outcomes report;
- Conducting the Child and Family Services Reviews;
- Conducting title IV-E Foster Care Eligibility Reviews ;
- Determining the allotment of funds for the Chafee Foster Care Independence program;
- Conducting trend analyses and short- and long-term planning efforts;
- Targeting areas for initial or increased technical assistance efforts, discretionary service grants, research and evaluation, and regulatory change;
- Responding to requests for data from federal, state, tribal, and private agencies.

The purpose of the AFCARS assessment reviews is to more fully assess and evaluate how the Department gathers, records, extracts, and submits its AFCARS data. The AFCARS review process is a rigorous evaluation of the Department's information system and allows the review team to identify problems, investigate cause, and suggest solutions during the review. During these reviews, the Federal review team assesses the efficiency and effectiveness of states' data collection, extraction, and reporting processes [including the National Youth in Transition Database (NYTD)] and provides intensive technical assistance to state staff responsible for those processes.

NYTD collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. For every youth reported to NYTD, the state uses an encrypted identification number that is the same as the identifier used to report information on the young person to AFCARS. This enables ACF to analyze the information related to a youth's foster care experiences reported to AFCARS along with their service and/or outcomes information reported to NYTD.

Louisiana's first AFCARS assessment review was held the week of March 4-8, 2013.

- **AFCARS Review Findings:** The official AFCARS Review findings were received February 10, 2014, and the AFCARS Improvement Plan was provided to the Dallas Regions VI ACF office on March 13, 2014.
- Staff identified areas needing modification and initiated planning for changes immediately following the review.

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- Some areas of focus are:
 - Reporting population corrections identified:
 - Accurately capturing the foster care population – Removals improperly reported for children in care under 24 hours;
 - Fully capturing the adoption population – Private agency adoptions not reported.
 - Other data element corrections identified:
 - Diagnosed Conditions – underreported,
 - Circumstances associated with a child’s removal from home – underreported,
 - Incorrect reporting of the primary basis for a child’s special needs,
 - Need to more fully record all locations of the child while in DCFS custody.
 - System Issues recognized:
 - Defaults and Mandatory Screens/Fields,
 - Multiple Systems/Databases,
 - Certain key information is overwritten,
 - Obsolete values and values not representative of what is being collected,
 - Incomplete data collection.
 - Data Quality needs recognized:
 - Additional reports to facilitate improvement in data quality,
 - Develop and maintain data quality assurance process that links to a CQI process including OJJ,
 - Ongoing staff training and supervisory oversight
 - Timely Data Entry and Flow of Data Entry/Screen Design.

General Requirements (23)

Rating Factor	Foster Care (8)	Adoption (3)	Technical (11)	Data Quality (1)
4	7	2	8	0
3	0	0	1	1
2	1	1	2	0
1	0	0	0	0

Data Elements

Rating Factor	Foster Care (66)	Adoption (37)	Total (103)
4	10 (15%)	8 (22%)	18 (18%)
3	21 (32%)	5 (14%)	26 (25%)
2	35 (53%)	23 (62%)	58 (56%)
1	0	1	1 (1%)

AFCARS Improvement: Implementation of quality data improvement measures post AFCARS audit included:

- Changes to service authorization sort to allow for more accurate results;
- The capacity level for institutions was changed from 15 beds to 13 beds;
- Updated major/minor service codes;
- Removed default coding with regards to placement settings;

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- “Home of Parent” is no longer coded as “Relative Foster Care”;
- Reassigned values for case closure;
- Updated eligibility and payment codes;
- Remapped disability codes.

Activities Planned for FFY 2015- 2017: Through the AFCARS Improvement Plan (AIP), work is already being initiated to make system upgrades through DCFS and the Office of Juvenile Justice (OJJ) to accurately capture information, and programming changes to accurately extract the information collected. Staff training to educate on improved data entry and understanding of the impact of timeliness and accuracy of data entry will be conducted.

One of the initial efforts of the AIP will be instituting an AFCARS case review process as part of the CQI case review process focused on the FC and AD elements on which DCFS received a rating of “3” for data quality issues. The five targeted elements for initial review are: FIPS coding (FC 3); Child’s Hispanic/Latino ethnicity (FC 9 & AD 8); Conditions associated with child’s removal (FC 26-40); Caretaker family structure (family prior to removal) (FC 44); and, Year of birth of foster caretakers (FC 50/51 & AD 23/24). Three cases per region per quarter will be reviewed for a total of 108 cases annually. The AIP case reviews will evolve over the next five years to focus on different or additional elements as system changes are implemented to assess the effectiveness of the system changes. Additionally, OJJ will be implementing an AIP case review process as a part of their internal IV-E case review process.

Anticipated timeframes for fulfilling the AIP is April 1, 2014 through May 15, 2017. The initial activity for completion in the AIP is implementation of the Case Review process and the final activity for completion is monitoring of the effectiveness of OJJ system changes related to data extraction for improvement in general data quality.

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TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW: This regulatory review of the foster care program focuses on whether a child meets title IV-E eligibility requirements for foster care maintenance payments. The review team, comprised of federal and state representatives, examines cases for federal eligibility requirements, such as the following:

- A court order confirming the need to remove the child from the home,
- A court order confirming the State's reasonable efforts to preserve the family, when it is safe to do so, and to finalize a permanency plan,
- A valid agreement for the child voluntarily placed in foster care and a court order authorizing continued placement,
- Completed criminal background checks on prospective foster and adoptive parents,
- Compliance with safety requirements for child-care institutions,
- Licensed foster care providers.

Louisiana's last review was held November 4-8, 2013 and the Department passed the review.

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HEALTH CARE OVERSIGHT AND COORDINATION PLAN: The Child Welfare Division of the Department provides comprehensive health care services for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Department of Health and Hospitals (DHH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, DHH and OJJ.

Children will receive health care services according to the following schedule:

1. Initial medical screenings

- A.) For newborns accepted into Foster Care (FC), the examination must occur prior to hospital discharge,
- B.) For children other than newborns entering FC, the examination must occur within 7 calendar days of FC entry,
 - Exceptions Include:
 - Entered foster care from a medical facility,
 - Documentation of medical exam and findings within the past 30 days.
- Will include screening of current development, medications, immunization status, hearing, speech and vision;
- For children under 6 years of age will include universal blood lead screening;
- Will be completed by licensed physician, physician's assistant, or nurse practitioner;
- Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services;

2. Regular periodic medical screenings

- Must occur after birth as follows for children under 2 years of age
 - By 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - 2 years
 - All screenings must be at least 30 days apart
- Must occur a minimum of annually for children ages 2 through 17
 - Clarification:
 - Exam to be scheduled no sooner than 12 months from the date of the previous exam and no later than 14 months from that date

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- Exam to occur during this 12 to 14 month time frame even if the child has had other medical exams in the interim
 - Will include screening of current development, medications, immunization status, hearing, speech and vision,
 - In accordance with Louisiana Administrative Code (LAC) 48:V.§7005, will include blood lead screening of children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish in accordance with practices consistent with the current Center for Disease Control and Prevention guidelines and in compliance with Louisiana Medicaid,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner,
 - Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.
3. Will be completed by an assistant, or nurse practitioner
- Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services,
4. Specialized medical exams, services and equipment
- Will not require referral by current treating physician,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner with credentials in area of specialization,
 - Shall result in documented description of child's medical status and recommendation for ongoing care,
 - Medically necessary equipment will be provided to the child according to physician recommendations,
 - Medically necessary transportation will be provided to the child according to physician orders,
 - Medically acute hospital care, emergency room services, rehabilitation of hospital services, psychiatric hospital care, medical tests, laboratory test, x-rays, physical therapy, occupational therapy, speech therapy, and other medically necessary services will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
 - Other specialized medical clinic services such as family planning, prenatal, substance abuse, mental health, dialysis, radiation, sexually transmitted disease, tuberculosis, etc., will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
 - Waiver supports and services are provided as available and based on eligibility,
 - Drug trials or experimental treatment is not provided to any child in Foster Care for the purpose of research or treatment unless the child's condition is such that:
 - all other options for treatment have been exhausted,
 - there is no hope for improvement or recovery,
 - potential risks do not outweigh the experimental opportunity to the child,
 - the child, based on ability to understand, has been consulted and agreed,

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- the child's parents have provided written agreement for the child's participation, and,
- the judge with ongoing jurisdiction in the child's "Child In Need of Care" proceeding is in agreement with the treatment.

5. Initial dental screenings

- At the eruption of the first tooth for infants,
- No later than the child's first birthday if the infant has no teeth,
- Within 60 days of Foster Care entry unless child is under age one with no teeth,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

6. Regular periodic dental screenings

- Every 6 months,
- More frequently as indicated by risk or susceptibility to oral disease,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

7. Interperiodic dental screenings may occur when:

- Oral health concerns arise,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

8. Initial mental health screening

- Completed within 15 days of FC entry,
- Completed by child's FC case manager.

9. Follow-up mental health screenings

- Arranged based on indicators:
 - in the initial screening,
 - in child's current level of functioning in child's home, school, and/or social environment,
 - in child's emotional condition.
- Will be completed by professionally licensed and credentialed:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,

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- Child Psychiatrist.
- Shall utilized only tests and diagnostic tools absolutely necessary to adequately assess identified areas of concern,
- Shall result in documented description of child's mental health status and recommendations for ongoing mental health care.

Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;

1. Treatment for identified medical care needs:
 - Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,
 - Immunizations to follow current American Academy of Pediatrics "Recommended Immunization Schedule",
 - Specialized vaccinations to be provided upon recommendation of child's current physician in periods of widespread epidemic,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner,
 - Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

2. Treatment for identified dental care needs:
 - Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.

3. Treatment for identified mental health care needs:
 - Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence of child's current level of functioning in child's home, school, and/or social environment,
 - Child's emotional condition,
 - Child's readiness to participate in treatment.

 - Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.

 - Involve medication only when: medically necessary and all other options insufficient, and the minimum necessary dosage are utilized,

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- Documentation of the description of child's mental health status,
- Documentation of ongoing mental health care.

Medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;

Updating a child's health information:

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service,
- Foster Care case manager collect documentation of health care services during monthly visits with the child and the child's caregiver,
- Foster Care case managers maintain health care services documentation in the child's case record.

Sharing a child's health information:

- Foster Care case managers provide copies of the child's health care information:
 - at a minimum of every six months to the parents at case planning meetings,
 - at least every six months through court report,
 - prior to or at placement with any foster caregivers.
- Information may be provided to the child, foster caregiver or parents at any time needed or requested,
- Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

Development and implementation of an electronic health record

- DCFS maintains a database form for electronic documentation and updating of the child's health record within the case plan system
- The database is accessible to all DCFS staff when it is necessary to track the child's health care from different areas of the state

Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;

1. Treatment for identified medical care needs:

- Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,
- Immunizations to follow current American Academy of Pediatrics "Recommended Immunization Schedule",
- Specialized vaccinations to be provided upon recommendation of child's current physician in periods of widespread epidemic,
- Will be completed by licensed physician, physician's assistant, or nurse practitioner,
- Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

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2. Treatment for identified dental care needs:
 - Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.

3. Treatment for identified mental health care needs:
 - Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator, (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence in child's current level of functioning in child's home, school, and/or social environment,
 - Child's emotional condition,
 - Child's readiness to participate in treatment.

 - Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.

 - Involve medication only when:
 - medically necessary,
 - all other options have not proved sufficiently beneficial,
 - the minimum necessary dosage is utilized,
 - Shall result in documented description of child's mental health status and recommendations for ongoing mental health care.

Updating a child's health information

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service.
- Foster Care case managers collect documentation of health care services during monthly visits with the child and the child's caregiver.
- Foster Care case managers maintain health care services documentation in the child's case record.

Sharing a child's health information

- Foster Care case managers provide copies of the child's health care information:

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- at a minimum standard of every six months to the parents at case planning meetings,
- at least every six months through report the court,
- prior to or at placement with any foster caregivers.
- Information may be provided to the child, foster caregiver or parents at any time needed or requested,
- Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

Development and implementation of an electronic health record

- The DCFS maintains a database form for electronic documentation and updating of child's health record within the case plan system,
- The database is accessible to all departmental staff to track child's health care updates from different areas of the state, when feasible.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided,
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ Foster Care case manager will monitor the child's health status through monthly visits with the child and child's caregiver, collection of documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,
- DHH will insure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

Steps to ensure the components of the transition plan development process that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document:

All youth age 16 and older will be informed by their foster care, adoption or juvenile justice worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. The worker will explain to the youth that a health care power of attorney is an advanced directive to appoint another person to make health care decisions in

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the event the individual is unable to make these decisions for him or herself. The worker will also explain that the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18 and explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself,
- The judicially appointed tutor or curator of the patient, if one has been appointed,
- The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions,
- The patient's spouse, not judicially separated,
- Any adult child of the patient,
- Any parent, whether adult or minor, for his or her child,
- The patient's sibling.

DHH provides the DCFS and OJJ staff information from their databases regarding Medicaid covered services provided to children in custody of the respective agency upon request.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care:

Through creation of the Medicaid managed care system known as Bayou Health the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider network to resume healthcare services.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications:

The Department developed specialized forms and policy to address the use of psychotropic medications with children in foster care. The protocols established require psychotropic medications only be used as a last resort after all other less-intrusive behavioral modification options for treatment have been exhausted or emergency circumstances warrant the medical intervention to protect the child or others from harm. The protocol requires parental authorization for psychotropic medication usage if the parents retain parental rights to the child unless emergency situations exist or treatment is court ordered in the best interests of the child. The protocol requires on a psychiatrist or psychiatric nurse practitioner be allowed to prescribe psychotropic medications for a child in state custody. The protocol requires all proposed psychotropic medications be discussed with the child as appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

The Department is also currently partnering with DHH to utilize the services of a psychiatrist for state level consultation by departmental staff regarding children prescribed multiple psychotropic medications to assess the impact of long-term usage of multiple medications.

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How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided,
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ foster care case manager will monitor the child's health status through monthly visits with the child and child's caregiver, collection of documentation of all screenings, examinations, assessment, testing, evaluations or treatments as well as consultation with health care providers as needed,
- DHH will insure the DCFS and OJJ are informed of changes in Medicaid coverage for children in foster care.

Lessons Learned since initial development of the Health Care Oversight and Coordination Plan:

Coordination with the Title XIX agency in the state is essential.

Activities Planned in FFY 2015-2019 to improve health care and oversight of children and youth in foster care:

- Research American Academy of Pediatrics for best practice protocols in health care services for children,
- Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding,
- Establish regular data sharing routine with DHH for psychotropic medication monitoring,
- Evaluate and develop extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.

Services for Children under the Age of Five:

- State representation on the Early Steps, State Interagency Coordinating Council, (SICC) to provide consultation and assistance in planning for challenges to services for the 0 to 3 population of children experiencing developmental delays,
- Memorandum of Understanding with the Office for Citizens with Developmental Disabilities for services to children involved with Child Welfare requiring Early Steps intervention,

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- Interagency collaboration with DCFS Child Care Assistance Program to provide child care services through CCDF to support protective child care services as a preventive service with children 12 and under in the CPI and FS programs to prevent removal from the home and in the FC program or children of a minor parent, in foster care who serve the children's developmental needs and to stabilize placements.
- Through the Family Resources Centers (FRCs) (For additional information on FRCs refer to the PSSF section of this plan.) the Nurturing Parenting Program for parents of infants, toddlers, and pre-school children is provided. – Anthony, please note how many families from this NPP group was served in 2012 or 2013. If you don't have those numbers, please develop a plan for obtaining them so they can be reported in future years. Perhaps it can be broken down like the infant team info. I added below.
- Infant team/Infant mental health services: (For additional information on the Infant teams please refer to the PSSF section of this plan.) Infant mental health services are provided by three infant teams in the state in the Orleans and Baton Rouge Regions. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship.

Baton Rouge Infant Team - In SFY 2011-2012 the infant team worked with 86 children representing 73 families.

Tulane Infant Team - In SFY 2011-2012 the infant team worked with 72 children representing 20 families.

- 45 children were continuing in services from the previous year and 27 children were new referrals during the year
- For 40 of these children, a permanent placement was implemented
- 19 children returned to biological parents
- No children had custody transferred to a relative
- 10 children were freed for adoption
- 18 families were assessed during the year including 27 children.
- Every child received a comprehensive developmental and behavioral assessment as well as an evaluation of their current placement and caregivers.

Orleans Infant Team (services provided through Louisiana State University Health Sciences Center)

In SFY 2011-2012 the infant team worked with 30 families and 48 children.

- 22 parents participated in the evaluation process
- 18 parents participated in some treatment

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- 63 additional adults worked with the team as relative or non-relative potential caregivers; for 21 of these children, a permanent placement was achieved
- 13 children were reunified with at least one of their biological parents
- 8 children were adopted by relatives
- 19 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

DCFS will continue to work with these service providers to track the number of children served.

Activities undertaken/plans to undertake during FFY 2015-2109 to reduce the length of time that young children under age five are in foster care without a permanent family:

- Enhanced policy regarding concurrent planning beginning at six months in foster care when the level of risk in the family remains high or very high to support more timely permanency,
- Expedited foster family adoptions when in the best interests of the child once termination occurs to insure timely permanency,
- Continued focus on early identification of relatives and notification of child involvement in foster care,
- Use of family teaming to build team of supportive individuals for the family to improve achievement of case plan goals,
- More effective assessment of safety of child and parental protective capacities to achieve enhanced parental functioning to meet the needs of the child,

Plan to provide developmentally appropriate services to this population:

- Ongoing development and utilization of the activities described above to continue to build staff skill set in working with this population.
- Nurturing Parenting Program (NPP) Training services are provided by Child Welfare Family Resource Centers statewide. Services are currently provided by nine Family Resource Centers. Nurturing Parenting Training is accessible to children and families in individual or group sessions. The purpose of the training is prevention and treatment of child abuse and neglect. Individualized assessments and plans are completed with each family outlining specific needs and suggested skill building activities.

Monthly Monitoring Reports are completed and submitted by each Family Resource Center indicating services and presenting data regarding services offered to children and families each month. Moving forward data collection will reflect the number of families

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with infants, toddlers, and pre-school age children receiving Nurturing Parenting Training services provided by Family Resource Center NPP Facilitators.

- The DCFS will continue its partnership with LDE in developing stronger early childhood programs. The DCFS meets with LDE staff on a regular basis to discuss policy, fiscal and other programmatic changes necessary to achieve implementation of the early childhood services plan.
- Policy regarding case staffing reviews conducted quarterly by supervisors and workers on each case in foster care is being revised to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and concurrent planning is being discussed when parental success in enhancing protective capacities is not progressing.
- FP/caretaker discussion criteria when determining most appropriate placement includes consideration of the special care needs of the child. At each placement departmental staff are required to document and discuss with each foster caretaker the unique care needs of the child. The 98 A form used to document and inform foster caretaker's of children's unique care needs is being updated to specifically include consideration of the developmental level of children ages 5 and under.
- All children in foster care receive EPSDT services. Children under age 3 with developmental disabilities receive Early Steps services through referrals by departmental staff as well as community medical/educational providers, and as the child achieves age 3 automatic referrals are made by the Early Steps providers to OCDD. The Department maintains a MOU with both Early Steps and OCDD promote collaborative efforts by all parties in serving children in foster care with developmental disabilities. DCFS retains the authority from DHH to manage assignment of 90 Medicaid Waivers for children in foster care as the waivers become available from the previous foster care recipient due to lack of continued need.

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SECTION 3: CHILD WELFARE SERVICES: The following pages include services provided under Title IV-B, Subparts 1 and 2, as well as the Chafee Foster Care Independence and Educational and Training Voucher Programs.

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STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM, TITLE IV-B, SUBPART 1: Child welfare service components of the Louisiana Department of Children and Family Services (DCFS) are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 48 parish offices. Major service components include Child Protection Services (CPI), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD).

The grant allocation for the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1) to Louisiana will continue to be used in Louisiana to prevent the neglect, abuse or exploitation of children and to keep families together in two of the stated purpose areas of the grant; to protect and promote the welfare of all children; and for prevention and support services to at-risk families with services to allow children to remain with their families (whenever that can be safely achieved).

In 2005 the state expended \$1,300,615 of the grant on foster care maintenance. Non-federal funds expended by the state for foster care maintenance payments for FFY 2005 were \$433,538. The state assures that funding for this service will not exceed the 2005 expenditure levels.

For the next five years, the Department will continue to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS Child Welfare practice principles will guide the service delivery process as well as the ongoing implementation of the Advanced Safety Focused Practice Model (ASFP), the Family Team Meeting (FTM) Model and continuous quality improvement efforts, some of which were initiatives started as part of the federally mandated Program Improvement Plan (PIP) which DCFS developed and completed after the Child and Family Services Review (CFSR) process held in Louisiana in March 2010. The Department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

The following pages provide details on child welfare services (i.e. intake, CPI, FS, FC and AD) and the Department's progress in meeting the goals of safety, permanency, and well-being.

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CHILD PROTECTIVE SERVICES

A.) Intake Program Description: Since July 2011 the DCFS call center vendor, Affiliated Computer Services (ACS), has provided a centralized child abuse reporting hotline telephone service. The Department provides a toll-free, statewide child abuse reporting hotline number and the child abuse/neglect calls are answered 24/7 by Child Protection Investigation (CPI) teleworkers. Additionally, the DCFS call center provides 24/7 back-up services for the Child Protection Hotline. The Department strives to have 90% of calls go directly to an intake worker. Overflow calls are answered by an ACS agent when the call volume exceeds the capacity of intake staff when there is a connectivity problem with the ACS server or when there is a DCFS network problem.

This program involves skilled, prompt and sensitive intake services in response to reports of abuse and neglect in families, foster homes, day care centers, registered family day care homes and restrictive childcare facilities. Based on the level of risk at intake, a determination is made to refer a case for CPI. (For additional information on Centralized Intake (CI) please refer to the CAPTA portion of this plan.)

Service Coordination: The Department works to establish uniformity among workers and supervisors in determining whether reports of child abuse and neglect meet criteria for DCFS involvement. This work and the coordination of service delivery with the remainder of the child welfare service continuum, led to the implementation of the Advanced Safety Decision Making Model (ASDM) now referred to as the Advanced Safety Focused Practice (ASFP).

All CI staff, as well as the remainder of the staff who work in the child welfare continuum, have been trained on ASFP and began using consistent language around the concepts of safety intervention. CI staff also implemented a structured information collection process in order to improve customer service and promote partnerships with the community.

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

B.) Child Protection Investigations (CPI) Service Description: CPI is a legally mandated, specialized social services for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include an investigation to determine if the child(ren) has been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the home or facility and determination of whether a safety plan/intervention is needed to protect the child from imminent, or moderate, or severe harm, an assessment of future risk of possible harm, a provision of emergency, short term and concrete services as needed, participation in court hearing, and timely referral to Family Services (FS) and/or community service providers in order to protect the child(ren).

Service Coordination: ASFP was initially implemented in the Child Protection Program as a component of the Program Improvement Plan (PIP) with support from the National Resource Center for Child Protective Services and Action for Child Protection. As noted above, after

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implementation in CPI, the Department made the decision to implement ASFP as a component of Centralized Intake. The implementation of ASFP in intake was supported by Action for Child Protection through the development of training material for intake staff and providing on going technical and fidelity reviews during the first six months of implementation. The addition of ASFP in Centralized Intake resulted in better information collection regarding who to serve and how quickly field staff should respond to assess the family.

Safety of children is the guiding mission of the Department through all programs. ASFP was introduced into the FS and Foster Care (FC) programs. Safety planning and case plan development will continue to focus on providing safety for children who remain in the home with their parents as well as when they return home. Safety is addressed in the case planning process and remains a key focus of case planning to address the threats which brought the family to the Department’s attention.

Services are coordinated with field staff in FS and FC when cases are transferred for further assessment and services. Cases with safety threats, safety plans, high and very high SDM’s are transferred to FS if the child (ren) can remain in the home with an in-home safety plan. Safety planning is coordinated with the family and others in the family’s support environment who agree to provide monitoring and oversight of the safety plan.

CPI will continue to work with community stakeholders to provide quality services to clients. Referrals to programs such as Early Steps, Addictive Disorder Professionals, and Mental Health Practitioners will continue to ensure service needs of the family are being met. There is on-going collaboration between professionals proficient in trauma informed care to provide child welfare staff information regarding best practice with the children served by the Department. Staff development and training in collaboration with infant mental health professional assists are the primary focus with staff that primarily works with children under the age of 3.

Population Served: Children, under the age of 18 years, and families in which there have been reports of abuse and/or neglect.

Statistics				
FFY	CPI Intake Cases Established	Number of CPI Investigations	Total number of ARFA cases	CPI <u>Unduplicated Victim Report</u>
Baseline 2013	49,889	21,563	3,000	10,919
2014				
2015				
2016				
2017				
2018				
2019				

Note: Number of CPI Intake Cases established; reported by Intake-ACN0001; Disposition Count of CPI Investigation Cases by Intake Response Priority and Investigation Level-ACN0002; Count of unduplicated victims in validated CPI Investigation Cases by Investigation Type ACN0017

CPI Services Planned for FFY 2015-2019: ASFP was trained and implemented during 2013 and the first quarter of 2014 for staff in all child welfare programs to provide consistent

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information to identify safety threats and risk to children. Safety focused practice is key to assessing the safety of children in families and the referral to services when needed. All new staff will receive training on ASFP model in the New Worker Orientation and program specific trainings.

The implementation of ASFP has strengthened the Department's vision of providing quality services to ensure the safety of children and service provision to families. A comprehensive assessment of the family's strengths and caretaker protective capacities allowed field staff to move away from the investigative/incident based approach traditionally followed by Louisiana. In an effort to support families through ASFP, CPI will be transitioned to child protection services (CPS) as assessments of the family condition will lead to better outcomes in the safety of children.

State and regional implementation plans will continue to target specific improvements in the sufficiency of information collection, the recognition of danger and the development of safety plans. State and regional leads will be provided additional support and training to reinforce and extend their expertise in safety and risk assessment practice, and to guide others in the fidelity application of the programs. Competency assessment and evaluations will be conducted to determine additional training and support needed for field staff. Consultations will be available to field staff to further knowledge and development of skills to support ASFP. (For additional information on goals related to ASFP please refer to the plans for improvement section.)

Work with court personnel will also continue to support ASFP and the Court Improvement Project (CIP) will continue to work with legal stakeholders in collaboration with the Department to provide training and consultation in the foundational aspects of ASFP.

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PREVENTION AND FAMILY SERVICES

Family Services: Program Description: Prevention and Family Services (FS) encompass a continuum of services including prevention, early intervention, and treatment services. The Family Service (FS) program provides targeted services to parents and children following an allegation of abuse or neglect while maintaining the children in their own home. A referral to the FS program is appropriate for families whether or not child safety is a concern and the risk level indicates a need for intervention. When a child is unsafe, the family is referred when there is an in-home safety plan that appears sufficient to protect the child while a family assessment is completed and a service plan developed with the family. These families are immediately referred to FS and services are initiated in an effort to prevent an out-of-home placement. When the child is assessed to be safe, the worker and family complete a family assessment and develop a service plan to support child safety and address the behavioral changes needed to reduce the risk level. Services are usually voluntary; however, DCFS may request court involvement due to the seriousness of the safety and/or risk concerns and/or if there is a lack of cooperation by the parent. Families referred to this program are often facing multiple, complex issues such as substance abuse, serious mental and physical health problems, domestic violence and poverty. All or some of those circumstances may be directly or indirectly related to child abuse or neglect.

Workers conduct comprehensive family assessments with families struggling to overcome critical issues related to safety or risk. Case plans are jointly developed with the goal of strengthening families to provide a safe, stable home environment for their children. The FS worker, as the case manager, may arrange for additional services based upon the family assessment. Services may be concrete and focused on accessing resources to address basic needs such as food or shelter, or they may be focused on more complex issues that require medical or therapeutic intervention.

DCFS also participates in the primary prevention of child abuse and neglect by promoting, facilitating, and supporting the efforts of those organizations that focus attention on universal child maltreatment prevention. In collaboration with the Children's Trust Fund, leadership and guidance is provided toward the development and implementation of services to prevent child maltreatment.

Service Coordination: Safety of children is the guiding mission of the Department through all programs. The ability of a child to safely remain with its family following a child abuse/neglect incident is the focus of the Family Services (FS) program. The core principles of the Advanced Safety Focus Practice (ASFP) were recently introduced into the child welfare continuum across all programs. Safety planning and case plan development will continue to focus on providing safety for children who remain in the home with their parents as well as when they return home from an alternate placement. Safety is addressed in the case planning process and remains a key focus of case planning to address the threats which brought the family to the Department's attention. The evaluation of safety and risk begins at intake and continues throughout the life of the case. It is important that Family Service workers and supervisors adequately review safety and risk factors identified by Child Protection Investigations (CPI) as well as be able to identify and monitor safety and risk factors and enhance caregiver protective capacities. The ability to ensure safety and reduce risk will reduce the incidence of repeat maltreatment and improve the outcomes of the families served.

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The FS program coordinates its service delivery to families utilizing a number of community partners and stakeholders such as, Early Steps, Family Resource Centers, Infant and Adult Mental Health centers/programs, Addictive Disorder programs and other state and community agencies. Extended family members are also instrumental in assisting the family to improving the behaviors that led them to the attention of the Department. The assist as safety monitors to ensure the continued safety of the children remaining in the home while services are being provided. The Prevention and Family Services program also maintains a long standing relationship with Prevent Child Abuse Louisiana. This organization assists the Department with the implementation of the Nurturing Parenting Program in the Family Resource Centers. This program is intended to meet the needs of families with our most at risk children and teaches techniques and interventions in an effort to educate parents and prevent future maltreatment. There are many additional services that may also assist the program is assuring child safety in the families served. These collaborative partnerships are the hallmark for gauging progress within the families as it relates to their ability to safely parent their children.

Population Served: Family services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. In limited situations, families can voluntarily request services in order to prevent child abuse or neglect from occurring. Services are provided on a statewide basis through 9 regional and 48 parish offices.

Prevention and Family Services	
FFY	# of Families Served
Baseline:	
2013	3,193
2014	
2015	
2016	
2018	
2018	

Note: Unduplicated Families: (MS Access used to obtain data from TIPS)

Prevention and Family Services Planned for FFY 2015-2019: Prevention and Family Service’s foundation is built on ensuring safety, reducing risk of future maltreatment and improving family functioning of the families we serve. During FFY 2015-2019 efforts will be made to enhance field staff’s knowledge, skills and practice related to safety, risk and family functioning. Emphasis will be placed on coaching and mentoring FS supervisors, so that FS staff can better identify and respond to safety and risk factors. Teaching staff to link behaviorally driven goals to safety and risk factors should improve family outcomes and reduce maltreatment.

The overarching vision of supervisory mentoring is to strengthen the FS supervisor’s capacity to understand risk and safety assessments/management in the context of family functioning in order to improve critical thinking and analysis that leads to good decision making regarding families served by the FS Program.

FS policy will continue to be updated as practice expectations change.

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FOSTER CARE/HOME DEVELOPMENT

Program Description: Foster Care (FC) services include substitute, temporary care (e.g. foster family home, residential care, kinship care or youth living independently), and are utilized when the child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with departmental staff and parents toward the achievement of permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home, providing support for the family and connections for the child through placement consideration for the child prior to considering other placement options. For children who age out of foster care at 18, the Department provides the opportunity for the young adult to contract to continue receiving supportive services through age 21.

Service Coordination: Services in the child welfare continuum are coordinated through the ongoing implementation of the ASFP model that links the six levels of assessment for determining the safety of the child. This process begins at initial contact, during in-home services and throughout the FC care programs to ensure the consistent assessment of the family situation and the determination of risk. The Structured Decision Making (SDM) tool is also used to ensure consistency in risk assessment and coordination with the safety assessment process. The implementation of FC supervisory mentoring program to guide staff in the assessment of family functioning, the development of behaviorally based goals, individualized supervisory mentoring on other issues such as effective caseworker visits and/or the identification of relatives. Through the ongoing integration of Family Teaming principles into foster care practice (in collaboration with the Child Welfare Program and Policy Group (CWPPG) and Casey Family Programs) the Department will work to enhance the engagement of families, to build supportive networks of caring individuals to help the family and sustain them after child welfare involvement, and to empower families to facilitate the change. Services will also be coordinated through the development of targeted Youth Transition Planning training for staff, contractors, and foster caregivers. With the support and assistance of representatives of each group, as well as youth, all parties will be prepared to engage youth in planning for the transition to adulthood and empowering youth to achieve their personal goals for adulthood. The Department will continue to support the education of staff and stakeholders on unique issues faced by this population. The DCFS will provide efforts to insure establishment of permanent connections for youth moving toward adulthood in collaboration with all involved stakeholders. The development of a service continuum in collaboration with legal and faith based organizations will also serve survivors of human trafficking, reduce high risk behaviors, and improved permanency.

Home Development (HD) services include recruitment, certification, retention and support to DCFS foster and adoptive families and private foster care providers. Additional information concerning HD is found in the Foster and Adoptive Parent Diligent Recruitment Plan. Residential services include therapeutic and congregate care.

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Interstate Compact on the Placement of Children (ICPC) coordinates services with other states for out-of-state placements with relatives, foster parents or permanent adoptive homes.

Population Served: Services are provided statewide in all 64 parishes through 9 regional and 48 parish offices. The foster care program provides services for a planned period of time when an abused or neglected child must be separated from parents or family, and when the state has been awarded legal custody of the child through the court of jurisdiction.

FFY	Cumulative FFY
Baseline: 2013	7,437
2014	
2015	
2016	
2017	
2018	

Data obtained from Web Focus Report

Foster Care Activities Planned for FFY 2015-2019: See steps outlined in Service Coordination section above.

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MONTHLY CASEWORKER VISITS: DCFS will work to ensure that by FFY 2015 and thereafter, 95% of the children in the custody of the state will be visited each and every month by their caseworker and 50% of these visits take place in the home of the child. Departmental policy requires that caseworker visits occur each and every month in the home of the child and also allows a supervisor to temporarily assign another worker to a case when the normal worker is out of the office for an extended period. If this type of reassignment occurs, it is documented in the electronic case record activity log.

Use of Monthly Caseworker Visit Funds:

- A portion of the additional IV-B, Subpart 2 funds will be used for travel and associated costs to support caseworker visits.
- Support for core competencies that include teaching the skills required to conduct quality visits which focus on engagement with emphasis on the necessity to see each child every month.
- Stress the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, in foster care program supervisory mentoring, and in on-going training on risk and safety assessments, family engagement, assessment of family functioning, and case planning.
- Ongoing implementation of the 24 week training program for new child welfare workers. The new workers remain in trainee status for a six month period after employment and are trained using a competency-based training model which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Encrypted laptops with air cards will be provided to field staff to support a more mobile workforce.
- The Department will continue to implement a teleworker plan to increase staff mobility and opportunities for teleworking will improve case work as well as improve staff retention.
- The Department will continue to focus resources on how staffing issues related to funding reductions might impact key performance indicators. DCFS will continue to develop strategies for managing the workload effectively in a climate of staff reductions as well demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. In addition the Department will examine trends in performance indicators in the context of human resources data (staff on board, FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).
- Support and upgrades for the Family Assessment Tracking System (FATS) which is the electronic mechanism for documenting the dates, locations and purposes of worker visits.
- Streamlining and modernization efforts including the implementation of a Common Access Front End (CAFÉ), which is movement toward a paperless workplace. DCFS staff will be able to conduct interactive interviews and input electronic case notes, which reduces duplicative data entry and key strokes.
- Document imaging, the electronic storage and indexing of key child welfare documents to support future efforts to develop an electronic case record and provide additional functionality for mobile workers and teleworkers.

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The DCFS utilizes the FATS in providing the required data regarding monthly case worker visits. Data is extracted from the Tracking, Information and Payment System (TIPS), state identification numbers (ID) and foster care entry and exit dates of all children served in foster care from October 1st, through September 30th, annually will be extracted from TIPS. The entry and exits will be concatenated such that each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs will be matched against electronic case record notes to extract all face to face visits with each child that were made by an assigned caseworker or supervisor. If multiple visits occurred in the same month, only one visit will be counted. If any one of the qualifying visits was made in the child's residence, the month was included in the numerator for visits in the residence.

MONTHLY CASEWORKER VISITS/DATA (Statistical and Supporting Information)

This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care. The Department's sampling methodology is provided below.

The table below tracks the annual progress of 95% of children in foster care being visited by their worker each and every month with 50% of the visits taking place in the child's residence

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2013	90%	94.62%	50%	88.36%
2014	95%		50%	
2014				
2016				
2017				
2018				
2019				

Activities Planned for FFY 2015-2019: In order to continuously monitor and improve compliance with monthly case worker visits, the DCFS will do the following:

- 1) Continue monthly Performance Measures Consultant teleconferences to review regional performance in completion of caseworker visits in the child's residence.
- 2) Systems unit provides % of visits held with children held monthly to Operations unit. (This report is reviewed in state office and also sent to regional management for review. The case for every visit not made is reviewed to insure this is not just a documentation error.)
- 3) In some regions all caseworker visits to children are required by a certain point in the month, and then the manager has to monitor unachieved visits and the worker has 1 week to complete the visit from that point.
- 4) DCFS Systems to develop a dashboard report to daily reflect for workers statewide the current status of all caseworker visits for ease in monitoring compliance.

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Office of Juvenile Justice (OJJ) Sampling Methodology: Beginning FFY 2012 Louisiana OJJ utilized the following methodology for evaluating compliance with the case worker visit requirements.

Data Reporting Population:

- The OJJ population, for purposes of federal visitation is those youth who were submitted to DCFS on the OJJ AFCARS file or children in OJJ custody who are covered by a Title IV-E agreement between the state Title IV-E agencies are included in the population.
- Children in custody for at least one full calendar month during the FFY is included in the population.
- A child with more than one custody episode during the 12-month period is considered one child.
- Children placed in an out-of-state placement are included in the data reporting population of the state that has placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in OJJ custody, then the children are included in the population.
- Children who have run away from a placement are included in the population for as long as the child remains in the state's placement and care.

Data Utilized for Computation and Verification:

1. The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application that supports data from Lotus Notes and DB2.
2. Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care and which months were not full months in care. The extraction criteria also identified the months that contain a recorded face-to-face visit and the months that do not reflect a face-to-face visit.
3. The data file generated by the OJJ SAS data warehouse was merged with the data file from DCFS. The merged file was then analyzed by DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits that occurred in the child's residence.
4. Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were also conducted to verify the accuracy of the extraction logic.
5. Data submitted to the Department included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.
6. The DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services Administration for Children & Families from the combined DCFS and OJJ data sets.

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The percentage of visits made on a monthly basis by caseworkers to youth was determined by taking the number of visits made during all full months children in the reporting population were in care and dividing it by the number of full months in care for all children in the reporting population. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

The percentage of visits that occurred in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care that occurred in the residence of the child and dividing it by the total number of monthly visits made to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

DCFS Sampling Methodology: Since FFY 2012 DCFS has utilized the following methodology for evaluating compliance with the case worker visit requirements.

Data Reporting Population:

- All children under age 18 in foster care for at least one full calendar month during the FFY were included in the population.
- A child with more than one foster care episode during the 12-month period was considered one child.
- Children placed in an out-of-state foster care placement were included in the data reporting population of the state that has placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in foster care, then the children were included in the population.
- Children who had run away from a foster care placement were included in the population for as long as the child remained in the state's placement and care.
- Children in foster care covered by a Title IV-E agreement between the state Title IV-E agency and an Indian Tribe or another agency (e.g., juvenile justice) were included in the population.

Data Utilized for Computation and Verification:

1. Web Focus Business Intelligence reporting application was used to develop reports related to caseworker visits with children in foster care. Web Focus is a robust application that supports such as integration of data from multiple sources TIPS and FATS and languages (DB2, SQL).
2. Case level data was extracted from TIPS using basic AFCARS and visitation inclusion criteria (in state custody and in a qualified placement for at least one full month during the FFY). The extraction criteria included a data 'flag' to identify which months were full months in care and which months were not full months in care. The TIPS extraction file served as the reporting population.
3. Case level data was extracted from the FATS for all children indicated as foster children in FATS. The extraction criteria included a data flag to identify the months that contain a recorded face-to-face visit and the months that did not reflect a face-to-face visit. An additional flag was created as an indicator of visits occurring in the child's residence or not in the child's residence.

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4. The data file from TIPS was merged with the date file from FATS. The merged file was used to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits that occurred in the child's residence.

5. Testing and verification included case matches between TIPS and FATS to insure that all children qualifying for inclusion in the reporting population in TIPS are also captured in the FATS system. Case record reviews were also conducted to verify the accuracy of the extraction logic.

Calculation of Percentages:

The percentage of visits made on a monthly basis by caseworkers to children in foster care was determined by taking the number of visits made during all full months children in the reporting population are in care and dividing it by the number of full months in care for all children in the reporting population. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

The percentage of visits that occurred in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care that occurred in the residence of the child and dividing it by the total number of monthly visits made to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

Beginning in 2014 the CAFÉ system will capture visitation information and be used to report the caseworker visitation data. The sampling methodology will remain the same.

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JUVENILE JUSTICE TRANSFERS: Data shows children who were in the care (custody) of the DCFS and were transferred to the supervision (custody) of the state Office of Juvenile Justice (OJJ). Context information about the source of this information and how the reporting population is defined is provided below.

Regional Analysis of Children Transferred from DCFS to OJJ:

Number of Children Custody Transferred						
Region of Child's Domicile	FFY 2013 Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
No Court Identified	0					
Orleans/Jefferson	2					
Baton Rouge	1					
Covington	1					
Thibodaux	0					
Lafayette	0					
Lake Charles	0					
Alexandria	0					
Shreveport	0					
Monroe	1					
TOTAL	5					

Contextual Information: The provide data reflects DCFS database information on children who changed custody statewide in a specified federal fiscal year. The data is on children whose case was opened in the state's foster care system and who had their custody transferred to the Department of Corrections (DOC). DOC has responsibility for children adjudicated to the OJJ, the state's juvenile justice system. The information presented above was obtained through a DCFS Web-focus Report.

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FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families that meet the needs of the infants, children, youth served by the child welfare agency. The following information describes the state's plans for the 2015-2019 Child and Family Services Plan (CFSP).

Characteristics of children for whom foster and adoptive homes are needed: Children who enter the Louisiana foster care program are from diverse racial and ethnic backgrounds. Many of these children have various medical, emotional, behavioral, developmental and/or psychiatric needs. In addition, other characteristics include: adolescents, older youth and sibling groups. One of the Department's goals is to have a sufficient number of foster/adoptive parents to meet and/or match the various placement needs. On April 14, 2014 there was 1817 (African-American); 2160 (Caucasian); and 233 (Other) children in foster care which equates to 43% being African-American; 51% being Caucasian; and 06% other. (This is information obtained from Web Focus.)

The regional Home Development program staff is responsible for preparing an annual recruitment/retention plan that is tailored to address the region specific temporary and/or permanent placement needs. A copy of the plan is made available to the state office level Home Development program for monitoring purposes.

Specific strategies to reach out to all parts of the community: The DCFS continuously, through ongoing efforts seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the foster care program. During the previous five years, the Department experienced tremendous strides (as result of the designated regional recruiters), as well as some minor delays (resulting from the dissolving of the regional recruiter positions). Moving forward, the Department began to expand its utilization of community partners and stakeholders in the recruitment, certification and retention process. The partners include the Louisiana Foster/Adoptive Parent Association, members of the Faith in Families Initiative, the cooperative agreement with the Louisiana Baptist Children's Home, the Court Improvement Project and Wendy's Wonderful Kids.

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community:

- 1.) General recruitment, which will focus on bringing about an awareness of the need for foster/adoptive families;
- 2.) Targeted recruitment, which will focus on the specific needs of the children and youth in care, through the use of demographic data (e.g., characteristics of children in care and characteristics of certified families); and
- 3.) Child specific recruitment will focus on seeking adoptive resources for a child and/or a sibling group who are without an identified adoptive resource.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:

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The DCFS will utilize some of the following diverse methods of disseminating general information about becoming a certified foster/adoptive parent and disseminating child specific information:

- 1.) General recruitment activities: distribution of flyers and informational booklets at community events; conduct presentations on the need for foster/adoptive parents at faith-based events, educational forums and informational booth; post orientation dates and basic foster/adoptive information in local church bulletins; post orientation and pre-service training schedules on the Department's website; post and foster/adoption awareness events.
- 2.) Targeted recruitment activities: invite certified foster/adoptive parents who are placement resources for a particular population of children (medically fragile children, adolescents, or, older youth) to participate on the pre-service training panel; and invite older youth (awaiting adoption and/or aged out of care) to participate on the pre- service training panel session; provide demographic information on children in care and certified families during training sessions and presentations at community events; and faith and community based partnerships.
- 3.) Child specific recruitment activities: Mini and Centralized Exchange meetings; photo listing (AdoptUsKids) and DCFS websites; media (television); Heart Galleries; present strength-based profiles of children/youth without an identified placement resource; solicit input from older children regarding their profiles; and partner with the community groups to feature child specific digital stories.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:

Develop orientation/training pre-service schedule to cover at least a six-month period of time; post community partners' information on the DCFS website; send notification via e-mail to community partners regarding DCFS regional orientation/pre-service training schedules once posted on-line; opening MAPP/GPS Train the Trainers community partners.

The DCFS Home Development staff are responsible for conducting the foster/adoptive parent certification process. Each region prepares an orientation and pre-service training schedule for a six-month period. This information is submitted to the state office Home Development Unit and the information is forwarded to the Department's Bureau of Communication for on-line posting. Each region offers at least one Saturday as well as day and evening pre-service training sessions.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: DCFS utilizes the MAPP/GPS pre-service training curriculum to train new Home Development staff and designated foster/adoptive parent co-trainers. This is a two week training course with the first week focusing on leader certification. During week one, the curriculum outlines the following topics: overview of foster/adoption, how children enter care, helping children with grief/attachment issues, discipline and assessing the impact of fostering or adopting on a family. The second week focuses on MAPP/GPS facilitation skills with an emphasis on various tools and techniques to assist trainers in making effective presentations, observing group dynamics, family assessments and specific presentation skills.

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There is a wealth of information regarding working with diverse communities available via the AdoptUsKids website. The free resources, as per the AdoptUsKids website, are developed and gathered by a diverse team of child welfare professionals who work with the National Resource Center for Diligent Recruitment.

The following steps will be implemented to provide staff with information on working with diverse communities:

- 1.) Research and secure free resource information from various adoption websites, e.g., AdoptUsKids, National Resource Center for Adoption, etc.
- 2.) Review information and prepare information for presentation to staff;
- 3.) Conduct presentations for staff, via webinar and/or teleconference, on specific topics, such types of recruitment strategies, good customer service, identifying prospective foster/adoptive parents' strengths during pre-service training, and involvement of certified foster/adoptive parents in recruitment/retention process.

The Department participates in various trainings and/or conferences throughout the fiscal year. Designated training staff provides information, via e-mail, to staff regarding various class room and webinar training (e.g., Cultural Competency in Diverse Environments: Surviving in the Context of Cultural Differences).

The following steps will be implemented to provide staff with training focused on working with diverse communities:

- 1.) Conduct an internet search on working with diverse communities;
- 2.) Review and present information to staff (via teleconference and/or webinar); and
- 3.) Encourage staff to participate in related trainings.

Strategies for dealing with linguistic barriers: The DCFS has a responsibility to provide Limited English Proficiency (LEP) persons with access to programs and services. Staff utilizes the foreign language interpreters, when necessary and each region has an internal protocol for accessing an interpreter. The Department has membership with Language Line Services which allows staff to communicate with LEP individuals in various languages 24 hours per day, seven days per week. The service also allows staff to utilize the bilingual services when communicating with families who do not use English as their first language. Of course, staff can also seek assistance from other staff that may be proficient a language other than English.

Non-discriminatory fee structures: DCFS does not charge a fee for individuals that are interested in becoming certified as foster/adoptive parents.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:

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A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two week period. The DCFS also partners with faith-based communities to feature the “Heart Gallery” and assist with child specific digital stories.

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ADOPTION

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

Post-adoption services in Louisiana are offered principally through the Adoption Subsidy and Medical Assistance Program (Medicaid) which are federally and state funded. Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 18. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a major component of the Adoption Subsidy Program which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Adoption and medical assistance (Medicaid) are the primary issues that drive the need for interstate collaboration in interstate adoptions. All families who adopt may apply for an adoption subsidy irrespective of the type of adoption. However many private and private agency adoptive families do not meet the IV-E federal subsidy requirements to receive the full range of benefits designed to help move special needs children out of foster care and into permanent homes via adoption. International adoptions are ineligible for state Adoption Subsidy assistance.

Other post-adoption services are provided within budgetary constraints to any adopted child and his or her adoptive family including those families that have adopted internationally. The Department's regionally based Family Resource Centers also provide supportive post-adoptive services to all Louisiana adoptive families, and parish based child welfare offices offer family services on a voluntary basis to adoptive families seeking assistance post adoption finalization.

In addition to foster care adoptions and adoption assistance functions, the DCFS AD Program is responsible for managing the Louisiana Voluntary Registry. This entails providing information to adopted persons from closed adoption records as allowed by state law, management of the state's adoption petition file room, and the handling of all Louisiana public and private agencies, intra-family, and private adoption petitions.

Louisiana Voluntary Registry: Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The Registry is maintained and

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operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted that expanded the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The Registry also provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys no longer in operation that transferred their records to DCFS, as mandated by Louisiana law. Additionally, the Registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency that ceased operation in 1999 through an agreement made at the time of the closure. This agreement terminates in 2016 when all subject children reach age 18.

Adoption File Room: Louisiana maintains a centralized adoption file room located in the DCFS headquarters building in Baton Rouge. The AD staff is responsible for maintaining and processing the confidential adoption petition records of every adoption conducted in the state of Louisiana back to the 1920's. Additionally, all adoption records transferred to the Department from adoption agencies no longer in operation and retired adoption attorneys are maintained in the DCFS adoption file room. The records are accessed frequently by authorized Adoption Section staff to provide information allowed by law to members of the adoption triad; however, records are only released by court order and no adoption record is ever destroyed.

Adoption Petition Program: A subprogram in the AD program is the Adoption Petition Program. DCFS is legislatively mandated to review every adoption petition filed in the state for the courts. This review responsibility includes adoptive placements made by public and private agencies and those made by private attorneys for family member adoptions and unrelated persons adoptions. DCFS investigates, upon order of the court, all proposed adoptive situations (legal availability and physical/emotional condition of the child, fitness of the petitioners and conditions of the home) to determine the best interests of the child. The Department then submits a confidential report of its findings to the court and assists the family with obtaining the revised birth certificate of adoption. A copy of each adoption petition record is maintained in the adoption file room.

Service Coordination: Services to children awaiting adoption fall under a continuum beginning in most cases at the point a foster child's permanent plan changes to adoption. It then continues through the process of making the child legally available for adoption and ending at the point adoption placement is achieved and finalized. The AD Specialist is responsible for the provision of services which completes the permanency planning process. There is a coordination of services between the Adoption and Home Development program staff in order to facilitate adoption of waiting children. As the AD Specialist assesses and prepares the child for adoption, this information is related to Home Development (HD) staff to aid in the identification and selection of a potential foster/adoptive family match. In those instances, where a certified family is not available, child-specific recruitment strategies are implemented. The regions can develop a recruitment team, which would consist of the HD and AD Unit, as well as community partners.

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The Department's national photo listing of children available for adoption is managed on-line at the www.AdoptUsKids.org internet site. This recruitment service features children on a national level who are awaiting adoption and are without an identified adoptive resource. This website also features families that have been certified to adopt. The website is monitored by a program manager on the state office level, who serves as the liaison between the families who have expressed an interest in a child and the child's adoption worker. This service is provided through a contract with the Adoption Exchange Resource Network.

The 2013 Faith in Family Initiative is an ongoing collaboration with the faith-based community to identify adoptive resources for children who are without identified permanent families. The initiative seeks to reduce the number of child in foster care, decrease the time children spend in the foster care system, and also seeks to ensure each child that enters care has a permanent connection when they exit foster care. The outcome of the initiative is to recruit 100 families for 100 children. Services are coordinated through the collaborative efforts between the DCFS and the Louisiana Family Forum.

The 2012 cooperative agreement with Louisiana Baptist Children's Home (LBCH) is an ongoing collaboration between the Department and LBCH. LBCH has partnered with the DCFS to provide the following services: statewide development of recruitment efforts, supportive services to certified families, orientation, pre-training, certification and in-service training. LBCH staff work closely with the Home Development staff when a family is recruited and is seeking certification.

In continued efforts to address the ongoing need to increase the number of certified foster/adoptive families for older youth, the Department was awarded a Wendy's Wonderful Kids grant. Two dedicated recruiter positions were established in 2014. The recruiters will focus on child specific recruitment for older youth and/or children who have been available for adoption greater than one year and for whom no permanent adoptive resource has been identified. The recruiter will work in collaboration with the assigned DCFS Adoption Specialist and identified child. The recruiter will utilize the Wendy's Wonderful Kids Child Focused Model to accomplish this task. Performance expectations include that each recruiter matches a minimum of 10 children with a permanent family.

In conjunction with the FC program, AD staff will continue implementing the Advanced Safety Focused Practice concept throughout the foster/adoptive process.

The Department utilizes behavioral health services for families through the Louisiana Behavioral Health Partnership (LBHP). Services include outpatient therapy, assessment, Coordinated System of Care (CSoc), and other services. Adoptive families can self-refer their child for services utilizing the Medicaid card and/or private insurance.

Strengths of the AD program include: Increase in foster/adoptive parent adoptions; Continual increase in the number of adoptions over the past five years; HD staff worked closely with community partners to identify adoptive resources and/or permanent connections; Diligence in preparing the child for the adoption process; Provides continued support to families throughout

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the adoption process and; Ongoing assessment of adoptive family's eligibility for adoption subsidy services.

Barriers in the AD program include: Lack of consistent practice regarding involvement of adoption staff early in the case, at the point of permanency goal change and; lack of sufficient adoptive resources.

Population Served: Children placed by the Department as a result of child abuse and/or neglect are typically rendered available for adoption through the legal processes of involuntary termination of parental rights, a voluntary act of surrender of parental rights or parental death. The majority of foster children available for adoption with a goal of adoption and who are in need of an adoptive placement are older, special needs, and/or members of sibling groups.

Number of Individuals/Families Served: As of April 1, 2014 there were 4,208 children in foster care; 461 were available for adoption and 360 were in need of adoptive placements. Of the 360 children, 99 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 99 children actively photo-listed, 67 were males and 32 were females, 32 were white, 66 were African American, and 1 was listed as other race, 13 were members of a sibling group and approximately 75% were deemed physically, emotionally or intellectually challenged.

As of April 2014, adoptions were subsidized for 5,890 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

Collaboration: DCFS makes every effort to reach out to state and local agencies and organizations in an effort to promote adoption.

- The Adoption Section collaborates with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is to bring various members of the adoption community together to share different perspectives, seek common understanding and promote initiatives that pertain to adoption.
- Louisiana collaborates with other states to provide Medicaid coverage for adopted children who live in another state and for those children that move from other states to Louisiana.
- The DCFS HD staff (in designated regions) works with CASA to recruit families for children and youth freed for adoption without an identified placement resource.
- The DCFS will continue to work in partnership with the Louisiana Family Forum on the Faith in Families initiative which focuses on adoption awareness and/or permanency connections and the recruitment/retention of foster/adoptive families for older youth.
- The DCFS began working in partnership (via a grant) with the Dave Thomas Foundation to implement the Wendy's Wonderful Kids child focused adoption recruitment model. The population served will be older youth (12-17); younger children with special needs; sibling groups; and children with an Alternative Permanent Living Arrangement goal.

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Adoption Finalization Data						
Categories	FFY 2013 Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
# Children Finalized	739					
Average Time to Free (TPR)	21.38					
Average Time to Sign 427	4.51					
Average Time to Finalization	6.76					
Average Length of Time in Care	32.57					
Average Age of Children Finalized	65.14					

NOTE: Average time is expressed in months.

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

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

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

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

Adoption Activities Planned for FFY 2015-2019: Departmental staff will reach out to state, local agencies and organizations to promote adoption, to develop working relationships, to enhance involvement of foster/adoptive parents in promoting foster/adoption awareness, to coordinate Annual Governor’s Adoption Celebration, and to increase adoption awareness. Staff will also provide information to the community regarding adoption services, support child specific recruitment (e.g., statewide exchange meetings, heart gallery, digital stories), and to provide pre- and post-adoption services to families and children, including private and international adoptions. Technical assistance and consultation will be provided to adoption staff and staff will promote Voluntary Registry awareness.

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ADOPTION INCENTIVE PAYMENTS

Services the state expects to provide to children and families using Adoption Incentives funds:

DCFS anticipates utilizing the adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services, will include, but not be limited to the following: media, contract assistance for timely completion of home studies for families interested in adoption, child specific recruiter, and statewide match exchanges.

The state’s plan to ensure timely expenditure of the funds in accordance with section 473A(e) of the Act:

Develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditures use; Identify cost of services; Coordinate with the Department’s budget section to ensure funds are appropriately utilized and expended within allocated timeframe.

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2013 Baseline				
FFY 2013				1,692,000
2014 Baseline				
FFY 2014				
2015 Baseline				
FFY 2015				
2016 Baseline				
FFY 2016				
2017 Baseline				
FFY 2017				
2018 Baseline				
FFY 2018				

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SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES:

Activities that the state has undertaken to support the families of children adopted from other countries: Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program which assists families to record adoptions in Louisiana and then obtain a revised birth certificate. Additionally, regional Family Resource Centers provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody that experience adoption disruption and/or dissolution Louisiana provides/provided ongoing foster care services, to include: board rate, independent living, and educational support services, medical assistance, psychological support, and clothing replacement services.

Inter-country Adoption Data

Federal Fiscal Year	Number of Children With "Out of Country Birth Location"
Baseline 2012-13	27
2013-14	
2014-15	
2015-16	
2016-17	
TOTAL	27

The data was derived from the TIPS download files for the Adoption Petition Program. All cases reported above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed.

Activities Planned for FFY 2015-2019 to support children adopted from other countries, including the provision of adoption and post-adoption supports: The Department will conduct a quarterly review of adoption dissolution reports, identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS –APPLICATION FOR FFY 2015**

Program Description/Administration: Child Welfare within the Department is the state department that administers the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Programs. DCFS state office staff members visit Chafee providers and the contract distributor of the ETVs at least quarterly, complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit, attend Chafee independent living skills training classes to monitor youth's participation and course content, review youth Chafee service records to ensure individual assessment and service planning, review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

Program Design: The programs are designed according to Positive Youth Development principles to achieve the purposes of the CFCIP and ETV programs.

Program Delivery: Service delivery for youth is provided by the youth's caregiver, a DCFS worker and by contracted CFCIP. There are six CFCIP providers statewide. The provider of the Greater New Orleans Region also serves the Thibodaux and Baton Rouge Regions. The New Orleans provider subcontracts services in the Baton Rouge and Thibodaux Regions. The current Lafayette Region Provider also serves the Lake Charles Region. The Lafayette provider has an office in Lake Charles and serves both regions without subcontracting services. Goodwill Industries is the provider for the Shreveport and Alexandria Regions. Methodist Children's Home and Southeastern Louisiana University continue to serve the Monroe and Covington Regions, respectively. The ETV provider for the state is the Louisiana Office of Student Financial Assistance (LOSFA). This state agency is located in Baton Rouge, but works collaboratively with the financial assistance offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development.

Prior to age 18, each youth is served by a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility. The state worker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state custody after age 14. Youth enrolled in CFCIP services may be served by the CFCIP provider up to age 21 as needed. Youth are informed of the ETV program by their DCFS case managers and by CFCIP providers. By completing the free application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department continues to monitor compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth exited foster care from DCFS at age 18 or OJJ custody between ages 18 and 21; if the youth exited foster care from DCFS custody after age 16 to an adoption or guardianship arrangement; if the youth is enrolled in a post-secondary education and/or vocation program; and, if the youth has not yet attained age 21, unless the youth

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was already receiving an ETV at age 21 and remained continuously enrolled up to age 23. ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs are eligible for ETV. Satisfactory progress toward degree completion is required in order to maintain eligibility.

Population Served: Youth in Foster Care: Those youth who have been identified as likely to remain in care until age 18 include those who are 15 and older who have a permanency goal of Alternate Planned Living Arrangement (APLA) or Adoption with no identified permanent home, those who have identified emotional/behavioral disorders, and those who have a history of multiple placement disruptions.

Youth No Longer in Foster Care: Four groups of youth are eligible to continue to receive CFCIP services after they have left foster care:

- (1) Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care.
- (2) All youth who leave foster care for any reason after beginning CFCIP life skills training are eligible and encouraged to remain in the program until they complete it.
- (3) Youth who have aged out of foster care and make a plan to continue educational and vocational pursuits with the assistance of the ETV program.
- (4) Youth who have completed the life skills training program with a CFCIP provider may always return to that provider for additional assistance as resources allow.

Differential Service for Various Ages and States of Achieving Independence: Beginning July 1, 2010, CFCIP contracts address training requirements in terms of modules to be completed by each age group rather than a set number of hours of training. Youth receive their first Casey Life Skills Assessment (CLSA) and participate in the development of their first life skills learning plan at age 14; at age 15, youth participate in the development of their initial YTP. Youth are encouraged by case managers and the CFCIP providers to participate in the regional Louisiana Youth Leadership Advisory Council. CFCIP Providers assist in facilitating the regional LYLAC meetings. Youth ages 18 to 21 that aged out of foster care may continue to receive case management assistance through the CFCIP contracts.

Income is not an eligibility factor for participation in the CFCIP or receiving an ETV, and youth are no longer required to participate in the cost of their daily care; however, youth are encouraged to set aside part of their earnings in a savings account to plan for their future.

If youth reside out of state, they may remain eligible for case management services through CFCIP (ages 18-21) if they meet the eligibility requirements of the program. A youth is considered living temporarily out of state if they return to Louisiana during each year. Based on residency guidelines for public post-secondary educational institutions, students who establish residency in another state and reside in a state for a year are considered a resident of that state. Referrals to the Independent Living Coordinator of the state where the youth resides are made requesting continued or further services. ETV benefits continue to be provided by Louisiana to

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youth who leave Louisiana to attend college, or youth attending a post-secondary educational program in Louisiana from another state where they were in foster care until the age of 18.

Service Area: Departmental staff serve youth in all 64 parishes of the state from 9 regional offices and 48 parish offices. CFCIP providers are located in each region and serve youth in all 64 parishes. CFCIP providers work with local entities such as churches, civic organizations, and libraries to secure convenient service locations to comply with their contractual requirement to provide services within 45 minutes of each youth's residence. Youth are now able to access ETV services statewide through their higher learning institutions through the connections with LOSFA.

Program Evaluation: DCFS will cooperate with any national evaluation and is currently participating in the national evaluation of the effects of the programs in achieving the purposes of CFCIP. DCFS has developed the National Youth in Transition Database (NYTD) to track services to current and former foster care youth so their well-being and outcomes can be monitored. DCFS made the surveys accessible to all users and youth via the DCFS internet site. Case managers are completing most of the NYTD surveys with the youth that are currently in foster care. DCFS extended the partnership with the CFCIP providers in 2012 for them to survey and continue contact with all 19 and 21 year old follow-up youth, and all baseline youth that will become follow-up youth. Work continues to occur to develop a more sophisticated electronic survey and data collection tool for more effective data management. Louisiana has participated in numerous other NYTD events such as the 2011 and 2012 National NYTD forums and the National NYTD Technical Working Group. An inter-departmental workgroup of DCFS and OJJ staff was established to identify challenges in implementing NYTD and ways to overcome challenges. This workgroup ended in 2009 and re-started in 2010. This group continues to work together on a regular basis to address any issues that come up and to ensure compliance with NYTD each reporting period.

DCFS has helped to facilitate the attendance of the president of the Louisiana Youth Leadership Advisory Council (LYLAC) at the National NYTD Conference. DCFS also facilitated this young adult's participation on the NYTD Technical Working Group.

National Youth in Transition Database (NYTD): On an ongoing basis, NYTD is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP Independent Living providers. During these discussions staff reiterates the importance of this tool in assessing service delivery and improving work with youth. The CFCIP Independent Living providers assisted in surveying "NYTD follow-up youth". DCFS developed a plan for the CFCIP Independent Living (IL) providers to stay in contact with the sampled "NYTD follow-up youth" and with the baseline youth as they enter that population. The plan ensures that CFCIP IL providers will have contact with each of these youth at a minimum of every 60 days. It also ensures they will send the youth a birthday and Christmas card. The contact will be to remind the youth of NYTD, survey requirements, the annual events/conferences, and to check on their service needs. Follow-up survey participation also includes the youth receiving a small item as compensation. Additionally, their names are entered into a drawing to win payment of one bill (up to \$100.00). The CFCIP Independent Living Providers will also be holding the annual DCFS "NYTD Reunion Event/Youth Conference" for all youth (ages of 15-23) that receive services from DCFS, OJJ, and the CFCIP providers. All youth in foster care ages 15-17, all youth served by the CFCIP providers, "NTYD Follow-Up

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youth”, any youth under age 23 that received a baseline NYTD survey, DCFS and OJJ staff that works with youth and/or programs that serve youth, and any foster caregivers that serve youth are invited to the NYTD Event/Youth Conference. The reunion was initially designed to provide ongoing assistance while allowing continued contact. These events have evolved into conferences for youth and adults to learn about NYTD, to receive services and information to assist in independence and to assist in learning best practices to apply when working with youth. Beginning in 2013, youth in foster care or who aged out of foster care developed and participated in the worker/caregiver training provided during the NYTD Event/Youth Conference.

Collaboration: DCFS recognizes the value of coordination and collaboration across the spectrum of child and family serving organizations, and actively pursues partnerships to improve outcomes for youth in foster care, youth in the custody of OJJ who need a permanent connection (integrated case management), youth who have left foster care for adoption or guardianship and youth who have aged out of foster care. Foster youth have been invited to participate in Program Improvement Plan (PIP) development, APSR review and development, policy development review and comment, and development of the plan with the Department for creating the Louisiana Behavioral Health Partnership (LBHP). Youth that participate in LYLAC assist in planning the annual NYTD Event/Youth Conference. Youth have also presented at local and national conferences, and served with CFCIP providers in program development. The Department sent staff, youth and foster parents to the 2012 National Pathways Convening in New Orleans, Louisiana. This effort was a part of the ongoing plan to engage youth and to train staff and caregivers on the importance of transition planning.

Public, Private and Faith Based Sector: DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve as more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises. CFCIP providers collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Volunteers of America, National Park Services, IRS, YWCA, vocational schools, local businesses including financial institutions, Job Corps, the National Guard Youth Challenge and the Salvation Army to obtain needed services for youth.

Lutheran Social Services of the South (LSSS) is administering a mentoring program called “BeREAL” in New Orleans. The program accepts youth in foster care aged 13 to 18 years old. Youth may remain in the program up to age 25 if they are in the program when they reach age 18. The purpose of the program is to provide direct or indirect services to young adults to help prepare them to successfully transition into adulthood. A strong emphasis is placed on education.

The Louisiana Coalition of Independent Living Skills Providers, composed of DCFS program staff and representatives of each CFCIP provider, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition also defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

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DCFS has developed a reciprocal relationship with the Louisiana Community & Technical College System. Representatives from both agencies meet annually with the Director of Educational Programs; Derrick Manns, PhD to discuss areas in which we can help our youth become more aware of this system and ways to better access services. This relationship has continued for several years.

DCFS has partnered with the non-profit organization, HP Serve, to complete a two-year planning grant that focuses on services to youth involved with child welfare who are at-risk of homelessness or who have become homeless.

Other Federal and State Programs for Youth: Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974: DCFS continues to collaborate with several transitional living providers across the state that provide housing and other services to runaway homeless youth and former foster care youth. DCFS partners with additional transitional living providers to provide transitional living services to youth ages 16 and 17 who are currently in foster care through contractual agreements

Youth in Transition Program: DCFS implemented the Youth in Transition Program in July 2013 to offer short-term financial assistance to those youth who were aging out of foster care but had not completed their chosen secondary educational program. Eligibility criteria for the program include completion of the secondary educational program within one year of the youth's 18th birthday and satisfactory progress toward program completion.

Louisiana Youth Leadership Advisory Council State Board: DCFS partners with the CFCIP providers to facilitate and host quarterly development meetings for the LYLAC state board members.

Abstinence Programs: Independent Living Providers include sex education in their life skills groups. This phase of life skills development includes abstinence as an option, but DCFS does not partner with any programs devoted exclusively to abstinence. State representatives participated in a national evidence-based "Choosing the Best" training, a state supported abstinence program provided by the Louisiana Youth for Excellence, Office of the Governor.

Local Housing Program: Regional and parish DCFS offices and CFCIP providers coordinate with local parish housing authorities and other housing programs. Collaboration with local housing authorities has resulted in youth being placed in permanent supportive housing. Additional youth are currently on the waiting lists for such housing, and collaboration will continue toward moving youth into permanent supportive housing. Additionally, CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. Covenant House in New Orleans is a temporary shelter which is able to house youth for a short time basis if they have no suitable living arrangement once they are over the age of 18. DCFS CFCIP staff has partnered with the Louisiana Emergency Solutions Grant Program and Homeless Prevention and Rapid Re-housing program to provide short and medium term housing and utility assistance to youth exiting the foster care system. DCFS has coordinated access to the program providers in order to maximize resources for youth.

DCFS partnered with the Louisiana Housing Corporation to develop a Memorandum of Understanding which addresses the housing needs of youth aging out of foster care. Through the

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MOU, Louisiana Housing Corporation allots a specified number of permanent supportive housing vouchers to youth who have aged out of foster care.

Programs for Disabled Youth: DCFS refers youth with special needs for employment in Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana.

DCFS offers short-term financial assistance to youth who have aged out of foster care and are approved for housing services with OCDD, but are awaiting placement.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enroll and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. JobCorp and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the DOE, OCDD, Department of Health and Hospitals (DHH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Post-Secondary Education and Other Services for Youth: Any youth who exits foster care at the age of 18 or enters guardianship or is adopted at the age of 16 or older is eligible for an ETV. Post-secondary institutions are aware of a youth's eligibility for ETV by completion of the free application for Federal Student Aid (FAFSA) which will indicate if a youth was a ward of the state. The LOSFA has also done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates an interest in a program that hasn't previously been available or utilized. The youth are referred by their educational institutions to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through DOE, the Louisiana Workforce Commission's Workforce Investment Programs, Big Brothers/Big Sisters and the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. Braveheart Children is another non-profit agency supporting the care of children in foster care, and this organization offers 3 scholarships annually for youth exiting foster care for a post-secondary education in medicine, engineering and education.

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Additional information about this organization can be accessed at braveheartchildren.org. Youth are provided information about these scholarship opportunities through their case managers. DCFS has a youth link on the Department's internet site which is disseminated routinely to youth to provide them information on education and other services to support the transition to adulthood. This link is www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

Mental Health and Substance Abuse Services for Youth: DCFS coordinates with the DHH, Office of Behavioral Health (OBH), OJJ, DOE and a contract agency called Magellan to identify foster children who may be eligible for behavioral health services such as community outpatient, inpatient, residential care, group home care, substance abuse treatment and mental health rehabilitation services through the LBHP. As youth aging out of foster care retain their Medicaid coverage through age 21, youth may contact the LBHP customer service line at any time (24/7) to self-refer for behavioral health issues to obtain assessment and referral for services billable to Medicaid. The DHH has instituted a managed care system for physical health care needs of Medicaid recipients with options for 5 different provider plans. Youth exiting foster care at age 18 retain their Medicaid coverage through age 21. Youth are allowed to select their own managed care provider for their ongoing health care needs annually. This system also covers treatment for specialized services such as dental care, vision care, and well-baby care and pharmacy services/medications.

Youth exiting foster care also receive assistance from DCFS caseworkers and CFCIP providers in making necessary linkages to other economic support programs through DCFS when needed. Examples would include Child Care Assistance for any children of the youth and food stamps.

SEVEN PURPOSE AREAS/GOALS:

**PURPOSE/GOAL 1: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18
TRANSITION TO SELF-SUFFICIENCY BY PROVIDING SERVICES:**

Objective 1.1: Improve youth transition planning to enhance competence to exit foster care.

- Strategy 1: Develop and conduct training regarding working with youth transitioning from foster care with DCFS staff, foster caregivers, youth, and CFCIP providers.
- Strategy 2: Monitor quality Youth Transition Plans developed by DCFS staff through the addition of the YTP plan in the online case planning database and through the CQI YTP reviews and Program review of CQI reviews.
- Strategy 3: Track development of Youth Transition Plans through TIPS case events.
- Strategy 4: Assist youth in recognizing the importance of designating a healthcare proxy through transition planning.

All youth age 16 and older will be informed by their foster care, adoption or juvenile justice worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. The worker will explain to the youth that a health care power of attorney is an advance directive to appoint another person to make health care

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decisions in the event the individual is unable to make these decisions for his or herself. The worker will also explain the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18 and explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself;
 - The judicially appointed tutor or curator of the patient, if one has been appointed;
 - The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions;
 - The patient's spouse, not judicially separated;
 - Any adult child of the patient;
 - Any parent, whether adult or minor, for his or her child
 - The patient's sibling.
-
- Strategy 5: Assist youth in completing credit clearances and resolving identified problems
 - Monitor staff completion of initial credit clearances with youth upon achieving age 16 in foster care
 - Guide staff through policy and KIT conferences in resolving identified problems with youth
 - Require CFCIP providers to work with staff in completing credit clearances for youth
 - Develop TIPS case events to trigger worker completion of credit clearances and to indicate resolution of identified problems

Objective 1.2: Expand and strengthen services provided by CFCIP providers.

- Strategy 1: Increase numbers of youth served by CFCIP providers.
- Strategy 2: Improve curricula and increase youth involvement in program development and delivery.
- Strategy 3: Offer more experiential learning opportunities for youth, to include offering educational and planning services to foster caregivers which coincide with the youth's services.
- Strategy 4: CFCIP providers provide on-going support as a long-term resource to youth.

Objective 1.3: Provide opportunities for youth, departmental staff, foster caregivers, and CFCIP providers to network, participate in program development, receive resources and education regarding youth in foster care.

- Strategy 1: Hold annual youth conferences throughout the state through the CFCIP providers in collaboration with youth, community partners, and DCFS staff.

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Goal 1, Measurement 1: Completion of Youth Transition Plans

*Outcomes Measure	Baseline FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
% Initial YTP's completed timely	No current baseline. Will be established in FFY 2015				
% Final YTP's completed timely	No current baseline. Will be established in FFY 2015				

*Based on number due within the SFY

Goal 1, Measurement 2: Youth Conferences

Outcome Measure	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Number of youth conferences held	*5					
*% of youth in attendance overall	*191 (19.9% of the eligible population of youth)					
Number of DCFS staff in attendance overall (unduplicated)	*96					
Number of foster caregivers in attendance overall	*13					
Number of youth participating in conference planning/delivery overall (unduplicated)	*48					

**base determination on number attending out of number invited/eligible for attendance*

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Goal 1, Measurement 3:

Youth served by CFCIP providers (DCFS, OJJ, Other)						
Provider/Region	Baseline: FFY 2013	FFY 2014	FFY 2014	FFY 2016	FFY 2017	FFY 2018
CCANO/Orleans	265 TOTAL; 249 DCFS; 16 OJJ					
CCANO /Baton Rouge	99 TOTAL; 99 DCFS; 0 OJJ					
CCANO /Thibodaux	63 TOTAL; 63 DCFS; 0 OJJ					
GCTFS/Lafayette	48 TOTAL; 48 DCFS; 0 OJJ					
GCTFS/Lake Charles	37 TOTAL; 21 DCFS; 16 OJJ					
LMCH/Monroe	288 TOTAL; 130 DCFS; 158 OJJ					
SELU/Covington	48 TOTAL; 48 DCFS; 0 OJJ					
Goodwill/Alexandria	63 TOTAL; 59 DCFS; 4 OJJ					
Goodwill/Shreveport	89 TOTAL; 56 DCFS; 33 OJJ					

PURPOSE/GOAL 2: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 RECEIVE THE EDUCATION, TRAINING, AND SERVICES NEEDED TO OBTAIN EMPLOYMENT: The DCFS assists youth to receive education, training and services needed to obtain employment by providing education/training program costs and providing other needed support services. Services include the following:

- Skills for obtaining employment and remaining employed in the life skills curriculum; collaborating with the Louisiana Workforce Commission (LWC) and Louisiana Rehabilitation Services (LRS) to improve youth access to vocational assessment,
- Job preparation, job placement and continuing vocational support services,
- Offering educational and employment forums where local businesses provide information about employment opportunities and educational institutions provide information on admission and financial aid through CFCIP providers;
- Providing one Youth Conference annually in multiple locations across the state;
- Providing a brochure on state employment opportunities for current and former foster youth to older youth through CFCIP providers.

OBJECTIVE 2.1 Make youth aware of educational and vocational options.

Strategy 1: Collaborate with the Louisiana Workforce Commission (LWC), formerly Louisiana Department of Labor, to refer youth for employment and training opportunities

PURPOSE/GOAL 3: HELP YOUTH PREPARE FOR AND ENTER POST-SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS: The YTP and Learning Plan were completed to assist the youth in determining an educational or vocational goal and an action plan for achieving it. Some CFCIP providers administered the Self-Directed Search (vocational interest assessment) and all

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offered educational and vocational forums where representatives of various educational institutions provided information about educational choices and curricula.

Youth in foster care and foster care alumni were provided educational and vocational services including tutoring, costs of education or vocational training, books, supplies, fees, GED tests, college admission tests, and any other service needed to gain admission for post-secondary education or training. CFCIP contractors provided assistance to youth in completing the federal financial aid application and other applications needed to attend college or vocational training programs. CFCIP providers coordinated with post-secondary institutions in the State to coordinate admission, funding and ETV grants. Funding from various sources paid for the cost of post-secondary education and training. If grants and ETV did not cover the cost of higher education, then DCFS paid the remainder of costs for youth under the age of 18 to the extent funds were available.

GOAL 3: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 PREPARE FOR AND ENTER POST SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS.

Objective 3.1: Provide educational/vocational services, including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 based on availability of funds

Objective 3.2: Make available vouchers for education and training, including post-secondary education to youth who have aged out of foster care.

- Strategy 1: DCFS will support Louisiana Office of Student Financial Assistance (LOSFA) in managing the Education Training Voucher (ETV) program
- Strategy 2: DCFS staff will assess youth's knowledge of the ETV program during YTP development.

PURPOSE/GOAL 4: PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS: DCFS and OJJ workers and CFCIP staff were available to provide support for youth in foster care. Aftercare services were available to assist all youth transitioning to independence who are in emotional crisis. Connections for Permanency, a technique for locating and engaging adults who are meaningful in the lives of youth, were used to locate relatives and other persons important to youth. DCFS collaborated with Lutheran Social Services of the South (LSSS) to develop and evaluate a mentoring program.

DCFS contracted (effective March 2010) with West Government Services for Consolidated Lead Evaluation and Reporting (CLEAR), a service that provides "searches of last resort" in cases where permanent connections have been very difficult to locate.

Objective 4.1: All department staff will have the skills to located permanent connections for youth and will use the skills to assure that each youth has at least one caring and continuous adult relationship.

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- Strategy 1: Training will be provided to DCFS staff (will offer training to CFCIP providers and CASA also) to further knowledge regarding locating permanent connections for youth and strengthening existing connections to focus on the youth's needs. (WebEx)

Objective 4.2: Increase the number permanent connections in the community available to youth aging out of foster care.

- Strategy 1: DCFS will collaborate with stakeholders to explore possible resources for mentors within the community to partner with in working with youth.
- Strategy 2: DCFS will work to recruit and develop foster parent resources specific to older youth willing to serve as permanent connections for these youth.

Objective 4.3: CFCIP providers will continue to provide aftercare services to youth from age 18 to 21 in locating needed services through case management, continued contact with the youth to assess needs, including counseling for emotional crisis, as requested by the youth, after the youth has left care.

- Strategy 1: CFCIP providers will provide case management services to youth after aging out of foster care if the youth is interested.
- Strategy 2: The Department has developed a contact plan for CFCIP providers to assist in maintaining contact with 17 year old NYTD Baseline youth, until the age of 21, that are interested in further services.

Objective 4.4: Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC).

- Strategy 1: DCFS Program staff will support CFCIP providers in continued development and maintaining Regional LYLAC Boards and meetings through monthly development calls,
- Strategy 2: LYLAC State Board meetings will be held quarterly alongside the CFCIP provider meetings to encourage greater participation of youth and provide youth a transportation resource through the CFCIP providers,
- Strategy 3: LYLAC will assist in planning and training at the annual youth conferences as long as they are interested in doing so.

Goal 4, Measurement 1

Statewide LYLAC Participation and Activities - The average number of attendees at Statewide and Regional LYLAC board meetings						
	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Average number attending State LYLAC board meetings	7					
Average number attending Regional LYLAC meetings	5.7					

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PURPOSE/GOAL 5: PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION, AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN 18 AND 21 YEARS OF AGE.

The primary mechanism for serving youth between the ages of 18 and 21 is the collaboration of DCFS with the Louisiana Housing Corporation (LHC). LHC provides a set number of rental assistance coupons through the Tenant-Based Rental Assistance program for use by youth achieving age 18 in foster care to be used to establish housing in approved rental settings. The rental assistance coupons may also be supplemented by utility assistance payments. LHC also operates the Permanent Supportive Housing program for which disabled youth with Medicaid Waivers are provided preferential consideration for housing. Additionally, LHC operates the Section 8 housing program for Louisiana and will support housing assistance applications by youth exiting foster care for this program as well. The Department also provides a Youth in Transition Program for two groups of youth achieving age 18 in state custody. The Youth in Transition Program is available to provide an independence stipend of \$500 per month through SSBG funds for youth who are still in high school upon reaching age 18 with an anticipated graduation date or anticipated secondary education program completion date before the youth's 19th birthday, or for youth who are medically or developmentally challenged to the degree the youth's custody must be transferred to another government agency and there are delays in the transition. LHC services are voluntary and based upon the interest of the youth to apply. Also, the Youth in Transition is a voluntary program, based on eligibility criteria.

Room and board: Youth receiving the Youth in Transition Program independence stipend may use the funds to cover the costs of room and board or for other subsistence needs as the youth deems appropriate. Youth receiving the LHC rental assistance coupon must use that coupon to cover room and board costs, and may also be eligible for utility assistance as resources allow for costs of utilities. Some CFCIP providers offer household items including furniture and personal items for youth in their programs through community donations. Youth setting up a household prior to age 18 and leaving foster care may also be provided some assistance in establishing a household through DCFS support.

Louisiana DCFS defines room and board as the costs associated with the youth having personal space allotted within a dwelling in which to live that includes the necessary utilities to meet basic health and sanitary needs of personal care and preparation of nutritional items for consumption and sustenance.

Medicaid Coverage for former foster youth ages 18-26: DCFS provides Medicaid services only for youth ages 18 to 26 who have exited foster care at age 18 in any state and currently reside in Louisiana through the Affordable Care Act. Youth in need of mental health treatment are referred to the Louisiana Behavioral Health Partnership for services based on adult eligibility criteria.

OBJECTIVE 5.1: Encourage youth between ages of 18 and 19 and still in high school or awaiting transfer to another state agency to participate in the Youth in Transition program for an independence stipend to support transition to adulthood (Years 1-5)

Goal 5, Measurement 2:

Number of Youth receiving YTP stipends						
Baseline:	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019

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Number of Youth receiving YTP stipends						
Education stipend	*26					
Med/Dev transition stipend	*0					

**Based on SFY 2014 beginning 8/1/2014*

PURPOSE GOAL 6: MAKE AVAILABLE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST-SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE

The purpose of the ETV program is to make available vouchers for education and training, including post-secondary education and training to youth who have aged out of foster care or who, after attaining age 16, has left foster care for adoption or kinship guardianship. The ETV program is used to assist youth in making the transition to self-sufficiency by assisting them to receive the education, training and services they need to complete post-secondary education.

Eligibility for ETV participation is based on present or previous foster care status, including youth leaving foster care for kinship guardianship or adoption after attaining age 16, as determined by a review of departmental records. Youth are eligible to continue in the ETV program up to age 23 if they are participating and making satisfactory educational progress at age 21. Eligible youth receive ETV assistance in the amount of the student's need, not to exceed the smaller of \$5,000 per year or the actual cost of attendance. The ETV coordinator reports the amount of the ETV assistance to the post-secondary institution to avoid duplication of benefits; however, the youth's earned or unearned income does not reduce eligibility for ETV funds. ETV's may also be used to support educational efforts by youth ages 18 to 21 who are dually enrolled in a secondary education program and a post-secondary educational or vocational program.

Youth receiving an ETV are required to apply for all financial aid and scholarships for which they might qualify. Periodic review of the youth's progress will continue to occur to assure the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to LOSFA, and/or a DCFS program consultant so the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

DCFS staff and providers market the ETV program to youth and encourage them to participate. Post-secondary educational institutions provide brochures regarding the ETV program. Outreach efforts are made to educate foster parents about ETV and the need to emphasize post-secondary education and training for foster youth. Because a high school diploma or GED is required for most post-secondary education, younger youth are encouraged to complete high school or a GED program. The LOSFA enjoys a close working relationship with post-secondary educational institutions throughout the state and has a website that is used to market the ETV program

OBJECTIVE 6.1: Manage the ETV program to ensure eligible youth apply for the ETV program.

- Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or OJJ custody or tribal custody, and/or

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who are in post-secondary institutions at the time they reach 18 years of age) and notify them of their potential ETV eligibility. (Years 1-5)

- Strategy 2: Eligibility for the ETV Program will be managed by LOSFA.
- Strategy 3: DCFS program consultants will periodically review grades to evaluate youth's progress and performance.

Goal 6, Measurement 1:

Number of ETV Applications					
FFY 2013 (Baseline)	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
116					

Goal 6, Measurement 2:

Number of Education and Training Vouchers Issued- The total number of ETV vouchers awarded each year and the number of new vouchers awarded each year						
	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Total Vouchers	98					
New Vouchers	36					

Purpose 7: Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption: Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care. TIPS is used to identify such youth as DCFS develops a specialized tracking system for these youth. Additionally, with the transfer of ETV management to the LOSFA, all youth who indicate former foster care status on the federal financial aid application will be screened for ETV eligibility.

OBJECTIVE 7.1: Ensure youth who leave foster care for adoption or kinship guardianship, are informed of their rights to Chafee and ETV Services.

- Strategy 1: Assure that CFCIP Providers continue to provide services to youth who have left foster care for adoption or kinship guardianship at age 16 or older.

Youth Involvement in Plan and Other State Department Efforts: LYLAC is a statewide leadership development group with members representing each region of the state. LYLAC members are 16 to 21 years old. Youth plan their own meetings, develop the agenda, and invite speakers who come in to train the group in areas such as learning how to tell their own stories and advocate for youth in foster care. LYLAC members have numerous opportunities to develop leadership skills including assisting with youth training events and serving on panels representing other youth in foster care.

Training: Youth NYTD Reunion Conferences - The Youth Advisory Boards, CFCIP providers and DCFS staff work jointly to develop and present the conferences which are presented in a workshop format offering youth the opportunity to make presentations and develop writing as well as speaking skills. Hearing presentation regarding the needs of youth transitioning to

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adulthood from the youth is a powerful experience for staff and foster caregivers participating in the conferences. These conferences will continue to be held annually.

Youth from the LYLAC have also been called upon to participate in youth panels at the multi-disciplinary Together We Can conference in Louisiana for departmental staff as well as legal stakeholders.

The DCFS Independent Living/Transitional Services Program Coordinator has participated in quarterly conference calls coordinated by ACF Region VI for CFCIP Coordinators in Region VI. CFCIP providers often attend several National Conferences including Daniel Memorial and Pathways to Independence.

Training Planned FFY 2015-2019: DCFS will continue to offer the NYTD Reunion Conferences annually in collaboration with the youth, and CFCIP providers.

Trust Funds: Louisiana does not currently place CFCIP funds in trust funds for youth.

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EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):

Continuing and New ETVs by Year		
School Year	Total Vouchers	New Vouchers (First Time)
School Year 2013 (Baseline)	103	33
School Year 2014		
School Year 2015		
School Year 2016		
School Year 2017		
School Year 2018		

Note: The Louisiana State Fiscal Year (SFY) tracks most school years in the state; therefore, for reporting purposes the school year is viewed as being the same time period as the state fiscal year.

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II: The DCFS utilizes funds for family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. State and local share spending for Title IV-B, Subpart 2 for FFY 2012 for comparison with the 1992 base year amount indicates \$9,040,568.00 was spent, \$8,892,523.00 of which was federal funds and \$3,013,526.00 was state general funds and in-kind funds. The 1992 base year amount was \$2,772,015. The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (PSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)
- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child’s home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 which allowed peer-to-peer mentoring and support groups for parents and primary caretakers as allowable.)
- Adoption Promotion and Support Services (APSS) – 20% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

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

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

2.) Service/Program Description: Infant team/Infant mental health services: (PSS, FP, TLR) Infant mental health services are provided by three infant teams in the state. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent

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perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad is asked to complete an interaction assessment and parent perception interview.

Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with case planning conferences, court reports and court testimony.

Decision making process for Family Support Services: Two of the teams associated with this funding are affiliates of two of the state's university systems (Louisiana State University and Tulane University). Both are heavily involved in the communities in which they are located, as well as other areas of the state. The teams have a long history with the Department that spans back to the 1990's and was managed by regional staff. The universities presented the model and in collaboration with DCFS regional staff developed the specifics of the contract. FS Program staff assumed management of the contracts in 2010 in an effort to provide greater coordination between the teams.

Population served: The target population is children age 0-60 months that have experienced maltreatment in their families. There are three infant teams in the state. The team in New Orleans receives referrals from the 0-3 Court Team Program when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Tulane infant team receives referrals for children 0-5 who enter foster care in that parish and also serve children from St. Bernard, Orleans and Plaquemines Parishes by arrangement. One of the goals of these teams is to assist the Department in developing a treatment plan aimed at achieving permanency as quickly as possible. The infant team in Baton Rouge (the Infant Child and Family Center – ICFC) serves clients in Baton Rouge and the surrounding parishes including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville, Livingston and Pointe Coupee. Services are provided to children and their families who are either involved with the DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol.

Primary work of the teams is with children ages 0-5 years old and their caregivers. This population has been identified to be at greatest risk due to their vulnerabilities and dependency. Children in this age group are most dependent on their caregivers to meet all of their needs and if not in a daycare setting their caregivers (parents) are usually the only individuals that have regular interactions with them. Victims of abuse and neglect in this age group are also most at risk of long-term developmental delays/impairments.

Gaps in Services: Mental health needs of infants and families served by the child welfare system, outreach processes, and extent of specialized services: With the exception of the limited number of children in the three Infant teams located in New Orleans and Baton Rouge most children and families do not have access to specialized infant team services. A few very young victims of abuse and neglect coming into foster care in other parishes were able to access specialized infant mental health services through the Early Childhood Supports and Services

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program, but these services are no longer available and the vast majority are not receiving specialized assessment and treatment services.

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

Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child's safety and well-being call DCFS to report their concerns. If the report contains sufficient evidence of possible abuse or neglect, an investigation is initiated. Recent federal Child Abuse Prevention and Treatment Act amendments and related state legislation have expanded the expected intervention of DCFS to include substance affected infants. State law mandating the reporting of infants exposed to controlled dangerous substances was amended in 2007 to add children exposed to severe and chronic alcohol exposure. These infants and their families often have mental health needs as well.

Activities Planned for FFY 2015-2019: Infant Team services will continue to be provided through the three teams currently providing services in the Orleans and Baton Rouge Regions. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers in those areas where this is possible. The goal is to increase communications between both providers who are providing services to the Department's families as well as possibly increase the number of children being served. The three infant teams will continue to work on standardizing reporting outcomes, and ways to help departmental staff understand the value and impact of infant mental health on the well-being of this most vulnerable population. Additionally, the Department is exploring Medicaid funded infant mental health services.

3.) Service/Program Description: Family Resource Centers (FRC) (PSS, FP, TLR, APSS) provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are eight (8) FRC that are contracted with to provide services. The current FRC are: 1.) Discovery FRC-Southeastern University, Baton Rouge Region 2.) Renew Family Resource Project-Southeastern University, Covington Region, 3.) Nicholls State University Family Service Center, Thibodaux Region, 4.) The Extra Mile, Lafayette Region, 5.) Educational and Treatment Council, Inc., Lake Charles Region, 6.) Volunteers of America-North Louisiana, Alexandria Region, 7.) Community Support Program-Portals, Shreveport Region 8.) Project Celebration, Shreveport Region and 9.) Tulane Parenting Education Program, Orleans Region. Each FRC provides services to parishes in their geographic area so that services are available throughout the state.

These centers receive referrals from DCFS of families who are involved with the Department due to neglect and abuse of a child. FRC provide three (3) CORE services: Parent Education,

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Visit Coaching and Family Skills Building. These services are provided through a multi-year contract.

Parent Education: Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting

Visit Coaching: This service primarily targets children in foster care, but can benefit in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. For families in the Nurturing Parenting Program (NPP) program, the "family time" component will be expanded to accommodate this service and will serve as that parent's visit.

Family Skills Building: The Family Skills Building (FSB) service provided through the FRC provides customized support, mentoring, guidance, and teaching on identified needs that are not readily addressed by other services, such as parenting education or visit coaching. FSB targets areas of family skills identified as areas of concern or problem in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.

Decision making process for Family Support Services: The Family Resource Centers were selected as providers through the Request for Proposals (RFP) process. The Department of Children and Family Services placed ads requesting that interested parties submit proposals. After the closing date the proposals were reviewed and the agencies/organizations demonstrating the most qualifications aligned with our standards were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Although housed in one central location within their region, many of the providers also have satellite locations that allow them to have a more visible presence.

Population Served: The Family Resource Center provides services to families referred by the Department and the Office of Juvenile Justice Family in Need of Services (FINS) Program. DCFS refers families with children ages 0-17 who are receiving services from the agency as a result of abuse or neglect. The DCFS can refer families involved with CPI, FS, FC, and Adoptions programs. Foster parents are also able to self-refer when there is a need for services to enhance their skills or stabilize placements. There is emphasis placed on referrals for children ages 0-5 which have been identified at greatest risk for abuse and neglect. The Nurturing Parenting Program has a specialized curriculum to work with children and families in this age group.

Gaps in Service: Transportation continues to be an issue for families accessing services through the FRC. Lack of consistent transportation makes it difficult to engage families in group-based

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services. This often requires many families to receive individual services in their home which disrupts the class based curriculum expected by programs such as Nurturing Parenting Program. The Family Resource Centers are required to assist families in the development of a transportation plan when rendering services.

Considering current capacity building efforts of the Louisiana Family Resource Center Network, our plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

Activities Planned for FFY 2015-2019: Program staff along with the FRC Network will complete service guidelines for each of the core services provided by the resource centers and implement within FFY 2015. These service guidelines will help to guarantee fidelity across the resource centers that will help safeguard continuity of service delivery should a family move from one location to another. Program staff and regional liaisons will monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines.

A new three-year contract with the FRC's is expected to begin on October 1, 2015 through September 30, 2018. The Monroe region, which currently does not have a functional FRC, is expected to gain one also at the start of the 2015 FFY. This will ensure that one resource center is located in each of the nine regions throughout the state.

Program staff, regional liaisons and FRC staff will collaborate to develop a plan that will improve staff referrals. State Office program staff will continue to maintain monthly conference calls with the FRC and regional liaisons in order to monitor the services provided, ensure consistent referrals and troubleshoot issues or barriers that arise in service delivery. This plan will be implemented statewide in an effort to improve staff referrals by 30% over the next five years and improve services being provided by the Family Resource Centers.

Tulane Parenting Education Program will continue to provide consultation resources to Family Resource Centers across the state. These consultations will occur twice per month. Consultation services include on-going training, support and guidance to FRC staff (workers and supervisors) in implementing parenting programs for clients, including Visit Coaching. Consultation is aimed at assuring the efficacious delivery of parenting programs and deepening the staff's understanding of the challenges affecting the families they serve. The consultation provides clinical guidance and support to the FRC teams for the broad range of services that are provided including Nurturing Parent Program, Strengthening Families, Visit Coaching, etc.

In addition, a contract is being developed with Prevent Child Abuse Louisiana (PCAL) to improve and monitor model fidelity, develop a data collection and utilization plan, and implement a peer review process for ongoing evaluation of FRC services.

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TRAINING PLAN: The Department supports staff development and provides training that supports the goals and objectives of the 2015-2019 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives that reflect the ever changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

The DCFS in partnership with the University Alliance and the Pelican Center has begun work to establish a Training Academy. Through this academy, comprehensive and consistent education and training will be provided to departmental staff and other key child welfare stakeholders including judges, attorneys, CASA, and foster parents.

This training plan is supported by the use of child welfare trainers, regional 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 and in-kind funds. Full implementation of this plan is contingent up funding and resources.

Training Needs Assessment: A comprehensive training needs assessment will be conducted as part of the initial activities of the training academy. This needs assessment will encompass input from all levels of staff as well as from a variety of stakeholders. In addition, a review of CQI case review data, aggregate data measures, and ad hoc case reviews will inform the assessment of training needs.

Statewide Training: The Department offers various training opportunities to staff throughout the year and provides a competency-based child welfare curricula. The Department implemented a 24-week new worker training model which encompasses basic and specialized training content. This training is offered 4-6 times per year depending on the need. Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

Regional Training: Regional training needs, such as social work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff.

Training and Staff Development:

Use of Technology to Implement the Training Plan: The Department utilizes a number of resources to support training and staff development. They include a learning management system, webinars, video conferencing and teleconferencing.

- **MOODLE** - The Department continues to use the Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS). DCFS will continue to work with IT staff, consultants and DCFS staff to utilize MOODLE for the development, publishing, posting, and tracking of web-based training. Additional enhancements will be made to MOODLE based on the Department's needs, funding and

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resources. Efforts to increase user proficiency with the tool and to ensure that this system is fully supported within the context of the Department's vision and the Transformation Project will continue.

- **Web-Based Training** - In order to effectively meet the demands and needs of the Department for the developing, publishing, and tracking of computer based training, DCFS coordinates and collaborates with the appropriate staff to develop computer-based courses to supplement classroom training.
- **Video Conferencing** - DCFS staff will continue to participate in video teleconferences sponsored by national leaders in child welfare such as the National Child Advocacy Center.
- **Webinars and Teleconferences** - The Department continues to utilize the WebEx format and teleconferences to support the transfer of learning and enhance the learning experience.

Methods to Measure/Outcome Measures: Trainers are required to complete an evaluation summary after every training session and submit it along with the individual trainees' training evaluations. 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.

The Department is exploring the ability to obtain and provide evaluation information regarding every course or training session through MOODLE. This ability to obtain detailed information is being explored and will be obtained based on the availability of resources and technical support.

Partnerships/Collaboration: The DCFS has entered into a three way agreement with the Pelican Center for Children and Families and Southeastern Louisiana University to develop and maintain a training and staff development program that is comprehensive and responsive to the needs of DCFS staff, foster parents, federally recognized Native American tribes and other key stakeholders.

The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other child welfare stakeholders produce an annual interdisciplinary conference on key areas of child welfare practice involving safety, permanency and the well-being of children in or at risk of entering the foster care system.

Title IV-E funds, as appropriate, are utilized for this three-day annual training conference called Together We Can. Together We Can focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, CASAs, foster parents, social workers and other key professionals who will benefit from the interdisciplinary training contemplated by the Fostering Connections to Success and Increasing Adoptions Act of 2008. Attendance historically has been and is projected to be between 500 to 600 persons.

In 2014 the Together We Can Conference will address many critical issues including: trauma-informed care, safety planning and safety decision-making, ICPC, ICWA, psychotropic

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medications, school/education connections, engaging non-custodial parents, and transition planning for foster youth, children coming to court, legal and social worker ethics and professionalism, among others. The goal of this conference is to build a strong, statewide foundation of skills and knowledge in those charged with protecting children. Following the conference, Together We Can practice toolkits are published by conference collaborators to reinforce and expand upon conference topics.

University Alliance: Work continues with Louisiana state (public) universities in developing and enhancing the comprehensive system of training that serves prospective staff and current staff. DCFS contracts with Northwestern Louisiana University (NSU) in Natchitoches, Louisiana and Southeastern Louisiana University in Hammond, LA. These universities will in turn contract with the remaining state (public) universities with schools of social work to provide educational stipends and various forms of support for the development and implementation of the child welfare training academy. In FY 2013, \$57,005,551 was billed for IV-E reimbursement. Title IV-E is charged for educators' salaries, curricula development, training opportunities with IV-E allowable topics (i.e. conferences, workshops), recruitment/retention projects (focused on addressing the relationship with workers and foster/adoptive parents), and office supplies, etc. Thirty-seven percent of the costs associated with the universities are indirect costs.

Educational Stipends: Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. Upon graduation, DCFS Field Operations will place each student based on staffing needs in the allowable programs of FS, Foster Care and Adoption. In FFY 2014, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are administered through a contract with Northwestern Louisiana University who in turn contracts with the other six public/state universities.

Educational Stipends of Persons Preparing for Employment FFY 2015-2019

State (Public) University	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends
	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Southern Univ. @New Orleans (SUNO)	3 BSW 5 MSW					
Grambling State Univ. (GSU)	6 BSW 2 MSW					
Southern Univ. Baton Rouge (SUBR)	3 BSW 0 MSW					
Univ of La at Monroe (ULM)	5 BSW 0 MSW					

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State (Public) University	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends
	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Northwestern State Univ. (NSU)	2 BSW 0 MSW					
Southeastern La Univ. (SLU)	6 BSW 0 MSW					
Louisiana State Univ. (LSU)	0 BSW 2 MSW					
Annual Total # BSW stipends/ Cost (\$6,500 each)	25 BSW \$6,500 each \$162,500					
Annual Total #MSW stipends /Cost (\$8,500 each)	9 MSW \$8,500 each \$76,500					

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA): The CIP, through its statewide advisory committee has been working on the development of a Center (now known as the Pelican Center) to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant child welfare stakeholders. Through a strong partnership with the DCFS and the University Alliance, all parties will work together to develop and implement training and education of child welfare practitioners which includes children’s and indigent parents’ attorneys, judges, CASAs, and district attorneys.

Collaboration with Tribes: DCFS works closely with the federally recognized tribes in Louisiana to identify and make available training that meets their needs. A calendar containing all applicable DCFS training opportunities is routinely sent to each tribal representative so that they may participate.

Training Activities Planned for FFY 2015-2019 (Please also refer to the systemic factors section on Staff Training for additional information.):

SFY 2014

Key activities to be accomplished include:

Administrative

- Develop the vision and mission for training academy ;
- Create infrastructure including a governance structure;
- Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
- Develop MOU between DCFS, Pelican Center, and lead university (SLU);
- Establish on-going communication strategies with C/W executive management staff, program staff, and field staff, as well as with other key stakeholders;

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- Establish an initial budget for DCFS training and enter into a contract with SLU and others as needed to initiate the transfer of training responsibilities.

Service Delivery

- In collaboration with the Pelican Center, compile a list of trainings that are currently being offered through DCFS, the Pelican Center, or the university alliance;
- Plan and conduct at least one training function as a partnership between the Pelican Center, university alliance, and DCFS;
- Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of 3 additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
- Produce Together We Can Conference on key areas of child welfare practice.

SFY 2015

Service Delivery

- Conduct a training needs assessment of DCFS staff and stakeholders;
- Prioritize areas of focus based on the needs assessment for the next 3 years, and develop a plan for implementation;
- Develop and implement phase one of a multi-level professional development plan for supervisors;
- In collaboration with SLU, engage each university alliance member in exploring and establishing their role within the training academy;
- Transition child welfare in-service training to the university alliance and/or the Pelican Center.
- Produce Together We Can Conference on key areas of child welfare practice.

SFY 2016

Service Delivery

- Implement Level 1 priorities from needs assessment;
- Establish key partnerships for advanced level training in areas such as domestic violence, mental health, and substance abuse;
- Produce Together We Can Conference on key areas of child welfare practice.

SFY 2017

Service Delivery

- Implement Level 2 priorities from needs assessment.
- Produce annual Together We Can interdisciplinary conference on key areas of child welfare practice involving safety, permanency and the well-being of children in or at risk of entering the foster care system.

SFY 2018

Service Delivery

- Implement Level 3 priorities from needs assessment.
- Produce Together We Can Conference on key areas of child welfare.

SFY 2015-2019

Administrative

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- Evaluate progress of training academy implementation and effectiveness each year, and in 2019, conduct evaluation over the past 5 years. Develop new CFSP based on additional research, data analysis, and lessons learned.

Service Delivery

- Continue to operate a fully functioning training academy for all child welfare staff and stakeholders, including a focus on recruitment, hiring, and retention as well as research and program evaluation.
- Produce Annual Together We Can Conference on key areas of child welfare.

Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E, IV-B and XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state’s Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100% time study conducted by all child welfare trainers. Each trainer accounts for all hours in the work week, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters that information into a database.

The database, which was created to document and track training activities, contains all courses from the child welfare training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff.

Random Moment Sampling (RMS) procedures are also in place and field staff is sampled on an ongoing basis. The process identifies activities that staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

In FFY 2013, DCFS expended \$9,729,115 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$1,921,500 were allocated for foster care training and \$510,779 for adoption training.

Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Category of Expenditure	Projected FFY 2014	Projected FFY 2015	Projected FFY 2016	Projected FFY 2017	Projected FFY 2018
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$5,579,376				
Travel	\$7,282				
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$40,810				
Supplies	\$6,879				
Acquisitions	0				

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Category of Expenditure	Projected FFY 2014	Projected FFY 2015	Projected FFY 2016	Projected FFY 2017	Projected FFY 2018
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$3,169,562				
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$1,041,704				
Total	\$9,845,613				

Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training so the location of most training sessions is generally held at the state office located in Baton Rouge, Louisiana but, if there is a cluster of trainees in a particular area of the state, the training is conducted there. Thus, less travel costs are incurred. Depending upon the training site, the average cost per person will vary based on variables such as lodging and meal allowances. Additionally, the majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below and in the chart on the following pages were developed using the formula below and is applied to all child welfare training courses conducted by child welfare training staff and/or contract trainers.

Travel Costs:

Lodging: Avg. \$104.00 (low for **Tier I** - \$77.00 – high for **Tier 2** - \$131.00 per night excluding taxes and surcharge)

Meals: Average of \$47 per day; (**Tier I** - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; **Tier II** (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)

Trainees' workbooks: average cost \$8 per workbook

DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.

Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)

Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

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Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

Minimum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN # of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/ workbook = \$1590 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)

With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)

With Contract Trainer \$1900 = \$3490 (\$349/trainee)

Maximum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX # of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)

With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)

With Contract Trainer \$1900 = \$6193 (\$229/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

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CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN: The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. These are coordinated, to the extent practicable, with the Child and Family Services Plan (CFSP).

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided to prevent, identify and treat child abuse and neglect situations and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs and the state will provide notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA will be used in Federal Fiscal Years 2015-2019 to address the purposes of the grant and achieve the objectives of the grant.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Out of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

A.) ALLOWABLE AREAS:

- Intake, assessment, screening, and investigation of reports of child abuse or neglect;
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

SERVICES PROVIDED:

A. Child Protective Services including:

1.) Common Access Front End: The Department is currently designing and working toward the implementation of a Common Access Front End (CAFÉ') that will interface with all DCFS information management systems including the Tracking, Information and Payment System (TIPS) and A Comprehensive Enterprise Social Services System (ACESS). TIPS is a computerized on-line, statewide information management and payment system for all child welfare programs. ACESS is the statewide system for intake of all reports of child abuse and neglect. It is also the electronic case record for all CPI cases.

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CAFÉ is planned in four releases. Release three will include child abuse and neglect reporting through the development of a customer and worker portals. CAFÉ' will enable the Department to more efficiently and effectively accept reports of abuse and neglect.

Activities Planned for FFY 2015-2019: The Department will continue the rollout of CAFÉ' and training of staff to utilize the new tool. For additional information regarding CAFÉ, the transformation project and information management systems please refer to the systemic factors section of this plan.

2.) Centralized Intake Service Description: A centralized intake was developed by DCFS in 2011. The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). Calls are answered 24/7 by Child Protection Investigation (CPI) teleworkers and the DCFS call center provides 24/7 back-up services for the Child Protection Hotline. The Department strives to have 90% of calls go directly to an intake worker. Overflow calls are answered by an ACS agent when the call volume exceeds the capacity of intake staff and there is a connectivity problem with the ACS server or a DCFS Network problem.

The Department also strives to assure accuracy and timeliness of response by doing/providing the following:

Management oversight 24 hours a day, seven days a week, including daily live monitoring during high volume call periods to assess the following:

- Amount of time spent receiving a report of abuse or neglect,
- Amount of time required for entering data,
- Intake queue performance,
- Time lapse between report acceptance and notification to local office,
- Accuracy of information in reports and decision-making.

Immediate and ongoing feedback loop among CI workers, supervisors and managers through instant messaging chat conversations, e-mail, phone, and teleconferencing:

- Supervisors join interviews as a part of training and assessing interviewing skills,
- Mandatory morning and evening teleconference briefings,
- Required supervisory end of shift reports,
- Daily briefings including managers and director.

Rapid feedback loop between CI and local offices through an inquiry mailbox with 24 hour or shorter turnaround time:

- Parish offices request a management review of questioned approved intake,
- CI Manager reviews intake,
- CI Manager's response indicates policy, rationale; professional judgement.

Immediate feedback loop for law enforcement and other reporters of imminent danger to a child:

- Supervisor and manager on each shift assigned to immediate danger situations,
- Supervisor coordinates and facilitates activities from intake to assignment to the local parish office,
- Intake personnel advises the local office of current danger to a child, location of child, reporter contact information, and other pertinent information,

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- Local office immediately connects with law enforcement or other reporter with immediate need for child protection intervention and provide an estimated time of arrival to law enforcement.

During FFY 2014, these efforts continued as the Department focused on establishing uniformity among workers and supervisors in determining whether reports of child abuse and neglect met criteria for DCFS involvement. This work and the coordination of service delivery with the remainder of the child welfare service continuum led to the implementation of the ASFP.

All CI staff were trained on ASFP and began using consistent language around the concepts of safety intervention. CI staff also implemented a structured information collection process in order to improve customer service and promote partnerships with the community.

Thus far, the Department has had positive feedback in the application of ASFP and during the next five years plans to continue monitoring implementation. Through a review process, the Department will build skill and competency levels and monitor implementation.

This structured information collection process will involve use of the ASFP review instrument in supervisory and management reviews. This ensures all reviews focus on the efforts of collection of sufficient information in the six (6) areas of assessment and apply the decision-making process of ASFP.

Activities Planned for FFY 2015-2019: The DCFS will focus on child-safety through the application of ASFP with assessments at the intake level. With a goal of improving information collection to support accurate assessments and inform appropriate decision-making, CI supervisors will review all intakes by their staff to monitor the ongoing implementation of ASFP. They will provide refresher trainings as needed. CI supervisors will also monitor implementation through the Fidelity Intake Assessment Case Reviews, review of TIPS and ACCESS data and case crisis feedback reports.

3.) Structured Decision Making Service Description: The SDM model incorporates a set of evidence-based assessment tools and decision making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM model include a series of tools used to assess families and structure agency responses at specific decision making points that range from intake to reunification. The SDM model also utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Activities Planned for FFY 2015-2019: Continuous Quality Improvement staff (CQI) along with program staff will continue to review SDM tools for accurate completion. This quarterly review will also include analysis of decisions made by staff following completion to verify that the tool is being used to guide and support decision making and in accordance with policy and

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practice. When deemed necessary, training and consultation will be offered to frontline staff to enhance their knowledge and skills related to completion and use of the SDM® tool.

DCFS will make available to child welfare specialists and supervisors staff training and consultation in the use of SDM tools and guidelines in the assessment. Coaching and mentoring with supervisors will incorporate the use of these guidelines and processes in examining risks, safety threats, and safety planning for children.

4.) ACCESS - Service Description: A Comprehensive Enterprise Social Services System (ACCESS) is the statewide system for intake of all reports of abuse and neglect. This information management system contains intake records that are assigned to both the Alternative Response Family Assessment (ARFA) program and the Child Protection Investigation (CPI) program. Additionally, it is the electronic case record for all CPI cases. ACCESS provides case management tools with enhancement capabilities to aid staff in obtaining timely information. It serves as the electronic case record for all CPI cases.

Activities Planned for FFY 2015-2019: For additional information regarding CAFÉ, the transformation project and information management systems, please refer to the systemic factors section of this plan.

B.) ALLOWABLE AREA:

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;

SERVICES PROVIDED:

1.) Criminal Record Clearances: Foster/adoptive home applicants and all adult household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of DCFS Home Development policy requires that a criminal record clearance on foster and adoptive home applicants and all other members of the household 18 years of age or older shall be conducted prior to certifying a family to foster or adopt in accordance with R.S. 46:51.2 C. (This is also required of non-certified caregivers/ relatives or other individuals providing care to a child in foster care.) It is also required of all direct care staff in residential facilities.

The preceding policy description fully complies with the CAPTA Grant requirement. CAPTA is Public Law 108-36, and among other provisions, Section 106(b) (2) (A) (xxii) requires provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.

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

Service Provided: Fingerprint-based national record clearances continue to be completed statewide on all potential caregivers by using the MORPHOTRAK (formerly PRINTACK) system through Motorola Livescan equipment. Arrangements for the person(s) to have fingerprints submitted to the State Police and Federal Bureau of Investigations (FBI) via

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MORPHOTRAK are made through each DCFS regional office. The regional office identifies a staff person in the region to conduct the clearances. In rare cases specific circumstances, the Department may not be able to: 1) obtain individual's fingerprints as a result of the individual's disability; or 2) obtain legible fingerprints due to low quality fingerprints, as a result of age, occupation or otherwise, thereby making it difficult to obtain results from national criminal information databases. In the aforementioned instances, the manual fingerprinting process is used for prospective caregivers and name clearances are requested along with the individual's social security number.

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

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

Activities Planned FFY 2015-2019: The Department will continue to use MORPHOTRAK Livescan equipment to obtain necessary national and statewide criminal record clearances in an effort to ensure safe caregivers for children in foster care.

C.) ALLOWABLE AREAS:

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training including:
 - Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
 - Training regarding the legal duties of such individuals;
 - Personal safety training for case workers; and
 - Training in early childhood, child, and adolescent development;

SERVICES PROVIDED:

C.) ALLOWABLE AREAS:

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training including:

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- Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
- Training regarding the legal duties of such individuals;
- Personal safety training for case workers; and
- Training in early childhood, child, and adolescent development;

SERVICES PROVIDED:

1.) Nurturing Parent Program

Service Description: The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the Family Resource Centers (FRC) located in every region of the state. Technical assistance on implementation of the model is provided to the Family Resource Centers.

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

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

Activities Planned FFY 2015-2019: Through the FRC network, DCFS will continue to provide the Nurturing Parenting Program.

2.) Training: The Department offers various training opportunities to staff throughout the year including a core child welfare curriculum (4-6 sessions of the core curriculum is offered annually). Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

Population Served: DCFS child welfare staff, federally recognized Louisiana tribes, foster/adoptive parents, CASA and Court Improvement Project (CIP) partners.

Activities Planned for FFY 2015-2019: The Department will continue to work with community partners annually to plan the Annual Together We Can Conferences and will also continue to utilize funds to purchase video and teleconferences for staff.

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D.) ALLOWABLE AREA:

- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

SERVICES PROVIDED:

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

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

Activities Planned FFY 2015-2019: The Department will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing and individual crisis intervention CISM services. Ongoing recruitment will continue for new members.

E.) ALLOWABLE AREA:

- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:
 - Existing social and health services;
 - Financial assistance;
 - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
 - The use of differential response in preventing child abuse and neglect;

SERVICES PROVIDED

1.) Substance or Alcohol Exposed Newborns: In response to CAPTA, the 2005 Louisiana Legislature revised the Children’s Code, to include reports from health care providers involved in deliveries or care of newborns identified as affected by illegal use of controlled dangerous substances or withdrawal symptoms resulting from prenatal illegal drug exposure when the report is made within 30 days of birth. DCFS began accepting reports of prenatal illegal drug exposure or experiencing withdrawal for investigations of child neglect beginning March 1, 2006. In 2007, the Louisiana Legislature amended the prenatal drug exposure provisions in the Children’s Code to include the definition of a newborn; the “chronic or severe use of alcohol” within the definition of prenatal neglect; and, added the toxicology provisions for illegal drug exposure. The prenatal neglect provisions have not been amended since 2007.

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The Louisiana Children's Code, Article 603 (22) currently defines prenatal neglect as "exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning." A newborn is defined in Article 603 (17) as a child who is not more than thirty days old. A physician who has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance is required by Article 610 G. to order a toxicology test on the newborn to determine whether there is evidence of prenatal neglect. If the test is positive, the physician is required to report prenatal neglect. A physician is also required to report prenatal neglect, if there are symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning he believes is due to alcohol use by the mother during pregnancy.

Population Served: Newborns under the age of 30 days identified by a physician as having a positive toxicology test for a controlled dangerous substance, or symptoms of withdrawal in the newborn; and/or, symptoms of withdrawal or other observable and harmful effects in physical appearance or functioning due to chronic or severe use of alcohol by the mother during the pregnancy.

Services Provided: This statewide process consists of a comprehensive assessment of the safety of the substance or alcohol exposed newborn and any other children in the home by Child Protection Investigations followed by a mandatory referral to Family Services to determine ongoing case plan development. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to his mother's care with a plan that includes necessary services and careful monitoring of the child's safety. Services such as home health, FS, substance abuse treatment and assistance from a spouse/partner or family member may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision is that the newborn is safe or unsafe, but with an in home safety plan that appears sufficient to reasonably assure the safety of the newborn, the requirement for a plan of safe care is met and out of home placement is not required. Medical services to meet the child's needs are determined by the child's physician. The newborn must be referred to an early intervention program. When the safety decision is that the newborn is unsafe 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 family is referred to the Family Services (FS) program. When ongoing service needs are identified during the Assessment of Family Functioning (AFF), 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. Staff is also required to seek court intervention when (1) this is a second drug exposed newborn case for the family and (2) if the family refuses to participate in FS.

The Birth Outcomes Initiative is a targeted cross-departmental and cross-sector initiative to improve the outcomes of Louisiana's births and health of Louisiana's moms and babies. The Department continues to be involved in the cross-departmental effort and from this collaboration LAHART (Louisiana Health Assessment, Referral and Treatment Program) was formed. LAHART screening tool is available to screen pregnant Medicaid patients for tobacco, alcohol, drug abuse as well as domestic violence. It includes a built in referral mechanisms. The

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Department will continue in this collaborative to promote healthy deliveries which in turn could reduce the number of drug exposed newborns.

Activities Planned FFY 2015-2019: The Department will continue to work with DHH to determine if the established protocol is addressing the needs of substance exposed infants. The DCFS policies and procedures will also be revised, as needed, and enhanced to ensure clear and concise guidance to staff. Efforts will be made to ensure that staff understand and are accountable for activities involving safety assessments, child/family assessments, and planning with families to ensure that children remain safely in their home environment.

The DCFS will continue collaborative efforts with the DHH, Magellan Services, and other community entities to advance practice and ensure accessibility of services to children and families of drug exposed newborns. These efforts will include collaboration and planning among community groups within regions of the state. The groups should include consumers and stakeholders, informal and formal service providers, medical providers, behavioral health service providers, and law enforcement. Special emphasis will be placed on the availability and accessibility of services to address addictive disorders and mental health concerns. Efforts will be made to advance parent education, training, and support to include parenting of children with special needs as a result of drug exposure in utero.

F.) ALLOWABLE AREA:

- developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;

SERVICES PROVIDED:

1.) Media Campaigns/Community Education: Educational information regarding child abuse and neglect is provided through various forms of media. This includes **Safe Haven** Relinquishment where by a parent is permitted to safely and anonymously relinquish the care of his or her newborn infant to the state without fear of prosecution when the circumstances meet the criteria of safe haven relinquishment. The infant must be less than (30) days old with no signs of abuse or neglect and left in the care of an employee at a designated emergency care facility without a statement or an intention that someone will return for the child. A designated emergency facility is defined in the law as any hospital licensed in the state of Louisiana, public health unit, emergency medical service provider, medical clinic, fire station, police station, pregnancy crisis facility, or child advocacy center. If the infant is left unattended, for instance on a doorstep or in a bathroom, the abandonment criteria for safe haven relinquishment would not apply and an appropriate abuse/neglect investigation process would be initiated.

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

Services Provided: Promotion of awareness of safe haven legislation and prevention of infant deaths as a result of an abandonment or homicide by providing a means by which an infant may be left in safe circumstances and the parent may anonymously abandon their responsibility for the infant without criminal consequences. The DCFS website includes an information link

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regarding Safe Haven relinquishments called “Safe Baby Site”. The site is user friendly and includes frequently asked questions regarding safe haven. Other features of the site is inclusion of emergency 24 hour hotline numbers of DCFS parish offices and the option of printable posters and safe haven cards that can be provided to the community.

Activities Planned for FFY 2015:

Continued distribution of Safe Haven materials (posters, brochures, Safe Baby stickers) to hospitals, law enforcement, fire stations, child advocacy centers, etc.,

- Redesign and distribution online of Safe Haven training video and document,

Adoption Awareness month (November) activities designed to promote the need for foster and adoptive families, including press release or editorial, television interviews, reception for previous year’s adoptive families, and social media posts,

Launch child safety campaign, including blog and associated social media posts that will touch on all aspects on child health and safety,

- Child Abuse prevention month (April) activities designed to promote the child abuse prevention tactics and DCFS’ child abuse hotline, including press release or editorial, television interviews and social media posts,
- Foster Care Awareness month (May) activities, designed to promote the need for foster families, including press releases or letters to the editor, television interviews and social media posts,
- Partnerships with several television stations to promote adoptable children in the Louisiana foster care system,
- Working with partners to help publicize their activities to promote positive child welfare,

Activities Planned FFY 2016-2019: The DCFS will continue to strive for innovative ways to inform the media and the public about its activities through periodic press releases, letters to the editorial, meetings with editorial boards, appearances on local television programs, development of short videos to promote adoptable children, publication of child safety content on the DCFS website and social media outlets (Facebook, Twitter and Pinterest).

G.) ALLOWABLE AREAS:

- developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in
- investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;
- the provision of services that assist children exposed to domestic violence and that also support the care giving role of their non-abusing parents.

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SERVICES PROVIDED:

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

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

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

Activities Planned FFY 2015-2019: Departmental staff will refer children under age three to early intervention services and departmental staff will continue to serve on the State Interagency Coordination Council.

H.) ALLOWABLE AREAS:

- developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs
- providing child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- addressing the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or

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- supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;

SERVICES PROVIDED:

1.) Interagency Collaboration: Consultation with Physicians: The Department consults with physicians or other appropriate medical professionals in assessing the health needs, including mental health needs, and well-being of foster children and determining medical treatment. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth or age one year and older whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the DCFS worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based on a physician's recommendations.

Population Served: Children and youth in the DCFS Foster Care Program statewide and youth aging out of Foster Care at age 18 up to 21.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well-being of foster children.

Since March 1, 2012, the DHH has maintained a managed care system contract with the Bayou Health System for all Medicaid recipients in the state including children in foster care, children in IV-E adoption or guardianship subsidies, and youth exiting foster care at age 18 up to age 21. The collaboration is referred to as the Louisiana Behavioral Health Partnership (LBHP) and all behavioral health services supported through these four governmental agencies will be provided through this partnership. The purposes are to maximize funding streams; provide consistent, quality services statewide; and, insure availability of specialized services through a Coordinated Systems of Care (CSoC) to meet the needs of the most behaviorally challenged children to stabilize them in their family setting.

Referrals for treatment are made on the basis of medical necessity, treatment needs of the child and reduction of risk in the home of origin. Medical necessity refers to those services required to identify and/or treat a client's psychiatric/behavioral disorder.

Recommendations by medical professionals in assessing the well-being of foster children are often times essential to the development of a case plan to work with the child and the family. In some cases, it is used to assess the progress with the case plan or prepare for court involvement.

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All treatment provided to DCFS clients, is to be addressed in the case plan for the family and child.

Activities Planned FFY 2015-2019: The DCFS will collaborate with the DHH in relation to the Bayou Health System and Magellan contracts to insure child welfare client populations receive the most appropriate physical and behavioral health care available in the state to meet their well-being needs.

2.) Interagency Collaboration: Louisiana Behavioral Health Partnership/Coordinated Systems of Care: Louisiana developed a statewide Louisiana Behavioral Health Partnership (LBHP). This partnership between the DCFS, OJJ and DHH was developed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. Coordinated Systems of Care (CSoC) is a part of LBHP and includes services targeted to at risk children and youth with significant behavioral health challenges or co-occurring disorders.

The CSoC is an evidence-based model that is part of a national movement to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system. The goals of CSoC is to reduce the number of targeted children and youth in detention and residential settings, to reduce the state's cost of providing services by leveraging Medicaid and other funding sources, and to improve the overall outcomes of these children and their caretakers.

Population Served: At-risk youth statewide, including young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system. During the first six months of implementation, 1,200 young people are expected to be served and in the first full year a total of 2,400 young people are expected to be served. The initial targeted-population includes 1,200 youth currently in residential treatment facilities, secure care facilities, psychiatric hospitals, addiction facilities, alternative schools, detentions, developmental disabilities facilities, and homeless children. Another 42,000 children with behavioral health needs in the state will be able to benefit from enhanced coordinated care through this system.

Services Provided: Through a number of entry points, all young people eligible for the CSoC will be referred by the management organization to a "local wraparound agency." Services within a wraparound agency will include around the clock behavioral health screenings, crisis stabilization, parent educational support and training, independent living and skills building, short-term care and peer support. Once the system is accessed by a young person, they are immediately eligible for community-based programs. The local wraparound agency works with a licensed mental health professional to develop an assessment of the youth's needs, and establishes a "Child and Family Team" to care for them. Next, a "Plan of Care" will be developed with input from the child's family and community partners like teachers, clergy, church leaders, coaches or other community organizations to ensure the needs of the individual child are met. The Child and Family Team is involved as the Plan of Care is executed with intensive case management until the youth is ready to be transitioned out of the CSoC. Additionally, a Family Support Organization supports the family and provides peer support to those participating in CSoC.

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Activities Planned FFY 2015-2019: The Department will continue to work with the Statewide Management Organization (SMO) to build the provider network to insure the child welfare client population receives placement and behavioral health services to meet their needs. Magellan, OBH, DCFS, and OJJ will work together to strengthen service delivery. The DCFS will continue to educate providers, stakeholders and state agency staff on the processes involved in securing behavioral health services. The DCFS will also work with DHH regarding possible expansion of CSoc services. Further, a Request for Proposals (RFP) will be issued in the coming year for this contract.

3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities: Section 106(b)(2)(B)(x) of CAPTA requires states to assure that the state will provide for the public disclosure of findings or information about a case of child abuse or neglect which results in a child fatality or near fatality. In compliance with this requirement, the Department has policy regarding the release of information to the media in cases involving child fatalities and near fatalities:

- the cause of and circumstances regarding the fatality or near fatality;
- the age and gender of the child
- information describing any previous reports of child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality
- the result of any such investigations
- the services provided by and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality

The CAPTA legislation also provides for the allowance of exceptions to the release of information in order to ensure the safety and well-being of the child, parents and family or when releasing the information would jeopardize a criminal investigation, interfere with the protection of those who report child abuse or neglect or harm the child or the child's family. The Department's existing policy on disclosure provides for the exception of the release of this information when the district attorney requests that the information not be released due to its potential to compromise a criminal investigation, criminal prosecution or when the agency thinks a release may compromise the agency investigation.

Description of all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS: Internal to the DCFS, the data for child fatalities is initially extracted from the legacy data system to produce the Child File of validated child fatality victims. If any validated fatalities are deleted from the Child File by the NCANDS EVAA software, an output is produced with the list of cases of any validated fatalities removed for the current FFY. Each of these fatalities is reviewed to determine if any of the removed fatalities needed to be included in the current year's count of fatality victims. If any of the fatalities were inappropriately removed and need to be included in the fatality count, they are included in this field of the Agency File.

The third step is cross checking the DCFS databases for any cases that were not counted in the original Child File and the count of child fatalities in the second step. The databases that are checked are the agencies ACESS and TIPS systems. Any validated cases that were excluded in the NCANDS Child File that are counted in the ACESS and TIPS databases are added to the total Child Fatality count in the Agency File.

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The final check is to access the DCFS CPI section fatality data base and identify all validated child abuse and neglect fatalities that were closed within the NCANDS FFY in review. If there are any that were not included in the final count of fatalities identified in step 3, these fatalities would be added to the total child fatality count for the year.

In 2012 the DCFS attempted to review the fatalities from Louisiana vital statistics department. The amount of time required to individually go through each child fatality in the state is currently beyond the capacity of the Department to utilize this data source. In 2013, consultation began with the coroner in the state's largest city to identify any additional fatality victims that needed to be included in the NCANDS submission. The number of individual law enforcement agencies in Louisiana currently exceeds 400. Individual contact with each agency is currently beyond the capacity of the Department to obtain additional data sources.

Activities Planned for 2015-2019: The DCFS will comply with federal regulations and departmental policies with regard to media disclosure on child fatalities and near fatalities. For additional sources of child fatalities the DCFS will contact the head of the Louisiana Coroners Association and work with the Association to develop a system to obtain information on additional child fatalities to include. Contact will also be initiated with the Louisiana Sheriff's Association on the development of a process to include any additional fatalities that were handled by local law enforcement.

4.) Citizen Review Panels: The CAPTA state grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. The state has established three Citizen's Review Panels (CRP) composed of voluntary community representatives. The panels examine the policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services. In particular, the panels evaluate:

- The state CAPTA plan and specific areas of the child protective system which are addressed therein
- The state's compliance with federal child protection standards and assurances set forth in the CAPTA legislation and
- Other criteria, which the panels consider important to ensure the protection of children, include the coordination of child protection with foster care and adoption services, and the state's review process for child fatalities and near fatalities.

Citizen Review Panels established in Louisiana include:

- Beauregard Parish CRP
- Lafayette Region CRP
- Monroe Region CRP

Role of Citizen Review Panels

- Meet quarterly
- Discuss issues regarding the state's child protection system
- Serve as the community regarding child protective services

DCFS Responsibility to Citizen Review Panels

- Offer support to CRP

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- Provide technical assistance regarding the organization, the service delivery system and various grant opportunities
- Submit available CRP annual reports to the Administration for Children & Families by December 31st
- Include CRP reports in the Annual Progress and Service Report (APSR) submitted to ACF on or before June 30th of each year.
- Review CRP recommendations
- Address panel concerns
- Implement recommendations whenever possible
- Respond to CRP recommendations in writing

Services Provided: Panels meet at least every 3 months to review and discuss specific policies and procedures, review specific cases of both state and local agencies (where applicable) and prepare an annual report.

Population Served: Louisiana has three CRPs located in various areas of the state. The Beauregard Panel is parish based and located in the southeastern quadrant of the state within the Lake Charles Region. The remaining two panels are based in the regions of Lafayette and Monroe, which both consist of multiple parishes.

2013 Annual Citizen Review Panels' Reports, Activities and Recommendations:

Lafayette Region CRP Members: The Lafayette Region Citizen Review Panel members include Chairperson, Joan Lasseigne-Foster/Adoptive Parent, Courtney Lanclos, CASA Executive Director-Co-Chair, Andy Lasseigne-Foster/Adoptive Parent, Linda Boudreaux, Family Resource Center Director, Katy Bajat, LCSW, Special Needs Parent, David Yarbrough, Dean of Community Services, ULL, Kennis Metoyer, Lafayette Sheriff's Deputy, Darce Byrd, Lafayette Drug Court, Madeline Rosette, St. Landry CASA, Executive Director, Lavonya Malveaux, Opelousas City Court representative, Melissa Thompson, LCSW-BACS, Area Director Lafayette Region.

Introduction: The Lafayette Region DCFS Citizen Review Panel scheduled and conducted meetings on the following dates: January 16, 2013, March 14, 2013, May 9, 2013, July 10, 2013, October 3, 2013, and December 5, 2013. Lafayette CRP members continue to solicit new membership in hopes of building a stronger panel. The panel held six meetings, but rescheduled the final two meetings (Oct. 3, 2013 & Dec. 5, 2013) because of low attendance due to scheduling conflicts and unavailability of its members. The Women's Foundation allowed us to host our quarterly meetings in classrooms located at their Lafayette site free of charge.

Summary of Panel's Yearly Activities/Projects/Accomplishments: During the meeting held on January 23, 2013, several discussions were held with regard to the Children and Family Services Review (CFSR) that the Department is currently addressing involving safety, permanency, and well-being of the children and families we serve. The panel also discussed areas that needed to improve within the Child Welfare System. One of the areas the panel discussed was the need for improvement in the timeframe involved from the foster care entry of a child to the placement of that child with relatives. Further, the panel made plans to create a mission statement for our panels during the next scheduled meeting in March of 2013. There was also a discussion about improving the work relationship between the Department of

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Children and Family Services (DCFS) and the Court Appointed Special Advocate (CASA) staff. In addition, the participants proposed the development of a workgroup to produce a survey that would focus on worker improvement, worker satisfaction and/or staff development issues.

The panel conducted a meeting on March 14, 2013 and produced a mission statement for the Lafayette Region CRP panel that states, “To make recommendations to the Department of Children and Family Services for continuous improvement that will help ensure the safety, well-being, and permanency of children in Acadian.” The panel was also given information on training that would be available to workers through June 30, 2013. The members continued collaboration with one another in order to further develop the surveys discussed in the January meeting, as their goal was to have them distributed to DCFS staff workers as soon as possible.

On May 9, 2013, there was some discussion on membership recruitment toward a more diverse panel. Members decided to attempt to recruit a social worker from the Lafayette Parish School Board and a person from the faith based community to participate. The workgroup for the implementation of the survey was not present for this meeting so no updates were available regarding the progress on the survey. The DCFS CRP State Coordinator, Rose Sam, was present at the meeting and available to discuss the importance of panel participation, and contacting their legislators to promote their goals, when deemed necessary. Ms. Sam also provided the panel members with samples of past worker satisfaction surveys for review.

A scheduled meeting was held on July 10, 2013. Discussions about the desire to increase membership and the need for a school board representative to join the panel took place. The panel tabled the discussion on worker/supervisor needs assessment since the members who were working on the survey’s content was not present. The Child Welfare Consultant briefly discussed the implementation of Advanced Safety Focused Practice training in the region.

The meeting that was initially scheduled for August 15, 2013 was rescheduled for October 3, 2013. Katie Mitchell, DCFS Child Welfare Manager, gave a presentation on Advanced Safety Focused Practice to committee members in attendance at the meeting. The members appeared extremely interested in the new approach when handling investigations and working with families. Plans for the panel to conduct case reviews and provide feedback on Child Protective Investigation files that utilized the Advanced Safety approach was made for the upcoming meeting in December. However, as stated earlier, this meeting was set for rescheduling due to member schedule conflict.

Several members have expressed an interest in participating in a workshop with CRP members from panels throughout the state to develop a specific strategy and approach for the upcoming 2014 year. The workshop was scheduled on January 15, 2014 in the Lake Charles region and the panel discussed strategies in recruiting additional panel members. The agency will again submit a request to utilize the Women’s Foundation classroom for meetings and notify panel members of the scheduled dates for 2014.

Identified trends/findings/concerns: Membership for the Lafayette regional CRP is currently at 10 members, but six of the members are not fully engaged in the process. The plans for 2014 are to review CPI cases utilizing the Advanced Safety Focused Practice model and to have a discussion about strategies to improve data/information collection on families upon initial contact. The panel endeavors to draw from the information derived from the surveys it remains

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in the process of creating for the Lafayette region, and to continue the process of assessing the Lafayette region's child welfare system to identify additional areas in need of improvement.

Recommendations: The committee will develop a survey on a regional or state level to assess staff knowledge, and training needs of child welfare workers that specifically address child safety, permanency and well-being.

DCFS Response: None

Monroe Region CRP Members: Members of the 2013 Monroe CRP include Angie Thomas, Vice-Chair, Louisiana Methodist Children's Home, Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions, Patty Newman, OYD Regional Administrator, Tammie Slawson, Seeker Spring Gatha Green, Children's Coalition of NELA, Jane Brandon, Big Brothers/Big Sisters of NELA, Well Springs, Laura Nettles, Families Helping Families, Ella Nimmers, Our House for Teens, Marion Carraway, Louisiana Mentor, Becky Brown, DHH/OPH, Carol Andrews, 4th JDC, Tracy Hanspard, CASA, Jacquiela Wright, Big Brothers Big Sisters, The Wellspring, Kim White, Morehouse Parish School Board, Olin Hall, Beth Green- La. Baptist Children's Home (replaced by Susan Nolan mid-year), Cindy Murphy, Regional Administrator, DCFS Liaison, Ellen Hammons, Area Director, DCFS Liaison, Katie Herring, Regional Placement Specialist, DCFS Liaison.

Introduction: The year 2013 was a period of many changes as the Department underwent significant new initiatives, reorganization of staff, job descriptions, administrative changes and new initiatives that affected Child Welfare programs to better improve qualitative and quantitative measures in fulfilling its mission. The members of the Monroe Region Citizen Review Panel continue to demonstrate and fulfill our mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Region IX Citizen Review Panel remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The panel and DCFS continue to demonstrate an exceptional and cooperative relationship in meeting our mandated goals.

Summary of Panel's Yearly Activities/Projects/Accomplishments: The Monroe Region DCFS Panel members conducted CRP meetings on January 16, 2013, February 20, 2013, April 10, 2013, June 19, 2013, and September 18, 2013. The meetings exceeded the mandated requirement of one meeting per quarter, as this group actively participates and appears motivated to provide feedback and have thoughtful discussion about the Department's direction. Our meetings focused on the Department's Annual Life Skills Camp for youth in foster care in preparation for their transition from state care to independent living, the addition of a Christmas Camp to serve as respite time for foster parents during the Christmas season, increased involvement of panel members in an already established Sibling Camp for siblings separated by placement locations, obtaining information on other states' CRP initiatives, goals and accomplishments, and the ongoing discussion of the Integrated Case Management system associated with the Governor's Coordinated Systems of Care (CSoC) initiative. Also discussed was the impact of recently closed residential group homes on older foster youth that previously benefited from those placement care settings. During these meetings, the panel began the planning stages of an appreciation luncheon for foster care and child protective investigation staff for the purposes of inducing staff morale and staff retention.

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Our Life Skills Camp continues to be of interest and active in providing life skills to youth in foster care. Our 4th Life Skills Camp was held April 26-28, 2013 with over 30 teens and 75 volunteers in attendance. Panel members are making plans to contact local celebrities and sponsors for next year's camp that is scheduled for May 2-4, 2013. The University of Louisiana at Monroe (ULM) Social Work Department, FAIR Visions (a service through the statewide foster parent association), St. Francis Medical Center and many others agreed to contribute their services to enhance the camp's success. A second annual Christmas Camp was held in conjunction with Fair Visions, on December 6-8, 2013. The panel expressed great gratitude for those that volunteered their time and energy to assure the camp's success.

Rose Sam, DCFS Program Manager and State Coordinator of the Louisiana CRP, continues to keep our panel informed of state and national meetings. The Panel was interested in having Dr. Blake Jones visit Louisiana and provide technical assistance for our panel members, but was unable to due to state budget restraints. Panel members were also provided information by Ms. Sam to participate in webinars involving various topics on child maltreatment throughout the year. Also, several panel members attended a Domestic Violence Conference that focused on the impact domestic violence has on children and their well-being. The members were able to attend another conference that focused on the Post Separation Violence Act.

The CRP met on December 4, 2013 to elect a chairperson for the next term. Ms. Tammie Slawson, of Seekers Springs Ministries, agreed to continue as chair. Our co-chair for the coming year will be Ms. Angie Thomas.

Identified trends/findings/concerns: The Monroe Region DCFS Child Welfare offices are truly grateful for the service to this Panel and the children of the Monroe Region DCFS.

Recommendations: None

Beauregard Parish CRP Members: Beauregard Parish Citizen Review Panel members include Chairperson, Tommy Edwards, Director of Court Appointed Special Advocates for Children (CASA), DFCS Liaison- Donna McCullough, CWS 4, DCFS Liaison- Patricia McClinton, CWS 5, Alba Dubois, Counselor, Grace Church, Natha Gnatt, Retired, Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board, Kim Haynes, Beauregard Parish School Board, Annette Duplechin, Executive, BeauCare, Patty Doyle, Administrative Assistance, June Jenkins Women Shelter, Lt Christopher Rudy, DeRidder Police Department, Myrna Cooley, TASC Supervisor (Truancy).

Introduction: The Beauregard Parish CRP currently meets along with the Parish Children's Advocacy Panel quarterly. The last meeting was held on December 5, 2013 at which time an update of the Panel's activities were given and CRP Workshop save the date fliers were distributed. Members in attendance were informed regarding the upcoming workshop/training session that was scheduled on January 15, 2014. The workshop/training was held in DeRidder, Louisiana.

Summary of the Panel's Yearly Activities/Project/Accomplishments: During the last six months, the Liaison Coordinator and Chair have been engaged in reconnecting the current members of the panel, as well as, removing individuals from the list who are no longer available

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to participate on the panel or have relocated. There have been several telephone conferences and planning sessions over the past six months regarding this matter.

Identify Trends/Finding/Concerns: A letter has been composed and will be copied then distributed to all panel members who are currently active in order to provide an updated status. The panel has a continued concern regarding the ability and knowledge foster children possess to be sufficient once they transition out of care.

Recommendation: During the next 3 months, the panel will review data provided by the Department with regard to former foster care youth who aged out of care over the past 12 months. The Panel will focus on the Youth Transition Program (YTP) goals and continue to engage the children at the earliest point possible to provide information and resources to promote a successful transition.

DCFS Response: None

UPDATES TO ACCOMPLISHMENTS FFY 2012-2013: The panels continued to maintain commitment in carrying through our goal to ensure that our State complies with the Child Protection Standards under federal and state laws. The Louisiana Citizen Review Panels (CRP) continued to actively engage its members and participants with meetings throughout the year as we focused on the safety and well-being of foster children and youth. The State Coordinator was afforded the opportunity to attend the 2013 National Citizen Review Panel Conference held in the Teton Mountains of Jackson Hole, Wyoming. The overall conference provided a wealth of information that was shared with Louisiana panels to encourage continued diligent work along with strategic planning for guiding their group decisions and evaluating their progress. Recommendations, suggestions, and ideas were presented during the conference, which was also shared with panels for possible projects. At the same time, panel members were reminded of the importance of conducting a needs assessment within the community of Louisiana's Child Welfare System in order to remain focused and on task in addressing one issue/project at a time.

Update/Summary of Panel's Activities/Projects/accomplishments 2010-2014: The State of Louisiana will carry on with their strategic plan to include specifics on continued recruitment and retention of CRP members, building productive relationships and focusing on the improvement of performance measures and outcomes in Louisiana's child welfare system. Louisiana hosted a CRP workshop on January 15, 2014 with the goal to recruit new panel members, maintain experienced panel members, and to restart the panel in the Baton Rouge Region. The panel also utilized the workshop meeting time to encourage our New Orleans Region to consider forming a new panel of new members in the metropolitan area of the state. The topics presented covered information on CAPTA Funding, and the new Child Welfare Continuous Quality Improvement (CQI) team's role in partnership with CRP members. The Parenting Partners Program was also presented which focused on how to get more formal consumers involved with CRP panels. The key elements needed to form and maintain a successful Citizen Review Panel was also shared at the workshop. The attendance was good and consisted of a diverse audience with representatives from law enforcement, the parish school board, military retiree, and resource centers. The presenters did an excellent job presenting information, as it was evident by the interaction and reaction of the participants. The attendees were also given the opportunity to network during breaks. All attendees were encouraged to attend the 2014 National Annual Citizen Review Conference that was hosted in Atlanta, Georgia May 19-21, 2014.

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In 2013, the CRP group along with the assistance of the Department's Communication Unit, created CRP "push cards" to hand out at events and to share with members to take back to their communities.

Summary of Panel's and Activities Planned for FFY 2015-2019: The CRP panels will engage and involve new CQI staff in the quarterly meetings and utilize their expertise in assisting us to measure outcomes with regard to the improvement of child and family outcomes. The Lafayette group will continue its effort to complete worker satisfaction surveys and disseminate them for use in the upcoming reporting cycle. The CRP group will utilize the CAI team in getting these surveys distributed as well as interpreting the data in terms of identified areas in need of improvement. The CRP will utilize this survey as a pilot survey and encourage the other regions to develop a similar effort to identify regional strengths and needs. The CRP group will utilize the information from the surveys to provide recommendations to the Department.

The CRP group also endeavors to set a case load standard for the group to review cases that are utilizing the new practice models and tools such as the SDM, the ASFP, and the YTP. The panel would like to prepare a report of this limited number of cases particularly chosen from the areas of the state where active CRP panels exist.

Finally, the CRP panels will research the activities involved in hosting the Annual Citizen Review conference in the state of Louisiana. The group will utilize this opportunity to promote additional membership. CRP will utilize the Department's communication team to assist in helping the group to begin a media recruitment tool to also bolster membership by posting information about the group and its scheduled meetings online along with a simple sign up form.

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ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]: The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed on the DCFS website at the following address:
<https://stellent.dss.state.la.us/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>.

Refer to the child welfare services continuum and training portions of this plan for information on the following:

- Services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect:
- Training to be provided to support staff in report taking, screening assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:
- Training to be provided for individuals required to report suspected cases of child abuse and neglect:

Policies/procedures on involvement of families in decision making pertaining to children who experienced child abuse or neglect: In every child welfare program area policies require staff to involve children and families in making decisions related to their case. For example, DCFS foster care policy 6-205 addresses the Assessment of Family Functioning (AFF) which is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The AFF tool is used to engage families in order to gather information about the child and family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems that led to the abuse and/or neglect of a child. The Department is also utilizing the ASFP and the Family Team Meeting Model both of which require greater emphasis on family engagement.

Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc.: Throughout all program areas, departmental policies and procedures require thorough assessments which include the domains of Substance Abuse, Mental Illness and Domestic Violence. Staff also screen parents/caretakers, adolescents or children under age 12 for mental illness, substance abuse and domestic violence. In some instances specific tools are used by staff. When indicated through assessment/screening, the parent/caretaker, adolescent or child under age 12 is referred for a mental health and/or substance abuse assessment. In cases where domestic violence is present staff refer the parent to domestic violence services for domestic violence safety planning.

To this end, the Department collaborates with domestic violence service agencies, substance abuse treatment agencies, and other agencies in the delivery of services and treatment to children and families. Child Welfare Performance and Quality Improvement/Continuous Quality Improvement (PQI/CQI) policies and procedures outline requirements for collaboration and the Department has developed several Memoranda of Understanding (MOU) and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families.

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Additionally, one of the largest collaborative efforts to date is the partnership between four key state departments; DHH, DCFS, DOE, and OJJ. The result of their combined efforts and the participation of community partners statewide is the CSoC. This partnership has been formed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. Implementation continues throughout the state.

Policies and procedures regarding the use of differential response: Louisiana has utilized a differential response process referred to as Alternative Response Family Assessment (ARFA) in its service array. After careful consideration of departmental capacity and national research findings, the Department has decided to eliminate this program; however, the program will not end until system changes are made. The decision to terminate the program was also based the implementation of the Advanced Safety Focused Practice Model. ASFP sufficiently addresses the following:

- An assessment of the family condition which brought them to the attention of the Department versus the incident based investigations,
- Designed to be family-centered and help us engage families to understand the situations surrounding maltreatment and underlying causes of maltreatment as well as protective capacities of families,
- Designed to systematically capture critical information regarding factors known to threaten the safety of children,
- Incorporates latest research showing that it is necessary to also assess risk of harm,
- A process that guides decision making to be consistent in evaluating the need for and level of agency intervention,
- Expected to reduce future recurrence/referral.

In addition to moving in this direction, in FFY 2015-2019 the DCFS will address the possibility of changing the name of the front end of child protection from Child Protection Investigations to Child Protection Assessment and Services or alternatively Child Protective Services (CPS). All CPS interventions would have the same present danger assessment and a thorough assessment of the six areas to determine impending danger. Family engagement strategies will continue to be trained and reinforced in practice. Also reinforce provision of services through use of Preventive Assistance Funds and other resources consistent with family needs.

Since child welfare services in Louisiana have been operating under an allegation based model for more than 30 years, there is clearly a need to focus more on thorough assessment of parental capacity, and the assessment of present and impending danger. With a name and philosophical change, it conveys to the DCFS staff and the public that our emphasis is on a more thorough assessment of safety.

Child Maltreatment Deaths - All child maltreatment fatalities are reported through the Department's Centralized Intake Section. The majority of reports from coroners and law enforcement are based on the source of report to the DCFS for fatalities accepted for investigation. The other percentage of accepted cases comes from all other types of reporters making a referral to the DCFS such as medical providers, relatives/friends, anonymous, etc. The child deaths substantiated by the DCFS come exclusively from the intakes directly made to the Department.

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The DCFS partnered with the Department of Health and Hospitals to secure fatality data from Louisiana vital statistics as well as the child death review team. Departmental staff attempted to review the fatalities from the Louisiana Office of Vital Statistics; however, the amount of time required to individually go through each child fatality in the state, is currently beyond the capacity of the Department therefore making utilization of this data source impossible. In 2013, consultation began with the coroner in the state's largest city to identify any additional fatality victims that needed to be included in the NCANDS submission. The number of individual law enforcement agencies in Louisiana currently exceeds 400 and this also creates an issue for the DCFS as individual contact with each agency is currently beyond the capacity of the Department.

SUBSTANTIVE CHANGES IN STATE LAW: There are no substantive changes in Louisiana State law affecting eligibility for CAPTA funds.

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Child Protective Service Workforce: Centralized Intake (CI) staff is responsible for receiving reports of abuse and neglect, screening the reports to determine whether they meet the criteria for investigation and assessing the reports to determine the level of the investigation and the response priority. CI staff are responsible for receiving and assessing statewide reports of abuse and neglect.

Child Protection Investigation (CPI) staff is responsible for the assessment of safety and risk, the assessment of the child and parental protective capacity, and the service provision and/or referral in reports of abuse and neglect. These staff members are generally assigned to a single parish, but in some instances have multi-parish assignments within a region.

I. Introduction

Improving retention of employees in regional and parish offices is the primary focus of workforce efforts. Reducing turnover will reduce workloads because the workload will be more evenly divided among all staff if the number of new employees with limited caseload size is reduced. Another important focus is adopting technological improvements to streamline the workflow. Providing additional technical resources is expected to improve retention.

II. Staff Turnover

A baseline for reducing staff turnover was established by averaging the turnover rate for each region and statewide for Calendar Years 2012 and 2013. The average turnover rates for those two years are reflected in the table below. The goal for CY 2014 is to reduce the turnover rate by at least 5% in each region with a turnover rate greater than 20%, and by at least 3% in other regions. Goals for subsequent years will be established based on the level of progress made in the prior year.

Child Welfare Turnover						
Region	Baseline	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Orleans	28.92%					
Baton Rouge	32.31%					
Covington	22.21%					
Thibodaux	16.45%					
Lafayette	11.57%					
Lake Charles	22.61%					
Alexandria	16.36%					
Shreveport	21.22%					
Monroe	25.02%					
Statewide	21.32%					

Information learned in the FFY 2013 exit interviews and other information as it is developed will be used to develop strategies to improve staff retention. The primary reasons for staff departure as indicated in the exit interviews were pay, workload, supervision and training. Goals for each of those departure reasons are provided below:

A. Pay: Governor Bobby Jindal’s proposed budget for State Fiscal Year 2014 includes performance pay adjustments based on satisfactory performance. Assuming that the legislature approves this proposal, performance pay adjustments will be available for all staff with satisfactory performance. During 2014, improvements in retention from prior initiatives such as

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shortening the time required for promotion to a Child Welfare Specialist 2 and increasing the number of Child Welfare Specialist 3 positions should become apparent.

B. Workload: Factors that impact workload include staffing levels, caseload size, extended new worker training, reassignment of staff, higher expectations for performance and quality, Family Medical Leave, and overtime. Each of these factors is addressed below along with rewards and recognition:

1. Staffing Levels: Every effort will be made to maintain current staffing levels for child welfare during the next five budget years.

2. Caseload Size: The baseline for caseload size is the average caseload for each region and statewide in each of the major child welfare programs for FFY 2013. The goal for caseload size is to achieve the caseload standard in all programs in all regions and statewide by FFY 2018. Retaining staff and rapid hiring to replace departed workers are expected to support caseload size standards.

Child Protection Investigation Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	12.96					
Baton Rouge	13.21					
Covington	11.38					
Thibodaux	12.38					
Lafayette	9.58					
Lake Charles	11.31					
Alexandria	11.80					
Shreveport	10.53					
Monroe	9.56					
Statewide	11.41					

Family Services Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	17.14					
Baton Rouge	14.65					
Covington	13.86					
Thibodaux	13.34					
Lafayette	12.99					
Lake Charles	11.15					
Alexandria	16.24					
Shreveport	10.39					
Monroe	12.51					
Statewide	13.58					

Foster Care Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	11.36					
Baton Rouge	10.82					
Covington	11.36					
Thibodaux	10.50					
Lafayette	8.56					
Lake Charles	10.82					
Alexandria	13.38					

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Foster Care Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Shreveport	12.79					
Monroe	11.04					
Statewide	11.18					

Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	21.28					
Baton Rouge	16.26					
Covington	14.84					
Thibodaux	17.77					
Lafayette	11.43					
Lake Charles	18.72					
Alexandria	12.31					
Shreveport	18.48					
Monroe	22.45					
Statewide	17.06					

Home Development Caseloads (Standard = 55)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	77.8					
Baton Rouge	72.1					
Covington	64.6					
Thibodaux	42.2					
Lafayette	42.1					
Lake Charles	63.9					
Alexandria	49.7					
Shreveport	86.3					
Monroe	53.7					
Statewide	61.37					

3. Extended New Worker Training: The Department plans to continue the extended training and to reduce caseloads for new workers. 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. The DCFS 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.

4. Reassignment of Staff: The Child Welfare staff temporarily reassigned to the Transformation Project will be returning to their primary responsibilities in 2014.

5. Higher Expectations for Performance and Quality: Higher expectations for performance and quality will continue. DCFS is secure in the belief that continued high expectations will result in more job satisfaction and eventually serve to reduce turnover.

6. Family Medical Leave: The number of hours of Family Medical Leave (FMLA) per employee declined slightly from FFY 2012 to FFY 2013. Most FMLA is unavoidable, and DCFS encourages the use when necessary.

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7. Overtime: The amount of overtime worked per employee during FFY 2013 was higher than in FFY 2012. Overtime results in a loss of productivity for front line workers because they are compensated with one and one-half hours of leave for every hour of overtime worked. DCFS plans to reduce overtime for child welfare staff by using technology to support additional teleworking in child welfare programs. Currently, Home Development workers are the only child welfare staff in the field who telework. DCFS is also encouraging the use of alternate work schedules so that home visits that frequently must be made after normal business hours can be accomplished during a normal workday with hours other than 8:00 am to 4:30 pm. Smart phones are being distributed to all CPI workers and supervisors during March of FFY 2014. These devices are expected to reduce ‘down time’ and allow for more efficient use of time. Also, improved technology such as pre-populated forms and other documents in the CAFÉ system are expected to increase efficiencies. DCFS has a goal of reducing the number of overtime hours per employee to 25 or less.

8. Rewards and Recognition: Although departing staff did not cite the lack of rewards and recognition as a reason for departure, the Department recognizes a need for showing more appreciation to staff for the work that is accomplished.

In 2014, the Operations and Program staff visited each region for two sessions of “Popping with Pride”, a popcorn party to celebrate achievements in 2013. These achievements included the successful IV-E review, completion of the CFSR Program Improvement Plan, interim accreditation and meeting caseworker visitation goals. At least one member of the executive staff attended at least one session in each region. The celebrations were very well received, and demonstrated a need to hold such events more frequently. The DCFS will make every effort to provide similar events in the future and to acknowledge the contributions each employee makes more regularly.

C. Supervision: Marsha Salus has been engaged to provide training for supervisors in FFY 2014. The first cohort includes 20 supervisors from Orleans, Baton Rouge, Covington, Thibodaux and Lafayette Regions. The training for supervisors will be conducted in four sessions of three days each. In conjunction with the supervisory training, managers of the supervisors participating in the training will receive four sessions of one-half day training to assure that they are able to reinforce what the supervisors learn. Further, a workgroup will be held in conjunction with the training to develop plans for future supervisory training, and Ms. Salus will conduct four one-day train-the-trainer sessions to assure sustainability and expansion of the training.

This training for supervisors is expected to enhance retention of both front-line staff and supervisors. Front-line staff will receive the guidance they need to support high quality work and supervisors will have enhanced job satisfaction through increased competence.

D. Training: The Louisiana Child Welfare Training Academy has been in the planning stages for several years and is expected to become a reality during FFY 2014. Please refer to the training plan for details.

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III. How Staff is Recruited and Selected

The Department will continue to follow the recruitment and selection process as indicated below. In addition, Division of Operations staff will research child welfare literature to determine whether any specific characteristics of long-term child welfare employees have been identified which could result in improved retention.

As a Louisiana state agency the DCFS is required to follow the rules set forth by the Department of Civil Service in accordance with Article X, Section 7 of the Louisiana Constitution. Employment practices are to be based on “merit, efficiency, fitness and length of service”.

In an effort to recruit interested and qualified applicants for vacancies, staff intermittently contact job placement offices and/or attend college/university Career Fairs and State Agency Career Days. On an as needed basis, the Department may broadcast job opportunities on radio stations, post flyers at job service offices, place job vacancy advertisements in the newspaper, or place job vacancy advertisements on websites (i.e., BetterBatonRougejob.com, Monster.com, Career Builders, or , etc.). Additionally, the Department is considering the creation of videos on job interviews. The goal is to create a model for a realistic and consistent interview practices.

As required, the Department posts vacant positions to the Civil Service LA Careers on-line system, interested individuals apply, and, from these applications, a certificate of eligible candidates that meet the qualification requirements for the job is developed and provided to hiring managers. At times throughout the year preference is given to hiring Title IV-E stipend students into Child Welfare Specialist jobs upon graduation to gain the benefit of their interest in child welfare and their child-welfare specific social work education, along with encouraging their long term careers in child welfare.

Hiring managers utilize “best practice” techniques to interview and evaluate candidates in order to select the best qualified individuals for employment. Reference checks as well as legally required background checks and drug testing are completed on all selected individuals before making any final employment offers. Once hired, new employees must complete a probationary or “working test” period for a minimum of twelve months during which performance of duties is closely monitored and evaluated to ensure at least satisfactory performance.

IV. Education and Experience Requirements for Child Welfare Workers and Other Professionals Responsible for the Management of Cases and Child Welfare Staff

No changes are planned or expected in job titles or qualifications during the next five years.

A. Classified Social Services Positions Specific to Child Welfare:

Social Services Analyst positions are used in IV-E Eligibility Determination Units:

Social Services Analyst 1 (SS410)

- Bachelor’s degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience

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- 30-44 semester hours substitutes of two years of experience
- 45-59 semester hours substitutes of three years of experience
- 60-74 semester hours substitutes of four years of experience
- 70-89 semester hours substitutes of five years of experience
- 90-94 more semester hours substitutes of six years of experience

Social Services Analyst 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Analyst 3 (SS413)

- Bachelor's degree plus two years of professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Counselor Positions are used in the Adoption Petitions Program.

Social Services Counselor 1 (SS410)

- Bachelor's degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience

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- 70-89 semester hours substitutes of five years of experience
- 90-94 more semester hours substitutes of six years of experience

Social Services Counselor 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

- Bachelor's degree in social work may be substituted for one year of the required experience
- Graduate credit in social work or related field may be substituted for the required professional social services experience on the basis of thirty semester hours for one year of experience

Child Welfare Specialist positions are used in front-line service for Child Protection Investigations, Family Services, Foster Care, Adoptions and Home Development Programs:
Child Welfare Specialist Trainee (SS411)

- Bachelor's degree in social work or related field
- Bachelor's degree in unrelated field with one year professional social services work
- Master's degree in unrelated field
- Participation in Title IV-E Child Welfare Training and Curriculum Development Project and graduation with a baccalaureate degree in Social Work

Child Welfare Specialist 1 (SS412)

- Bachelor's degree in social work or related field plus one year professional social services experience
- Bachelor's degree in unrelated field with two years professional social services experience
- Master's degree in social work or related field
- Master's degree in unrelated field plus one year professional social services experience

Child Welfare Specialist 2 (SS414)

- Bachelor's degree in social work or related field plus three years of professional social service experience, two years of which must have been in child welfare
- Bachelor's degree in unrelated field plus four years professional social services experience, two years of which must have been in child welfare
- Master's degree in social work or related field plus two years of professional child welfare experience
- Master's degree in unrelated field plus three years professional social services experience, two years of which must have been in child welfare

Child Welfare Specialist 3 (SS415)

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- Bachelor's degree in social work or related field plus four years of professional social services, three years of which must have been in child welfare
- Bachelor's degree in an unrelated field plus five years professional social services experience, three years of which must have been in child welfare
- Master's degree in social work or related field plus three years professional child welfare experience
- Master's degree in non-related field plus four years professional social services experience, three years of which must have been in child welfare

Effective June 21, 2013, the name of the Child Welfare Specialist 4 position was changed to Child Welfare Supervisor (SS417). Incumbents in this position supervise units of professional child welfare staff including IV-E analysts and may supervise some clerical staff. Along with the change in position title, the total years of required experience was reduced while the number of years of child welfare experience was increased for most educational levels.

- Bachelor's degree in social work or related field plus four years of professional social services experience, four years of which must have been in child welfare.
- Bachelor's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare, including three years of the child welfare experience at the journeyman level
- Master's degree in social work or related field plus three years of professional child welfare experience
- Master's degree in unrelated field plus four years of professional social services experience, three years of which must have been in child welfare.

Effective June 21, 2013, the name of the Child Welfare Specialist 5A position was changed to Child Welfare Consultant (SS418). Incumbents in this position serve as regional consultants and placement specialists in the field. At the state level, incumbents serve program consultants, child welfare trainers and data consultants in the systems unit. Qualifications have changed to reduce the number of years of required child welfare experience.

- Master's degree in social work plus three years of professional child welfare experience
- Master's degree in related field plus three years of professional child welfare experience
- Bachelor's degree in social work plus four years of professional social services experience, three years of which must have been in child welfare

Effective June 21, 2013, the name of the Child Welfare Specialist 6 (SS420) and Family Support Parish Manager (SS419) positions were changed to Child Welfare Manager 1 (SS420). Incumbents in this position serve as state level program, contract, eligibility and training managers and as regional level operations managers, supervising Child Welfare Supervisors. Qualifications changes include reducing the total social services experience required while increasing the required child welfare experience. Prior supervisory experience and substitutions for college degrees were removed from the qualifications.

- Bachelor's degree in social work or related field plus five years of professional social services experience, four years of which must have been in child welfare
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare
- Master's degree in social work or related field plus four years of professional child welfare experience, two years of which must have been at the supervisory level

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- Master's degree in unrelated field plus five years of professional social service experience, four years of which must have been in child welfare

The Family Support Regional Administrator title was changed to DCFS Area Director (SS421) effective June 21, 2013. Two to three Area Directors are responsible for all DCFS programs including child welfare in distinct geographical areas within each region. Changes in qualifications include reduction in the number of years of general and child welfare social services experience and increase in the number of hours of college credit required to substitute for experience.

- Bachelor's degree plus six years professional level social services experience, including three years at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.
- A Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

The Family Support Program Executive Director position was changed to DCFS Regional Administrator (SS 423) effective June 21, 2013. The incumbent in this position is responsible for all DCFS programs and administrative functions in a defined geographical are of the state. Changes in qualifications included increasing the number of semester hours required as a substitution for experience.

- Bachelor's degree plus seven years professional level social services experience, four years of which must have been at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability Programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.

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- A Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

Effective June 21, 2013, the name of the Child Welfare Executive Manager position was changed to Child Welfare Manager 2 (SS422). Incumbents in this position are responsible for several child welfare programs at the state level and supervise the Child Welfare Manager 1 position. Changes in qualifications include reduction of the number of years of general and child welfare social services experience and removal of the requirement for prior supervisory experience.

- Bachelor's degree in social work or related field plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare.
- Master's degree in social work or related field plus four years of professional child welfare social services experience.
- Master's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare.

The Child Welfare Administrator position was changed to Child Welfare Director (SS423) prior to submission of the 2012 Annual Progress and Services Review, but the title change was not noted in that document. The incumbent in this position serves as the statewide director of all child welfare programs. Qualifications have been changed to include the following:

- Bachelor's degree in social work or related field plus six years professional experience in social services, five years of which must have been in child welfare including two years at the supervisory level.
- Bachelor's degree in an unrelated field plus seven years of professional social services experience, five years of which must have been in child welfare including two years at the supervisory level.
- Master's degree in social work or a related field plus five years of professional child welfare experience, two years of which must have been at the supervisory level.
- Master's degree in an unrelated field plus six years of professional level experience in social services, five years of which must have been in child welfare including two years at the supervisory level.

B. Classified Administrative Services Positions that Support Child Welfare:

- The Program Specialist-Social Services now has job-specific sub-categories of Economic Stability, Disability Determinations and Child Support Enforcement. The pay classification was changed from administrative (AS 615) to social services (SS417). This position is no longer used in child welfare or to support child welfare.

The Executive Staff Officer (AS616) position had minor changes in qualifications as noted below.

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- Bachelor's degree plus three years professional level experience in business Administration, government, law, public administration, planning, or social services. Three years of the experience must have been at the advanced journeyman level.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Program Coordinator –Social Services position was changed to the Program Consultant – Social Services (AS618). Qualifications are provided above in child welfare-specific job classifications.

The Program Manager position has been expanded and now includes Program Manager 1 through 4 positions, and the pay scale has been changed from Administrative Services (AS) to Social Services (SS). These positions are used for various levels of management functions throughout the Department. Qualifications for the Program Manager 1 – Social Services (SS419) have changed as follows:

- Bachelor's degree plus four years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; one year of the experience must have been at the advanced level or above.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience
- Graduate training will not substitute for more than three years of the general experience.

Qualifications for the Program Manager 2 – Social Services (SS421), Program Manager 3 – Social Services (SS422), Program Manager 4 – Social Services (SS423) are the same as the Program Manager 1 except that five years of professional experience are required.

Attorney 2 (AS618)

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- Possession of a license to practice law in the state of Louisiana plus two years of experience as a practicing attorney

Attorney 3 (AS620)

- Possession of a license to practice law in the state of Louisiana, plus three years of experience as a practicing attorney

Attorney Supervisor (AS622)

- Possession of a license to practice law in the state of Louisiana, plus five years of experience as a practicing attorney

Deputy General Counsel 2 (AS 624)

- Possession of a license to practice law in Louisiana, plus six years of experience as a practicing attorney

Executive Management Officer 3 (AS622)

- Bachelor's degree plus five years professional level experience in business administration, government, law, public administration, planning, or social services. Two years of the experience must have been at the advanced journeyman level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Family Support Program Executive Director (AS 624) position is no longer used and has been replaced in most instances by the Program Manager 4 – Social Services (SS423) described above.

Deputy Assistant Secretary 3 (AS 626)

- Three years of experience which involved the second line supervision of professionals, the supervision of professionals functioning as consultants or resource persons to an agency/company or the management or direction of a section or of a division program.
- As these positions are with agencies that have different functions and goals which call for specialized areas of knowledge, selective certification will be considered when filling these positions.

C. Unclassified Positions

Deputy Secretary of Operations

- Unclassified Position – No minimum qualifications

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Deputy Secretary of Programs

- Unclassified Position – No minimum qualifications

Executive Counsel

- Unclassified Position – No minimum qualifications

Undersecretary

- Unclassified Position – No minimum qualifications

Secretary

- Unclassified Position – No minimum qualifications

V. Certifications Required for Child Welfare Workers and other Professionals Responsible for the Management of Cases and Child Welfare Staff:

Licensing requirements for social workers are not expected to change during the next five years, and are expected to remain as described below. DCFS plans to encourage master's level social workers to work toward the Licensed Clinical Social Worker (LCSW) credential. In order to increase LCSWs, it is necessary for the Department to have more Board Approved Clinical Supervisors (BACS). Toward that goal, the Department is applying with the National Association of Social Workers to have the manager portion of the Marsha Salus training approved for BACS training credit.

The Louisiana Social Work Practice Act requires that any individual with a degree in social work at the undergraduate or graduate level who is practicing social work in Louisiana must be credentialed by the Louisiana State Board of Social Work Examiners.

Social work practice is defined in the Act as the professional application of social work values, theories, and interventions to one or more of the following: enhancing the development, problem-solving, and coping capacities of people; promoting the effective and humane operations of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; developing and improving social policy; and engaging in research related to the professional activities. The practice of social work includes but is not limited to clinical social work, planning and community organization, policy and administration, research, and social work education.

All professional level employees of the DCFS who hold a degree in Social Work must be credentialed at one of five levels:

- Registered Social Workers (RSW) are persons who hold a Bachelor's or Master's degree from a social work program accredited by the Council on Social Work Education (CSWE).
- Certified Social Workers (CSW) are persons who hold a Master's Degree in Social Work and apply to become LMSW's. They are credentialed as CSW's upon approval of their application to become LMSW's and retain Certified Social Worker credential until they pass the LMSW exam and become licensed.
- Licensed Master Social Workers (LMSW) are persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.

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- Licensed Clinical Social Workers (LCSW) are persons who hold a Master's degree in Social Work from a CSWE accredited university, have completed at least 5760 hours of postgraduate social work practice, of which at least 3840 hours was completed under the supervision of board-approved clinical supervisor, and have passed an exam approved by the Louisiana Board of Social Work Examiners.
- Board Approved Clinical Supervisors (BACS) are persons who hold a Master's degree in Social Work from a CSWE accredited university, hold the LCSW license, have completed at least three years of full-time social work experience at the LCSW level, and have participated in a board approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure.

All staff that holds a Bachelor's degree in Social Work holds an RSW, the only credential available to Bachelor's level social workers. DCFS will continue to recruit staff with social work degrees and encourage attainment of higher levels of licensure among staff with Master's degrees in social work.

PERCENTAGE OF MSW STAFF BY CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LCSW W/BACS
2013	32%	19%	40%	9%	4%
2014					
2015					
2016					
2017					
2018					

VI. Demographic Information on Current Staff and Recent Hires

A. Education

Budgetary constraints have prevented DCFS from providing educational stipends for MSW students for the past several years. If funding becomes available this practice will resume. Meanwhile, a focus on hiring professional level social work staff with social work degrees will continue.

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2013				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
36.47%		63.56%		0.00%
MSW	Other	BSW	Other	
67.17%	32.83%	31.41%	68.59%	

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2014				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
				0.00%
MSW	Other	BSW	Other	

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2015		
Master's Degree	Bachelor's Degree	Less than Bachelor's degree
		0.00%

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EDUCATIONAL ATTAINMENT FOR CW STAFF - 2015				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
MSW	Other	BSW	Other	

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2016				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
MSW	Other	BSW	Other	
				0.00%

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2017				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
MSW	Other	BSW	Other	
				0.00%

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2018				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
MSW	Other	BSW	Other	
				0.00%

B. Educational Support

The Department will continue to work with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Linda Carter serves as the state's liaison officer. She can be reached by e-mail at linda.carter@la.gov , by phone at 225.342.1554 or by U.S. post addressed attention to Ms. Carter, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821.