



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

OCT - 6 2009

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

Dear Ms. Hebert:

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

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

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

Approval

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

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

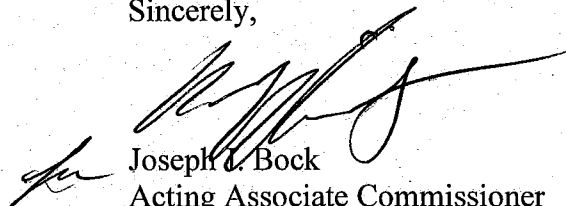
The approval of the CFSP includes approval of the training plan for both the CFSP programs and the title IV-E programs. Approval of the plan does not release the State from ensuring that the training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR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

Additional Information Required

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

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

Sincerely,



Joseph L. Bock
Acting Associate Commissioner
Children's Bureau

Enclosures

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



BOBBY JINDAL
GOVERNOR

KRISTY H. NICHOLS
SECRETARY

State of Louisiana

Department of Social Services
Office of the Secretary

June 30, 2009

Ms. June Lloyd, Regional Program Manager
Children's Bureau
Administration for Children and Families
1301 Young Street, Room 945
Dallas, TX 75202-4348

Dear Ms. Lloyd:

RE: Child and Family Services Plan (CFSP) Final Report for fiscal years 2005-2009;
the CFSP for fiscal years 2010-2014 and; Revised FFY 2009 CFS 101, FFY 2010
CFS-101, Parts I, II & III, Annual Budget Request

REF: ACYF-CB- PI-09-06

The Louisiana Department of Social Services (DSS), Office of Community Services (OCS) is pleased to submit its Child and Family Services Plan (CFSP) for FFY 2010 through 2014. Also included is the Final Report on the CFSP for FFY 2005-2009. With this submittal, the Department is applying for federal revenue available under the provisions of Title IV-B, Subparts 1 (Stephanie Tubbs Jones Child Welfare Services) and 2 (Promoting Safe and Stable Families); Child Abuse Prevention and Treatment Act (CAPTA); John H. Chafee Foster Care Independence Program and the Education and Training Vouchers (ETV) Program. The CFS 101 documents have been scanned into these electronically submitted documents and the originals are being sent in hard copy through U.S. post.

The Final Report contains reports on ongoing efforts and progress/achievements in achieving the goals of safety, permanency and well-being for the children and families served for fiscal years 2005-2009. Throughout that time period, the agency has worked with the Children's Bureau, the Administration for Children and Families and the National Resource Centers in implementing both short-term and long-term goals for the agency. DSS/OCS continued to make progress and reach achievements over the previous five years.

The CFSP for fiscal years 2010-2014 contains descriptions of the services and programs supporting the child welfare continuum in Louisiana and goals, objectives and strategies for achieving the goals of safety, permanency and well-being. Using the lessons learned and data from the State's 2005-2009 CFSP the State has developed the new 5-year plan. Additionally, to foster greater integration with the Child and Family Services Review process Louisiana is focusing on the themes of Resources, Outcomes, Partnerships and Accountability.

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June 30, 2009

These documents contain the following:

- Updated DSS/OCS organizational charts;
- A summary in the Final Report on the State's PIP process and achievements to date;
- Louisiana Department of Social Services and Office of Community Services (DSS/OCS) emergency/disaster plans;
- Baseline data/performance measures ;
- Ongoing collaboration with community members such as prevention groups and American Indian Tribes and sharing of information on Title IV-E administration;
- Information on Stephanie Tubbs Jones Child Welfare Services including program descriptions, populations served, updates on achievements/progress, measurement of outcomes;
- The State's methodology on caseworker visit data, data on visits for the past two years and the State's standard for the content and frequency of caseworker visits;
- Agency policy on consultation with physicians as well as the agency's plan for coordination with the State title XIX (Medicaid) agency and ongoing oversight and coordination of health care services for children in foster care;
- Information on the specific accomplishments and planned activities for the Chafee Foster Care Independence Program and Educational Training Vouchers Program and the amendment added;
- Child Abuse Prevention Treatment Act initiatives along with an area that has been selected for improvement;
- The 2008 Annual Citizen Review Panel Report that contains new recommendations as well as updates on 2007 recommendations;
- A report on the Court Improvement Program;
- The agency's use of technical assistance offered by the National Child Welfare Resource Center Network;

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June 30, 2009

- The agency's efforts to date on the implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008; and
- The CFS 101 (both revised and projected), Parts I-III budget request, assurances, certifications and signature pages.

Child welfare services remain a high priority in Louisiana. The children of this State continue to be our most precious resource and DSS/OCS continues to strive to deliver the services described in our plan and to strengthen those services whenever possible.

We appreciate the assistance of you and Ms. Amy Grissom, Children and Families Program Specialist. The knowledge and support you both offered were extremely helpful in the development of these documents as were the teleconferences held with other Region VI partners. We look forward to continuing this close working relationship and would also like to extend our appreciation the remainder of Dallas Regional ACF office staff that has worked on joint planning and policy clarifications during development of this document. Thank you and your staff for your time and cooperation. If you have any questions or need clarification on any portion of this document, please contact Bridget S. Clark, Section Administrator, at (225) 342-2416. Thank you.

Sincerely,



Kristy H. Nichols
Secretary

KHN: BSC

Attachment (1)

C: Kaaren M. Hebert, Assistant Secretary
Office of Community Services

Amy Grissom, Children and Family Program Specialist
ACF Regional Office VI



CHILD AND FAMILY SERVICES PLAN

FISCAL YEARS 2010-2014



CREDIBILITY • INTEGRITY • ACHIEVEMENT



STATE OF LOUISIANA
2010 – 2014 Child and Family Services Plan

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STATE OF LOUISIANA
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Introduction

The Louisiana Department of Social Services (DSS), Office of Community Services (OCS) presents the following information for the 2010 – 2014 Consolidated Child and Family Services Plan (CFSP). This plan follows the specific guidance provided by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families in Program Instructions of June 3, 2009 (Log No: ACYF-CB-PI 09-06). In accordance with the program instructions, Louisiana has utilized information and data gathered through the previous CFSP, APSR's and the CFRS process to inform the development of the State's FY 2010-2014 CFSP vision, goals, objectives, funding and service decisions and has reflected on on-going opportunities to implement a system of coordinated, integrated, culturally relevant and family-focused services.

The 2010-2014 CFSP provides information on the following:

1. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)
2. Promoting Safe and Stable Families Programs (Title IV-B, Subpart 2)
3. Caseworker Visits
4. Training activities and costs to be funded through titles IV-B and IV-E and Title XX, SSBG
5. Child Abuse and Prevention and Treatment Act (CAPTA) Services
6. Chafee Foster Care Independence Program
7. Education and Training Vouchers (ETV) Program

Specifically, the Agency provides the following information in the 2010-2014 CFSP:

Section 1 - Describes the authority to administer the services, the vision, mission and values of the agency, guiding principles, approaches to consultation and coordination, organizational charts and disaster plans. This section is intended to provide an overview for the reader and to assist with the structure and organization of the Agency.

Section 2- Provides information on Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), as well as program reports and descriptions for the Child and Family Services continuum. The continuum includes: Child Protection Investigations, Prevention and Family Services, Foster Care/Home Development Services, and Adoption Program Services. Also included is information on Health Care Services, Monthly Caseworker Visits, Juvenile Justice Transfers, timely home studies reporting and data, adoption incentive payments, inter-country adoptions, the John H. Chafee Independence Program, Education and Training Vouchers (ETV), Promoting Safe and Stable Families, the decision making process, training, evaluation and technical assistance, the Child Abuse Prevention and Treatment Act (CAPTA), Citizen's Review Panels, and consultation and coordination with stakeholders. Special program initiatives which are ongoing from previous CFSP efforts are presented and described and include: Children's Justice Act Grant, Court Improvement Project, , Management Information System and the agency's Quality Assurance systems.

Section 3- Describes our program and training goals and objectives for the 2010 - 2014 CFSP. Goals and objectives are divided into four themes: Resources, Outcomes, Partnerships and Accountability.

Section 4- This section provides Financial and Budget Information to include payment limitations regarding Title IV-B, Subpart 1 and 2; FY 2009 Funding (CFS 101, Parts 1 and 2); FY 2010 Budget Request (CFS 101, Parts 1 and 2); FY 2007 Title IV-B Expenditure Report (CFS-101, Part III); Financial Status Reports (FS 269);

Section 5- This section provides Certifications and Assurances as applicable to include Stephanie Tubbs Jones child Welfare Services Program Assurances; Promoting Safe and Stable Families Assurances; State Chief Executive Officer's Assurance Statement for the Child Abuse and Neglect State Plan; State Chief Executive Officer's Certification for the Chafee Foster Care Independence Program; State Chief Executive Officer's Certification for the Education and Training Voucher Program/Chafee Foster Care Independence Program.

Administration of Programs

The Department of Social Services (DSS) is the single 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 John H. Chafee Foster Care Independence Program and the Child Abuse Prevention and Treatment Act (P.L. 104-235) state grant. The mandate of DSS is toward the development and provision of social services, and improvement of social conditions for the citizens of Louisiana.

DSS administers the State's child and family services programs through a single organizational unit, the Office of Community Services (OCS). OCS provides comprehensive social service and child welfare programs that include protective services, protective child care, family services, foster care and adoption. These services are administered statewide within a centralized organizational framework with 9 regional offices and 48 parish offices.

The Division of Performance and Planning is the organizational unit responsible for the plan. This unit provides for the public child welfare functions of the State through assessment, planning, goal setting and reporting, application for federal funds, accreditation, ongoing review of state and federal regulations, and implementation of a Continuous Quality Improvement process to achieve best practice standards for children and families.

Vision Statement

The Office of Community Services (OCS) envisions a child and family system designed for protection, safety and healthy development of children that offers a well-integrated, broad range of services. OCS provides skilled and knowledgeable workers delivering these services in a culturally sensitive manner and provides an efficient, sophisticated, supportive, and committed supervisory and administrative staff. All supervisory and administrative staff support, enhance, and monitor line staff performances, identify and capture needed resources, make available the tools and programs which support service provision, and hold every level of the system accountable for fulfilling the Agency mission and mandate.

This vision is an expression of shared identity, shared values, and is based on a shared mission. It serves as a cornerstone for decision-making, a standard for measuring our work, and a guide for planning our future.

Mission/Values

The Office of Community Services shall provide for the public child welfare functions of the State, including, but not limited to, prevention services which promote, facilitate, and support activities to prevent child abuse and neglect; child protective services; voluntary family strengthening and support services; making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical medical services, school supplies and incidental personal needs and adoption placement services for foster children freed for adoption.

2010-2014 CFSP Development

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

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

A public notice of the availability of the CFSP for review and of a public hearing was published in seven newspapers in the major market areas of Louisiana on May 25- 27, 2009 and in the Louisiana Register on May 20, 2009. The CFSP was made available for review on the DSS Intranet and DSS Internet website. A Public Hearing was held on June 3, 2009. Three members of the public attended the hearing. Two were representatives of provider agencies who expressed concern over the impact of budget reductions on available services to the families we serve and interest in our progress on implementation of the Fostering Connections to Success and Increasing Adoptions Act. The third was a representative of an information technology company seeking information on contracts that might be available to his company. The provider agency representatives had their questions answered during the hearing, and the company representative was referred to an OCS representative for further information. No written comments were received.

APPROACHES TO CONSULTATION AND COORDINATION

The approach to include and involve child welfare stakeholders varies. A comprehensive list of stakeholders with whom the agency consults and coordinates with is found on page 7 of the 2005-2009 Final Report. This list identifies the partners who worked with the agency on the development of the Final Report/CFSP and who are also working with the agency on the CFR. The agency's goals related to partnerships can be found on page 159. Examples of types of consultation and coordination are provided below:

Statewide Community and Consumer Stakeholder Committee: Each meeting of this group is focused on a specific topic of interest to the child welfare community and strategies are developed to resolve problems through the intervention of appropriate members of the entire group, and to identify areas where OCS can improve service delivery. A number of stakeholders are involved in regular quarterly Community and Consumer Stakeholder Committee meetings. This group includes Tribal representatives, Prevent Child Abuse Louisiana, DSS Licensing, LSU School of Social Work, Baton Rouge Mental Health, Department of Health and Hospitals, Office of Juvenile Justice, Child Advocacy of Louisiana, Regional Family Resource Centers, CASA, private mental health providers, the Juvenile Court, private child placing agencies, Department of Education, substance abuse recovery centers, Volunteers of America, local school board Truancy Assessment and Advocacy Center, foster/adoptive parents and consumers of OCS services.

Regional Continuous Quality Improvement Committees: Stakeholders of various types are included in these regularly occurring meetings. The focus of these meetings is on how OCS can improve the quality of the services the agency provides. Stakeholder members of these groups include Assistant District Attorneys and other court system representatives, private child welfare agencies, foster parents, Tribal representatives, Regional Family Resource Centers, Office of Juvenile Justice, Families in Need of Services Program, homeless coordinators, local school systems, Office of Addictive Disorders, CASA, child advocacy centers, housing authorities, law enforcement, Volunteers of America, parish Human Service Districts, and mental health centers.

Ongoing Committees Established for Specific Purposes:

OCS, Louisiana Rehabilitation Services and the Louisiana Department of Labor have developed a committee specifically to create mechanisms to assure that youth aging out of foster care have employment and training services available to meet their needs, and to develop mechanisms for data sharing.

OCS and the Department of Education have a committee to explore issues related to educational outcomes for children in foster care which includes developing mechanisms for data sharing and surveying staff of both agencies in order to develop ways to cross train staff so that OCS staff understands such issues as the Individual Education Plan (IEP) process and school staff understand the unique issues of children in foster care and mandatory reporting responsibilities. The committee is also addressing transportation issues to prevent children having to change schools when they enter foster care if a placement within the school zone that meets the child's needs is not available.

OCS and the Louisiana universities offering social work degrees have established a workgroup to develop a unified and consistent curriculum for Bachelor of Social Work students and to develop the Louisiana Child Welfare Institute.

A committee has been established that includes OCS, Office of Juvenile Justice, managers of various departments within the Department of Health and Hospitals, and private medical providers working under contract with the Department of Health and Hospitals to develop, implement and enhance a comprehensive health care oversight plan for children in foster care.

Consultation and Coordination between/among Staff of Various Agencies:

Foster Care Program and Transitional Living Services Staff work with the Office of Citizens with Developmental Disabilities to obtain services for developmentally delayed children and youth.

Prevention Staff works with the Office for Addictive Disorders to maintain a substance abuse counselor in OCS offices to assess and refer clients as needed.

Foster Care Program and Transitional Living Services Staff work with the Office of Mental Health for identification and treatment of mental health disorders in children, youth and parents.

CPI, Prevention/Family Services and Foster Care Program staffs work with the Office of Family Support (OFS), Louisiana's TANF agency, to provide an efficient referral process for various financial assistance programs.

Through the LA KISS grant, OCS and OFS workers are cross trained on policies and procedures of both agencies in the Greater New Orleans Region.

Foster Care and Quality Assurance Staff work with the Office of Juvenile Justice to develop strategies to assure that caseworker visits occur monthly with the majority of the visits in the child's residence.

Foster Care and IV-E Program staff work with the Office of Juvenile Justice to assure that IV-E eligibility is calculated accurately for children in the custody of the Department of Corrections.

Transitional Living Program Staff and Office of Juvenile Justice Staff work together to assure that youth receive the life skills training they need to function independently as adults.

Community Consultation and Collaboration

Prior to Hurricanes Katrina and Rita, focus groups involving various stakeholder entities such as parents and youth served by the agency, law enforcement, the legal system (attorneys and judges), service providers, etc. have been convened to discuss ways the agency could improve. In 2008-2009, focus groups were convened as a part of Regional Peer Case Reviews which were held in five regions of the State.

Other focus groups have been convened at various times and in various locations to discuss ways in which the agency could improve. For example, focus groups were held throughout the State in 2007 to seek input from Chafee Independent Living Providers, foster parents, agency staff and youth to address ways in which outcomes for youth could be improved.

The agency receives Technical Assistance from various National Resource Centers to address the agency's ongoing recovery and long term initiatives. (For more information refer to page 92).

Customer Satisfaction Surveys are continuously administered in OCS offices statewide. The results are tabulated and reviewed for areas needing improvement by the Consumer Satisfaction

and Feedback Mechanisms Committee, with referrals being made to appropriate agency officials when necessary.

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

- Citizen Review Panels (CRP) located in 5 areas of the State. Two of the panels are parish based; Beauregard Parish in Lake Charles Region and Rapides Parish in Alexandria Region. The others are in Covington, Monroe and Shreveport Regions, each comprised of several parishes. (Please refer to page 106 for additional details)
- Court Improvement Project (Please refer to page 110 for additional details.)
- Foster and adoptive parents association and the Louisiana Foster/Adoptive Parent Association and the Louisiana Adoption Advisory Board
- Continuous Quality Improvement (CQI) process has successfully engaged Tribal partners with social service directors participating in CQI committees within the regions. (Please refer to page 119 for additional details.)

Consumer and Community/Stakeholder Committee

The committee meets quarterly with active participation of members from various child welfare organizations. The committee has been successful in recruiting Tribal representation. The Social Service Director of the Coushatta Tribe is attending regularly, and the Director of the Governor's Office of Indian Affairs attended one meeting. He expressed support, but indicated that his schedule does not allow regular participation. He will continue to receive minutes and notifications of meetings.

Meetings are sometimes educational in nature with program managers from various OCS program sections attending to provide information. Stakeholders have the opportunity to ask questions, provide input, offer agenda items and to provide an overview of the program/agency they represent and how that organization fits into the overall scheme of child welfare services. This information has been valuable to OCS staff attending the meetings as they frequently learn of services of which they were unaware. It is also beneficial to stakeholders as they have an opportunity to learn more about programs that might be beneficial to their service consumers.

Committee members have also been provided regular updates on staff turnover and retention, including results of the OCS Employee Satisfaction Survey and on disproportional representation of minorities in the child welfare population.

Members of the committee were informed of OCS efforts to retain accreditation and some members participated in interviews with Council on Accreditation reviewers. Members have also been informed of the upcoming CFSR process and some are being asked to serve on committees related to the OCS self-assessment.

Consumer and Community/Stakeholder Committee Goals

The committee has identified the goal of recruiting consumers of child welfare services, particularly parents and youth served by OCS, as committee members as a primary issue.

COORDINATION WITH TRIBES

Four (4) Federally Recognized Indian Tribes in Louisiana:

- **The Chitimacha Tribe of Louisiana** is located in Charenton, LA in St. Mary Parish. Lonnie Martin is the Chief and Karen Matthews is the Social Services Director. The mailing address is P.O. Box 661, Elton, LA 70532, and the telephone number is (337) 293-7000.
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Sickey is the Chairman and Milton Hebert is the Social Service Director. The mailing address is P.O. Box 818, Elton, LA 70523, and the telephone number is (337) 584-2261.
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Earl Barbry, Sr. is the Chief and Marshall Pierite is the Social Services Director. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 253-5100
- **Jena Band of Choctaw of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Christine Norris 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.

The American Indian population is 0.60% of the total Louisiana population according to U.S. Census Bureau 2007 data published in 2008.

Coordination and Collaboration with Tribes:

OCS and the Court Improvement Project (CIP) is receiving Technical Assistance through the National Resource Center for Legal and Judicial issues to improve our collaboration with Indian Tribes and in determining cases that are subject to ICWA.

OCS provides tribes with our Child and Family Services Plan, and involves them in the creation of the plan. Two Tribal representatives participated in the development of the 2010-2014 CFSP initial planning meeting and have been provided updates for feedback on the continuing development of the plan. Tribal representatives are also requested to provide input into our yearly APSR.

- Regional Recruiters in the OCS Home Development Section assigned to regions where Tribes are located make quarterly contacts with Tribal social services directors.
- 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.

- OCS continues to build relationships with American Indian tribes via the Continuous Quality Improvement (CQI) process. The goal is to improve communication with tribes on important matters such as notification of family team conferences and court hearings. Tribal participation in the CQI process also provides an opportunity for OCS staff and Tribal representatives to meet and develop relationships. Tribal representatives participate in regional CQI processes in Lafayette (Chitimacha Tribe), Lake Charles (Coushatta Tribe) and Alexandria (Tunica-Biloxi Tribe). Tribal members are able to be involved in program development, program evaluation and learn about program eligibility via this forum.
- Ongoing requests of the Governor's Office of Indian Affairs for participation in statewide CQI stakeholder meetings have resulted in attendance at one meeting. The Director has requested to continue to receive minutes and meeting announcements, but indicated that his schedule does not permit regular attendance. The Coushatta Tribe Social Services Director participates in the Stakeholder meetings.
- OCS provides Indian Tribes with Funding Announcements and Request for Proposals (RFP) on Federal Register.

Specific Measures to Comply with ICWA:

OCS 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 training offered by OCS to its own staff for informational and cross-training purposes. Developed in consultation with Tribes, Louisiana has developed policies and procedures to comply with the Indian Child Welfare Act:

- **Notifications to Indian Parents and Tribes:** OCS policy requires that staff identify children who are American Indian. The Child Protection Investigation data system, A Comprehensive Enterprise Social Services System (ACESS) intake screen captures information regarding American Indian status, and inquiries continue throughout the life of the case, with Tracking and Payment Information System (TIPS) data and/or ACESS being updated accordingly. Upon identification of an American Indian child involved with OCS, the parents and the Tribe are notified. The agency prioritized the need to identify American Indian children early in the process and stresses that communication with the family and the Tribes be open throughout the child's involvement with the agency.
- **Placement Preferences:** OCS policy recognizes the special placement preferences for American Indian children. Policy addresses placement preferences for Indian children in foster care, pre-adoptive and adoptive homes. Policy requires that children be placed with family and within a placement resource that can meet the specific ethnic and cultural needs of the child. Regional Recruiters hired for the Home Development Section make regular quarterly contacts with tribal social services directors to develop placement resources within the Tribal community.
- **Family Preservation:** The Agency seeks to provide services to prevent the breakup of American Indian families. OCS 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 agency, 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:** OCS recognizes in policy the rights of tribal courts and their jurisdiction. Tribal directors noted that normally the tribal courts allow the local state courts to proceed. However, it was noted that they feel OCS needs to provide their courts with more information for them to make informed decisions. Further, there are situations where the tribal court has decided a child needs to be in care and there are no available American Indian foster parents. Tribes would like to retain jurisdiction while the child is placed in an OCS foster home. It is hoped that through the ongoing participation of tribal representatives on regional CQI teams and on the statewide Stakeholder Committee and involvement of OCS Regional Recruiters with tribal social services directors that these types of issues can be discussed and resolved in a manner that is satisfactory to tribes and the agency while serving the best interest of the children and families.
- **Special Provisions:** In July 2007, the agency 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, hearing notification to parent and tribe and special placement consideration.

Rights of Tribes to Operate a Title IV-E Program:

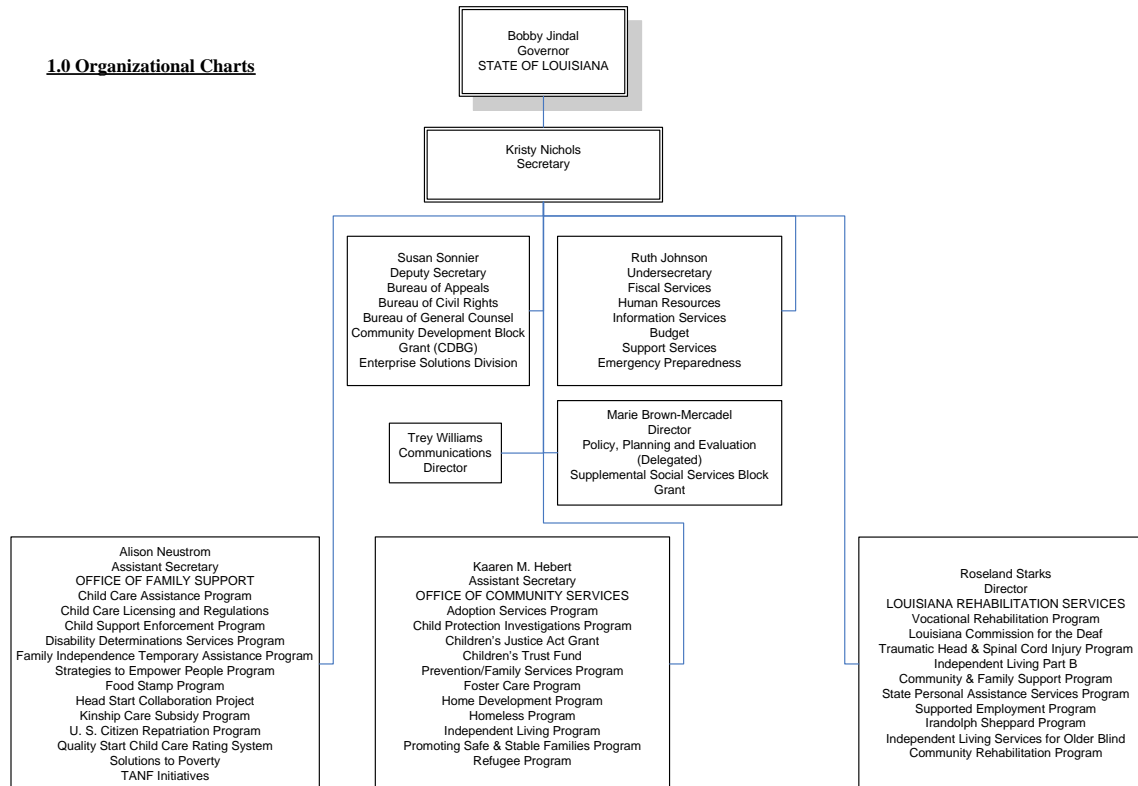
OCS continues to be available to all Tribes in the State, the Director of the Bureau of Indian Affairs, and the Director of the Louisiana Intertribal Council to negotiate in good faith with any Tribe or Tribal organization that requests the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independent Living Program on behalf of Indian children, and to provide access to Title IV-E administration, training and data collection resources.

At this point, none of the Louisiana Tribes has pursued this opportunity, and OCS will continue to be responsible for serving Indian children who are not otherwise served by a Tribe. OCS continues to notify tribes that they have the right to develop their own Title IV-E program and that OCS will be available to negotiate in good faith and other technical assistance and training.

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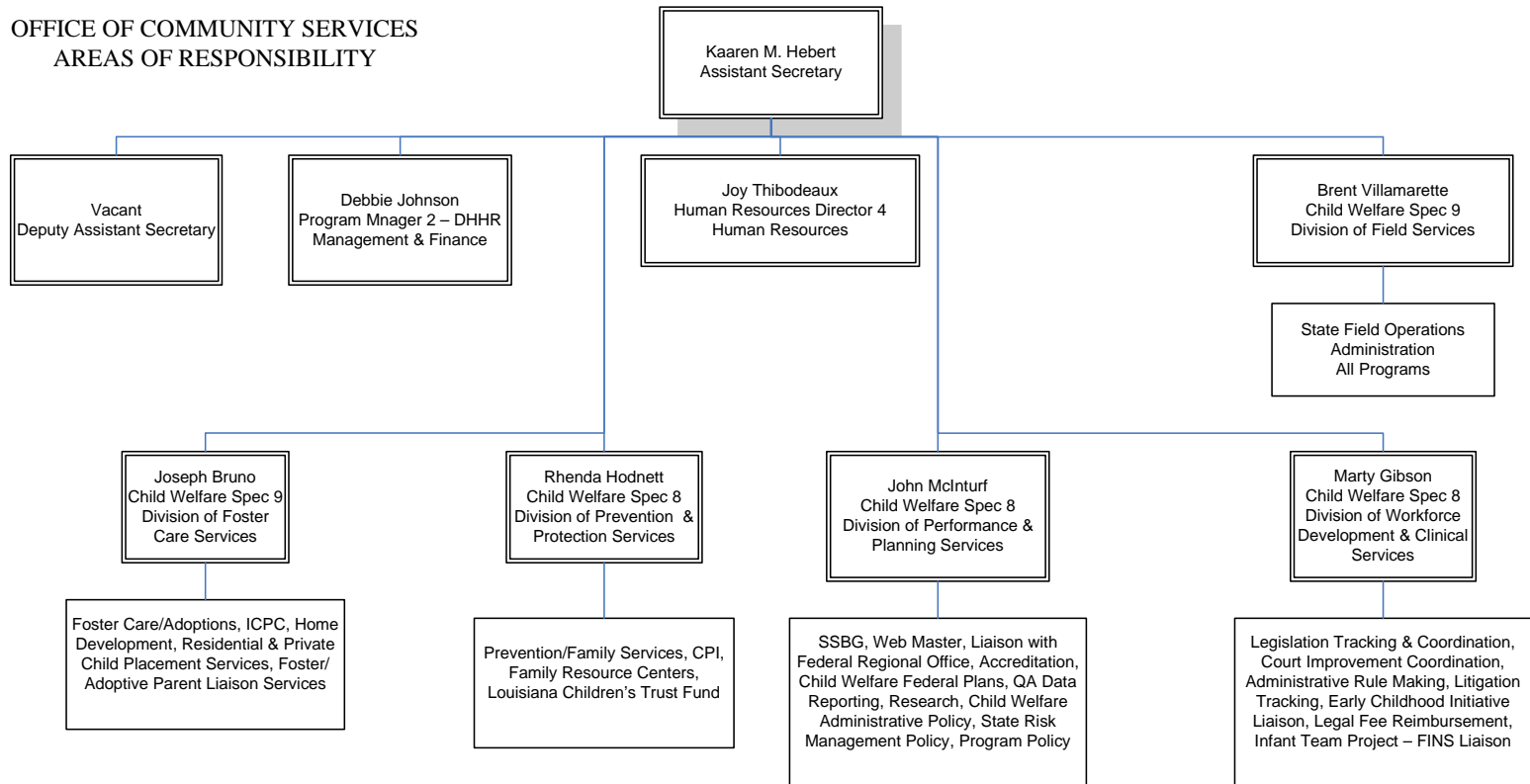
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1.0 Organizational Charts



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OFFICE OF COMMUNITY SERVICES
AREAS OF RESPONSIBILITY



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DISASTER PLANS

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

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

COOP: OCS Essential Functions within 48 Hours of a Disaster

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

COOP: OCS Staff Roles and Responsibilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DSS Policies and Procedures address the following:

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

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

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

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

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STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM
TITLE IV-B SUBPART 1

Child welfare service components of the Louisiana Department of Social Services/Office of Community Services are focused on an effective and accountable child welfare system. Services are provided statewide in 9 regional and 48 parish offices. Major service components include Child Protection Services, Prevention and Family Services, Foster Care Services and Adoption Services.

The allocation for the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1) grant to Louisiana is \$4,726,683. These grant funds have been and 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).

Additionally, \$1,300,615 of the grant is used for foster care maintenance. The funding for this service does not exceed the 2005 expenditure level required by the grant. Non-federal funds expended by the State for foster care maintenance payments for FFY 2005 and planned for FFY 2010 is \$433,538.

After an assessment of the service array, the agency developed and enhanced services throughout the child welfare service continuum to address the needs of children and families in order to prevent entry to foster care, to facilitate early return home and to maintain a long-term, stable foster or adoptive placement.

To that end, the agency continues to focus on the implementation of initiatives to improve the service array to children and families and to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. Improvements have included initiating an Alternate Response Family Assessment, Intensive Home Based Services (IHBS) and Multi-Systemic Therapy (MST), which are providing beneficial results for hundreds of families. Relationships with our foster parents continue to improve and Inter-agency cooperation focusing on how best to serve our transitioning youths is at an all-time high. We are evaluating residential treatment for our children with their best interest and needs at the forefront.

The following pages provide additional details on child welfare services (i.e. child protection services, prevention and family services, foster care and adoption) and the agency's progress in meeting the goals of safety, permanency, and well-being.

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CHILD PROTECTION SERVICES

Intake Program Description: Local parish OCS offices have the responsibility to receive reports of child abuse and/or neglect during normal business hours. Reports are received orally, in writing, or in person concerning children suspected of being victims of maltreatment. After normal business hours, calls from reporters are routed to a regional location in each of the nine regions throughout the State.

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 either refer a case for an Alternative Response Family Assessment (ARFA) or a traditional child protection investigation.

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

Alternative Response Family Assessment Program Description: ARFA is a safety focused, family centered and strength-based approach to child protection in which the child welfare professional conducts an assessment of need for a family with low risk of child abuse and/or neglect. The assessment focuses on establishing a non-adversarial relationship with the family in order to identify issues, service needs, strengths and solutions to enhance family functioning and assist the family in connecting to resources that promote child safety and well being.

Population Served: Families with low risk abuse/neglect reports and no serious and immediate threat to the child's health or safety.

Child Protection Investigation: 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 as needed 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 moderate to severe harm; an assessment of the future risk of possible harm from abuse/neglect to the child(ren); a provision of emergency, short term and concrete services as needed; participation in court hearing, when required; and timely referral to Family Services and/or community service providers, as appropriate, in order to protect the child(ren).

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

Structured Decision Making: The SDM® model incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in the assessment and decision making processes. Goals of the SDM® model are to reduce subsequent harm to children, reduce re-referrals and validated cases of abuse/neglect and/or foster care placements, and reduce time to permanency. These goals are accomplished by introducing structure to critical decision 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

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include a series of tools used to assess families and structure agency response at specific decision points in the life of a case, ranging from intake to reunification. The SDM® model also uses service levels (high, medium, low) with differentiated minimum standards for each level. The service levels associated are concentrated on those families at the highest levels of risk and need.

The SDM intake tools clearly identify factors that determine if and how quickly staff should respond to new child abuse/neglect referrals. This results in greater consistency among workers and also permits administrators to easily convey the criteria they use to decide how the agency deals with abuse and neglect referrals. In addition, classifying and prioritizing referrals facilitates attainment of the CFSR safety indicator regarding the timeliness of investigations.

Activities Planned for FFY 2009-2010: DSS is invested in a modernization project which is aimed at creating work efficiencies through the use of appropriate technology to enhance and make service delivery more efficient. This includes OCS Mobile Technology to provide tools for field staff to reduce duplicate processes, travel time and enable staff to spend increased time delivering services to clients. Components include the assessment, selection and procurement of tools, development of IT support for mobile technology and training, and developing centralized intake. A workgroup has been established to study and make recommendations for the development of a statewide centralized intake process. By June 2009, the agency plans to develop recommendations regarding this process. Included in the development of the centralized intake process, is the incorporation of SDM into the intake services provided.

Statistics				
FFY	CPI Intake Cases Established	Number of CPI Investigations	Total number of ARFA cases	CPI Unduplicated Victim Report
Baseline 2007-2008	39,374	20,011	2,924	9,994
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

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

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PREVENTION AND FAMILY SERVICES

Program Description: Prevention and Family Services 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 in situations where the safety of the child does not appear to be compromised, yet risk factors indicate a need for intervention. Services are often voluntary; however, we may request court involvement due to the seriousness of the case 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, and domestic violence, which may be directly or indirectly related to child abuse or neglect.

OCS 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 and Prevent Child Abuse Louisiana, leadership and guidance is provided toward the development and implementation of services to prevent child maltreatment.

Agency staff who have the education and skill to work with multi-problem families, conduct, a comprehensive family assessment and develop a treatment plan toward the goal of empowering the family to provide a safe, stable home environment for their children; thus avoiding repeat maltreatment or the need for out of home placement. 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.

Services are also offered to relatives who have assumed the responsibility of surrogate parenting. Support is provided for the relative caregivers and the children they are raising through the Louisiana Relatives as Parents Program (LA-RAPP).

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 ever occurring. Prevention and Family Services are provided on a statewide basis through 9 regional and 48 parish offices.

Prevention and Family Services	
FFY	# of Families Served
Baseline: 2007-2008	3,819
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

Note: Unduplicated Families: (MS Access used to obtain data from TIPS.txt download files as of 2/20/09; FS program with null subprogram or IHB subprogram. Exclude subprogram 20 and CHD).

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Intensive Home Based Services

Program Description: Intensive home-based services (IHBS) is a component of the Family Services Program and includes intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of out of home placement. OCS has implemented the Homebuilders model of Intensive Family Preservation Services. The goal of IHBS is to prevent unnecessary out-of-home placement of children by providing on-site intervention, and to teach families new problem-solving skills to prevent future crises. Essentially the agency is using three models of IHBS. They include an in-house unit staffed with OCS employees (Lake Charles), contracts with community providers (Orleans/Jefferson, Baton Rouge, Thibodaux, Covington, Alexandria, Shreveport, and Monroe) and a combination of service delivery that includes an in-house IHBS unit and an outside provider (Lafayette).

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

Intensive Home Based Services				
FFY	# Families Served	# Children Served	Average length of service in weeks	Average # Face to Face hours completed per case
Baseline: 2007-2008	459	1019	4.7	31.4
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

Referral Reasons: Percentage			
FFY	Prevention	Reunification	Stabilization/ Step-down
Baseline: 2007-2008	65.5%	24.8%	9.7%
2008-2009			
2009-2010			
2010-2011			
2011-2012			
2012-2013			

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Percentage of Cases Closed Services Complete				
FFY	Prevention	Reunification	Stabilization	Step-down
Baseline: 2007-2008	81.6%	80.2%	70%	86%
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

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FOSTER CARE/HOME DEVELOPMENT

Program Description – Foster Care services include substitute, temporary care (e.g. foster family home, residential care, kinship care or youth living independently) utilized when the child’s health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The State is awarded legal custody of the child by the court of jurisdiction. The foster parents, private providers, relatives and youth work with agency staff and parents toward achieving permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home, 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 agency provides the opportunity for the young adult to contract to continue receiving supportive services through age 21 in the Young Adult Program. Home Development services include recruitment, retention and support to OCS foster and adoptive families and private foster care (e.g. Therapeutic Foster Homes). Additional information concerning Home Development is found in the Recruitment and Retention plan located on page 40. Residential services include therapeutic congregate care. Interstate Compact on the Placement of Children (ICPC) coordinates services with other states for out-of-state placement with relatives or in permanent adoptive homes (see page 43).

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

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

Number of Children Served in Foster Care		
FFY	EOM Average for FFY	Cumulative FSFY
Baseline: 2008	5089	8486
2009		
2010		
2011		
2012		

(Data obtained from Web Focus Report)

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

Activities Planned in FY 2010:

Ongoing support from the state level down to the local level in assessing and serving clients with unique and challenging service needs.

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- Use of IHBS, MST, Infant Team, and substance abuse services to continue meeting therapeutic needs of clients.
- Continued utilization of Louisiana Relatives as Parents Program (LA-RAPP) and Louisiana Kinship Integrated Service Systems (LAKISS) to support relative caregivers in connecting with resources to achieve and maintain placement of children.
- Continued collaboration through Interagency Services Coordination (ISC) meetings and Department of Education (DOE) working agreement to allow for coordinated, improved service provision to clients.
- Ongoing use of the State Office Residential Review Committee (STORRC), and Quarterly Residential Reviews to support and monitor field staff in providing needs-based services appropriately to clients.
- Continued work with Kathy Sutter of the National Resource Center for Youth Services and Amy Grissom of Region VI ACF office to explore issues related to runaway youth and develop protocols and policy clarification regarding intervention with this population and, hopefully, reduce runaway behavior.
- Interagency collaboration to establish policy and practice guidelines for working with families facing immigration issues such as legal authorization for residence in the United States and providing for the safety and care needs of children when residency status is unclear.
- Establishment of consistent programmatic protocols for services to families where the risk to a child is generated through substance exposure to a newborn.
- Explore and develop sustainable service network for the identification and location of relatives and other connections for children/youth to support establishment of permanency. Review electronic tools available through companies such as INTELLIUS, ACCURINT, and WESTLAW.
- Review of cases involving near fatalities or fatalities of children while in Foster Care or within a brief period after return home from Foster Care to provide support and guidance in field practice development.
- In depth consideration and assessment of services being provided and appropriateness of placement in fulfilling children's therapeutic as well as basic care needs when in residential placement through adaptation of a consistent, evidence based process for child specific needs assessment.
- Continued inter-agency transfer of funds and dual agency state planning between OCS and Office of Family Support (OFS) to support child care assistance for family based foster caregivers and foster child parents as well as client families of other agency programs in order to provide placement stability and meet the safety needs of non-custody children of foster children.

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- Planning with Home Development regarding recruitment strategies for children with specialized medical and psychiatric care needs. The goal is to insure this special care needs population of children have appropriate caregivers identified to begin placement planning and knowledge development related to the child's care needs while the child is in a medical or psychiatric hospital. This will promote increased stability of the family placement for the child at hospital discharge.
- Processing of the workflow in a foster care caseload with continued efforts at streamlining to allow greater staff focus on family engagement, more intense family assessment and improved support services. This will also allow for more accurate, complete and consistent casework documentation and tracking of agency interventions and services to families.
- Joint preparation among all levels of staff, foster caregivers, parents and children to manage ongoing support and services in times of emergency, disaster and/or crisis.
- On-going collaboration with other state government agencies and private entities to fulfill requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Use of the Family Resource Center's (FRC) to provide parenting education and facilitated visits focused on families with children ages five and under while also developing visit coaching as a service to parents with children over age 10 at entry into foster care to aid in productive family interaction to enhance reunification for this older age group of children.
- Coordinate with Department of Education, Department of Labor, Louisiana Rehabilitative Services, Office for Citizens with Developmental Disabilities, and Office of Mental Health for shared Technical Assistance to develop knowledge base of staff and placement providers related to national resources available to support the care needs of children such as national foundations, health care programs, support groups, grant opportunities, advocacy groups, developmental/educational programs, materials and tools, etc.
- Coordinate with Department of Education, Department of Labor, Louisiana Rehabilitative Services, Office for Citizens with Developmental Disabilities, and Office of Mental Health to provide joint, regional or telecast/webcast staff and provider education on Louisiana service array for children and eligibility requirements through these departments to include dissemination of an annually updated matrix of agency services for children and families.

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HEALTH CARE SERVICES PLAN

The Louisiana Department of Social Services, Office of Community Services (OCS) 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 for ongoing oversight and coordination of health care services for children in foster care is provided below:

Collaboration to Develop Health Care Services Plan

A collaborative group was formed to develop the OCS Health Care Services plan including OCS staff (foster care, clinical services and others), Office of Juvenile Justice staff, members of the Department of Health and Hospitals (DHH) management staff, and private medical providers under contract with DHH. Foster Parents and youth in foster care/Young Adult Program were invited to participate in planning meetings, but did not attend. They will continue to be invited to ongoing collaborative meetings, and the plan is being circulated to the Louisiana Youth Leadership board and the Louisiana Foster/Adoptive Parent Association for comments.

The entire collaborative group met several times and established subcommittees on various aspects of medical care such as physician visits, medication (including psychotropic), dental and mental health. Within the subcommittees, best practice standards were reviewed and available Medicaid services were discussed, and later presented to the committee as a whole. The chair of the committee has drafted a Memorandum of Understanding between the agencies regarding ongoing collaboration and shared oversight responsibilities for the health care of children in foster care.

Medical History

In order to provide appropriate treatment for children who enter foster care, past medical care providers are identified by the child's foster care worker, contacted and requested to provide medical history on the child. Medical history information includes immunization records and information about major illnesses, injuries, surgeries, or pertinent information for chronic medical problems and ongoing treatment, including prescribed medications.

The foster care worker also identifies past mental health care and/or substance abuse providers and requests mental health and/or substance abuse history on the child. Requested information includes evaluations (including diagnosis), treatment plan (including psychotropic medications, if applicable), progress reports, and any other pertinent information related to chronic mental illness /or substance abuse and treatment.

To obtain medical records, the worker requests the signature of parents and of adolescents when they are age 16 or older for release of the information or for transfer of records. If the parent and/or adolescent is unwilling or unable to sign the release authorization, the worker presents the custody order to the provider to obtain the records.

Efforts are made to engage the parents or other caregivers who can provide information regarding the child's medical and mental health history to accompany the child to medical, dental and mental health appointments so that information can be shared with the treatment provider. The foster parent also accompanies the child to the appointments in order to be informed of treatment needs and provide any current information.

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Initial Medical Screenings

Health Care

OCS begins consultation with physicians during the child protection investigation process when necessary to establish the validity of allegations or to treat injuries or medical conditions that may have resulted from abuse or neglect.

Medical examinations are required within seven days of a child entering foster care unless a complete physical examination was obtained within thirty days prior to entering custody and no follow up services or additional injuries or medical problems are suspected. The medical examination must include a screening for communicable diseases, identification of medical needs and referral for services.

The child's immunization record is obtained when the child enters foster care. If the child's immunizations are not current, the foster care worker is responsible for seeing that the required immunizations are completed.

Medicaid providers are used to the greatest extent possible for medical care. Parish health unit facilities are used for immunizations, if they cannot be obtained from the child's physician as a Medicaid covered service.

All children who enter foster care from newborn up to thirty-six months of age are immediately referred to the Early Steps Program. Early Steps is based on Part C of the Individuals with Disabilities Education Act. The only exception to Early Steps referral is when a developmental delay or a medical condition that could lead to a developmental delay has been ruled out or the child is already participating in an Early Steps program.

Children referred to Early Steps are assessed to determine if there is a developmental delay in one or more of the five domains (physical (includes vision and hearing), cognitive, social or emotional, communication, and adaptive) covered by the program. When the child is determined to be eligible, the Early Steps provider develops an Individual Family Service Plan (IFSP) and coordinates the services for the child and family. The program 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.

Dental Care

An initial dental exam is required by policy within 60 days of entering care for all children age three and older; otherwise the first dental exam is required when the child reaches age three unless there is a specific reason for an earlier exam. This policy is being revised to require dental exams every six months to conform with American Academy of Pediatric Dentistry periodicity recommendations and Medicaid payment changes. The KID-MED dental program is used for routine dental care and emergencies for foster children. Orthodontia service is funded under Medicaid only for those children suffering from a physically handicapping malocclusion that impacts speech or swallowing, such as cleft palate. OCS does not pay for orthodontia that is not covered by Medicaid.

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Medications

The foster care worker obtains as much information (including dosage and potential side effects) as possible regarding any medications the child is taking upon entering care and provides this information to the foster parent.

Ongoing Medical Care

Children in foster care under the age of one year are seen by a physician as recommended by the physician. Children age one and older are required to have an annual physical examination that must occur within 14 months of the previous exam and receive any medically necessary treatment recommended by the physician between annual exams. The worker is responsible for assuring that all needed immunizations and boosters are provided.

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

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

Mental Health Care

The child receives mental health and/or substance abuse services as indicated by the screening that occurs when the child enters foster care or for mental health and/or substance abuse treatment needs that become evident while the child is in foster care.

Treatment to resolve emotional, behavioral or psychiatric problems is available based on an assessment/diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals. Referrals for mental health treatment are based on medical necessity (required to identify and/or treat a child's psychiatric/behavioral disorder). The goal is to restore the child to an acceptable level of functioning in the family and/or the community through outpatient treatment in accordance with the child's case plan. Inpatient psychiatric care is available for acute conditions.

The Foster Care Worker is responsible for completing a mental health screening within 15 days of the child entering foster care custody. The OCS CE-1 Form is used as documentation of the child's mental health screening and to initiate a referral for services or additional assessment if problems are suspected. Completion of the mental health screening is based on information obtained from conversations with the child's parents/caregiver, the foster care caregiver, by worker interactions with the child and from current case information.

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Monitoring and Treating Health Needs Identified in Screenings

An age appropriate child, the caseworker, foster parent and biological parent are all involved in the medical care of the child and consultations with physicians and other medical and mental health providers to be aware of temporary and ongoing conditions that require treatment, services and medications. The foster parent, as the child's primary caregiver, is the most active party in assuring that needed treatment is obtained by taking the child to medical appointments, filling prescriptions, and monitoring the child's health care status on an ongoing basis. The foster care worker is responsible for monitoring the foster parent to assure needed services are obtained; and the worker has the responsibility of visiting with the foster parent at least monthly to assure the child's well-being in placement. Discussion of the child's health care needs and required services occur during these visits. The foster care worker is also responsible for keeping the child's biological parents informed of the child's health care status and encouraging them to participate in physician visits and other medical treatments.

Oversight of Health Care Needs, Including Prescription Medications

Micro Level Oversight:

Foster parents oversee the daily health care needs of the child. They are provided medical information and records at the time of the child's placement in the home and as additional records accumulate. Foster parents also take children for medical appointments, oversee medication administration, and observe the child daily for indications of needed medical treatment.

The foster care worker oversees the foster parent to assure appropriate care of the child in the home, including medical care. The foster care worker visits in the home monthly and discusses the child's medical status with the foster parent and the child. The worker also acts as an intermediary when necessary, explaining physician's instructions and answering basic medication questions for the foster parent. The foster care worker also keeps the biological parents informed of the child's health care status.

Foster care workers are also responsible for maintaining the child's medical records in the OCS case record. In addition to copies of medical reports, the OCS Form 98 B, Cumulative Medical Record, is maintained electronically as an ongoing log of medical care and medications prescribed.

Medical providers provide treatment, document treatment and treatment needs, including medications, and provide information about the health care needs of the child to the foster parent and foster care worker.

Mezzo Level Oversight

The child's medical information is used to inform agency decisions made in development of the case plan, is discussed in family team conferences, permanency planning and other staffings, is included in court reports, and is presented in court hearings when pertinent to judicial decisions.

Indirectly related to the child's medical care, but an important component of assuring continuity of care, Home Development recruiters are placed in each region of the state and have been trained in various recruitment techniques. These skills are used to locate families willing and able to meet the needs of children, including those with specialized physical or mental health needs, in communities across the state.

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Macro Level Oversight

Two Sections in OCS State Office have responsibility for making planning and policy decisions regarding the health care of children in foster care: the Foster Care Section and the Clinical Services Section which has primary responsibility for mental health interventions and psychotropic medication monitoring. Additionally, OCS is receiving ongoing Technical Assistance from the National Resource Center for Children’s Mental Health for assistance in advancement of quality mental health services to children and families in the child welfare system including mental health services for youth. As noted above, the Home Development Section also plays an important role in assuring that families are able to meet the needs of the children we serve. At the State level, the Home Development section uses data to observe trends regarding foster care entries and provides guidance to regional recruiters regarding areas where targeted recruiting is needed for special needs children.

OCS maintains ongoing communication with DHH. DHH is able to track all medical services funded through Medicaid, and is currently able to provide OCS with individual child level reports showing all physician visits, medications prescribed (including psychotropic), and other medical services accessed. A Memorandum of Understanding has been developed and is awaiting signatures that will allow shared aggregate data on medical services provided to children in foster care by DHH. The development of an electronic case record in Louisiana is underway.

Continuity of Health Care Services

In 2007 the Louisiana Legislature directed the state to develop and pilot medical homes to increase access, improve quality and provide sustainability for Medicaid and uninsured populations. The Louisiana Medical Home concept builds on existing Community Care programming and features local networks of integrated systems of care targeted toward Medicaid and Louisiana CHIP recipients, and covers all conditions. The June 2009 report published by the National Academy for State Health Policy identifies several core principles of Medical Homes:

- Having a personal physician or provider who provides first contact care or a point of entry for new problems,
- Ongoing care over time,
- Comprehensiveness of care, and
- Coordination of care across a person’s conditions, providers or settings.

Louisiana conceptualizes the design of medical homes as being patient-centered and responsive to the locale of individuals accessing care and the available resources; therefore, it does not require that it be physician-directed or require a particular degree or license, but it does require that functions and outcomes are delivered in a measurable manner by licensed providers.

While the Medical Home model described above offers some benefits in assuring continuity of care, the OCS Health Care Plan does not include establishment of a medical home for every child in foster care for several reasons:

- Due to the emergent medical care needs of children in foster care and the scarcity of Medicaid providers, it is not practical to tie a child to a medical home
- A medical home for the child would require referrals to specialists; currently appointments can be made with specialists without the delay involved in a referral
- Not enough providers are available to provide a medical home for every child

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- Federal law prohibits a child in foster care from being connected to a community care provider

OCS' plan for assuring continuity of care is to make every reasonable effort to place each child in close enough proximity to the child's home that a change in medical provider would not be necessary, and to make every reasonable effort to assure that foster care placements are stable and to avoid placement disruptions that would cause the child to be located outside the service area of the medical provider.

If a child must change physicians, dentists, mental health, substance abuse providers or other providers because of placement upon entry into foster care or a change in foster care placement, despite agency efforts to prevent such occurrences, the foster care worker makes arrangements for the child to continue treatment with another provider and provides medical and/or mental health history to the new provider.

When the child returns home and/or the young adult ages out of foster care, the worker provides medical records to the parent or young adult along with contact information for current providers.

Active Consultation and Involvement with Physicians and/or Other Appropriate Professionals in Assessing the Health and Well Being of Children in Foster Care

OCS will continue to involve and collaborate with physicians and other medical professionals at the local level to assure that the medical, dental, medication, and mental health needs of each child in foster care are met in a timely and appropriate manner.

At the State level, OCS will continue to collaborate with and involve medical professionals employed by and under contract with DHH to maintain awareness of best practice standards and available services. The committee convened to develop the Health Care Services Plan and has committed to ongoing meetings at least semi-annually.

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FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS

Since H.R. 6893 or P.L. 110-351 became effective October 7, 2008 through amendment to parts B and E of Title IV of the Social Security Act the State has been working diligently to fulfill the requirements of the Act.

The State offers the following plan to comply with P. L. 110-351:

- 1) Reasonable Efforts to Place Siblings Together
 - a. Current policy requirement
 - b. Staff education planned
- 2) Full-time School Attendance
 - a. Policy updates achieved
 - b. Staff education underway, near completion
- 3) Educational Stability
 - a. Delayed implementation approved by ACF
 - b. Legislation underway, near completion
 - c. Staff education underway, near completion
 - d. Recruitment planning underway to develop foster/adoptive parent resources within areas where large numbers of children enter foster care
- 4) Healthcare Oversight Plan
 - a. In development in collaboration with Department of Health and Hospitals and Office of Juvenile Justice
 - b. Planned ongoing collaboration to monitor plan
- 5) Notification of Relatives within 30 days of Foster Care Entry
 - a. Policy updates underway
 - b. Staff education planned
 - c. Efforts to establish technological resources for staff assistance in identifying and locate relatives
- 6) Transition Plan for Youth
 - a. Policy updates complete
 - b. Staff education underway, near completion
- 7) Tribal Negotiations
 - a. Agency available for support and assistance as needed
- 8) Notification to Adoptive Parents of Tax Credit
 - a. Notification fulfilled
- 9) Kinship Guardianship Assistance (optional)
 - a. Program development planned
 - b. Technological support and data tracking planned
 - c. Legal consultation occurring
 - d. Rulemaking being initiated
 - e. Policy development to occur soon

Full implementation expected within the upcoming SFY

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

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level was established with semi-annual meetings to discuss options for improvement and support of departmental efforts in serving children in foster care.

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

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

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MONTHLY CASEWORKER VISITS

OCS has taken the following action steps to ensure that by October 1, 2011, 90% of the children in the custody of the state will be visited each and every month by their caseworker and the majority of the visits take place in the home of the child.

- To overcome the barrier of lack of available vehicles to support caseworker visits, the additional IV-B, Subpart 2 funds received by OCS to support caseworker visits were used to offset the costs of 98 new vehicles in 2007 and 44 additional vehicles (14 purchased and 30 leased on three year contracts) in 2008, and mileage reimbursement (at normal reimbursement rates) for caseworker personal vehicle use to visit children in foster care.
- Policy was changed to require that caseworker visits occur each and every month in the home of the child.
- Policy was updated to allow a supervisor to temporarily assign another worker to a case when the normal worker was out of the office for an extended period by documenting the Case Record Activity Log of the reassignment.
- Addressing staff turnover/retention issues through workgroup activities, enhancements to pay, and additional training, and continue to study turnover causes. In 2008 a web-based anonymous employee satisfaction survey was administered to all staff.
- Worked with the University of Kentucky to develop a child welfare training consortium based on the Kentucky model with seven Louisiana Universities offering social work degrees.
- Explored ways to overcome technology barriers in collecting data for the caseworker visit reporting requirements.
- Stressed the importance of worker visits in new worker orientation, at Regional Administrator Meetings, and during the statewide rollout of Focus on Four (risk and safety assessments, assessment of family functioning, and case planning).
- OJJ has provided staff training on the requirement for monthly visits.

The agency has recently explored workload/caseload issues through a workgroup developed to study work processes in the foster care program to streamline work requirements, eliminate unnecessary and duplicative tasks.

Modernization efforts will result in laptops being provided to field staff in the 2010 SFY to allow workers to document activities while they are in the field. The agency is also planning to incorporate a means of electronic tracking of worker visits with children which will allow for more effective data reporting on compliance with policy guidelines related to visitation. In the current work environment, worker visits with children are documented on a form referred to as an Activity Log. Our goal is that the Activity Log entries related to worker visits with children and the location of those visits will be automatically entered from the Activity Log into a data base that will track each visit and the location of the visit to provide mechanization to determine the percentage of children who were visited by their worker each and every month and the percentage of those children who were visited in their residence.

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STATISTICAL AND SUPPORTING INFORMATION

Monthly Caseworker Visit Data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Using the baseline data, incremental goals were established to achieve the ultimate goal of 90 percent of children in foster care being visited by their caseworkers monthly with a majority of

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the visits occurring in the residence of the child by October 1, 2011. Although we anticipate that interventions to improve caseworker visits will result in more rapid improvement, our conservative incremental goals are as follows:

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

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

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Juvenile Justice Transfers

Transfers of Custody from State Child Protection System to State Department of Corrections (DOC), Office of Juvenile Justice (OJJ)

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

Regional Analysis of Children Transferred from OCS to DOC:

Number of Children Custody Transferred						
Region of Child's Domicile	FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011-2012	FFY 2012-2013
No Court Identified	0					
Orleans (1) (effective 9/05)	1					
Baton Rouge (2)	3					
Covington (3)	1					
Thibodaux (4)	0					
Lafayette (5)	3					
Lake Charles (6)	2					
Alexandria (7)	0					
Shreveport (8)	4					
Monroe (9)	0					
Jefferson (10) (effective 9/05)	2					
TOTAL	16					

The statistics reflect OCS database information on children who changed custody by region and by year. The data is on children whose case was opened in the State's foster care system and who had their custody transferred to the DOC. DOC has responsibility for children adjudicated to the OJD, the State's juvenile justice system. The information presented in the chart above was obtained through a Web-focus Report.

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STATEWIDE RECRUITMENT/RETENTION PLAN-FFY 2010 – 2014

Enhanced recruitment and retention efforts have resulted in our agency's promotion of a unified message to internal and external resources. The foster care program is one of the most important missions of the Louisiana Department of Social Services. Nearly 5,000 Louisiana children are entrusted to our care because of child abuse, neglect or special family circumstances and it is vital that every single one is placed in a safe temporary home. The first goal of foster care is to reunite the child with his or her biological family; however, when this is not possible, a top priority for DSS' foster child program is moving children permanent homes adoptive or guardianship homes.

With this mission as our focus, nine foster/adoptive home recruiters have been trained in the areas of general, targeted, and child specific recruitment. They have spent the last two years flooding local communities with the message of need for foster/adoptive families and strategies for community involvement to meet those needs. From churches to schools, at local parks and restaurants, corporate offices to corner stores, to local television shows including *Good Morning Alexandria* and *Baton Rouge's Around Town* show; recruiters take advantage of every opportunity to share the message that providing safe and nurturing homes to all foster children is a community responsibility. Recruiters give regular presentations on recognizing and preventing child abuse with PowerPoint presentations while recruiting attendees to become involved by fostering/adopting children who have fallen victims to this type of abuse.

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

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

The clean up of the agency's data system has provided a clearer focus of where we are in the number of children in care and the number of homes available in the areas where these children are being removed. This data will be reviewed and analyzed monthly and recruitment and retention efforts will be customized to provide for more foster homes in the areas where children are coming into care. The agency recognizes that keeping children in their communities and schools provides greater stability during a time of family crisis.

Recruitment efforts are also targeted toward assuring that homes are available that match the racial and ethnic characteristics of the children in need of placements. Currently, White children make up 49.2% of the foster care population, and Black children make up 48.2%. The remaining 2.6% are in other groups. Of foster/adoptive families, 53% are White, 45% are Black, and 2% are "Other".

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The tailoring of recruitment efforts to meet regional needs while applying universal practices with quantifiable outcomes is the agency’s driving force. Greater efficiency in tracking geographic and demographic trends of children coming into care will be matched with recruitment efforts to meet the needs. The inclusion of foster parents to assist in recruiting others from their communities will be maximized. Foster parents’ inclusion as trainers of new foster/adoptive parents has provided a needed personal insight over the last few years, and their addition to universal recruitment efforts will be a focus of the next five years.

Recruitment/Retention Goals for the next five years are as follows:

Goal 1: Increase the number of certified homes regionally by 10% over the next five years through data-driven, customized recruitment to meet regional needs and increased regional appearances/contacts.

Measurement: Number of Foster Homes

Foster Homes by Region							
Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Greater New Orleans	125						
Baton Rouge	28						
Covington	104						
Thibodaux	61						
Lafayette	99						
Alexandria	70						
Lake Charles	34						
Shreveport	92						
Monroe	53						

Goal 2: Increase number of intake calls and orientation attendance by 10% over the next five years through increased use of foster parents and community partners in recruitment activities.

Measurement: Number of intake calls and number of participants in orientation.

Intake Calls and Orientation Sessions							
Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Intake Calls	2642						
Orientation Participation	1157						

Goal 3: Revise child specific recruitment policy to define communication expectations, follow-up procedures and improved reporting mechanisms.

Measurement: Policy Revisions

Goal 4: Achieve placement options for 25% of children referred for recruitment annually.

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Measurement: Percentage of referred children with placement options achieved. Baseline data will be established in FFY 2009.

Recruitment Referrals			
Year	# Children Referred	# with Placements Options Achieved	% with Placement Options Achieved
FY 2009			
FY 2010			
FY 2011			
FY 2012			
FY 2013			

Residential Treatment Services

A Louisiana Residential Review Commission in was formed in 2008 which produced “A Blueprint for Transformation and Change: in Louisiana’s Residential Programs”. OCS will continue to work with the Casey Foundation and others to examine treatment plans and modalities so that residential providers may begin to use evidence-based short-term interventions with demonstrated positive outcomes. Quality improvement programs in residential settings are being implemented and licensing revisions are being made.

Planned Activities

- Assessment of children in residential and foster care for appropriateness of placement by developing and implementing a standardized child assessment instrument.
- Define and identify the population of children in residential care relative to placement types, program models, needs, and location distribution
- Develop a level of care system for agency contracted residential providers
- Develop and complete a Request for Proposal for existing and potential facility providers
- Establish a performance based residential system which can be monitored with an outcome based instrument

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INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

Activities Planned: Monitor response time on home study requests received, and when delay requests are made, monitor number and reason.

Home Study Requests Received by Louisiana			
FFY	Total Number of Requests Received	# and % of Requests Completed in 30 Days or Less	# and % of Requests Completed in 31-60 Days
Baseline: 10/1/07 – 9/30/08	495	58 (12%)	144 (29%)
10/1/08 – 9/30/09			
10/1/09 – 9/30/10			
10/1/10 – 9/30/11			
9/30/11 – 4/30/12			

Monitor the response time when Louisiana requests ICPC home study.

Home Study Requests Made by Louisiana			
FFY	Total Number of Requests Made	# and % of Requests Completed in 30 Days or Less	# and % of Requests Completed in 31-60 Days
Baseline: 10/1/07 – 9/30/08	434	59 (14%)	110 (25%)
10/1/08 – 9/30/09			
10/1/08 – 9/30/09			
10/1/09 – 9/30/10			
10/1/10 – 9/30/11			
9/30/11 – 4/30/12			

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

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STATISTICAL AND SUPPORTING INFORMATION

Timely Home Studies Reporting and Data

As noted in the table below, 56% of home studies requested of Louisiana were completed in 60 days or less in FFY 2007 and 41% were completed in 60 days or less in FFY 2008. However, no requests for extensions as prescribed by the Safe and Timely Interstate Placement of Foster Children Act of 2006 were requested.

Home Study Requests Received by Louisiana			
FFY	Total Number of Requests Received	# & % of Requests Completed in 30 Days or Less	# & % of Requests Completed in 31-60 Days
10/1/06 – 9/30/07	482	134 (28%)	137 (28%)
Baseline: 10/1/07 – 9/30/08	495	58 (12%)	144 (29%)
10/1/08 – 9/30/09			
10/1/09 – 9/30/10			
10/1/10 – 9/30/11			
9/30/11 – 4/30/12			

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ADOPTIONS

Service Description:

The goal of the OCS Adoption Program is to provide permanency for children through adoption. Foster Care adoption is a permanency option for children who cannot safely return to their biological families. The goal of adoption is pursued as a permanent plan when the court of jurisdiction determines the child's family is either unable or unwilling to resume care of the child, and the child's needs of safety, permanency and well being are best achieved through adoption. Pre-adoptive services provided by the foster care worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child evaluation/assessment, preparing 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 Assistance (subsidy) Program. Adoption assistance services are provided to eligible families until the child's 18th birthday, and these services are both federally and state funded. While all families who adopt may apply for an adoption subsidy irrespective of type of adoption, most private, private agency and international adoptive families do not meet the strict IV-E federal subsidy requirements designed to help move special needs children out of foster care and into permanent homes via adoption.

Post-adoption services are provided within budgetary constraints to any adopted child and his or her adoptive family to include those families who have adopted internationally. The agency'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 OCS Adoption Program is responsible for managing the Louisiana Voluntary Registry, responding to adult adoptee requests for non-identifying medical and genetic information, management of the State's adoption file room, and the handling of all Louisiana public and private agency, intra-family, and private agency adoption petitions.

Population Served:

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

Of the 4,861(as of April 30, 2009) children currently in foster care, 323 are available for adoption and in need of adoptive placement. Of these children, 209 are photo-listed on Louisiana Adoption Resource Exchange and registered as active with AdoptUSkids website at www.adoptuskids.org/states/la. Of the 209 children actively photo-listed, 120 are males and 89

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are females; 60 are white and 148 are African American, and 1 is listed as other race; 21 are members of a sibling group who should not be separated; and 164 (approximately 78%) are deemed physically, emotionally or intellectually challenged.

Activities Planned

- Support child specific recruitment activities in conjunction with Home Development Section.
- Develop and provide LARE/photo listing training of adoption staff and selected foster care staff:
- Coordinate Adoption Competency training/class with Gary Mallon.
- Feature children on DSS website in conjunction with Home Development.
- Develop and provide adoption subsidy training to staff.
- Analyze barriers to adoption finalization within 24 months of a child entering foster care in conjunction with Foster Care Program staff and the Louisiana Court Improvement Project staff.
- In conjunction with our Home Development Program staff, help coordinate and support child specific recruitment activities each year.
- Media focus on agency adoption via the Annual Governor's Mansion Adoption Celebration
- Develop and implement worker recognition program to recognize outstanding contributions made by our Adoption Staff towards achieving permanency through adoption for available children.
- Promote Voluntary Registry awareness and usage with private child placing adoption agencies statewide.
- Explore featuring children in community resource publications statewide such as the CASA and foster parent newsletter.
- Develop and provide subsidy pamphlets/fliers to private adoption agencies annually.
- Increase support for all Louisiana adoptive families, to include families adopting privately and internationally by making available to them In Home Based Intensive Services (IHBS) on a voluntary basis through Prevention Program and in an effort to preclude the likelihood of adoption placement disruptions.

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Collaboration:

- Continue to collaborate with Louisiana Adoption Advisory Board in a continuing effort to identify ways and means of addressing issues of concern to all members of the adoption triad.
- Work with Home Development to involve Tribal Social Services Directors in mini adoption exchange meetings.

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

The chart below contains information on the number of TPRs the agency has filed.

Region	Baseline: FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011-2012	FFY 2012-2013
Orleans (Orleans District effective 9/05)	16					
Baton Rouge	23					
Thibodaux	14					
Lafayette	70					
Lake Charles	60					
Alexandria	44					
Shreveport	20					
Monroe	27					
Covington*	46					
Jefferson (Jefferson District effective 9/05)	60					
Statewide	380					

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

Finalized Adoptions by Region and Statewide						
Region	Baseline: Adoptions FFY 2007-2008	Adoptions FFY 2008- 2009	Adoptions FFY 2009- 2010	Adoptions FFY 2010- 2011	Adoptions FFY 2011- 2012	Adoptions FFY 2012- 2013
Orleans District	18					
Baton Rouge	18					
Thibodaux	29					
Lafayette	118					
Lake Charles	40					
Alexandria	74					
Shreveport	43					
Monroe	19					
Covington	111					
Jefferson District	60					
Statewide Total	530					

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Adoption Finalization Data						
Categories	FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011-2012	FFY 2012-2013
# Children Finalized	597					
Average Time to Free (TPR)	1.80					
Average Time to Sign 427	.62					
Average Time to Finalization	.57					
Average Length of Time in Care	2.99					
Average Age of Children Finalized	5.95					

NOTE: Average time is expressed in years.

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

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

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

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

ADOPTION INCENTIVE PAYMENTS

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2008 Baseline	497	253	156	
FFY 2008				
2009 Baseline				
FFY 2009				
2010 Baseline				
FFY 2010				
2011 Baseline				
FFY 2011				
2012 Baseline				
FFY 2012				
2013 Baseline				
FFY 2013				

As of May 20, 2009, adoption incentive award information for FFY 2008 had not been made available by the Administration for Children and Families. If adoption incentive monies are received, the agency anticipates spending it on child specific recruitment for those children available for adoption and in need of an adoptive placement. Also, utilizing the free and already Transmittal Date June 30, 2009

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developed AdoptUSkids recruitment advertisements, the agency would use incentive monies to purchase media air time in time slots that are more conducive to recruitment of foster and adoptive families than the off hour time slots that typically allotted free Public Service Announcements.

STATISTICAL AND SUPPORTING INFORMATION

Inter Country Adoption Services

Pre- and Post-Adoption Services

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.

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

Disrupted Inter-country Adoptions

OCS is currently providing services to one child, Yusef, who was originally adopted from Guatemala in 2003. He entered foster care in Louisiana in 2005 after his adoptive parents abandoned him in a mental hospital following Hurricane Katrina. Yusef is 13 years old, does well academically, but has a history of verbal and physical aggression. Details regarding Yusef can be found in the 2009 Final Report on page 85.

Inter-country Adoption Data

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
Baseline: 2007-08	69
2008-09	
2009-10	
2010-11	
2011-12	
2012-13	
TOTAL	

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

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**CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION (CFCIP) AND
EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM**

Application for FFY 2010:

The Office of Community Services (OCS), the child welfare agency within the Louisiana Department of Social Services (DSS) is the State agency that administers the CFCIP and ETV Programs. These programs operate within the Foster Care Services Division as the Independent Living Program/Youth in Transition Services Section. Celeste Skinner is the Section Administrator, and three Child Welfare Specialists (one position currently vacant) participate in program administration and monitoring of services provided by Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program providers. OCS state office staff visit providers quarterly, complete a contract monitoring form during each quarterly visit, and require corrective action plans as necessary to assure compliance with Chafee and ETV specified conditions.

Program Evaluation: DSS/OCS will cooperate in a national evaluation of the effects of the programs in achieving the purposes of CFCIP. OCS is currently planning development of the Youth in Transition Database to track youth who have left foster care so that their well being and outcomes can be monitored.

OCS will work with DSS Information Technology and with the National Resource Center on Data and Technology to develop the new automated data information and tracking program to identify eligible youth in need of referral to the ETV program and data on youth's educational status and/or completion of an educational or vocational program. This effort is ongoing. OCS representatives will attend the Data Conference in June 2009 and discuss this issue in that venue.

Program Delivery: Service delivery for youth is provided by a State agency worker and by contracted CFCIP and ETV providers. Each youth is served by an OCS or an Office of Juvenile Justice (OJJ), formerly known as Office of Youth Development (OYD), worker who has primary case management responsibility. The agency worker refers youth to the CFCIP provider for life skills training beginning at age 14 and/or to the ETV provider whenever the youth is ready to pursue post secondary education. Youth in CFCIP are served by their state agency worker and by the CFCIP provider up to age 21, and by the ETV provider, if continuing their education, to age 23.

Service to Various Ages and States of Achieving Independence: Fourteen and 15 year olds are provided life skills training through CFCIP providers, but only 10 hours of training is required. Youth ages 16 to 21 receive at least 32 hours of life skills training through CFCIP providers. Youth in post secondary education up to age 23 are provided ETV program services to support their educational endeavors. Beginning at age 15, youth will participate in the development of the Youth Transition Plan, described in more detail below. Youth age 18 to 21 may voluntarily elect to participate in the Young Adult Program which is also described in more detail below.

Youth identified as likely to remain in care until age 18 include youth 15 and older who have a permanency goal of Alternate Planned Living Arrangement or Adoption with no identified permanent home, those with emotional/behavior disorders, and those with histories of multiple placement disruptions.

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Service to Youth No Longer in Foster Care: Services of the CFCIP and ETV program will be available and offered to youth who have left foster care as a result of adoption or kinship guardianship (OCS is currently assessing the development of a Kinship Guardianship Program) occurring at age 16 or older. Outreach efforts will be made to inform these youth of their eligibility to participate in CFCIP services and of their potential eligibility for the ETV program. Also, 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.

Service in all Political Subdivisions: State agency workers serve youth in all 64 parishes of the State from nine regional offices and 48 parish offices. CFCIP providers are located in each region and ETV providers are located in seven of the nine regions of the state, and both CFCIP and ETV providers serve youth in all 64 parishes. Provider contracts require that services be provided within 45 minutes of each youth's residence. Providers work with local entities such as churches, civic organizations, and libraries to secure convenient service locations.

Program Design: The programs are designed according to Positive Youth Development principles to achieve the purposes of the CFCIP and ETV programs.

Purpose/Goal 1: Transition to self-sufficiency: Youth are encouraged to participate actively, and, in fact, lead the process of developing plans for transitioning to self-sufficiency. Three formal plans will be used to guide the process of readying CFCIP youth for independence.

- State agency workers, in collaboration with the youth and the youth's family, develop an individualized case plan for the youth and for the family using the Assessment of Family Functioning instrument. This instrument is used with slight variations by all programs in OCS so that consistent assessment and service planning occur throughout the life of the case.
- The Youth Transition Plan (YTP) was recently developed and will be used when the youth is 15 and the Youth Transition Plan Review (YTPR) will be used at each subsequent Family Team Conference to measure the youth's readiness for independence, identify areas needing improvement, and provide a blueprint for the youth's achievement of a successful adult outcome. Staff training on this instrument will be completed in the Spring of 2009, with implementation following immediately after training.
- CFCIP providers measure each youth's level of achievement of basic life skills using the Ansell Casey Life Skills Assessment (ACSLA). An individualized learning plan is developed by the youth and the CFCIP provider so that life-skills instruction and experiences can be tailored to the individual needs of the youth.

The curriculum used by each CFCIP provider is based on the Ansell-Casey Learning Plan and is designed to be relevant, current and sufficiently consistent to allow a youth moving from one geographic area to another to complete his/her learning plan; includes experiential "hands on" learning opportunities; and provides a sufficient number of training hours. Life skills classes are best described as psycho-educational groups with emphasis on the development of concrete skills needed for successful transition into independence as well as identity development, self-control and motivation, and appropriate social interactions.

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All groups are on-going. Ten hours of training are required for 14 and 15 year olds, and 32 hours of training are required for 16 to 21 year olds. The required hours can be presented in whatever format the provider believes most useful, with formats including 32 one-hour sessions, 16 two-hour sessions and longer sessions on week-ends. The groups are offered at times that do not interfere with school or extra-curricular activities and within close proximity the youth's residence. When youth have completed the required number of hours, their skill level is measured again using the ACLSA. Youth are encouraged to remain in the life skills groups until they have mastered the skills they will need as fully functioning adults. This often results in youth remaining in life skills groups beyond the minimum number of required hours.

Purpose/Goal 2: Education, training, and services needed to obtain employment: OCS pays room and board costs, education/training program costs and provides any other needed support services to youth in foster care under age 18 who are attending education or training programs,. Secondary education for costs are paid using Title XX, Title IV-B, Title IV-E, and state general funds; and costs of post secondary education are funded through grants, scholarships and the ETV program.

For youth aged 18 to 21, participating in the Young Adult Program (YAP) and attending secondary education, state general funds pay for room and board costs (CFCIP funds supplement as available), while Title XX funds and state general funds pay for educational/vocational costs. For young adults in post secondary education, the ETV program is used supplement educational costs not covered by other sources.

For young adults age 21-23, the ETV program is used to supplement educational costs not covered by other sources.

ETV funds allocated to Louisiana are insufficient to meet the needs of all eligible youth who desire to continue their education, and continuous efforts are made to develop additional resources.

CFCIP providers use Self-Directed Search, a vocational interest instrument, as a part of independent living skills training to assist youth in deciding on educational and employment goals. The independent living skills curriculum teaches the necessary skills for obtaining employment and remaining employed.

OCS collaborates with the Louisiana Department of Labor (LDOL) and Louisiana Rehabilitation Services (LRS) so that youth can readily access services of those agencies for vocational assessment, job preparation, job placement and continuing vocational support services. Through an Interagency Agreement, referrals from OCS are accepted simultaneously by both agencies and if a youth is not appropriate for the services of one agency, the other steps in immediately. Youth are referred to career centers for job services and participation in summer employment, and are eligible to receive job readiness services, employment assistance, job placement, tutoring, mentoring and support services.

CFCIP providers offer educational and employment forums where local businesses provide information about employment opportunities and educational institutions provide information on admission and financial aid. Youth are afforded an opportunity to interact with presenters and have their questions answered about careers and/or schools of interest to them.

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Two Youth Conferences are offered annually, one in the northern and one in the southern part of the state. An important component of the Youth Conferences is a virtual city concept that provides information about educational and vocational choices and a “reality check” on life choices that result in insufficient income to meet basic needs and desires.

CFCIP providers distribute a brochure on state employment opportunities for current and former foster youth to older youth.

Purpose/Goal 3: Assistance to youth in preparing for and entering post secondary training and educational institutions:

The Youth Transition Plan and the Learning Plan assist the youth in determining an educational or vocational goal and an action plan for achieving it.

Youth in foster care and foster care alumni are 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.

OCS staff and the CFCIP contractors provide assistance to youth in completing the federal financial aid application and other applications needed to attend college or vocational training programs. CFCIP providers have access to a website which provides Free Application for Federal Student Aid (FAFSA) Tips for Foster Youth. This information is important because the format of the applications is often confusing to youth in foster care (and those assisting them with applications) because of their unique legal and living status. CFCIP providers also coordinate with post secondary institutions in the State to coordinate admission, funding and ETV grants.

Funding from various sources pays for the cost of post secondary education and training. If grants and ETV do not cover the cost of higher education, then OCS pays the remainder of costs with state general funds to the extent such funds are available.

CFCIP providers administer the Self-Directed Search vocational interest assessment and offer educational and vocational forums to assist youth in deciding on educational or vocational interests, training available and various curricula. Representatives of various educational institutions have attended youth forums and provided information about various educational choices and curricula.

Purpose/Goal 4: Personal and emotional support to youth aging out of foster care:

OCS and OJJ workers and CFCIP staff are available to provide support for youth in foster care and in YAP. Aftercare services are available to assist all youth transitioning to independence who are in emotional crises and seek assistance from CFCIP staff.

Connections for Permanency, a technique for locating and engaging adults who are meaningful in the lives of youth, is used to locate relatives and other persons important to the youth so that each youth will have a permanent lifelong connection with a caring and supportive adult.

Purpose/Goal 5: Financial and other support to youth between the ages of 18 and 21:

Youth between the ages of 18 and 21 are served in the Young Adult Program (YAP). State general fund dollars are no longer available to fund this program, and Supplemental Social

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Services Block Grant (SSBG) funds will be used to fund the program for one year beginning July 1, 2009. Grants and other sources of funding will be explored in order to continue and improve the program.

YAP is a voluntary program, based on eligibility criteria. YAP participants must be foster care alumni in need of continued assistance to complete an educational or vocational program or to obtain employment; be in high school to obtain a high school diploma, in GED classes and working part-time, in vocational training, or in college. All youth who have aged out of foster care may remain in YAP for a maximum of three months while seeking employment, obtaining a source of income, and/or searching for a place to live independently. Former foster children, who were in custody immediately prior to their 18th birthday and did not enter YAP, may request to enter YAP within 6 months after the closure of their foster care cases. Former YAP clients, who dropped out of the program, may request to re-enter the program within 6 months of the closure of their YAP cases. YAP participants must be under the age of 21 years and meet the same educational or vocational program requirements previously described and comply with the terms of the YAP contract. Youth with developmental disabilities preventing educational pursuits are referred to the Office of Citizens with Developmental Disabilities for transitional and ongoing services.

Youth are no longer in the custody of the State when they reach 18, and must sign a voluntary contract to remain in YAP. The contract specifies the youth's educational/vocational plan, living arrangement, and the roles and responsibilities of all parties, including the youth's financial obligation to meet some of his/her own needs. The youth has responsibility for financial participation and meeting the terms of the contract to achieve his/her goals of successful transition to adulthood.

Agency staff continue to be involved in the youth's life to provide support and guidance as needed and semi-annual reviews with the youth and adults significant to the youth to evaluate the youth's progress toward achieving independence.

Room and board: (defined as including rental deposits, rent or other housing costs, food, and utilities), will be paid through the YAP budget with SSBG funds to the extent available. CFCIP funds are used to supplement funding for room and board when the YAP budget is depleted. The amount of CFCIP funds used for supervised apartment living is based on remaining available CFCIP funds, and will not exceed 30% of Louisiana's allotment of federal funds. Several types of living arrangements are available including foster family homes, relatives' homes, transitional living/supervised apartments, college dormitories and independent apartment living. Utility assistance through the Louisiana Low Income Home Energy Assistance Program (LIHEAP) is available to these youth, and some CFCIP providers offer household items including furniture and personal items for youth in their programs through community donations.

OCS partners with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 to provide housing and other services to runaway homeless youth and former foster care youth.

Medicaid Coverage for former foster youth ages 18-20

OCS provides Medicaid services for youth ages 18 up to the age of 21 in YAP and cover any needed medical care not covered by Medicaid or other community resources to the extent

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funding is available. Also, the Department of Health and Hospitals provides Medicaid or Alternative Health Care under the Chafee option for all youth who age out of foster care regardless of whether the youth elects to continue in the YAP program. Psychiatric therapy, psychological therapy, and LCSW therapy can be purchased for young adults if therapy is continuing from before the young adult's 18th birthday and is expected to terminate within three months or for short term crisis oriented treatment while in the YAP program; to the extent funds are available or through public mental health treatment centers.

Purpose/Goal 6: Make vouchers for education and training available: The purpose of the ETV program is to make available vouchers for education and training, including post secondary education and training to youths who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship (Louisiana is developing a Kinship Guardianship program). 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 agency 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.

For young adults not in YAP, ETV is the basic source of funding for their education in addition to federal grants and other scholarships. For young adults in YAP, up to age 21, some CFCIP funds are used for room and board costs; SSBG and other funds assist with some educational costs; and ETV supplements costs of education not covered by other sources.

Youth receiving ETVs are required to apply for all financial aid and scholarships for which they might qualify. OCS has partnered with a local not-for-profit organization which is providing additional scholarships for foster care alumni.

Youth in the ETV program participate in a planning conference with the ETV coordinator to develop a plan for successful completion of education. Significant persons in the life of the youth such as the foster care worker, foster parent, childcare provider, or educational counselors participate in the planning conference as invited by the youth. The focus of the planning conference is to assess the youth's strengths, needs, set educational goals and develop a plan to achieve the goals. The plan is youth centered and youth driven.

Periodic review of the youth's progress occur to assure that the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to the ETV coordinator, case manager, and program manager so that the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

OCS staff and providers market the ETV program to youth and encourage them to participate. ETV providers coordinate with post-secondary educational institutions to provide brochures regarding the ETV program. Outreach efforts are made to educate foster parents and child care

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providers 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.

Provide services to youth who left foster care for kinship guardianship or adoption after attaining 16 years of age: Youth will be provided information by their agency workers of their potential eligibility for ETV services when they leave foster care for kinship guardianship or adoption after attaining age 16. OCS is currently working to develop an identification and tracking system to enable us to notify youth who have already left foster care at or after age 16 for these reasons.

Public and Private Sector Consultation and Coordination:

OCS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the State. 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.

CFCIP providers collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Goodwill Industries, Volunteers of America, National Park Services, IRS, YWCA, vocational schools, local businesses including financial institutions, Job Corps, the National Guard Youth Challenge and the Salvation Army to obtain needed services for youth.

The Louisiana Coalition of Independent Living Skills Providers, composed of OCS program staff and representatives of the CFCIP providers, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition also defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

Coordination with other Federal and State Programs for Youth:

Louisiana is a member of the Shared Youth Vision Mentor/Mentee program to develop mechanisms among various types of agencies to work together to meet the needs of youth. We also participate in Louisiana Department of Labor's Shared Vision for Youth through an Interagency Youth Work Group which focuses attention and resources on Louisiana's youth including foster children and former foster children.

OCS partners with other state agencies receiving federal funds including the Louisiana Department of Labor (LDOL), Department of Education (DOE), Louisiana Rehabilitation Services (LRS), and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

ETV providers partner with post-secondary institutions in coordinating the ETV program. Brochures on the ETV program are provided to the post secondary institutions who are asked to refer any youth who indicated on the federal financial aid application that they were previously in foster care to the ETV provider. The ETV providers coordinate with other agencies such as DOE, LDOL's Workforce Investment Programs, Big Brothers/Big Sisters and the Orphan Foundation of America to access additional services for foster care youth.

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OCS coordinates with other state agencies including the Department of Education (DOE), Department of Health and Hospitals (DHH), Office of Citizens with Developmental Disabilities (OCDD) and Bureau of Community Supports and Services to identify foster children and former foster children who may be eligible for services for developmentally delayed youth. The coordination results in access to federally funded Medicaid Waiver and other community based services. Interagency staffing is the mechanism used to coordinate and access services from these agencies.

OCS also coordinates with the DHH, Office of Mental Health (OMH) and Office of Addictive Disorders (OAD) to identify foster children and former foster children who may be eligible for federally funded services such as community outpatient, inpatient, and Mental Health Rehabilitation Option services. Interagency staffing is the mechanism used to coordinate and access services from these agencies.

CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. OCS and CFCIP providers also coordinate with local parish housing authorities.

OCS and the Office of Juvenile Justice work together to assure that the needs of youth served by both agencies receive the services they need to transition into successful adulthood. OJJ staff participated in the development of the CFSP.

OCS continued to partner with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 to provide housing and other services to runaway homeless youth and former foster care youth. This program continues to provide housing and other support services to youth.

Tribal Consultation and Collaboration:

There are four Federally Recognized Tribes in Louisiana:

- Chitimacha Tribe of Louisiana (St. Mary Parish)
- Coushatta Tribe of Louisiana (Allen Parish)
- Tunica-Biloxi Tribe of Louisiana (Avoyelles Parish)
- Jena Band of Choctaw of Louisiana (Grant, Rapides, & Lasalle Parishes)

The four federally recognized American Indian tribes in Louisiana have been consulted regarding the State's CFCIP and ETV five-year plan and for the APSR. The Social Service Directors of these American Indian tribes in Louisiana were asked for their input and suggestions regarding the plans. Two Tribal social services directors attended the March 10, 2009 CFSP kickoff meeting.

All youth are referred to the CFCIP and ETV programs by their agency worker. In addition, to further outreach efforts, CFCIP/ETV providers are required to contact and make efforts to meet with the Tribes face-to-face and to inform OCS state office staff prior to the meeting so that OCS may be a part of the meeting if possible. Independent Living providers are aware of the need to invite, involve and offer services to Indian youth. There has been little participation by Tribal youth, but one youth in the Alexandria region did participate in Life Skills groups during the past

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year. This low level of participation is consistent with the small Indian population in Louisiana (0.6%) and the low representation of Tribal children and youth in the child welfare population.

The four Federally Recognized Tribes have been informed of the availability of IV-E and Chafee funds for direct Tribal program management, and of OCS's willingness to negotiate in good faith with them, and to provide training and technical assistance as needed and requested. None of the Tribes in Louisiana has requested such assistance.

Tribal social service directors participate on Regional Continuous Quality Improvement (CQI) teams where program development and evaluation is discussed and monitored for effectiveness. In addition to the tribal representatives who participate, various community partners and OCS staff are also involved in the process. This forum creates opportunities for OCS to ensure that Indian tribes are knowledgeable about eligibility for benefits and services as well as fair and equitable treatment for Indian youth.

Determining Eligibility for Benefits and Services

All youth, ages 14-21, are eligible for Chafee Services. The OCS or Office of Juvenile Justice (OJJ) case manager refers the youth to the Independent Living contracted provider. The contracts are monitored quarterly with a review of case records and groups. Any deficiencies are written into a corrective action plan and monitored until the deficiencies are resolved.

Any youth who was adopted or placed in kinship care at age 16 or older are also eligible. The foster care or adoption worker provides the caregiver with the Independent Living Provider information. Any youth in foster care adopted at age 16 or older or in Kinship care after age 16 who is attending post-secondary educational or vocational training may apply for ETV. ETV is based on need and a formula is used to ensure the youth receives the highest benefit possible. OCS staff and Independent Living Providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan.

Income is not an eligibility factor except that in the YAP program, youth are required to participate in the cost of their care as an opportunity for them to learn to be self-sufficient.

If youth reside out of state, they may remain eligible for the Young Adult Program (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 universities, 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 youth who left Louisiana to attend college.

Youth Involvement in Plan and Other State Agency Efforts:

The Louisiana Youth Leadership Advisory Council (LYLAC) is a statewide leadership development group with a total of 20 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 member have numerous opportunities to develop leadership skills including attending national conferences, appearing before the legislature to

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advocate for themselves, and participating in agency policy development both generally and as it relates to specifically to issues of transitioning youth.

Representatives of LYLAC were not able to attend the kick-off meeting in March 2009 when development of the CFSP began because the meeting occurred when they were in school. A copy of the CFCIP/YAP/ETV plan has been mailed to LYLAC board members and two members attended the Continuous Quality Improvement Consumer and Community Stakeholder meeting on June 18, 2009. Their feedback is included in this plan at that time. Those who were not able to attend the meeting were offered the opportunity to make written comments.

OCS is currently undergoing accreditation, and LYLAC members have participated in stakeholder groups during the accreditation process to provide feedback on the services they receive. Youth will be involved in preparation of the OCS Self-Assessment for the March 2010 CFSR on site and will also participate in PIP development.

Within the past year, one regional LYLAC group was formed and in the coming year eight additional regional groups will be formed so that there is a LYLAC in each region. There is not a minimum age requirement for the regional groups.

Training:

Two Youth Independent Living Conferences (one in North Louisiana and one in South Louisiana) will be held in 2009 and each year thereafter. With the assistance of the Youth Advisory Boards, CFCIP providers and OCS staff these conferences will offer the same format and learning opportunities as those held in the past. The conferences will be funded with CFCIP funds with a budget of \$13,000. Similar conferences will be held annually.

Leadership training will be provided to youth who participate in the ten regional youth leadership teams planned for the coming year.

CFCIP providers will continue to provide specialized training and consultation for foster parents and other child care providers to build skills in working with this older youth in care. The Ansell-Casey Life Skills Assessment will be used to involve foster parents and residential providers in the independent living skills training our youth receive.

OCS attendance at national independent living conferences with some Louisiana CFCIP providers is contingent on funding. Also youth will be invited to attend a national youth conference if funds are available.

Ansell-Casey Life Skills Assessment training will continue be offered to foster parents, OCS staff, and others as appropriate.

In order to assure that permanent connections are developed as early as possible in a child's foster care experience, Louisiana Connections for Permanency will be expanded by providing OCS Child Protection Investigation and Family Services workers and supervisors training in searching for family connections. This training was planned for 2009, but this has been postponed until 2010. Foster Care and Adoptions workers and supervisors who received this training in the past will receive refresher training in 2010.

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Training will continue with the NRCFPPP concerning reunification and case planning for transitioning youth, especially those who have Alternative Plan Living Arrangements (APLA) goals. This will involve the Court Improvement Project, OJJ, and the courts, in conjunction with the NRCFPPP.

OCS will continue technical assistance through the NRCYD for assistance in determining the best practices for the management of ETV funds.

Steps Taken to Prepare to Implement the National Youth in Transition Database:

Plans for NYTD were rolled into Louisiana's ACCESS project last year. However, delays in that project have caused OCS to look at other alternatives for system development and tracking of youth after they leave care. We are sending three people to the national NYTD TA session in June to look at the national database design. We are also working with the Picard Center at the University of Louisiana at Lafayette on an NYTD proposal. Whether the Picard proposal will be accepted is dependant upon the content of the proposal and funding availability; therefore, OCS continues to develop in-house resources to implement NYTD.

An inter-agency workgroup has been formed consisting of representatives of OCS Program, Planning, Policy, Field Services and Quality Assurance sections; DSS ACCESS staff; and Office of Juvenile Justice staff. The workgroup meets bi-weekly to identify challenges and methods to overcome those challenges. At this point, the major challenge that has been identified is developing a mechanism for communication between the OCS and OJJ information systems.

Technical Assistance has not been requested at this point. As development continues, we anticipate seeking Technical Assistance from the National Resource Center for Youth Development.

The Louisiana Youth Leadership Advisory Council (LYLAC) has been informed of the NYTD requirements and it is discussed at their quarterly meetings. The CFCIP Independent Living Providers have been informed and they are discussing making and keeping contact with their youth.

Trust Funds

Louisiana does not place CFCIP funds in trust funds for youth.

STATISTICAL AND SUPPORTING INFORMATION

Education and Training Vouchers:

The actual final expenditure of the ETV allocation of \$386,284 for FFY 2008 was \$386,284.

Continuing and New ETVs by Year		
FFY	Total Vouchers	New Vouchers
2006-2007	129	62
2007-2008	132	65
2008-2009 Year to Date	125	40

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GOALS FOR 2010 THROUGH 2014 CHAFEE FOSTER CARE INDEPENDENCE PROGRAM
EDUCATION AND TRAINING VOUCHER PROGRAM YOUNG ADULT PROGRAM

Goal 1: Help youth transition to self-sufficiency:

Objective 1.1: Assess and track youth’s preparation for independence through the Youth Transition Plan (YTP) and Youth Transition Plan Review (YTPR) which evaluate the domains of living arrangements/housing, health/medical, independent living skills, education/vocation, employment, financial, permanent contacts, documents and service resources.

Strategy 1: Train OCS and OJJ staff in the use of the recently issued forms. (Year 1)

Strategy 2: Monitor completion of forms and progress of youth at local and State Office level. (Years 2-5)

Objective 1.2: Teach eligible youth basic life skills. (Years 1-5)

Strategy 1: Contract with Chafee Foster Care Independence Program (CFCIP) Providers to teach eligible youth skills in the areas of budgeting/money management, housing, career planning, employment preparation, education, communication, personal care, human sexuality, consumer awareness, safety, and community resources using both classroom and experiential techniques. (Years 1-5)

Strategy 2: Train CFCIP providers, juvenile justice agencies, and community partners on appropriate use of Ansell-Casey Life Skills Assessment. (Years 1-5)

Strategy 3: CFCIP providers will assess youth’s needs based on Ansell-Casey Life Skills Assessment; develop individualized learning plan based on assessment; reassess youth using same instrument upon completion of training. (Years 1-5)

Strategy 4: Monitor CFCIP providers to assure appropriate training and testing.

Objective 1.3: Develop mechanism to track youth into young adulthood to meet National Youth in Transition Database requirements.

Strategy 1: Collaborate with National Resource Center for Data and Technology and Department of Social Services Information Technology staff to develop tracking mechanism. (Years 1 and 2)

Strategy 2: Track well being outcomes of foster care alumni. (Years 3-5)

Goal 1 Measurements:

Measurement 1: Number of OCS and OJJ staff trained in use of YTP and YTPR.

Number of Staff Trained in Use of YTP and YTPR					
	Establish Baseline: FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
OCS Staff					
OJJ Staff					

Measurement 2: Percentage of youth 15 and older for whom YTP has been completed based on completed forms compared with TIPS database.

Percentage Youth with Completed YTP				
Establish baseline: FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013

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Measurement 3: Average improvement in ACSLA pre-and post-test scores

Average ACLSA Scores						
Provider	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
QASSA*						
FCA	19%					
VOANLA*						
MCH-R	46%					
GCTFS-H	2.5%					
CCANO	68%					
GCTFS-L	19%					
SLU*						
YS	20%					

* New provider; baseline to be established 2010.

Measurement 4: Number of participants trained in using ACSLA per year.

Number of ACLSA Trainees					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
16					

Goal 2: Help youth receive education, training and services necessary to obtain employment.

Objective 2.1: Assist youth with costs of room and board, education/training program costs and any other needed support services.

Objective 2.2: Make youth aware of educational and vocational options.

Strategy 1: Provide one youth conference per year in two areas of the state with information on educational and vocational opportunities. (Years 1-5)

Strategy 2: Hold Youth Summit as a part of Together We Can conference every other year with information on educational and vocational opportunities. (Years 2 and 4)

Strategy 3: Collaborate with Louisiana Department of Labor (LDOL) to refer youth for employment and training opportunities. (Years 1-5)

Objective 2.3: Develop mechanisms for monitoring number of referrals to LDOL and monitor referrals.

Strategy 1: Finalize efforts to receive aggregate data from the Department of Labor data system on services provided to youth in foster care. (Years 1 and 2)

Strategy 2: Monitor referrals to LDOL. (Years 3-5)

Goal 2 Measurements:

Measurement 1: Number of youth assisted with room and board, education/training costs, and other needed services (“Expenses”) based on TIPS data

Number of Youth Assisted with Expenses					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320					

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Measurement 2: Number of youth attending Youth Conferences

Number of Youth Attending Youth Conferences					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
135					

Measurement 3: Number of youth attending Together We Can Youth Summit

Number of Youth Attending Together We Can Youth Summit					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Not available	N/A	Est. Baseline	N/A		N/A

GOAL 3: Help youth prepare for and enter post secondary training and education institutions.

Objective 3.1: Assess youth’s progress in determining and pursuing post-secondary education goals through Sections IV and V of YTP/YTPR. (Years 2-5)

Objective 3.2: 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. (Years 1-5)

Objective 3.3: Make youth aware of educational and vocational training options.

Strategy 1: Provide one youth conference per year in two areas of the state with information on educational opportunities. (Years 1-5)

Strategy 2: Hold Youth Summit as a part of Together We Can conference every other year with information on educational opportunities. (Years 2 and 4)

Goal 3 Measurements:

Measurement 1: Percentage of youth whose YTP/YTPR reflect identification of specific career or education path

Percent of Youth with Identified Career or Education Path				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	Establish Baseline			

Measurement 2: Number of youth who are provided with educational and/or vocational services

Number of Youth Receiving Educational/Vocational Services					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320					

Measurement 3: Number of youth who attend Youth Conferences
 (SEE GOAL 2, MEASUREMENT 2)

Measurement 4: Number of youth who attend Together We Can Youth Summit
 (SEE GOAL 2, MEASUREMENT 3)

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Goal 4: Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults.

Objective 4.1: All agency staff will have the skills to locate permanent connections for youth and will use the skills to assure that each youth has at least one caring and continuous adult relationship.

Strategy 1: Foster Care/Adoption workers, first line supervisors and district managers will be provided refresher training in Connections for Permanency. (Years 1-5)

Strategy 2: Initial and ongoing training in Connections for Permanency will be provided to Home Development, Child Protection, and Family Services Staff. (Years 2-5)

Strategy 3: CASA staff will assist in conducting searches for permanent connections. (Years 2-5)

Strategy 4: OCS, CASA and CIP will jointly apply for a grant to enhance the Connections for Permanency initiative. (Year 1)

Objective 4.2: OCS and CFCIP provider staff will continue to provide aftercare services to youth in locating needed services, including counseling for emotional crises, as requested by the youth, for crises that occur after the youth has left care. (Years 1-5; baseline tracking – Year 2)

Goal 4 Measurements:

Measurement 1: Number of Staff trained in family finding and engagement.

Connections for Permanency Trainees				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Establish baseline				

Measurement 2: Total number of CASA searches for connections.

Number of CASA Searches				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	Establish baseline			

Measurement 3: Number of successful CASA searches for connections.

Number of CASA Successful Searches				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	Establish baseline			

Measurement 4: Number of calls CFCIP staff receive requesting affective and/or concrete assistance from youth who have aged out of foster care.

Youth Requesting Assistance					
Provider	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
QASSA	N/A	Establish baseline			
FCA	N/A	Establish baseline			
FSGBR (for ETV youth)	N/A	Establish baseline			

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Youth Requesting Assistance					
MCH-R	N/A	Establish baseline			
GCTFS-H	N/A	Establish baseline			
CCANO	N/A	Establish baseline			
GCTFS-L	N/A	Establish baseline			
SLU	N/A	Establish baseline			
YS	N/A	Establish baseline			
VOANLA	N/A	Establish baseline			

Goal 5: Providing financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age. (**NOTE:** The primary source of financial support for the Young Adult Program (YAP) has historically been State General Fund dollars. Due to current state fiscal constraints, this funding stream has been eliminated. One million dollars of Supplemental Social Services Block Grant (SSBG) funding will be used to fund YAP during SFY 2009-2010. Funding beyond that point has not been identified.)

Objective 5.1: Explore public and private Requests for Proposals and apply for grant opportunities that are appropriate to maintain YAP funding. (Year 1 and as needed in Years 2-5)

Objective 5.2: Encourage youth between ages of 18 and 21 to participate in YAP, and provide participants with services such as room and board, educational services, clothing and other supportive services within available funding limits. (Years 1-5)

Objective 5.3: Encourage youth aged 18 to 21 to continue to avail themselves of services provided by CFCIP providers including counseling and referral to community resources. (Years 1-5)

Objective 5.4: Maintain or expand the number of Transitional/Supervised Apartment beds available for youth up to age 21. (Years 1-5)

Goal 5 Measurements:

Measurement 1: The number of grants applied for and the results of those applications will be monitored.

Grant Applications for YAP Funding					
Funding Source	Application Date	Maximum Grant Award	Response Date	Approval (Yes/No)	Amount Funded

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Measurement 2: Number of youth who participate in YAP.

Number of Youth in YAP					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
332					

Measurement 3: See Goal 4, Measurement 4

Measurement 4: Amount and percentage of CFCIP funds used to provide funding for supervised apartment living for youth over the age of 18.

CFCIP Funds Used for Housing for Youth over 18		
Year	\$ Amount	% of CFCIP Total
Baseline: FFY 2008	72,927	5.36%
FFY 2009		
FFY 2010		
FFY 2011		
FFY 2012		
FFY 2013		

Measurement 5: Number of Transitional/Supervised Apartment beds available for youth over age 18.

Available Transitional/Supervised Apartment Beds					
Baseline: FFY 2008	FFY 2009	FFY 2011	FFY 2011	FFY 2012	FFY 2013
42					

Goal 6: Provide vouchers for education and training, including post secondary education; to youth who have aged out of foster care (strengthen post-secondary education to achieve purpose of ETV Program)

Objective 6.1: Increase the number of eligible youth who apply for the ETV program.

Strategy 1: OCS and ETV providers will work jointly to identify youth who are in post secondary institutions at the time they reach 21 years of age and notify them by mail at their last known address of their potential ETV eligibility. (Years 1-5)

Strategy 2: CFCIP providers, foster care providers, and the Foster/Adoptive Parent Association will be requested to notify young adults (no longer in the YAP program) with whom they maintain contact of their potential eligibility for the ETV Program. (Years 1-5)

Strategy 3: All post secondary institutions in the State will be provided brochures on the ETV and requested to inform any youth whose Free Application for Federal Student Aid (FAFSA) indicates previous foster care status of their potential eligibility for the ETV Program. (Years 1-5)

Strategy 4: Youth adopted or entering guardianship after attaining age 16 will be identified through TIPS, and their OCS worker will inform them of their potential eligibility for the ETV Program. (Years 1-5)

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Strategy 5: TIPS will identify youth who are currently in foster care or the YAP program, and their OCS workers will inform them of their potential eligibility for the ETV Program and refer them to their regional ETV Coordinator. (Years 1-5)

Strategy 6: OJJ staff will identify youth in custody and notify the regional ETV coordinator who will determine eligibility for the ETV program. (Years 1-5)

Objective 6.2: Eligibility for the ETV Program will be determined accurately based on present or previous foster care status and need for financial assistance.

Strategy 1: Present or previous foster care status will be determined through a review of the TIPS data system. (Years 1-5)

Strategy 2: Youth will complete FAFSA to establish cost of attendance as defined in section 472 of the Higher Education Act. (Years 1-5)

Strategy 3: The youth’s financial need will be calculated by the financial aid administrator at the post secondary institution by subtracting Pell Grant aid and aid from any other sources, such as scholarships, from the cost of attendance. (Years 1-5)

Strategy 4: Youth will provide documentation of cost of attendance and financial need as determined by the financial aid administrator to their ETV provider. (Years 1-5)

Strategy 5: Eligible youth will receive an ETV in the amount of the student’s need, which shall not exceed the lesser of \$5000.00 per year or the actual cost of attendance to the extent that ETV funds are available. (Years 1-5)

Strategy 6: When the ETV amount is calculated, it will be divided so that the youth receives only half of the year’s total each semester (except in that in the year the young adult turns 23, the entire payment is made at one time. (Years 1-5)

Strategy 7: ETV coordinator will report the amount of the ETV assistance to the post secondary institution to avoid duplication of benefits. (Years 1-5)

Objective 6.3: Youth’s progress and needs will be monitored.

Strategy 1: Periodic reviews of the youth’s progress will be made to assure that the youth receives the services to meet educational or training needs and achieve educational goals. (Years 1-5)

Strategy 2: The youth will submit grades at the end of each semester or each quarter to the ETV coordinator and case manager. (Years 1-5)

Strategy 3: ETV coordinator and case manager will review grades to evaluate youth’s progress and performance to determine justification for continued expenditure of funds. (Years 1-5)

Objective 6.4: Options will be explored to determine the most effective method to administer the ETV program. (Years 1-2)

Goal 6 Measurements:

Measurement 1: The number of youth who apply for the ETV program will be monitored.

Number of ETV Applications					
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Not Available	Est. Baseline				

Measurement 2: The total number of ETV vouchers awarded each year and the number of new vouchers awarded each year will be monitored.

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Number of Education and Training Vouchers Issued						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Total Vouchers	132					
New Vouchers	65					

Measurement 3: The ETV program for each CFCILP provider will be monitored quarterly by State Office OCS staff to evaluate compliance with contractual requirements using the provider monitoring instrument. Corrective actions will be required for noted deficiencies.

Measurement 4: The average amount of ETV funds per youth will be monitored.

Average ETV Amount per Youth Served					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
\$2263.00					

Measurement 5: The number of youth who receive ETVs will be monitored.

Number of Youth Served by ETV Program					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
154					

Measurement 6: The number of youth who left foster care for kinship guardianship or adoption at age 16 or older who receive ETVs will be monitored.

Number of Youth Who Left Care for KG or AD Served by ETV Program					
Baseline	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
NA	Est. Baseline				

Measurement 7: The percentage of ETV participants with good outcomes (graduated from college or vocational school or continued in college or vocational school with satisfactory progress) will be monitored.

Successful ETV Outcomes					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
85%					

Goal 7: Enable youth to become empowered to advocate for services for themselves and youth statewide.

Objective 7.1: Continue to support the development of the statewide Louisiana Youth Leadership Advisory Council (LYLAC) comprised of four youth from the Greater New Orleans Region and two youth from each of the other regions to give youth a voice in decisions affecting them. (Years 1-5)

Objective 7.2: Establish nine Regional LYLAC boards to address regional concerns with one representative of each regional board serving on the statewide board. (Years 1-5)

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Goal 7 Measurements:

Measurement 1: The average number of attendees at Statewide LYLAC board meetings will be monitored along with board member positive activities.

Statewide LYLAC Participation and Activities						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Average number attending State LYLAC board meetings	14					
Average number attending in-state and out-of-state conferences per occurrence	2					
Average number of invitations sent to elected and appointed officials to attend LYLAC meetings	2					
Average number of appearances before legislators and local governing bodies.	3					

Measurement 2: The development and positive activities of LYLAC Regional Boards will be monitored.

Regional LYLAC Participation and Activities						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Number of regional boards established	1					
Number of times members attend conferences	N/A					
Number of times members present at conferences	N/A					
Number of times members represent LYLAC on local or state matters including interacting with elected and appointed officials	N/A					
Number of invitations of members to sit as stakeholders on various boards	N/A					
Number of opportunities to appear as witnesses on matters before the state legislature or local governing bodies.	N/A					

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART 2

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

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

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

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

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

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

Population Served: The target population is very young abused and neglected children 0-60 months and their immediate caregivers in Jefferson and Orleans Parishes and the Greater Baton Rouge area. The infant team programs are specifically designed to meet multiple complex needs of young abused and neglected children and their caregivers.

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

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 served in the Screening Assessment Referral and Treatment (SART) program at the Infant Child and Family Center in 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 may access specialized infant mental health services through the Early Childhood Supports and Services program, but the vast majority are not receiving specialized assessment and treatment services. Please refer to the chart below for the percentages of children residing in foster care under the age of 5, the percentages of new foster care entries of children under the age of five and the percentage of these children residing in the New Orleans area.

FFY	Percent of children in foster Care Statewide under age 5	Percent of new entries in foster Care Statewide under age 5	Percent of foster children living outside of New Orleans
2007-2008	43%	47.5%	7.9%
2008-2009			
2009-2010			
2010-2011			
2011-2012			
2012-2013			

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

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Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child's safety and well-being call the DSS/OCS to report their concerns. If the report contains sufficient evidence of 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 purview of DSS/OCS 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.

Infant Mental Health Training

Through a contract with Tulane University, specialized training in infant mental health has been completed with OCS staff in Lafayette, St. Martin, and St. Mary Parishes. The training is the first step in implementing an infant mental health consultation and evaluation program for foster care workers and supervisors in the three parishes. The consultation model to be implemented over the next 3 years consists of two types of augmented services to foster care workers and supervisors. One group of workers will have access to a warm line which they can call to consult about any cases involving young children. The second group will be assigned a clinical consultant with whom they will meet via video or telephone on a weekly basis. All consultations are intended to provide a means of translating state of the art knowledge in infant mental health to workers as they work with families. The effectiveness of the consultations in addressing children's needs, supporting foster parents in effective care giving, and increasing competencies and resiliencies of workers and supervisors will be carefully evaluated during the 3 year period.

Activities Planned in FFY 2009-2010

Due to recent budget cuts, it is expected that services provided by the Infant Mental Health Team will be reduced in future FFY.

Resource Center Program Description: Family resource centers provide services such as respite, supervised family visitation, information and referral, advocacy, parenting classes, psychotherapy, support groups and training to families served by OCS. There are 10 contracted resource center providers operating statewide through multi-year contracts. OCS monitored contracts and provided assistance to resource center providers/contractors through regional liaisons and state office staff. Monthly monitoring reports were also completed for each provider.

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

Services are being provided to address the four targeted areas of PSSF funding. Family Services and foster care cases are the primary referrals and recipients of services. The most frequently cited reason for referral is maintenance of placement. Foster parents and adoptive parents' utilization of the services vary from region to region. The majority of these parents make use of the respite services but most often do not avail themselves to other services offered by the center. There are some parishes in each region that make few referrals of any nature to the centers. The majority of the families referred are served within the month of referral. A few centers have

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

Gaps in Services

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

Activities Planned in FFY 2009-2010

Due to recent budget cuts it is expected that the funding for the Family Resource Centers will be decreased which will result in a reduction in the number of Family Resource Centers available and a decrease in the service array. It is anticipated that 3 of the 12 Family Resource Centers will be cut to include the Baton Rouge Volunteers of America (VOA), Kingsley House in St. John Parish and Positive Steps in Covington. The services provided and clients served by these centers will be absorbed by neighboring resource centers. It is expected that Family Resource Centers will only provide services to include mentoring, parenting, and a new service called visit coaching.

Visit coaching will primarily target children in foster care, but can benefit in-home families as well. 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. Visit coaching is a hands-on guidance for families in meeting their children's needs and helps the parent take charge of their visits and demonstrate more responsiveness to their child(ren). Visit coaching includes:

- Helping the parents articulate their children's needs to be met in visits;
- Prepares parents for their children's emotional reactions and behaviors in visits;
- Helps parents plan to give their children their full attention at each visit;
- Appreciates parents' strengths in responding to their children and coaches them to improve their skills;
- Supportively reminds parents immediately before and during the visits of how they plan to meet their children's needs and,
- Helps parents cope with their feelings in order (a) visit consistently and (b) keep their anger and depression out of the visit.

Service/Program Descriptions: Foster/Adoptive Recruitment Efforts/Adoption promotion: State and regional recruitment/retention plans are developed annually by state office and regions. The agency promotes adoption awareness through the annual Governor's mansion celebration

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The agency continues to receive some assistance from Volunteers of America and Wendy's Wonderful Kids in the recruitment of adoptive families. (PSS, APSS) Children available for adoption are photo listed on the DSS website, Louisiana Adoption Resource Exchange (LARE), and AdoptUSkids website.

Service/Program Description: In-home services and post-adoption case management support services are offered through Resource Centers in order to assist families with permanency. Major services provided include therapy, parenting, respite and mentoring services which will also include information, referral and advocacy services.

Service/Program Description: Louisiana Advocacy Support Team (L.A.S.T.) provides support to foster and adoptive parents who are dealing with allegations of abuse and neglect. LFAPA sub-contracts with ULM Family Connections Family Resource Center in Monroe to administer the L.A.S.T. (LA Advocacy Support Team) Program. The Family Resource Center provides office space, a statewide toll free phone line, and a staff person who is a foster/adoptive parent to serve as the L.A.S.T. Coordinator who mans the phone line 24/7 and makes referrals to L.A.S.T. Volunteers in the callers' region. L.A.S.T. is responsible for training and support to L.A.S.T. Volunteers. The program also provides Defensive Parenting Training to OCS foster parents and staff in an effort to prevent allegations. The LAST volunteer can be a mentor, teacher, helper and friend to foster and adoptive parents should the need exist. (FP & PSS).

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

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DECISION MAKING PROCESS

The Agency has used two basic decision making approaches in securing family support services provided through funding from Title IV-B, Parts 1 and 2, CAPTA, Chafee, and ETV.

OCS will continue the Request for Proposals (RFP) process in the creation of the Family Resource Centers, establishment of Chafee Independent Living Providers, Education and Training Voucher Providers, and Residential and Residential Placement, Private Foster Care and Transitional Living Providers. All regions of the State are included in the RFP process.

Critical components of the RFP process include:

- Needed services are described in the RFP and agencies are required to explain how they will provide the needed services.
- Services solicited will continue to be multi-faceted, community oriented, and tailored for a particular area and client, with services provided in the family home if possible. The goal is to have a variety of services that are otherwise unavailable in their community. Services will be provided in a culturally sensitive manner by employing persons from the community and also through an awareness of the ethnic and cultural backgrounds of the families served.
- The Providers that are contracted through the RFP process will continue to be monitored and evaluated by agency staff to refine, improve and expand services.

As an example of the RFP process, in 2007 an RFP was issued to solicit Chafee Foster Care Independence Program Providers. The process began with informational meetings, followed by agencies submitting proposals. The proposals were reviewed by several teams that consisted of OCS and Office of Juvenile Justice staff, and recommendations were based on the degree to which the proposals met the specific requirements explicit in the RFP. The outcome of this process was awarding contracts to six existing providers and three new providers, resulting in better geographic coverage of the state by the providers.

The Agency will provide family support services by selecting agencies and organizations through a state approved contracting process. This process seeks to find needed services based on the availability of agencies with these services in a given geographical area. A variety of programs have historically been funded in this manner including the Infant Team Assessment Model and Intensive Home Based Services in the Orleans District. These programs are monitored and evaluated on an on-going basis by both local and state office staff.

A major consideration in the decision making process for family support services is to explore how the agencies will be community-based. OCS will continue to seek out organizations that provide community-based services to include services sought in a particular area to meet the needs of our clients and satellite offices may be established in areas accessible to clients (ex. rural areas where location and transportation can present barriers to service access).

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TRAINING ACTIVITIES TO BE FUNDED THROUGH TITLES IV-B, IV-E AND XX

The Louisiana Department of Social Services, Office of Community Services (OCS) supports staff development and proposes a responsive training plan that supports the goals and objectives of the Child and Family Services Plan (CFSP) for 2010-2014. The training and staff development plan presented in this section addresses the Title IV-B programs and Title IV-E requirements and other related but separate training needs, objectives, and initiatives that reflect the ever changing nature of staff preparation and training at the beginning, intermediate, and advanced levels of knowledge, skills, and attitude. Further, the training and staff development plan for the next five years includes an ever expanding use of nationally recognized experts and resources, some of whom will be provided through the National Resource Center Network for Training and Technical Assistance, university expertise, internal training resources, and locally available resources. Training is ever changing and OCS will address the shifting training needs through a variety of approaches and resources to be responsive to the future.

Training content supports and enhances cross-system coordination and consultation and training sessions are open to various levels of agency staff, foster and adoptive parents, providers and community partners including American Indian tribal representatives. All courses are directed at enhancing the knowledge and skills of participants in order to perform their jobs in a competent manner to benefit the children and families served within the child welfare system. The location of these trainings is generally at the agency's state office located in Baton Rouge, Louisiana. However, if there is a cluster of trainees in a particular area of the State, the trainers may elect to go to that particular area to provide the needed training, which is cost effective, budget and time-wise.

The agency utilizes Title XX, Social Services Block Grant funds and Title IV-E funds for training. The agency also utilizes Title IV-B, Subpart 2 funds for administrative costs for training. Title IV-B, Subpart 2 funds are used primarily for trainers' salaries. The non-federal match includes state general funds and in-kind funds.

Estimated Total Cost/Indication of Allowable Title IV-E Administration

The training costs allocated to Title IV-E are based on Random Moment Sampling (RMS) procedures and "stat sheets" prepared by training staff. "Stat sheets" serve to document and track training activities. RMS procedures capture the levels and types of staff activities that may be claimed as Title IV-E allowable administrative expenditures.

OCS expended \$8,621,804 (amount includes federal funds and state general funds) in allowable Title IV-E cost during FFY 2007 - 2008. These costs were funded with 75% federal and 25% state general funds. For the 2009 FFY, (based on Title IV-E 1) \$8,794,240 (amount includes state general funds and federal funds) is the projected cost of Title IV-E foster care training. State general funds, in the amount of \$1,747,635, are allocated for foster care training and \$450,925 for adoption training. Random Moment Sampling data is used to determine the percentage of IV-E funding to be used for foster care and adoption training.

The agency utilizes a random moment sampling process that identifies training activities as well as other activities. Depending on the function, the allowable federal funds are claimed. Costs deemed matchable as training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material.

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Category of Expenditure	Projected FFY 2009	Projected FFY 2010	Projected FFY 2011	Projected FFY 2012	Projected FFY 2013	Projected FFY 2014
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$5,252,800	\$5,357,856				
Travel	\$19,347	\$19,734				
Operating Services -advertising, printing, maintenance of equipment, rental of equipment and buildings, utilities, telephone services, postage, building security, dues and subscriptions, etc	\$73,871	\$75,349				
Supplies	\$10,553	\$10,764				
Acquisitions	\$6,156	\$6,279				
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing, training and advertising	\$2,460,168	\$2,509,371				
Other Charges -contracts with universities for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs	\$971,345	\$990,772				
Total	\$8,794,240	\$8,970,125				

Title IV-E Stipends:

A limited number of stipends are made available to qualified OCS employees each year contingent upon adequate funding. For FY 2010, the agency has committed to awarding 3 employee stipends and is currently requesting and approving applications for additional stipends on a case by case basis. The stipends provide 75% of the employee's salary and full educational leave for up to two academic years to complete a full time MSW program at Louisiana State University, Southern University in New Orleans, or Grambling State University (accredited graduate schools with OCS approved Title IV-E child welfare curricula).

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

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

Educational Stipends of Persons Preparing for Employment FFY 2009-2014

State (Public) University	# of BSW / MSW Stipends FFY 2009	# of BSW / MSW Stipends FFY 2010	# of BSW / MSW Stipends FFY 2011	# of BSW / MSW Stipends FFY 2012	# of BSW / MSW Stipends FFY 2013	# of BSW / MSW Stipends FFY 2014
Southern Univ. at New Orleans (SUNO)	3-BSW 4-MSW					
Grambling State Univ. (GSU)	2-BSW 3-MSW					
Southern Univ. Baton Rouge (SUBR)	6-BSW 0-MSW					
Univ of La at Monroe (ULM)	2-BSW 0-MSW					
Northwestern State Univ. (NSU)	4-BSW 0-MSW					
Southeastern La Univ. (SLU)	6-BSW 0-MSW					
Louisiana State Univ (LSU)	4-MSW					
Annual Total # BSW stipends/ Cost (\$5000 each)	23 Stipends/ \$115,000					
Annual Total # MSW stipends / Cost (\$7000 each)	11 Stipends/ \$77,000					

University Contracts

The agency has a contract with Louisiana State University (LSU) for the training of ACCESS computer data entry program to OCS staff utilizing SSBG funds. The unexpended balance of the contract, coupled with the continued need for this training, resulted in an opportunity for the agency to carry forward the training and funding into the first half of FFY 2008 – 2009.

During FY 2005-2009 the agency’s leadership team elevated the importance of workforce development and child welfare training to further improve services delivered to children, youth, and families. It is expected that work with state (public) universities and plans for developing and enhancing the comprehensive system of training that serves staff and foster parents will extend into the 2010-2014 reporting period. With Northwestern Louisiana University (Natchitoches, Louisiana) as the lead university for the OCS and university partnerships, the agency looks forward to the ongoing partnerships that will continue efforts to build a skilled and competent workforce in Louisiana.

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Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

As part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), there are numerous changes to the training curricula that has occurred and that will be needed for the successful implementation of the Act. The agency is exploring the option to provide kinship/guardianship assistance payments to relatives and is currently in the process of developing a plan that will include training of staff, relatives/guardians and other community partners (i.e. guardians ad litem, CASA, court personnel, etc.). The agency has incorporated the following requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008 in current trainings:

- Assure that school age Title IV-E recipients are full time students unless they are incapable of attending school full time due to a medical condition. This information has been incorporated into the New Worker Orientation, Model Approach to Partnerships in Parenting-Group Participation and Selection, and Foster Care Assessment and Case Planning.
- Due diligence to identify and notify adult relatives within 30 days of a child's entry into foster care. This requirement has been incorporated into New Worker Orientation, Child Protection Investigation/Alternate Response Family Assessment/Family Services fundamental decision making trainings. This information is also included in a booklet, titled "6 steps to permanency" that is provided at the New Worker Orientation. The agency is currently evaluating whether this requirement should also be included in the Foster Care Assessment and Case Planning training.
- Reasonable efforts to place siblings together or provide on-going interaction unless contrary to the welfare of the child is incorporated into New Worker Orientation, Foster Care Assessment and Case Planning and Home Development trainings.
- Creation of a detailed, personalized, transition plan for youth within 90 days of emancipation from foster care is incorporated into Foster Care Assessment and Case Planning, all adoption courses, and the new OCS residential liaison trainings.

Initial In-Service Training Program for New or Reassigned Employees

The OCS Child Welfare Staff Development Curriculum is built around a model incorporating a multidimensional approach to learning by offering varied learning experiences relating to specific competencies. Learning experiences are categorized into three levels of professional maturation - basic, intermediate and advanced. Some courses span two levels.

Basic and intermediate competencies are addressed in the core curriculum courses. These courses build on each other and are therefore taken in a specified sequence. Some portions/modules stand alone and may be taken at any time, such as Physical Indicators of child Maltreatment and worker safety, each of which is offered within the New Worker Orientation. Staff is legally mandated to complete the core curriculum for their program assignment within six months after receiving case assignments. Through this approach, the agency provides staff with one of the most comprehensive child welfare curriculum in the country.

OCS currently has New Worker Orientation training for newly hired professional staff as three consecutive weeks of formal training. This curriculum provides fundamental knowledge and skills needed for child welfare services delivery that are common to the Child Protection Investigations, Alternate Response and Family Assessment, Family Services and Foster Care program areas. Each training day builds upon the preceding one and each week builds upon the other. Prior to attending the New Worker Orientation, newly hired workers are required to

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complete a pre-orientation Structured Activity Time exercise. This exercise includes activities that would assist the new worker, under the guidance of their supervisor, in being oriented to their parish office, with policies, procedures and forms, and to their community service providers and stakeholders. The new workers are to bring their completed Structured Activity Time exercise and their OCS Desk Resource with them to the New Worker Orientation training as most of the activities they completed are used as examples and, in reflection, during the application and integration processes of the training. The OCS Desk Resource is also used by newly hired staff and experienced staff. It is a compendium of all relevant Child Welfare laws, specific DSS policies and procedures on issues such as dress code, weapons, ethics, confidentiality, and the agency's vision, mission and core values, etc.

Included in the training content: Safety and Risk Assessment; Structured Decision Making; and Casework Assessment and Case Planning with the Family; ACESS System; the Court System and OCS; Exploring Issues: Substance Abuse, Mental Illness and Domestic Violence; Basic Interviewing; the Casework Process; Intake and Screening; The Laws, Legal and Allegations Definitions; Objective Documentation; Cultural Competency; and Separation and Attachment.

For additional information on ongoing training in the core curriculum, please refer to the OCS Training and Staff Development Chart below. Courses in the core curriculum are also described in detail in the 2009-2010 OCS Staff Development and Training Catalog and the duration of each course/training is listed as well as the individuals targeted as participants. Courses are provided for an estimated 25 participants per session; however, the number of participants for courses for newly hired/reassigned employees may vary depending on the number of staff who are hired or reassigned to a different/new program area.

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/ # of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
Adoption Assessor Training Tier I	Directed at increasing the skills of adoption staff. Primary Topics – effective communication with child, assessing needs, preparing child for adoption. Selecting an appropriate placement, helping child to integrate past and present. Assessment of adoption. Families examined and cross-cultural adoption issues are addressed.	Core & Case Management 75/25	State Office Location	24 hours, Short-term (1 Session)	OCS Trainers	Adoption, Home Development & Foster Care staff	MIN \$60 – \$185 MAX \$4900 - \$9615	Minimum of 10; Maximum of 25
Adoption Assessor Training Tier II	Primary topics-cultural issues in permanency planning, achieving permanency through interagency collaboration, openness in adoption and gathering/documenting background information	Core & Case Management 75/25	State Office Location	24 hours, Short-term (1 Session)	OCS Trainers	Adoption, Home Development & Foster Care staff	MIN \$60 - \$815 MAX \$4900 - \$9615	Minimum of 10; Maximum of 25
Attention Deficit Disorder – A new ADDitude	History of ADD, characteristics, causes, the 5 types of ADD, symptoms, assessment, medications and treatment types, the law and ADD as well as educational accommodation options will be presented	Case Management 75/25	Regional Locations and State Office Location	5 hours, Short-term (2-4 Sessions)	OCS Trainers	All levels of staff & foster parents	MIN \$60 - \$255 MAX \$2010	Minimum of 10; Maximum of 25
Basic First Aid	Basic Training in first aid procedures, general principles, medical emergencies and injury emergencies	Safety & Health 50/50	Regional Locations & State Office Location	4 hours, Short-term (4-8 sessions)	American Heart Association & OCS Trainers	All levels of staff with direct client contact & foster parents	MIN \$60 MAX \$255	Minimum of 10; Maximum of 30
Bloodborne Pathogens	Required within 3 months of hire and annually thereafter. Gives participants a general understanding of hazards associated with the exposure to	Safety & Health 50/50	Computer Based Training	1 hour Short-term (all staff annually)	Computer Based Training; Notification by Safety staff	All levels of staff	No estimate available	N/A

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	blood in the workplace and basic methods to help minimize exposure. Gain basic understanding of the potential hazards of exposure to blood, basic principles of OSHA							
CFSR	Focuses on providing participants with an overview of the CFSR. Safety, permanency & Well-being are explained, discussed and applied to case examples	General Child Welfare 75/25	Regional Locations & State Office Location	6 hours, Short-term (1 Session)	OCS Trainers	Foster Care, Home Development, Adoption, CPI, and QA staff	MIN \$60 MAX \$345	Minimum of 10; Maximum of 25
Child Sexual Abuse; Identification and Assessment	Explores basics of child sexual abuse, myths and facts. Basic skills needed to intervene in and manage cases of child sexual abuse; exploration of psycho-dynamics of family system and each role in the family, effects of abuse, interviewing techniques and intervention roles, etc.	Case Management 75/25	State Office Location	18 hours, Short-term (2-6 Sessions)	OCS Trainers	Foster Care, Home Development, CPI, Family Services and Adoptions	MIN \$60-\$255 MAX \$2010-\$4958	Minimum of 10; Maximum of 25
Clerical & Para-professional Support Staff training	To familiarize staff with responsibility as mandated reporters, provides overview of physical indicators of child maltreatment, legal definitions of abuse and neglect; organizational ethics, cultural competency and worker safety	General Child Welfare 75/25	Regional Locations and State Office Location	6 hours, Short-term (2-8 sessions)	OCS Trainers	All clerical and paraprofessional support staff	MIN \$60 MAX \$375	Minimum of 10; Maximum of 30
Coaching/Mentoring Supervisors Project	This project is designed to develop needed skills for supervisors through monthly meetings, ongoing consultation and periodic observations. The course involved in this project include: Achieving Excellence;	General Child Welfare 50/50	Regional Locations and State Office Location	Over the course of several months, Long-term (average of 2 sessions)	Contract	Supervisory Staff (Specialist 4 and above)	No estimate available	22

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	Coaching & Mentoring; Effective Leadership; Managing Change; Case Consultation; Goals & Roles of the Supervisor; Change Management & Leadership; Promoting Excellence thru Supervision; Supervision & Consultation; Building a Cohesive Work; & Promoting Growth & Development of Staff							
Child Protection Investigation, Alternative Response, Family Services Case Decision Making	Provides program specific skills & knowledge building decision making using the Susan Wells model; specialized interviewing skills for clients with disabilities & difficult behaviors; risk and safety assessment.	Case Management SSBG only	State Office Location	32 hours, Short-term	OCS Trainers	CPI, ARFA, Family Services and QA staff	MIN \$60-\$335 MAX \$2285-\$5180	Minimum of 10; Maximum of 25
Cultural Competency – Building Bridges not Walls	To heighten employee awareness of personal values and to increase acceptance of differences. Emphasis placed on accepting differences.	General Child Welfare 75/25	Regional Locations and State Office Location	9 hours, Short-term (2-4 sessions)	OCS Trainers	All levels of staff	MIN \$60-\$815 MAX \$2080	Minimum of 10; Maximum of 25
Driver Safety	Required for all staff every 3 years	Safety & Health 50/50	Computer Based Training	1 hour, Short-term	Computer Based Training	All levels of staff and student interns	No estimate available	Required for all staff every 3 years
Driving the Ethical Highway	Focuses on the NASW, OCS and Foster Parent Codes of Ethics. Tools for dealing with ethical challenges are presented.	Ethics 75/25	Regional Locations and State Office Location	3 hours, Short-term	OCS Trainers	All levels of staff	MIN \$60 MAX \$335	Minimum of 10; Maximum of 25
Equal Opportunity Employment Commission	To develop/improve staff awareness of discrimination laws as they relate to employment, supervision and	General Child Welfare 50/50	Regional Locations & State Office Location	3 hours, Short-term (1-2 sessions)	OCS Trainers	All levels of staff and foster parents	MIN \$60 MAX \$180	Minimum of 10; Maximum of 30

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	service delivery.							
Emergency Planning/Preparedness	Preparation for planning for emergency situations caused by natural and manmade disasters. Special emphasis for planning with Foster Parents and Foster Children.	Safety and Health 50/50	Regional Locations & State Office Location	3 hours, Short-term (10+ sessions)	OCS Trainers	All staff and foster parents	MIN \$60 MAX \$180	Maximum of 30
Ethical Principles	Focus is on Louisiana and NASW code of ethics, OCS vision, core values and mission.	Ethics 75/25	Regional Locations and State Office Location	3 hours, Short-term (6-12 sessions)	OCS Trainers	All staff	MIN \$60 MAX \$180	Minimum of 10; Maximum of 30
Facilitation Skills	Builds on competencies obtained during MAPP/GPS Leader Certification. Focus on facilitation skills and effective presentations to potential Foster and Adoptive Parents.	General Child Welfare 75/25	State Office Location	18 hours, Short-term (1-2 sessions)	OCS Trainers	Home Development Staff	MIN \$60-\$815 MAX \$4900	Minimum of 10; Maximum of 25
Foster Care Assessment and Case Planning with Family	Program specific skills and knowledge.	Case Management/ Core Curriculum 75/25	State Office Location	32 hours, Short-term (4-6 sessions)	OCS Trainers	Home Development, Foster Care, Family Services, Adopt. & QA staff.	MIN \$60-\$335 MAX \$2285-\$5180	Minimum of 10; Maximum of 25
Goals and Roles of the Supervisor	Examines experiences/issues of new supervisors, the first key tasks, and provides supervisors with an opportunity to examine their leadership style.	General Child Welfare 50/50	State Office Location	12 hours, Short-term (2+ sessions)	OCS Trainers	All Supervisors	MIN \$60-\$225 MAX \$2010-\$4810	Minimum of 10; Maximum of 25
ICPC	Learn provisions of the interstate compact on the placement of children and review procedures related to the compact along with the forms and supporting documents that are part of ICPC packet. Communication protocols, home study content	General Child Welfare 75/25	Regional Locations and State Office Location	4 hours, Short-term (4-6 sessions)	OCS Trainers	Home Development, Foster Care, Adoption and QA staff. Also open to CPI and FS staff	MIN \$60 MAX \$375	Minimum of 10; Maximum of 30

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	and travel approval requirements are explained in detail.							
Independent Living/Positive Youth Development	Focuses on providing staff and foster parents with the tools to take a positive approach in working with youth.	Case Management 75/25	Regional Locations and State Office Location	9 hours, Short-term (6-10 sessions)	OCS Trainers	Home Development, Foster Care, Adoption, QA, CPI and FS staff, supervisors, management staff, foster parents and adoption petitions staff	MIN \$60-\$815 MAX \$2010-\$4860	Minimum of 10; Maximum of 25
Leadership	Focus is on developing future leaders within the agency and to strengthen our current management staff through supervision and monitoring efforts.	General Child Welfare 50/50	State Office Location	18 hours, not always done, offered annually	OCS Trainers	Programmatic staff, QA staff, supervisors, managers, foster parents and adoption petitions staff	No estimate available	Varies
Life Books	To provide workers with practical skills to assist children and caregivers in developing Life Books that provide a record of the journey through foster care including placements and documentation of family members and significant events.	General Child Welfare 75/25	Regional Locations & State Office Location	6 hours, Short-term (scheduled as needed) (2-4 sessions)	OCS Trainers	Adoption, Home Development, Foster Care staff & Quality Assurance	MIN \$60 – \$345 MAX \$2295	Minimum of 10; Maximum of 25
Louisiana Standardized Child Passenger Safety Awareness Program	To create awareness of the importance of child passenger safety education in preventing child passenger deaths and injuries and to provide standardized information. Provides information on protecting children and	Safety and Health 50/50	Regional Locations	5 hours, Short-term	Louisiana Passenger Safety Task Force	All staff that transport children and foster parents	There is no charge for this class through LPSTF	15

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	reducing liability.							
Maximizing Job Performance	Promotes cultural diversity awareness and development of skills and practices to ensure safety, permanency and wellbeing of children.	General Child Welfare 50/50	Regional Locations and State Office Location	6 hours, Short-term (scheduled as needed)	OCS Trainers	All staff	MIN \$60-\$345 MAX \$2295	Minimum of 10; Maximum of 25
Model Approach to Partnership in Parenting/Group Preparation and Selection Assessment	To provide staff with information, instructions and policy guidelines necessary to draft a home study/assessment. The twelve skills taught in MAPP/GPS are presented and integrated into the home study.	Case Management 75/25	State Office Location	18 hours, Short-term (scheduled as needed)	OCS Trainers	Home Development, Foster Care and Adoption staff	MIN \$60-\$815 MAX \$4900	Minimum of 5; Maximum of 25
New Worker Orientation (NOW)	This 3 week curriculum provides fundamental knowledge and skills needed for child welfare service delivery that are common in the primary program areas.	Core Curriculum 75/25	State Office Location	88 hours, Short-term (up to 12 per year)	OCS Trainers	All newly hired child welfare workers and supervisors	MIN \$18 MAX \$2358	Maximum of 30
Physical Indicators of Child Maltreatment	Slide presentation of physical indicators of child abuse and neglect (from Amer. Ped. Ass'n.). History given by caretaker versus Doctor's findings, behavioral indicators associated with CA/N, objectively describing worker observations, etc. *DAY 3 of NWO training.	Case Management and Core Curriculum 75/25	Regional Locations and State Office Location	6 hours, Short-term (12 sessions as part of NOW; scheduled as needed)	OCS Trainers	All professional level staff, paraprofessional staff with direct client contact	MIN \$60 MAX \$375	Minimum of 10; Maximum of 30
Prenatal Substance Exposure; The Alcohol/Drug Affected Newborn	Prepared to give workers the information needed to address the issue and allegation. The effects of prenatal alcohol and/or drug exposure are: the effects of prenatal exposure, interventions for the child, current legislation and policies	Case Management 75/25	Regional Locations and State Office Location	4 hours, Short-term (as needed but a minimum of 4 sessions)	OCS Trainers	All programmatic staff	Min \$60 Max \$345	Minimum of 10; Maximum of 30

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	and procedures are discussed.							
Promoting Excellence Through Supervision (Supervisory Level 3)	Explores how supervisors dramatically affect the learning and development of their staff.	General Child Welfare 50/50	State Office Location	16 hours, Short-term (2-4 sessions)	OCS Trainers	All supervisors	MIN \$150 MAX \$2250-\$4800	Maximum of 25
Sexual Harassment in the Workplace	Designed to make staff aware of what constitutes sexual harassment in the workplace. Definitions are provided as well as legal statutes and agency policy.	Safety and Health 50/50	Regional Office Locations	1 hour, Short-term (scheduled as needed)	OCS Trainers and Regional Training Coordinators	All staff	No extraordinary training costs involved	
Stress Management	Focuses on management of stress in everyday life and in professional situations. Four basic ideas are addressed beginning with a look at what stress is and its psychological effects.	Safety and Health 50/50	Regional Locations or State Office Location	5 hours, Short-term (104 sessions)	OCS Trainers	All staff and foster/adoptive parents	MIN \$60 MAX \$345	Minimum of 10; Maximum of 25
Structured Activity Time (SAT)	This prerequisite of NOW familiarizes new workers with community resources, local court preferences and procedures, location of stakeholders, case record documentation, etc.	Core Curriculum 75/25	Regional Office Locations	At participants pace	N/A	All new child welfare workers and supervisors	N/A	N/A
Substance Abuse: What Every Person Should Know	Provides basic information on substance abuse and its relationship to child maltreatment. Focus is on drug classification and indicators of substance abuse.	Case Management 75/25	Regional Locations or State Office Location	5 hours, Short-term (1-4 sessions)	OCS Trainers	Para professional staff, foster/adoptive parents and professional staff without direct client contact	MIN \$60 MAX \$345	Minimum of 10; Maximum of 25
Substance Abuse: Working with the Family	Basic information on substance abuse & its relationship to child maltreatment. Effects of substance abuse, indirectly and directly, on each developmental group are	Case Management 75/25	State Office Location	21 hours, Short-term (2-4 sessions)	OCS Trainers	All professional level staff	MIN \$60-\$815 MAX \$4900-\$9615	Minimum of 10; Maximum of 25

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	covered along with interventions. Relapse dynamics and family risk assessment techniques are discussed and applied to case scenarios.							
Supervision and Case Consultation (Supervisory Level 4)	Geared toward building self-awareness in caseworkers – this course demonstrates how supervisors play a critical role in assuring interventions provided to clients facilitate achievement of outcomes. Requires supervisors to review and evaluate caseworker activities and processes and to provide consultation to workers.	General Child Welfare 50/50	State Office Location	12 hours, Short-term (2-4 sessions)	OCS Trainers	All supervisors	MIN \$60-\$540 MAX \$4900-\$9615	Minimum of 10; Maximum of 25
Time Management	Offers several self-assessments to give awareness and insight to participants as to what their time management style is, as well as, tips on how to change that style to be more efficient as employees and in their personal lives.	General Child Welfare 50/50	Regional Office Locations or State Office Location	5 hours, Short-term (1-4 sessions)	OCS Trainers	All staff and foster/adoptive parents	MIN \$60 MAX \$345	Minimum of 10; Maximum of 25
Title IV-E Student Interns Orientation Training	Offers interns one day each of Physical Indicators of Child Maltreatment, Worker Safety and Overview of OCS policy, ethics and the foster care program.	General Child Welfare and Core Curriculum 75/25	State Office/Centralized Location(s)	18 hours, Short-term (2-4 sessions)	OCS Trainers	All Title IV-E student interns and any other student interns	MIN \$6/trainee MAX \$6/trainee plus \$195 per night travel costs for trainer	Varies
Violence in the Workplace	Designed to make staff aware of what constitutes as violence in the workplace.	Safety & Health 50/50	Regional Office Locations	1 hour, Short-term (1-2 sessions)	OCS Trainers and Regional Training Coordinators	All levels of staff	No extraordinary training costs involved	Varies based on location
Worker Safety	Provides overview of personal	Safety and	Regional	6 hours, Short-	OCS Trainers	Newly hired	MIN \$60	Minimum of 10;

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Training Activity	Description	Title IV-E Administrative Functions & Title IV-E Allowance, if NOT SSBG funded	Setting/Venue	Duration/# of days/Hours/# of Annual Sessions Full Time (for entire column)	Provider	Targeted Participants (Audience)	Estimated Cost/Session	# Participants per Session
	safety issues while in the field and during home/office contacts. Factors & unique situations that place workers at risk are reviewed. Practical suggestions & policy protocol are presented as well as universal precautions.	Health/Core Curriculum 50/50	Office Locations or State Office Location	term (12 sessions)		employees and all other staff who have not completed the course	MAX \$345	Maximum of 25

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Cost Allocation Methodology

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

The agency has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate 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. The agency also utilizes Title XX, Social Services Block Grant funds for training.

Under section 474(a)(3)(B) of the Social Security Act, the state agency makes claim for available federal financial participation at the 75% rate and, when appropriate at the 50% rate, for the short-term training of current or prospective foster or adoptive parents and the members of the staff of state-licensed or state approved child care institutions providing care to foster and adopted children receiving assistance under this part, in ways that increase the ability of such current or prospective parents, staff members, and institutions to provide support and assistance to foster and adoptive children, whether incurred directly by the state or by contract. These costs are isolated in expense forms submitted for processing and contracts with trainer review for approval.

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 at the end of each training session. Feedback received from this process is utilized to make revisions in the Core Curriculum and other training courses to better address specific or additional training needs.

During the 2010-2014 reporting period, the agency expects to be able to provide evaluation information regarding every course or training session through the implementation of a MOODLE based dynamic training system. This central training data system will also include the title of the training, the date(s) of the training session(s), the total number of credit hours per session, and the actual continuing education credits (CEUs) received by each participant during that training.

Activities planned for FY 2010- 2014:

- Implement the central training data system effective June 2009
- Deliver and monitor the revised New Worker Orientation training curriculum
- Continue to develop new courses and offer trainings on the core curricula which include New Worker Orientation; CPI/ARFA/FS Case Decision Making; and Foster Care Assessment and Case Planning with the Family as well as training on other Title IV-E administrative functions.
- Continue work on developing university partnerships
- Expand strategies for an appropriate transfer of learning into practice
- Advance the creation of a Louisiana Child Welfare Center for Excellence

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- On-going court/legal education on child welfare issues.

For more information regarding these activities and training goals and objectives, refer to the Resources section of this document on page 127.

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EVALUATION AND TECHNICAL ASSISTANCE

Research in Support of OCS Programs 2010-2014

The Agency will continue to participate in a variety of surveys and research projects with academia or other sources. The Agency will utilize the results to increase quality practice, expand knowledge and to identify and utilize exemplary models of child welfare practice. The Agency has traditionally participated in university-based surveys both from within the state and nationally. The Agency will cooperate with federal site visits regarding demonstrations of exemplary models of funding utilization and program implementation using funding from the Social Services Block Grant.

Current Research projects that the State is engaged in include the following:

- **Louisiana Child Welfare Comprehensive Workforce Project**
Louisiana State University (LSU) School of Social Work, in partnership with the State of Louisiana Department of Social Services Office of Community Services, (DSS/OCS) and the Louisiana University Child Welfare Training Partnership proposes to establish the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) (Priority Area II) with funding from the Children's Bureau. The purpose of this project is to improve safety, permanency, and well-being outcomes for children and youth by building the capacity of Louisiana's child welfare professionals and by improving the systems in the State that recruit, train, supervise, manage, and retain them.
The research relates to Goal 2, Objective 2.3- Training in the RESOURCES section of the new 5 year plan on page 127.
- Evaluation of the Statewide Implementation of a Parent Education Program In Louisiana's Child Welfare Agency: The Nurturing Parenting Program (NPP) for Infants, Toddlers, and Pre-School Children: This study examined, through a pre-post test study design, the effectiveness of the NPP as implemented on a statewide basis within the Office of Community Services (OCS). Conducted by: Rhenda H. Hodnett, Karen Faulk, Amy Dellinger, Erin Maher.

Technical Assistance

The Children's Bureau, Administration for Children and Families (ACF), makes available to states an array of national child welfare resource centers whose purpose is to provide states with training and technical assistance (TA) to improve services to children and families as well as to implement PIP related projects. OCS values highly the TA provided by ACF and the resource centers and is thankful for the assistance and expertise. The State experienced numerous successful collaborations in the 2005-2009 CFSP planning and reporting period. Some of those efforts continue with the 2010-2014 planning period and new work has been initiated. The current TA plan is 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. Additionally, the activities undertaken in this technical assistance plan support the goals and objectives of the 2010-2014 CFSP.

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LOUISIANA OFFICE OF COMMUNITY SERVICES
TECHNICAL ASSISTANCE PLAN

OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
A1. Safety	Alternate Response Implementation <ul style="list-style-type: none"> • Support implementation expansion • Evaluate implementation of assessment • Integrate evaluation with case review 	NRC for Child Protective Services – Anna Stone	Cindy Phillips	Pending Initiated In Progress Postponed Completed
A2. Safety, Permanency and well-being	Implement Focus on Four comprehensive assessment process: <ul style="list-style-type: none"> • Train on assessment tool and family engagement • Obtain feedback from field staff, management & supervisory staff • Implement assessment process with quality monitoring Expand Family Finding Training	NRC for Family Centered Practice & Permanency – Lorrie Lutz	Rhenda Hodnett	Pending Initiated In progress Postponed Complete (6 regions completed)
A2a. Safety, Permanency and well-being	Train and implement visit coaching through the Family Resource Centers.	NRC for Family Centered Practice and Permanency Planning; Stephanie Boyd-Serafin and Marty Byer	Rhenda Hodnett	Pending Initiated In Progress Postponed Completed
A3. Permanency	-Evaluate post graduate adoption competency curricula -Develop training for worker on talking to children about adoption(unpacking the no) (APPLA use)	NRC for Family Centered Practice & Permanency Planning - Gary Mallon NRC for Adoption - John Levesque	Bruce Daniels	Pending Initiated In progress Postponed Completed
A4. Permanency	-Assist in developing standardized levels- of-care system	NRC for Adoption - John Levesque NRC for Family Centered Practice & Permanency Planning - Stephanie Boyd-Serafin; Jim Wotring of Georgetown University	Joe Bruno/ Suzy Sonnier	Pending Initiated In progress Postponed Completed
A5. Permanency	Develop and implement practice model	Child Welfare Policy and Practice Group Paul Vincent	Joel McLain	Pending Initiated In progress Postponed Completed

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OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
A6. Permanency Youth	-Assist with redesign of independent living program and of youth advisory committee -Integrate the Ansell-Casey Assessment -Assist with youth permanency planning -Provide ACLSA Training of Trainers for new IL providers and OYD staff - July -Assistance with the development of transitional housing programs -Provide training for foster parents on teaching IL skills in the home -Facilitate IL Providers meeting in July -Ongoing assistance to youth advisory committee -Provide information on Trauma Informed Care	NRC for Youth Development - Kathy Sutter NRC for Family Centered Practice & Permanency Planning	Celeste Skinner	Pending Initiated In progress Postponed Completed
A7. Quality Assurance	-Provide assistance with modifying quality reviews to focus on practice (safety, permanency and family stability) -Assist with utilization of quality review information in management, supervision and practice -Integrate practice model implementation monitoring with quality assurance -Identify feedback loops and strategies to involve families in evaluation.	NRC for Organizational Improvement - Peter Watson	Jan Byland Michael Dailey	Pending Initiated In progress Postponed Completed
A8. Information Technology, Data Management	-Provide assistance with using data in decision-making for managers and supervisors -Assist with SACWIS design -Assess IT system and linkages to other systems	NRC for Child Welfare Data & Technology - Gene Thompson	John McInturf Michael Dailey	Pending Initiated In progress Postponed Completed
A9. Workforce	-Work Process Planning (working more effectively)	NRC for Organizational Improvement - Susan Kanak NRC for Child Welfare Data & Technology - Debbie Milner NRC for Family Centered Practice & Permanency Planning - Gary Mallon	Joe Bruno	Pending Initiated In progress Postponed Completed
A10. Training System	Develop Training System <ul style="list-style-type: none"> • Assist in formation of training consortium • Assist in the development of a training system work plan 	NRC for Organizational Improvement - Susan Kanak NRC for Family	Marty Gibson	Pending Initiated In progress Postponed Completed

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OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
	<ul style="list-style-type: none"> Provide information about other state training program designs Workforce Development (including supervisory training) 	Centered Practice & Permanency Planning - Gary Mallon		
A11. CFSR	Assist OCS and courts prepare for 2010 onsite CFSR <ul style="list-style-type: none"> Assist OCS with development of the Statewide Self-Assessment Assist state partners to clarify and understand data issues identified in the state data profile and to assist in supporting the Statewide Assessment. 	NRC for Organizational Improvement - Peter Watson NRC for Legal and Judicial - Joanne Brown NRC CWDT – Debbie Milner	Jan Byland Joe Keegan for Data work	Pending Initiated In progress Postponed Completed Review status in Spring
A12. Service Array	Assist with advancement of quality mental health services to children and families in the child welfare system (credentialing, training, standards and performance based-contracting) including mental health services for youth <ul style="list-style-type: none"> Provide assessment/systems of care models 	NTAC for Children’s Mental Health – Jim Wotring ; Debra Cady	Suzy Sonnier	Pending Initiated In progress Postponed Completed
Court Priorities				
B1. Strengthen internal & external professional development capacity	Assist with conference presentations <ul style="list-style-type: none"> Together We Can Conference Older Youth Summit 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B2. Disproportional Representation	Assist with Disproportional Representation <ul style="list-style-type: none"> Analyze data Assist with strategy development Review strategies/models from other jurisdictions Assist in the development of protocols, a manual, and training -Review disproportionality issues in adoption decision-making	NRC for Data and Technology - Debbie Milner NRC for Adoption - John Levesque NRC for Legal and Judicial - Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B3a. Strengthen internal & external professional development capacity	Training <ul style="list-style-type: none"> New DAs 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B3b. Strengthen internal & external professional development capacity	Improve legal representation <ul style="list-style-type: none"> Assess agency representation, possibly including a survey of the agency attorneys, child welfare workers, judges; 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed

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OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
	interviews with OCS regional administrators and OCS leadership <ul style="list-style-type: none"> • Developing/presenting training based on survey results, agency priorities and ABA model standards for agency attorneys. • Analyze findings and craft recommendations around policy and procedures • Strengthen the training program for new social workers around state/federal law, preparation for court, testifying, judicial expectations and writing effective court reports. 			
B4. Information	Provide information regarding: <ul style="list-style-type: none"> • Models for connecting with judges • Expansion of Benchmark Conferences • Interstate placement • Improving IV E reviews 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed

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CHILD ABUSE AND PREVENTION TREATMENT ACT (CAPTA)

The Louisiana Department of Social Services, OCS, continues to be the designated state agency 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 CFSP.

Under the 2003 amendments to CAPTA, the State is required to adopt and implement certain legal and administrative procedures designed to protect children from abuse. These criteria are attested to in the assurance section of this plan. This section profiles services provided to prevent, identify and treat child abuse and neglect situations. The agency did not undergo any substantive law changes that would affect eligibility for CAPTA funds. The estimated total number of families expected to be served under the CAPTA state grant for FFY 2009 is 8,534.

Safe Haven Selected Program Area for Improvement

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

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

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

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

Methods to Measure and Outcomes Data: The agency tracks safe haven statistics via a computerized tracking system. The system keeps account of the yearly total of fatalities and live births (abandoned and relinquished). Of that total it is determined which meets Safe Haven Legislation. For the 2007-2008 FFY there were no safe haven relinquishments that met Safe Haven Legislation, however two children were abandoned. One abandonment resulted in death and the other did not meet the requirements of Safe Haven law.

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Activities planned for FFY 2009- 2010: The agency will continue to promote awareness of Safe Haven Legislation.

OUTLINE AND DESCRIPTION OF ACTIVITIES PLANNED FOR IN FFY 2010-2014

The following activities outline and describe the services and training to be provided under the State grant as required by section 106(b)(2)(C) of CAPTA and contains ongoing and new program initiatives:

Critical Incident Stress Management

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

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

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

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

Activities planned for FY 2010: The agency will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing and individual crisis intervention CISM services for the FFY 2008-2009. The CISM team holds an average of two meetings per year, usually in the spring and fall. The training will focus on enhancing members one-on-one intervention skills. The CISM team expects to provide 22 or more interventions for FFY 2009.

The team will meet at least once this year (number of meetings currently reduced due to budget constraints) and will continue providing support to staff as needed. There are no trainings currently arranged due to consideration of the budget.

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FFY	Type of Intervention				
	Debriefing	Defusing	Informational	One-to-One	Total
2008-2009	7	0	0	11	18
2009-2010					
2010-2011					
2011-2012					
2012-2013					
Total - 5 year period					

Prevent Child Abuse Louisiana (PCAL)

The agency works with PCAL on a number of different initiatives. They include the Nurturing Parent Program, Safe Haven, the annual “Kids are Worth It” Conference on Child Abuse and Neglect, media campaigns and community education.

Nurturing Parent Program

OCS promotes, supports and facilitates the efforts of PCAL in providing primary prevention through the Nurturing Parenting Program (NPP) PCAL provides additional training and other services to the Family Resource Centers which facilitate the NPP for OCS consumers.

- *Purpose 3- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;*

Service Description: The 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.

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.

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 should be intact or reunification families. Families should not be actively using substances or in recovery.

Goals and Objectives: Continue to promote, support and facilitate the prevention efforts of PCAL.

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PCAL’s Annual “Kids Are Worth It” Conference

- *Purpose 6- Developing, strengthening, and facilitating training including—(A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for case workers;*

OCS was on the planning committee for PCAL’s annual “Kids Are Worth It!” Conference on Child Abuse and Neglect. The conference is held annually and offers various training workshops regarding child abuse and neglect. New to the conference this year was tracks for specific professional development. The topics cater to various disciplines in the child welfare arena. The conference for the 2008-2009 SFY is scheduled March 4-6, 2009. OCS remains on the planning committee.

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

Media Campaigns/Community Education

- *Purpose 11- Developing and delivering information to improve public education relating to the role and responsibilities of the child protective system and the nature and basis for reporting suspected incidents of child abuse and neglect;*

The agency continues to provide information to communities statewide by distributing brochures. The various OCS regions throughout the State partner with PCAL to conduct events during Child Abuse Prevention month in April. Instead of the historical blue ribbon campaign, the agency participated in a new project in 2008 and again in 2009 to encourage community awareness by planting pinwheels throughout the State of Louisiana. Paper versions of the pinwheels were purchased and displayed in offices, until the pinwheels were delivered and planted around the State.

The OCS prevention website includes child abuse prevention tips and an announcement regarding Child Abuse Prevention month. Each year the agency prints and distributes hundreds of its brochures on “Mandated Reporters of Child Abuse or Neglect” and “Understanding Child Protection in Louisiana.” The public, including school children working on school projects, frequently ask the agency for these materials. These brochures are used by the school system during teacher orientation at the beginning of each school year. Also, staff across the State distributes them as they make presentations to community organizations. These materials are also distributed at state and national conferences such as the Prevent Child Abuse Louisiana (PCAL) Conference.

Early Intervention Services

- *provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A))(xxi))*

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

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

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

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

As per OCS Policy, the agency will continue to refer children under age three to early intervention services. The agency expects to receive 2,580 referrals for Early Intervention Services for FFY 2009 which is an estimate of approximately 10% more reports involving said children.

Consultation with Physicians

- *Purpose 14- Supporting and enhancing collaboration among public health agencies, the child protective system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education system) and to address the health needs, including mental health needs, of children identified as abuse or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.*

Service Description: The agency continuously consulted 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 over age three. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and

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facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DSS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caretakers. For children up to one year of age, examinations shall be obtained according to the physician's recommendations

Population Served: Children and youth in the OCS Foster Care Program statewide.

Goals and Objectives: The goal of OCS is to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the health and well being of foster children and determining appropriate medical treatment.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems is available for foster children when indicated based on an assessment/diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals (LCSW, LPC LMFT, Psychologist or Psychiatrist). The foster child may be referred to an approved agency when indicated. Referrals for treatment are made on the basis of medical necessity, treatment needs of the child and reduction of risk. Medical necessity refers to those services required to identify and/or treat a client's psychiatric/behavioral disorder. .

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 of the case plan or prepare for court involvement. All treatment provided to OCS clients, is to be addressed in the case plan for the family and child.

The agency will continue to utilize appropriate medical professionals in order to assess the health and well being of foster children to determine the appropriate medical and mental health treatment.

Methods to Measure/Outcome Measures: The agency utilizes a peer case review process to review agency consultation with physicians and mental health services. This process involves the review of a minimum of 30 cases per region each year for a total of 300 cases annually. Sample cases are pulled randomly based on statewide case statistics and programmatic considerations. The review involves all areas of service delivery. Reviewers use the Federal Child and Family Services instrument to review all cases selected for review which requires workers to document compliance regarding assessing the child's physical health care/dental needs/mental health needs and ensuring that appropriate services were provided to the child to address all identified physical and mental health and dental needs. The agency also runs case events reports to document initial and on-going physical health and dental exams.

Activities planned for FY 2009- 2010: The agency will continue to utilize appropriate medical professionals in order to assess the health and well being of foster children to determine the appropriate medical and mental health treatment.

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Substance Exposed Infants

- *policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants, except that such notification shall not be construed to— (I) establish a definition under Federal law of what constitutes child abuse; or (II) require prosecution for any illegal action (section 106(b)(2)(A)(ii));*

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

Population Served: Newborns under the age of 30 days identified by a health care provider or practitioner involved in the delivery or care of the newborn as adversely affected by prenatal exposure to the illegal use of a controlled dangerous substance or chronic or severe use of alcohol, or as having experienced withdrawal symptoms from prenatal illegal drug exposure caused by the parent.

Goals and Objectives: Develop a plan of safe care as required by law.

Services Provided: This statewide process consists of assessing the safety of the children in the home. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to his mother’s care with a plan that includes necessary services and careful monitoring of the child’s safety. Services such as home health, Family Services, Intensive Home Based Services (where available), substance abuse treatment and assistance from a spouse/partner or family member with parenting may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision is safe or unsafe, but with an in home safety plan that appears sufficient to reasonably assure the safety of the newborn, the requirement for a plan of safe care is met and out of home placement is not required. Medical services to meet the child’s needs are determined by the child’s physician. The newborn must be referred to an early intervention program. When the safety decisions is that the newborn is unsafe, staff are expected to seek court action to assure the child’s safety. If service needs are identified, the worker is expected to refer the family to community and/or DSS services that may be available to meet the child’s needs. Families should also be referred for emergency services with the OCS Family Services Program or Family Resource Centers as needed.

Brochures are provided to community and mandated reporters to assist in identifying situations that need to be brought to the agency’s attention and to educate them on the agency’s efforts. These brochures have been updated to include information regarding Act 396.

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A half day training titled Prenatal Substance Exposure: The Alcohol/ Drug Affected Newborn, has been developed by the training unit in collaboration with the CPI Section. This training covers the effects of alcohol/drugs on newborns, legislative and policy changes, and interventions. This training was also presented at the Foster Parent Conference in Shreveport, Louisiana on February 2, 2009.

Methods to Measure/Outcome Measures: While codes were added in the agency's information and management system to track referrals for substance exposed infants, the agency has been encountering problems with the data. A reliable method to track substance exposed infants referrals does not exist. Information Technology is currently working with the Child Protection Investigations Section on implementing a solution and developing an appropriate tracking system.

Service Provisions

- *Purpose 1-Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a) (3))*

- *Purpose 3- Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106(a) (3))*

Funds are utilized to assist child protection investigation workers to conduct an accurate and thorough investigation and to assist in the implementation of the CPI case planning and delivery process in order to effectively address the care and safety needs of children in the home. Funds are also expended to offer reimbursements to foster parents and workers for incidental expenses incurred on behalf of the foster child in the foster family home which would include, for example, child passenger restraint systems.

Training

It is anticipated that during the grant period, staff may attend the following major conferences and meetings:

- Domestic Violence Annual Conference
- APSAC National Conference
- Prevent Child Abuse Louisiana Conference
- Child Welfare League of America Public Agency Council on Family Preservation
- NCCAN State Liaison Officers Meeting
- National Conference on Child Victimization
- American Public Welfare Association, Southern Regional and National Conferences
- Louisiana Governor's Conference on Juvenile Justice
- Families In Need of Service Conference
- National Statewide Automated Child Welfare Information System (SACWIS) Conference
- Louisiana Adoption Advisory Board Conference
- The "Together We Can Conference"
- The Children's Bureau of CAPTA state grantees annual meeting
- Louisiana Foundation against Sexual Assault

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Describe substantive changes, if any, in state law that could affect eligibility

There are no substantive changes in Louisiana State law affecting eligibility.

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Citizen Review Panels Annual Report & State's Response to the Panels

The child abuse and prevention treatment state grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. The 1996 amendments of the Child Abuse Prevention and Treatment Act (CAPTA) required states to establish at least three Citizen 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 must 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
- Any other criteria, which the panels consider important to ensure the protection of children, including the coordination of child protection with foster care and adoption services, and the State's review process for child fatalities and near fatalities.

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
- Submit annual reports summarizing yearly activities
- Make recommendations to OCS
- Lobby the Louisiana Legislature to preserve/procure funding for service delivery
- Educate the community regarding child protective services

OCS Responsibility to Citizen Review Panels

- Offers support to CRP
- 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
- Includes 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

Citizen Review Panel Recommendations

CPR recommendations have varied from panel to panel and often included recommendations to collaborate or enter into working agreements with other state agencies such as the Louisiana State Board of Education and the State Board of Medical Examiners. In addition, the panels'

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recommendations and concerns focused on child safety, permanency, and well-being, as well as a shortage of certified foster parents, effectiveness of the current OCS Young Adult Program, staff turnover, public education of citizens and mandated reporters and the confidentiality of children in care.

Activities planned for FY 2009- 2010: The agency is in the process of restructuring the CRP and providing technical assistance on recruitment. The agency will continue to evaluate how the state and local agency adhere to their responsibility of the protection of children from abuse and/or neglect through the CRP process.

Criminal Record Clearances/Assurance

- *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 (section 106(b)(2)(A)(xxii))*

Service Description: Foster/adoptive home applicants and all necessary household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of OCS Home Development policy requires that a criminal record clearance on foster and adoptive home applicants and all other members of the household 18 years of age or older shall be conducted prior to certifying a family to foster or adopt in accordance with R.S. 46:51.2 C.

The preceding policy description fully complies with the Child CAPTA Grant requirement. CAPTA is Public Law 108-36, and among other provisions, Section 106(b)(2)(A)(xxii) requires provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.

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

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

Service Provided: Fingerprint-based national record clearances continue to be completed statewide on all potential caregivers by using the PRINTRACK Livescan equipment. Arrangements for the person(s) to have fingerprints submitted to the State Police and Federal Bureau of Investigations (FBI) via PRINTRAK are made through each OCS Regional Office. The Regional Office identifies a staff person in the region to conduct the clearances.

In some limited, case specific circumstances, the agency may not be able to: 1) obtain individual's fingerprints as a result of the individual's disability; or 2) obtain legible fingerprints due to low quality fingerprints, as a result of age, occupation or otherwise, thereby making it impossible to obtain results from national criminal information databases. In the aforementioned instances, the manual fingerprinting process is used for prospective caregivers who are incapable of coming to the office to use the PRINTRAK equipment and name clearances are requested if legible fingerprints cannot be obtained.

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

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

Activities planned for FY 2009- 2010: The agency will continue to use PRINTRAK Livescan equipment in order to obtain necessary national record clearances in an effort to recruit foster families and quality employees.

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STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

Please refer to the Foster Care Program Service Description on page 38.

Monthly Caseworker Visit data

Please refer to the Foster Care Program Service Description on page 39.

Timely Home Studies Reporting and Data

Please refer to Interstate Compact on the Placement of Children (ICPC) on page 44.

Inter-Country Adoptions

Adoption Program Service Description on page 49.

Educational and Training Vouchers

John H. Chafee Independence Program on page 60.

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COURT IMPROVEMENT PROJECT

The information below provides a summary of activities of the Court Improvement Project (CIP) during provides updates on implementation of the recommendations developed from the Child and Family Services Review (CFSR) site visits and the final report. It also provides an overview of CIP goals for 2010-2014. During the past five years, CIP has continued to be a valuable OCS partner and an outstanding advocate for the vulnerable children and families served by the agency, and that positive relationship is expected to continue.

CIP has already become engaged in preparations for the 2010 Louisiana CFSR on site, and participated in the development of the 2009 APSR and 2010-2014 CFSP. CIP will also be involved in PIP development and implementation.

Connections for Permanency Demonstration Project:

The Connections for Permanency (CFP) demonstration project was designed to find family or kin for dependent youth and to engage them in the child's life in a meaningful way. The target population consisted of adolescents who had few or no family relationships. This project has been completed, and OCS continues to implement CFP. Court Appointed Special Advocates (CASA) is now working with OCS to provide training, and the CFP is expanding to include additional OCS populations. A Memorandum of Understanding (MOU) between OCS, CIP, and CASA regarding CFP is currently being developed, and will be implemented over the coming years.

Court delays and ensuring adequacy of hearings

The CIP will continue work with the courts to reduce delays and improve the quality of hearings. The efforts made in the past to work with courts having problems will be enhanced and supplemented by the establishment of a CIP Judicial Fellowship and the appointment of a CIP Judicial Fellow (details below).

Louisiana Task Force on Legal Representation (CFSR/PIP Item)

Efforts will continue to assure quality legal representation for children and parents in CINC proceedings. The Center for Policy Research has proposed to conduct a process and outcome evaluation. The research will document changes in representation for parents, children, and OCS over time and will consider whether changes have created a system that provides quality and accountability. The research will address the following questions:

- Do stakeholders in CINC cases perceive improvements in the quality of representation for children, parents, or the agency?
- Do the changes in the system of representation result in changes to:
 - The number of delays and continuances?
 - The length of time that children remain in care?
 - The rate of reunification?
 - The number of meetings between clients and their attorneys?
 - The percentage of cases in which attorneys are involved in family team conferences?
 - The numbers and types of services provided to children and parents?
- Are contracted and employee attorney models of service delivery rated equally by the stakeholders? / Do the two approaches produce comparable case outcomes?
- How can jurisdictions effectively and efficiently deal with potential conflicts in attorney representation?

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The evaluation will include surveys, interviews, and case level data on families and children served through the program and an equal number of families served prior to the program.

Integrated Juvenile Justice Information System (IJJIS)

CIP contracted with Integrated Information Systems to write software for a web-based CINC module of IJJIS. Implementation is currently in progress in Caddo Parish Juvenile Court. Implementation will continue on a jurisdiction-by-jurisdiction basis in the following courts: 9th JDC, 21st JDC, 4th JDC, 22nd JDC.

Training for Judges (CFSR/PIP Item)

In 2008/2009, a CIP Judicial Fellowship was developed to help courts and agencies promote best practice in the field of child welfare, mentor new judges assuming CINC jurisdiction, serve as a liaison to CASA, provide technical assistance to courts having IV-E compliance problems, and serve as a liaison in the CFSR and Title IV-E review processes. The concept of a Judicial Fellow has been approved by the Justices of the Louisiana Supreme Court. Judge Anne Simon has been identified to serve as the CIP Judicial Fellow for approximately 8 days per month, and will provide quarterly reports on court compliance with ASFA, issues she is encountering and progress being made. Training for judges and attorneys will continue to be provided at various conferences and through the CLARO website. Additionally, CIP staff, including Judge Simon will be available for consultation and assistance to specific courts on issues surrounding CINC hearings and ASFA issues.

Mediation Pilot

Update on Accomplishments:

The major grant funding for the Mediation Pilot ended in June 2005. Implementation continues to be hampered due to a lack of availability of funding. CIP will continue to work courts to identify funding for mediation programs.

Collaboration with CASA

CIP and CASA work collaboratively to assure that the interests of children are assured in legal proceedings. Collaboration with CASA and joint training issues will continue. CIP and CASA are also working together, along with OCS, on the continuation and expansion of Connections for Permanency.

Child Advocacy Resource Effort (CARE)

The CARE advisory committee consists of representatives of OCS, CASA, Child Advocacy Centers, Office of Indian Affairs, foster parents, attorneys (public and private) and judges. Some of CARE's ongoing activities include working with stakeholders to ensure that youth exiting foster care do so with a permanent connection to at least one caring adult through Connections for Permanency; supporting the Benchmark hearings currently used in one section of Orleans Parish Juvenile Court to improve educational and other well being indicators for youth in foster care aged 14 and older; establishing a subcommittee to collect and analyze data on the issues of overrepresentation of children of color in the child welfare system and exploring ways for courts to address the issue; establishing linkage to CFSR and Title IV-E review processes to identify strategies for more comprehensive and meaningful involvement of the judiciary in the review processes; seeking technical assistance from the National Resource Center on Legal and Judicial Issues and considering the development and implementation of performance standards for legal representation of indigent parents.

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Regarding meeting the needs of older youth, CIP is considering using technology to track data related to family finding progress and posting it on IJJIS and the CLARO website. Also, CIP is currently developing materials describing the Benchmark Conferences, including literature of the practice, documents used by Orleans Parish in conducting the conferences, and tips and pointers on organizing similar programs. These materials, when finalized, will be posted on the CLARO website and shared at judges conferences.

Regarding disproportional representation of minorities, CIP has decided to focus on older youth and tribal populations. The Task Force has identified key decision making points at which they will study the system for disproportionate representation (removal from the home, dispositional hearing, development of permanency plan, filings for termination of parental rights, and adoption and other permanent outcomes, including Alternate Planned Living Arrangement).

A key component of the study will be the ability to gather and study valid and reliable data regarding race/ethnicity and gender across data systems. In November 2007, an MOU was drafted to allow information sharing between the courts and OCS. At present, the data systems collect the information, but in a variety of formats, and data elements are sometimes missing. Software programmers at METHODS Technology Solutions, Inc. are working to address these issues. Technical assistance from the National Child Welfare Resource Center for Adoption on the development of culturally competent child welfare services has been requested and provided. The task force plans use the information gathered to identify ways the courts can help ensure that minority children reach permanency in a timely fashion and are treated equitably, and this information will be included in future training for judges and attorneys.

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CHILDREN’S JUSTICE ACT

Program Description: The Louisiana Children’s Justice Act (CJA) Task Force is a multi-disciplinary group of professionals and community level representatives with knowledge and experience related to the juvenile and criminal justice systems and the issues of child abuse and neglect. The purpose of the CJA Task Force is to coordinate the functions and activities of the Children’s Justice Act in the State of Louisiana and ensure compliance with CJA Grant requirements. The recommendations of the Task Force for expenditure of grant funds are designed to improve the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim. Grants are also awarded to improve the investigation and prosecution of cases of child abuse and neglect, the handling of suspected child abuse and neglect related fatalities, and system responses to child victims with disabilities.

During the past year, the Task Force continued to implement its three year goals and objectives relative to training/resources, programs to improve process, collaboration, laws and protocols, and child victims with disabilities. The Task Force held quarterly meetings (except for the third quarter of 2009 during response and recovery subsequent to Hurricanes Gustav and Ike) and subcommittees met in the interim. The Task Force also completed the mandatory three year assessment and planning process and has recommended goals to guide Louisiana Children’s Justice Act activities for the next three years.

Goals for 2010 through 2012:

GOAL 1 – COLLABORATION

Objective 1.1: Strengthen CJA infrastructure

- Vision development
- Core Values development
- Further outcome measures development
- Convey above to community and to other agencies

Objective 1.2: Collaborate with child welfare stakeholders to improve outcomes for children in foster care

- Courts – CJA/OCS Fellowship, professionalism/sensitivity training, support specialization
- Education (Mandatory reporting training for teachers, principals, school board members and superintendents; improve educational outcomes through effective representation at Individual Education Plan meetings; educational planning and awareness (assessment instrument, checklist, planning guide, educational stability and continuity); informal participation in parent/teacher conferences, school meetings or hearings
- Youth planning boards
- Offices of Juvenile Justice, Mental Health, Citizens with Disabilities
- Disaster planning
- Community
- Louisiana Children’s Code
- Neighborhood Places

Objective 1.3: Support establishment of child welfare center of excellence

- Collaborate with Court Improvement Project and other stakeholders

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- Partner with Center of Excellence to provide policy analysis, training, technical assistance, and legislation as needed

GOAL 2: CHILD VICTIMS WITH DISABILITIES

Objective 2.1: Increase cross-training

- Include in all training of OCS and Court Appointed Special Advocates employees specialized in disabilities and disability laws (including special education)
- Plan for training across agency lines

Objective 1.3: Increase awareness and collaboration

- Overall public awareness and sensitivity to child victims with disabilities
- More collaboration with all child serving-agencies of resources and training on interviewing child victims with disabilities
- Collaboration of agencies serving families with members who have disabilities

Objective 1.4: Develop standards for best practices

- Appropriate discipline standards for children with disabilities in child residential facilities
- Establish guidelines for appropriate use of restraints and seclusion in the educational setting
- Identify promising and evidence based practices from other states with potential application to identified priorities in Louisiana

GOAL 3 – LAWS AND PROTOCOLS

Objective 3.1: Promote permanency for children in foster care

- Monitor implementation of federal legislation (e.g. Fostering Connections to Success, etc.)
- Support responsive internal policies
- Support responsive laws
- Study and strengthen guardianship option

Objective 3.2: Protect children involved in sex offenses

- Monitor Adam Walsh federal/state law
- Support legislation the benefits children; promote policy/law
- Monitor videotape access

Objective 3.3: Improve child welfare outcomes through substance abuse interventions

- Promote evidence informed clinical intervention and treatment for substance abusing parents at the policy level
- Promote family drug court programming for substance abusing parents
- Monitor legislation targeting substance abusing parents

Objective 3.4: Increase the statewide availability of competent, timely child abuse exams

- Conduct assessment of current laws and practices
- Consider Medicaid payment availability
- Promote goal with medical associations

Objective 3.5: Increase access to services for children

- Monitor availability of services through Office of Mental Health/Office of Addictive Disorders
- Support access to health care legislation and policy

Objective 3.6: Promote evidence based practices for behavioral control within institutional settings

- Include corporal punishment, discipline, seclusion of disabled children

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- Support education reform efforts

GOAL 4: PROGRAMS TO IMPROVE PROCESS

Objective 4.1: Advance quality advocacy for children

- Caring and competent CASA volunteers in every judicial district
- Access in every community to a CAC
- Support initiatives to improve legal representation of children and indigent parents

Objective 4.2: Foster collaboration at the community level to improve system response to child abuse/neglect

- Child death review
- Mini-grants for promising and proven practices
- Children born to substance abusers with focus on children ages zero to five
- Support LA Advocacy support team to limit trauma to children in foster homes and, when appropriate, preserve placement through volunteer peer support of foster families.

Objective 4.3: Advance initiatives which engage children, youth, and families in the decision making process

- Mediation
- Family group decision making
- Youth summit

GOAL 5: TRAINING/RESOURCES

Objective 5.1: Enhance access to current evidence-driven knowledge

- Utilize technology to establish website with multiple access layers from public to professional to restrictive; links to information related to areas within scope of CJA and post trainings for CJA partners
- Maximize regional level access to evidence-driven knowledge

Objective 5.2: Maximize opportunities for collaboration on training process

- Together We Can annual conference
 - Assess gaps in attendance and representation in planning for upcoming conference
 - Pursue planning with juvenile and family court judges associations for inclusion of training for judges as an additional conference track
 - Pursue planning with Foster Parents' Association for participating in next conference
- Develop e-newsletter to disseminate information to CJA constituent members of trainings available across the state and across disciplines
- Collaborate with proposed Child Welfare Center of Excellence to maximize access to technology based training
- Pursue local law enforcement agents and coroners' agents to maximize collaborative training and access to evidence-driven knowledge and technology
- Support of conferences that relate to CJA mission

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MANAGEMENT INFORMATION SYSTEM

DSS now seeks to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and interagency data sharing. It has been determined that reducing the administrative burden of coordinating activities across agency and programmatic boundaries can best be approached by first providing a common front end access to the agency's many "stove-piped" systems to allow collaboration to occur more easily and actively to better serve their common clients. To span information silos through the use of modernized technology and coordinated agency practices to more efficiently and effectively provide services will promote the ability for DSS and its respective programs offices to meet their missions.

DSS has targeted four strategic objectives for this engagement. The four objectives are to establish or enhance Program Enrollment, Provider/Payment Management, Electronic Case Management, and Paperless Processing. The Program Enrollment strategic objective envisions establishing a citizen portal composed of a customer service center, on-line tools, and other automated processes that will result in reduction of enrollment time and duplication of effort for the customer and staff. The Provider/Payment strategic objective envisions the reduction of the time and paperwork needed to enroll as a provider, efficient processes for payment authorization, payment and reconciliation for accounts payable and accountability. The Electronic Case Management strategic objective envisions the creation of an integrated case management system to assist staff in eliminating duplication of effort and reducing errors in decision making. The Paperless Process strategic objective envisions the creation of electronic case records as well as paper reduction for staff in support of office functions such as document imaging, training and program enrollment.

Working in strategic collaboration teams, DSS program office leaders defined a transformative vision for the future that significantly redefines and improves how clients, workers and providers interact with each other. Below are highlights of the envisioned future state that DSS intends to achieve over the next several years for each of these stakeholders.

For Clients, the early quick wins will be the ability to access services online via a citizen portal, by telephone to and through dedicated call centers, in-person at service locations, via email, by fax, by mail, or using online kiosks located in accessible community locations such as DSS sponsored Neighborhood Places. Clients will have the ability to use tools that are more readily available to search for services, determine their potential eligibility for services and apply online. Clients will have the ability to create one baseline client information record, via a common application, including verification and identity documentation that can be used and shared by multiple agencies. Clients will also have access to a unified view of information that the State has collected and the ability to monitor their service requests/history including a summary of benefits and an integrated plan of care across all of the agencies. Finally, clients will have the ability to manage components of their client information record and perform updates or changes to certain personal information through the various access channels.

For DSS field staff, the earliest and most visible deliverable product of this work effort should be the establishment of a Web-based master client registry that replaces the existing DSS "green-screen" CLIENT system. This component will allow staff to search for all department clients from a single source and provide the basis for a master index of all clients served by DSS and for assigning/tracking/sharing a universal client state identification number. It is envisioned that all

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client additions and updates will occur in the new system and interfaces to legacy systems as necessary to keep information in sync. Currently the DSS CLIENT system is updated nightly by batch jobs which push and pull client data (name, date of birth, parish, program, and identification numbers) then provide users with several methods to search for clients and to narrow or broaden search results by changing selected search criteria. More specific details concerning each search result can be obtained by selecting a client and based on security roles the user is launched to the specific system containing additional client and programmatic information. Workers will have immediate access to a holistic view of relevant client information and role-based security will grant access to information that is appropriate and necessary to perform their job. Workers will be able to easily view documentation collected at different times by different programs through a document repository. Automated, enhanced and pre-populated forms/correspondence is another relatively quick win. Workers within various agencies and provider organizations will be able to take a collective and collaborative approach to meeting the needs of the client, including a worker's ability to link to potential programs for their clients based upon their demographics. Workers will receive online alerts, informing them of changes to relevant client information. Additionally Workers will be able to input and access information without having to return to their offices thus providing real time and interactive communication while in the field.

For DSS providers, the earliest and most visible components will be interactive Web access to their own demographic data and the ability to invoice for services rendered, check payment status and receive payments electronically. The Contractor is expected to build a sufficient set of system functionalities that allow for the capturing of provider specific information within the system; allowing the provider to access and update their account in the system through a Web transaction; to invoice the department for services rendered; and to provide progress or service reports for the clients served. Providers are any third party who provides authorized services to a client or recipient of DSS services. Examples of providers include Child Care providers, Foster Homes, Residential Facilities, Training providers, and other entities with whom DSS engages to provide services for fee or by contract. The Department plans to provide payment to providers through direct deposit whenever possible. Providers should be able to access real-time client information, enabling providers to better serve their clients by having current data from multiple sources also serving the client and conducting analyses across their client base. Similar to DSS workers, provider staff with appropriate security roles will be able to have a holistic view of relevant data, access to documentation and online alerts to changes.

Future functional components include program specific functionality only associated with Foster Care, Adoption, Family Services, and other miscellaneous Child Welfare programs as well as common shared functionality related to Provider Management, Financial Management, Case Management and various administrative components such as Expungement and Purgings. DSS has determined that the order of functionality to be rolled out should not be confined to selected programs but instead should be targeted to provide value to our customers, thus customer-facing components such as online applications for citizens and portals for service providers are being pursued first with integration to the legacy systems. Replacement of legacy systems would then be targeted next, with the child welfare system TIPS being the first to be sunset.

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Additionally the new system will assist each DSS program office to meet a wide range of functional objectives, as follows:

- a) Providing for tracking and managing of cases, including coordination/collaboration among multiple DSS workers, thus facilitating that clients are served as promptly, holistically and as effectively as possible;
- b) Reducing manual and administrative work requirements to help free-up worker and supervisor time to perform key service and case management functions;
- c) Providing for maximization of one-time data entry of information to be shared by DSS staff with a business reason to access data;
- d) Providing for maximization of one-time capture of identification and evidence documents (e.g. birth certificate, social security card, pay check stub) with prescribed expiration periods and confidentiality criteria;
- e) Providing a “No Wrong Door” and “Neighborhood Place” service delivery model to minimize the number of contacts clients must make to acquire needed services;
- f) Providing for a team approach to case decision making and planning, by providing improved information for decision making to multi-disciplinary team members, thus facilitating cases being reviewed and acted upon after a thorough assessment of the client’s strengths, risks and needs;
- g) Implementing support for provider management and control to reduce the manual effort required in performing these activities;
- h) Providing for financial management, particularly for assistance in implementing eligibility determination, cost distribution/allocation, and payment procedures/processes and adjustments;
- i) Providing for overall management and supervisory control, including more timely and less burdensome management reporting;
- j) Providing interfaces with other existing State systems and agencies, to best use and share the data and systems already developed by the State;
- k) Providing mobile online and offline access to the system for the mobile DSS workforce;
- l) Providing client and provider self-service functionality to allow query and update of data;
- m) Providing “My Account” type functionality to allow for personalization of presentation and content of data to user;
- n) Enhancing staff morale and job satisfaction by providing workers with a professional, intuitive, reliable and flexible information system;
- o) Providing evidence-based outcome-related information for evaluating services and service needs, and for determining and supporting future planning and resource requirements;
- p) Meeting the requirements of external entities that support or extend to include accreditation processes; and,
- q) Meeting Federal and State reporting requirements.

Currently DSS plans to release an RFP in the first quarter of SFY 2009 - 2010 with contractor commencing work in the third quarter. The contract is anticipated to be a three year engagement with SACWIS child welfare functionality being fully implemented at the conclusion of the period.

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QUALITY ASSURANCE SYSTEMS

ACCREDITATION

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

The agency has been accredited through the Council on Accreditation (COA) since 2003 with interim accreditation granted in 2007. In June 2008, the agency initiated its self-assessment which was completed and submitted to COA in January 2009. Site visits, initiated in state office in March 2009, will be conducted in each regional/district office culminating in a final site visit in state office in March 2010. After each site visit reviewers submit their findings to COA who then generates a report that is sent to the agency. The agency has 45 days from the date of the report to respond to the findings. At the end of the site visit schedule, COA will make a determination on whether the agency is to be reaccredited.

CONTINUOUS QUALITY IMPROVEMENT

The driving force of accreditation is the quality improvement efforts through the agency's Continuous Quality Improvement (CQI) process and traditional quality assurance (QA) system. The OCS utilizes an agency-wide continuous quality improvement (CQI) process to ensure that services are being provided at a level that meets best practice standards, national accreditation standards and promotes quality outcomes for children and families of the State. The involvement of staff and community stakeholders is vital to the success of the CQI process.

CQI is different from traditional quality assurance (QA) in that its focus is self-directed, self determined change rather than change imposed by an external entity; however, the agency has worked to create a seamless flow between CQI and traditional QA. CQI uses case related or relevant administrative data in an aggregate, non-identifying way to provide feedback and accountability to staff in a timely fashion. Individual workers and supervisory units use the information to consider their strengths and areas needing improvement.

The CQI process involves all levels of staff (e.g. workers, first line supervisors, administrative staff, support staff), consumers and community stakeholders at the state, regional and parish levels.

The state level and regional CQI teams focus on all areas of organizational functioning including service delivery, service environment, human resources, fiscal and administrative issues and stakeholder participation. With the support of the management team, CQI teams, committees and workgroups address short term planning, identify program strengths and issues needing improvement and develop program improvement plans which build upon those strengths.

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

In recent years, the agency has conducted a Peer Case Review (PCR) process. This process has involved case record reviews using a multi-tiered process, the first tier being a monthly case

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record review using the QA 1 review instrument. Tier two involved the annual review of 25-30 case records across all program areas in each region. Tier three involved stakeholder focus groups. The Peer Case Review (PCR) process has been intermittently postponed during the past several years due to agency disruptions caused by the Hurricanes of 2005 and 2008 and due to staffing and budgets issues.

QUALITY MONITORING/ENSURING VALID AND RELIABLE DATA

Extensive data and report testing is conducted by Quality Assurance/Data staff in state office. Reports are made available to all staff, including field staff, so if there are any errors not identified by the testing process, field staff can notify the Quality Assurance/Data staff in State Office.

The agency has adopted the same outcome measures as the Child and Family Service Review outcomes. The agency has tested these outcomes against the same data measures as measured by the Federal Government. A random sample is taken of each outcome to ensure each case is appropriately allocated to whether or not the individual case has met the measure. The data is valid and reliable in accordance with the federal methodology.

The agency is engaging in on-going efforts to improve data. A comprehensive review of the ongoing monthly quality assurance case review process was undertaken. The Child Protection Investigations (CPI) Quality Assurance (QA) Reviews ended with the initiation of A Comprehensive Enterprise Social Service System (ACESS), Louisiana's SACWIS System. CPI data will be reviewed through that system. The Family Service (FS) QA-1 is being used in the FS program, but, a comprehensive review continues to determine necessary revisions. A revised Foster Care (FC) QA-1 and the new Adoption (AD) QA-1 were implemented in October 2007.

Optimization of agency data and expansion of WebFocus reporting tools is underway and extensive testing was completed 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 agency reports, such as CFSR outcome reports. The improvement of the WebFocus environment will also support integration of external data sources, which will support evaluation of new initiatives. The agency is working with the regions in determining the types of reports and training needed in the development phase of WebFocus.

USE OF DATA

The Office of Community Services (OCS) evaluates its systems and procedures and uses the findings to improve its performance. The agency regularly examines its internal processes through management meetings at all levels of the organization and through CQI teams at both the state and regional level. At these meetings, information is shared regarding outreach, intake, assessment and service delivery processes as well as human resources, training and supervision. If program improvement planning is necessary on any identified need, program improvement plans are developed. This committee structure and these meetings operate to establish a communication link, from state office to the line staff and from the line staff to state office. The meetings facilitate information sharing, discussion and resolution of common problems and updates of action plans and accomplishments. In addition to meetings and staffings, the agency utilizes reports to track progress and identify issues. Data elements used to communicate information to inform practice and decision making can include:

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- Customer Satisfaction data
- Peer Case review data (including focus groups and worker interviews)
- 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.)

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GOALS FOR 2010 THROUGH 2014

The Office of Community Services (OCS) goals for the next five years are identified in the context of four broad themes:

- **Resources**
- **Outcomes**
- **Accountability**
- **Partnerships**

The themes are consistent with the OCS mission as prescribed by LA R.S. 36:477C.(1): “The Office of Community Services shall provide for the public child welfare functions of the state, including but not limited to prevention services which promote, facilitate, and support activities to prevent child abuse and neglect; child protective services; voluntary family strengthening and support services; making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical medical services, school supplies and incidental personal needs and adoption placement services for foster children freed for adoption.”

Respect: We treat others with dignity and courtesy.

Trust: We interact with others in good faith.

Honesty: We are truthful, open and accountable in words and deeds.

Reliability: We honor our commitments.

Commitment: We are loyal and dedicated to our mission.

Cooperation: We develop and sustain partnerships and teamwork.

Flexibility: We are open to change and new ideas.

Professionalism: We approach our work with a body of knowledge, skills, values and ethics.

The goals reflect the OCS commitment to achievement of best practice standards, compliance with applicable state and federal regulations, and enhancement of performance on the Child and Family Services Review (CFSR) Outcome Indicators and Systemic Factors. Federal and State review of OCS data indicates that Louisiana will meet standards in several Outcome Indicators and Systemic Factors in the 2010 CRSR, and the goal is to meet federal standards in all areas of the 2014 CFSR. The goals established within each thematic category affect multiple program areas.

Baseline data is provided for each goal, along with the CFSR Outcome Indicators and Systemic Factors that will be influenced by achievement of the goal and the annual interim goals that we expect to achieve in order to achieve the ultimate goal.



Staff

Technology

Funding

Training

Foster/Adoptive
Parents

Treatment Providers

RESOURCES

THEME 1: RESOURCES

STAFF

Staff turnover has a significant fiscal impact for child welfare agencies. Reducing the financial impact of employee turnover could make additional financial resources available to provide services to children and families. In addition to the loss of funds that might otherwise be available for services, turnover negatively impacts service delivery by increasing caseloads/workloads of remaining workers; disrupts services provided to children and families during transition periods and diminishes the level of staff with increased skills and competencies, which in turn affects the outcomes of safety, permanency and well-being for the child(ren).

Through the CQI process, the agency began to evaluate the extent of staff turnover within frontline and supervisory staff. A review of the data indicated that overall turnover among direct service staff for last year was 18.9%. Direct service staff in Louisiana's child welfare system is composed of Child Welfare Specialist Trainee through Specialist 3.

Several significant steps have already been taken to stabilize the OCS workforce. A CQI workgroup was established in late 2007 to develop strategies to reduce employee turnover. The workgroup surveyed agency staff and identified four key areas of employee dissatisfaction:

- Support/guidance (supervision)
- Workload/caseload
- Training
- Pay/incentives

GOAL 1: To improve the service delivery system for vulnerable children and families by successfully recruiting and retaining a quality child welfare workforce.

Objective 1.1: Provide on-going training and support to supervisors, including the “coaching and mentoring” project (Completion Date: December 2012) Lead(s): Rhenda Hodnett and Marty Gibson

Strategy 1: Secure contracts or working agreements with 10 to 11 coaches

Strategy 2: Complete initial training of coaches by January 2010 and assign coaches to supervisors following initial training

Outcome measurement: It is anticipated that building increased capacity for supportive supervision, will be reflected in reduced caseworker turnover, better workload management, and more accurate case decision making across the service continuum, which in turn will impact the outcomes of children and families to include repeat maltreatment rates and exits of children to permanency.

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Chart 1

Classification Group: CW Specialist Trainee, Specialist 1, 2 & 3	
FFY	Turnover Percentage
Baseline: 2007-2008	18.9%
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

Chart 2

Repeat Maltreatment CPI Victim/Perpetrator Report <i>Report: ACN0007/ACN0008</i>		
Time Frame	% No Recurrence of Maltreatment with victim	% No Recurrence of Maltreatment with Perpetrator
Baseline: 6 month period beginning 10/07	92.24%	93.49%
6 month period beginning 4/08		

Note: This report gives the number and percent of recurrent victims/perpetrators within a 6 month prospective (going from the report start date forward) timeframe. Only those children/perpetrators who have a valid allegation with an overall case finding of Valid are included in the data set. The percent is the unduplicated number of valid child victims/perpetrators with an open date in the first six months of the report start date who have a second valid allegation within 6 months, case open date to case open date, divided by the unduplicated number of valid child victims/perpetrators with an open date in the first six months of the report start date. In cases where it occurred more than once, the earliest open date and the earliest recurrence date is used.

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Chart 3

Entry Cohort reunification in less than 12 months <i>Report: OCS Performance Measures: C1.3</i>		Children in Care 17+ Months, Adopted by the end of the year <i>Report: OCS Performance Measures: C2.3</i>	
FFY	Percent of exits 75TH Percentile = 48.8%	FFY	Percentage adopted by the end of the year 75th Percentile = 22.7%
Baseline: 10/1/07-3/31/08 (6 month period)	47.5 %	Baseline: 2007-2008	25.73
3/31/08-10/1/08		2008-2009	
10/1/08-3/31/09		2009-2010	
3/31/09-10/1/09		2010-2011	
10/1/09-3/31/10		2011-2012	
3/31/10-10/1/10		2012-2013	

Note: Report C1.3; Of all children who entered foster care for the first time in the report period (Federal Measure is for 6-month period), and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home? Report C2.3

Note: Of all children in foster care on the first day of the report period who were in foster care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the 12 month target period? Report period. The denominator for this measure excludes children who, by the last day of the 12 months, were discharged from foster care with a discharge reason of live with relative, reunification, or guardianship

Data Sources: WebFocus reports; ACESS Ad Hoc reports

Objective 1.2: Work with consultants to conduct a workload analysis (Completion Date: December 2012) Lead(s): Rhenda Hodnett and Marty Gibson

Strategy 1: Work with consultants to complete an analysis of program policy for Child Protection Investigations (CPI), Family Services (FS), Foster Care (FC) and Adoption (AD) to determine whether some tasks might be eliminated, combined, automated, or delegated to non-casework personnel and provide a report on findings and recommendations.

Strategy 2: Complete a workload analysis to provide a basis for structured estimation of workload in each of the four program areas and a report of findings and recommendations.

Strategy 3: Conduct a structured estimation of the time required to complete essential tasks in each of the four program job functions.

Strategy 4: Develop workload standards in each core child welfare program area.

Outcomes measurement: Reduction in staff turnover; Foster Care Caseworker visits completed as per policy (measured by the FC QA-1 and FC Case Compliance); Compliance Rate with Initial Face-to-Face Contact with Victim.

Baseline Data:

- Refer to the Chart 1 above for data on staff turnover;
- Refer to Chart 11 for Compliance Rate with Initial Face-to-Face Contact with Victim;

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Chart 4

Percentage of Foster Care Caseworker Visits Completed with the Child and Parent as per policy				
FFY	% of Visits complete with Child on a monthly basis	% of Visits complete with the child in the child's place of residence	% of worker/supervisor visits with the parent	% of worker/supervisor visits with the biological/legal father
Baseline: 2007-2008	74.2%	79.6%	56%	35.5%
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

Data Sources: WebFocus reports; TIPS Reports; FC Case compliance instrument and FC/Adoption QA-1

TRAINING

GOAL 2: To improve the direct, (with children and families), and indirect, (with communities and other agencies), skills and competencies of child welfare frontline workers and supervisors.

Objective 2.1: Assure staff and providers/partners are prepared to deliver quality services to children, youth, and families ((Completion Date: June 2014) Lead(s): Marty Gibson

Strategy 1: Using the customized Training Needs Assessment Instrument developed in December 2008, complete a comprehensive needs assessment of the OCS training system and with Juvenile Justice staff and compile results. (Lead: Marty Gibson; Completion Date: June 2010)

Strategy 2: Advance the creation of a Louisiana Child Welfare Center for Excellence (CWCE). (Lead: Marty Gibson, Completion Date: September 2014)

Strategy 3: Expand multi-disciplinary training opportunities on topics such as: clinical/mental health, education, substance abuse, ICWA, domestic violence, etc. (Lead: Marty Gibson; Completion Date: September 2012)

Strategy 4: Provide on-going training and supports to supervisors, including the “coaching and mentoring” project by continuing the contract with Marsha Salus, nationally renowned consultant in Child Welfare Supervision. (Lead: Marty Gibson; Completion Date: Ongoing)

Strategy 5: Further on-going court/legal education on Child Welfare (Lead: Jan Byland Completion Date: September 2014)

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Outcome Measurement: Training will meet the needs of staff and providers/partners and ultimately all will be better prepared for delivering child welfare services that ensure the safety, permanency and well-being of children.

Data Sources: Training Needs Assessment Report; Number of legal partners trained; and centralized training data and learning system reports

Objective 2.2: Expand strategies for an appropriate “transfer of learning” into practice
(Completion Date: June 2014) Lead(s): Marty Gibson

Strategy 1: Conduct mandatory post-training teleconferences for all sessions of the newly developed New Worker Orientation training. (Lead: Marty Gibson and Laura Dodge-Ghara; Completion Date: Ongoing)

Strategy 2: Evaluate effectiveness of teleconferences and determine if revisions to the format are needed or, if not, explore alternative options for assessing transfer of learning. (Lead: Marty Gibson and Connie Wagner; Completion Date: December 2009)

Outcome Measurement: Trainees will be better prepared for child welfare work because of the management of the number and complexity of cases received after initial training and the receipt of supervisory support from the supervisor and co-workers.

Data Sources: Reports from staff participating in mandatory teleconferences.

Objective 2.3: Further advance the training partnership between the agency and the seven public university members (Completion Date: June 2014) Lead(s): Marty Gibson

Strategy 1: Work with Northwestern Louisiana University (Natchitoches, Louisiana), as the lead university, to engage the participation of the other partner universities. (Lead: Marty Gibson; Completion Date: Ongoing)

Strategy 2: Establish two working sub-committees to develop a fiscal budget and core curriculum with “common competencies” among the universities. (Lead: Marty Gibson and Laura Ghara; Completion Date: September 2012).

Strategy 3: Implement the “common core competencies” curriculum in all BSW programs at Louisiana public universities. (Lead: Marty Gibson and Laura Dodge-Ghara; Completion Date: Fall semester, 2009)

Outcome Measurement: Staff will be prepared to begin work upon graduation and there will be consistency among educational levels and skills of graduates.

Data Sources: University child welfare curricula; number of agencies in partnership; number of staff trained through university/OCS partnership.

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Objective 2.4: Establish a centralized tracking, information and e-learning training system
(Completion Date: June 2014) Lead(s): Marty Gibson

- **Strategy 1:** Implement the development of a dynamic, centralized training data and learning system (a MOODLE based system) with “Learning Sciences Corporation”.
(Lead: Marty Gibson; Completion Date: July 2009)

Strategy 2: Provide specific instructional training to training coordinators and training staff. (Lead: Marty Gibson; Completion Date: July 2009)

Strategy 3: Refine and fine tune specific capabilities and system requirements needed by Training & Workforce Development and staff statewide. (Lead: Marty Gibson; Completion Date: August 2009)

Outcome Measurement: The training system will capture all federally required reporting elements and serve as management tool for staff statewide.

Data Sources: Centralized training data and learning system reports

FOSTER/ADOPTIVE PARENTS AND PROVIDERS (INCLUDING RESIDENTIAL)

GOAL 3: Assess all children in foster care regularly, in a standardized way, to support the appropriate level of care and service in the least restrictive setting possible and to assure that care and services delivered are supporting the goal of permanency for each child.

Objective 3.1: Diligently recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state.

Strategy 1: Design area specific recruitment strategies to address the needs of children in their communities. (Completion Date: June 2014) Lead(s): Karla Venkataraman & Tyra Mercadel

Strategy 2: Utilize regional recruiters, the Geomapping tool and the completed needs assessment of children in care (done for LOC) to focus recruitment efforts. (Completion Date: June 2010) Leads: Karla Venkataraman & Tyra Mercadel.

Strategy 3: Involve agency staff, foster/adoptive parents, community stakeholders and providers in recruitment efforts. (Completion Date: June 2010) Lead(s) Karla Venkataraman

Outcome Measurement: Children will experience fewer placements and disruptions from their communities, schools, extended families and friends because of the increased number of foster/adoptive homes that are responsive to the ethnic and racial diversity of children in care.

Data Sources: TIPS reports; WebFocus Reports

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Chart 5

Placement Resource Development and Proximity of Placement					
FFY	Average # of homes certified	# of new homes certified	# of intake calls	# of orientation attendance	% of foster children located in same parish as court (parish of origin)
Baseline: 2007-2008	2536	678	3412	1157	42.08 %
2008-2009					
2009-2010					
2010-2011					
2011-2012					
2012-2013					

Chart 6

Placement Stability		
FFY	Percentage of Two or fewer placement settings for children in care less than 12 months Measure C.4.1	Percentage of two or fewer placement settings for children in care 12 to less than 24 months- Measure C.4.2
Baseline: 2007-2008	82.30%	63.12%
2008-2009		
2009-2010		
2010-2011		
2011-2012		
2012-2013		

Note: 75th Percentile = 86.0% ; Of all children who were served in foster care between 10/01/2007 and 09/30/2008 and who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

Objective 3.2: Provide caregivers with appropriate services to address identified needs that pertain to their capacity to provide appropriate care and supervision and to ensure the safety and well-being of the child in their care.

Strategy 1 Assess current home study model to determine if any areas need strengthening and or revision. (Completion Date: June 2011) Lead(s): Karla Venkataraman

Strategy 2 Assess the feasibility of providing guardianship subsidies to relatives and other caretakers. (Completion Date: June 2010) Lead(s) Toni Buxton

Strategy 3 Explore options to deal with relative placements in states that do not complete home studies on relatives. (Completion Date: June 2011) Lead(s) ICPC, Leola McClinton

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Outcome Measurement(s): Research of existing home study models will result in a review or new home study format that can better assess families for certification. More children will be placed with relatives and those relatives will have additional resources to provide care.

Data Sources: TIPS data, QATS data,

Chart 7

Permanency Planning/Relative Placement			
FFY	% of children placed with relatives (certified & uncertified in state & out of state)	# of cases up for QA review during FFY year where initial written service plan developed w/in 30 days of case acceptance	# of cases up for QA review during FFY year where the Family Social Assessment completed or updated w/in 45 days
Baseline: 2007-2008	30%	82%	76.1%
2008-2009			
2009-2010			
2010-2011			
2011-2012			
2012-2013			

Objective 3.3: Develop a uniform in-service training curriculum for caregivers addressing the skills and knowledge base needed to carry out their duties for foster and/or adoptive children. (Completion June 2014)

Strategy 1 – Evaluate and assess current in-service training. (Completion Date: January 2010) Lead(s): Karla Venkataraman

Strategy 2 – Assess and study other state’s in-service training curricula and select desirable components. (Completion Date: June 2010) Lead(s): Karla Venkataraman

Strategy 3 – Conduct needs assessment to determine training needs of caregivers. (Completion Date: April 2010) Lead(s): Karla Venkataraman

Strategy 4 – Explore funding resources and available technical assistance to address foster/adoptive parent recruitment needs. (Completion Date: Quarterly) Lead(s): Karla Venkataraman.

Outcome measurement: Uniform in-service training will benefit children in foster care by providing caregivers with the tools/skills to address the special needs and behaviors of children placed in their home resulting in increased permanency and stability for children. Additionally, when providers have the appropriate tools/skills to complete their charge fewer caregivers will leave the program.

Data Sources: TIPS data, WebFocus Reports

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Chart 8

Neglect/Abuse in Foster Care ~ Placement Stability				
FFY	# of valid investigations in foster homes	# of children with 2 or fewer placements in care less that 12 months	# of children with 2 or fewer placements in care more than 12 months but fewer than 24 months	# of children with 2 or fewer placements in care 24 months or more
Baseline: 2007-2008	27	82.32%	63.12%	37.45%
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

GOAL 4: Increase the number of foster/adoptive homes statewide and improve services to certified foster/adoptive families.

Objective 4.1: Diligently recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state.

Strategy 1: Design area specific recruitment strategies to address the needs of children in their communities. (Completion Date: June 2014) Lead(s): Karla Venkataraman & Tyra Mercadel

Strategy 2: Utilize regional recruiters, the Geomapping tool and the completed needs assessment of children in care (done for LOC) to focus recruitment efforts. (Completion Date: June 2010) Leads: Karla Venkataraman & Tyra Mercadel.

Strategy 3: Involve agency staff, foster/adoptive parents, community stakeholders and providers in recruitment efforts. (Completion Date: June 2010) Lead(s) Karla Venkataraman

Outcome measurement: Children will experience fewer placements and disruptions from their communities, schools, extended families and friends because of the increased number of foster/adoptive homes that are responsive to the ethnic and racial diversity of children in care.

Data Sources: TIPS reports; Webfocus reports

Baseline Data (FFY 2007-2008) : Refer to chart 8

Objective 4.2: Provide caregivers with appropriate services to address identified needs that pertain to their capacity to provide appropriate care and supervision and to ensure the safety and well-being of the child in their care.

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Strategy 1: Assess current home study model to determine if any areas need strengthening and or revision. (Completion Date: June 2011) Lead(s): Karla Venkataraman

Strategy 2: Assess the feasibility of providing guardianship subsidies to relatives and other caretakers. (Completion Date: June 2010) Lead(s) Toni Buxton

Strategy 3: Explore options to deal with relative placements in states that do not complete home studies on relatives. (Completion Date: June 2011) Lead(s) ICPC, Leola McClinton

Outcome Measurement(s): Research of existing home study models will result in a review or new home study format that can better assess families for certification. More children will be placed with relatives and those relatives will have additional resources to provide care.

Data Sources: TIPS data, QATS data,

Baseline Data: The number of children placed with relatives in state and out of state; number of cases up for QA review during FFY year where initial written service plan developed within 30 days of case acceptance; number of cases up for QA review during FFY year where the Family Social Assessment completed or updated within 45 days. **(Refer to chart to Chart 7)**

Objective 4.3: Develop a uniform in-service training curriculum for caregivers addressing the skills and knowledge base needed to carry out their duties for foster and/or adoptive children. (Completion June 2014)

Strategy 1 – Evaluate and assess current in-service training. (Completion Date: January 2010) Lead(s): Karla Venkataraman

Strategy 2 – Assess and study other state’s in-service training curricula and select desirable components. (Completion Date: June 2010) Lead(s): Karla Venkataraman

Strategy 3 – Conduct needs assessment to determine training needs of caregivers. (Completion Date: April 2010) Lead(s): Karla Venkataraman

Strategy 4 – Explore funding resources and available technical assistance to address foster/adoptive parent recruitment needs. (Completion Date: Quarterly) Lead(s): Karla Venkataraman

Outcome Measurement: Uniform in-service training will benefit children in foster care by providing caregivers with the tools/skills to address the special needs and behaviors of children placed in their home resulting in increased permanency and stability for children. Additionally, when providers have the appropriate tools/skills to complete their charge fewer caregivers will leave the program.

Data Sources: TIPS data, WebFocus Reports

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Baseline Data: Number of valid investigations in foster homes; Number of children with 2 or fewer placements in care less than 12 months; Number of children with 2 or fewer placements in care more than 12 months but fewer than 24 months; Number of children with 2 or fewer placements in care 24 months or more. **(Refer to chart 8)**

GOAL 5: Assess all children in foster care regularly, in a standardized way, to support the appropriate level of care and service in the least restrictive setting possible and to assure that care and services delivered are supporting the goal of permanency for each child.

Objective 5.1: Develop and implement a statewide Level of Care (LOC) system to ensure that placement needs are accurately assessed to prevent moves in placement other than those that are for the best interest of the child and consistent with the child's permanency goal(s) (Completion Date: June 2014)

Strategy 1 - Beginning with children in residential facilities (Completion Date: August 2009), and concluding with all other children in care, conduct a needs assessment. (Completion Date: June 2010) Lead(s): Residential Workgroup and OCS Foster Care Staff

Strategy 2 – Once the needs of children in care are identified, work with DHH, OJJ and other partners to match those needs with the appropriate LOC program model. (Completion Date: June 2011)

Strategy 3 – Host provider fair to present selected LOC model to providers statewide. (Completion Date: June 2012) Lead(s): Joseph Bruno

Strategy 4 – Issue Request for Proposal (RFP) and select providers. (Completion Date: June 2013) Lead(s): Joseph Bruno

Outcome Measurement: Levels of Care will benefit children in foster care by providing a system of care structured to meet the needs of those children, to assure appropriateness of placement and obtain results that show fewer unwarranted placements for children.

Data Sources: TIPS Reports, Web focus Reports, Needs Assessment Findings

Baseline Data: Number of children in care less than 24 months with 2 or fewer placements; number of children in care 12 to less than 24 months with 2 or fewer placements; Number of children in care 24 months or more with 2 or fewer placements. **(Refer to chart 8)**

TECHNOLOGY

GOAL 6: Improve service delivery to external customers, clients and providers, as well as improve work processes and tools for staff.

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Objective 6.1: Increase level of mobility of workers and workers ability to work from a home office.

Strategy 1: Complete study of the detailed tasks performed by a worker in and out of the office to better understand the supports needed to function in a mobile office and home environment

Strategy 2: Continue work on ACCESS project to create a complete online case record.

Strategy 3: Explore equipment needs, available mobile services, information technology supports, management and office supports.

Strategy 4: Equip staff with tools to increase mobility and work from a home office if determined to be feasible, i.e, laptops, printer/scanner, fax machine

Strategy 5: Select units statewide to pilot limited mobility

Strategy 6: Study CPS program for what supports are needed for full mobilization and study remaining programs for potential mobility

Outcome Measurement: Reduction in staff turnover and retention timeliness of initiating investigations; improved caseworker visits

Data Sources: WebFocus Reports; ACCESS reports

Baseline Data: Please refer to Chart 1



OUTCOMES

Safety

Permanency

Well-Being

Risk Assessment

Safety Assessment

Structured Decision Making

Case Planning

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THEME 2: OUTCOMES

GOAL 1: Develop a practice model.

Objective 1.1: Obtain funding and technical support

Strategy 1: Prepare application to Mountains Plains Child Welfare Implementation Center. (Completion Date: June 2009) Lead(s): Joel McLain and Brent Villemarette

Objective 1.2: Incorporate Practice Model with OCS business processes (Completion Date: October 2009 {Pending approval of application noted above}) Lead(s): Joel McLain and Brent Villemarette

Strategy 1: Communicate scope of initiative to all OCS-connected staff and stakeholders. (Completion Date: November 2009) Lead(s): Joel McLain and Brent Villemarette

Strategy 2: Create an OCS Practice Model “Champions Group”. (Completion Date: January 2010) Lead(s): Joel McLain and Brent Villemarette

Strategy 3: Develop a project specific strategic planning processes for core, key areas. (Completion Date: March 2010) Lead(s): Joel McLain and Brent Villemarette

Strategy 4: Establish measures/conduct evaluation of efficacy of Practice Model approach. (Completion Date: April 2010 and ongoing) Lead(s): Joel McLain and Brent Villemarette

Strategy 5: Modify approach as driven by data and evaluation. (Completion Date: July 2010 and ongoing) Lead(s): Joel McLain and Brent Villemarette

Strategy 6: Communicate results at periodic and on-going intervals. (Completion Date: July 2010 and ongoing) Lead(s): Joel McLain and Brent Villemarette

SAFETY

GOAL 2: Children are, first and foremost, protected from abuse and neglect.

Objective 2.1: Safety and risk assessments are completed thoroughly and accurately and in accordance with timeframes established in policy while children are in their own homes.

Strategy 1- Enhance supervisor’s capacity to monitor safety plans for completion within agency timeframes and appropriateness of safety plan. (Completion Date: December 2013) Lead(s): Rhenda Hodnett

Strategy 2- Enhance clinical knowledge of staff pertaining to risk and safety assessments of substance abuse, mental health, and domestic violence. (Completion Date: June 2012) Lead(s): Marty Gibson & Rhenda Hodnett

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Strategy 3- Increase the quality and frequency of caseworker visits (Completion Date: December 2011) Lead(s): Rhenda Hodnett

Strategy 4- Add SDM Risk Assessment into ACESS

Outcome measurements:

The agency will monitor the accurate completion of safety and risk assessments through the percent of safety assessments in which safety is assessed timely (in accordance to agency policy) during investigations; monitor percent of Family Service cases in which safety/risk is reassessed timely

Data Sources: QA Data; TIPS reports; SDM database

Chart 9

FS QA-1 Data FFY	Was Safety Assessment reviewed, modified or initiated by FS Worker within 5 days of first contact with family % “Yes”	Have subsequent Risk Assessments been updated/renewed every 3 months that the case remains open unless case circumstances indicate a need to update it more frequently? % “Yes”
Baseline Data: 2007-2008	81%	75% This question will be removed from QA-1 during next revision due to SDM database
2008-2009		
2009-2010		
2010-2011		
2011-2012		
2012-2013		

Note: Risk assessment data inaccurate due to only 3 out of 343 cases reviewed for risk assessment due to discontinuance of QA-1 to measure risk. Risk assessments completed will be monitored in the future by the SDM database.

Chart 9a

FFY	% safety assessment completed within agency timeframes during investigation
Baseline Data: 2007-2008	30.93%
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

Note: Report showing number of cases in compliance with key performance indicators on closed cases. Safety Assessment Met: All Safety Assessments conducted within 120 hours of initial contact; baseline data may be inaccurate due to inputting issues with the ACESS system.

Objective 2.2: Ensure investigations are initiated and face to face contact with the child and caretaker are completed within timeframes established by agency policy (Completion Date: June 2014) Lead(s): Rhenda Hodnett & Cindy Phillips

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Strategy 1- Explore the feasibility of a centralized intake process to create a single entry point for receipt of reports of abuse/neglect. (Completion Date: June 2011) Lead(s): Rhenda Hodnett & Cindy Phillips

Strategy 2- Establish agency capacity and maintain child welfare personnel to respond to reports of abuse and neglect (Completion Date: June 2012) Lead(s): Marty Gibson and Brent Villemarette

Strategy 3- Enhance supervisors' capacity to support workers' timeliness of initiating investigations. (Completion Date: June 2011) Lead(s): Marty Gibson and Brent Villemarette

Outcome measurements:

The agency will monitor timeliness of initiation of investigations through ad hoc reports in ACESS.

Data Sources: ACESS ad hoc report

Chart 10

Compliance Rate with Initial Face-to-Face Contact with Perpetrator/Non- Involved Caretaker				
FFY	# Compliant	# Non-Compliant	# Perpetrators/Caretakers	% Compliant
Baseline Data 2007-2008	14081	15889	29970	46.98 %
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

DATA SOURCE: Webfocus: ACN0004 Based on Finding Date/Final Finding Status: All

Chart 11

Compliance Rate with Initial Face-to-Face Contact with Victim				
FFY	# Compliant	# Non-Compliant	# Victims	% Compliant
Baseline Data 2007-2008	18517	11733	30250	61.21%
2008-2009				
2009-2010				
2010-2011				
2011-2012				
2012-2013				

DATA SOURCE: Webfocus ACN0004 Based on Finding Date/Final Finding Status: All

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GOAL 3: Children are safely maintained in their homes whenever possible and appropriate.

Objective 3.1: To ensure children who have been maltreated are protected from repeat maltreatment in their own homes and in foster care placements.

Strategy 1- Ensure consistent screening and classification of reports received (Completion Date: June 2010) Lead(s): Marty Gibson & Rhenda Hodnett

Strategy 2- Build skills of supervisors to provide supportive supervision to frontline workers to increase accurate case decision making across the child welfare service continuum. (Completion Date: June 2010) Lead(s): Marty Gibson & Rhenda Hodnett

Strategy 3- Provide on-going training to assist workers to conduct a thorough family centered safety/risk assessment using the existing SDM risk assessment tool and safety plan (Completion Date: June 2011) Lead(s): Marty Gibson & Rhenda Hodnett

Outcome measurements:

The agency will monitor the absence of recurrence of maltreatment by focusing on the percent of valid investigations with recurrent valid maltreatment within 6 months, percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date)

Baseline Data: Refer to Chart 2 for percentage of recurrence of maltreatment with victim and perpetrator

Chart 12

Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date)	
FFY	Percentage
Baseline 2007-2008	84.01

Note: DSS Performance Measures: Report- Family Services Safety and Permanence; Baseline data may vary due to recent implementation of this reporting measure. Not all regions/cases have been entered at this time.

Data Sources: ACCESS/TIPS Data/Quality Assurance Case reviews; WebFocus Reports ACN0007/ACN0008;

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Objective 3.2: Service needs are assessed timely and accurately and needed services are provided, based on family needs, to prevent removal or re-entry into foster care.

Strategy 1- Collaborate with community resources to provide training on preventative service programs available, criteria for referral and appropriateness of services based on family needs. (Completion Date: June 2011) Lead(s): Marty Gibson & Rhenda Hodnett

Strategy 2- Explore the use of a 6 week peer training team in all regions statewide to provide short-term, intensive training and support for all levels of staff. (Completion Date: June 2011) Lead(s): Brent Villemarette

Strategy 3-Ensure that Assessment of Family Functioning is practiced consistently statewide and improves performance on assessment needs and services provided. (Completion Date: June 2013) Lead(s): Rhenda Hodnett

Outcome measurements: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date); Instanter order contains judicial determinations (reasonable efforts to prevent removal occurred or child remaining in the home is contrary to welfare of child); Completion of risk assessment in FS cases (as of current date); The percent of Intensive Home Based Services (IHBS) cases referred for prevention purposes successfully remained in the home within 6 months of case closure.

Baseline Data: Refer to Chart 12 for Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date).

Chart 13

Report Date	Of FS Cases Open, what percentage have at least 1 SDM Risk Assessment in the SDM System
Baseline: 05/28/2009	74.15%

Data Sources: IHBS database, QA-1, SDM system; Webfocus- DSS Performance Measures: Report- [Family Services Safety and Permanence](#)

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Chart 14

Reasonable Efforts to Prevent Removal		
Reasonable Efforts FC QA-1 Data	Does Instant order contain judicial determination?	# Applicable Cases
FFY	% “Yes”	
Baseline: 2007-2008	97.5%	2256
2008-2009		
2009-2010		
2010-2011		
2011-2012		
2012-2013		

Chart 15

Intensive Home Based Services (IHBS) cases referred for prevention purposes successfully remained in the home within 6 months of case closure.	
FFY	Percent
Baseline: 2007-2008	98.4%
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

Goal 4: Children are safe while in foster care and upon return home.

Objective 4.1: Children are protected from abuse and neglect while in foster care.

Strategy 1: Notify relatives within 30 days of foster care entry to support family and child through relative placement when possible. (Completion Date: 2010) Lead(s): Toni Buxton

Strategy 2: Establish Kinship Guardianship with subsidized assistance for Kinship foster parents as a permanency option. (Completion Date: 2011) Lead(s): Toni Buxton

Strategy 3: Increase caseworker visits in the residence of the child. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 4: Improve planning and preparation for emergencies and disasters through crisis education (Completion Date: June 2011) Lead(s): Toni Buxton and Karla Venkataraman

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Strategy 5: Adopt consistent, evidence-based process for child specific needs assessment. (Completion Date: June 2011) Lead(s): Joe Bruno

Strategy 6: Increase available homes for children with specialized medical and psychiatric needs through planning with Home Development. (Completion Date: June 2011) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 7: Provide Child Care Assistance for family based foster parents to provide support and promote placement stability. (Completion Date: June 2011) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 8: Review cases involving fatalities or near fatalities in foster care for staff remediation, support and skill development. (Completion Date: June 2011) Lead(s): Joe Bruno and Toni Buxton

Measurement: Number and percentage of children without valid reports of abuse or neglect in foster care is equal to or higher than federal standard of 99.68%.

Chart 16

Absence of Child Abuse/Neglect in Foster Care (12 Months)			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline:			
FFY 2008	8237	89	96.93%
FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			
FFY 2013			

Objective 4.2: Incidents of maltreatment will be reduced among children who have returned home from foster care.

Strategy 1: Notify relatives within 30 days of a child’s entry into foster care so that they can support the case goal and support family after the child has returned home. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 2: Develop a sustainable service network for identification and location of relatives and other connections to be a support system for families when children/youth return home from foster care. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 3: Provide parent education, facilitated visits and visit coaching to aid in productive, positive family interaction and support reunification efforts. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

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Strategy 4: Establish consistent programmatic protocols for services to families where the risk to a child is generated through substance exposure of a newborn. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 5: Develop policy and provide staff education to require a phone call to the last known phone number of a family within the first three months of transfer of custody of the child back to the family. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 6: Develop policy and provide staff education to require written discharge sheet for each family upon transfer of custody back to the family with contact information on service providers utilized in serving the family during agency involvement and other known community resources which can serve the needs of the family based on the safety and risk factors that brought the child into state custody. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 7: Review cases involving near fatalities or fatalities of children that occur within a brief period of return home from foster care for staff remediation, support and skill development. (Completion Date: Ongoing) Lead(s): Toni Buxton

Outcome Measurements:

The number of valid reports of maltreatment within six months after a child’s return home from foster care will decrease annually to 2.0%.

Data Source: TIPS

Chart 17

Valid CPI Report within 6 Months of Discharge from Foster Care			
Report Date	# FC Discharged	# Valid children within 6 months	% Valid
Baseline: FFY 2008	3484	135	3.87
FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			
FFY 2013			

PERMANENCY

GOAL 5: Children have permanency and stability in their living situations.

Objective 5.1: Children experience stable foster care placements.

Strategy 1: Increase caseworker contact with children within the placement setting. (Completion Date: Ongoing) Lead(s): Toni Buxton

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Strategy 2: Adopt a consistent, evidence-based process for child specific needs assessment. (Completion Date: 2009 and ongoing) Lead(s): Joe Bruno

Strategy 3: Usage of IHBS, MST, Infant Team, and OAD services as well as the ISC and STORRC processes to assess therapeutic, developmental, substance abuse and other specialized needs impacting placement stability. (Completion Date: Ongoing) Lead(s): Toni Buxton

Measurements: Meet or exceed federal standard for two or fewer placements in less than 12 months (86.0% or more), 12 to 24 months (65.4% or more), and more than 24 months (41.8%)

Chart 18

Two or Fewer Placements for Children in Care Less than 12 Months			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline: FFY 2008	2893	622	82.30%
FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			
FFY 2013			

Chart 19

Two or Fewer Placements for Children in Care More than 12 Months and Less than 24 Months			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline: FFY 2008	1268	741	63.12
FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			
FFY 2013			

Chart 20

Two or Fewer Placements for Children in Care 24 Months or More			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline: FFY 2008	882	1473	37.45
FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			

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FFY 2013			
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Objective 5.2: Children achieve permanency in a timely manner.

Strategy 1: Request that Court Improvement Project review timeliness of appeals process related to Termination of Parental Rights proceedings and consider revision of the law to expedite the appeals process. (Completion Date: 2010 and ongoing)
 Lead(s): Toni Buxton

Strategy 2: Use of IHBS, MST, Infant Team, and OAD services as well as the ISC and STORRC processes to assess therapeutic, developmental, substance abuse and other specialized needs impacting reunification. (Completion Date: Ongoing)
 Lead(s): Toni Buxton

Strategy 3: Accurately and frequently assess risk, safety and protective capacity of the family and provide services that target changing parental behaviors that threaten the safety of the child. (Completion Date: Ongoing) Lead(s): Toni Buxton

Measurements: Percent of exits to Reunification in less than 12 months increased to 65% or higher and median of months in care reduced to 7 months or less; percent of children in care more than 17 months being legally freed within 6 months is reduced to 14%; percentage of children emancipated who were in foster care 3 years or longer is reduced to 50%.

Data Source: WebFocus

Chart 21

Exits to Reunification in Less Than 12 Months					
	# Met Standard	# Not Met Std.	Total Children	% Met Standard	Median Months
Baseline:					
FFY 2008	1399	810	2209	63.33	9.99
FFY 2009					
FFY 2010					
FFY 2011					
FFY 2012					
FFY 2013					

Chart 22

Children in Care 17 + Months Achieving Legal Freedom Within 6 Months				
	# Met Standard	# Not Met Standard	Total Children	% Met Standard
Baseline:				
FFY 2008	140	854	994	14.08%
FFY 2009				
FFY 2010				
FFY 2011				
FFY 2012				

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FFY 2013				
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Chart 23

Children Emancipated Who Were in Foster Care 3 Years or More				
	# Met Standard	# Not Met Std	Total Children	% Met Standard
Baseline: FFY 2008	156	120	276	56.52
FFY 2009				
FFY 2010				
FFY 2011				
FFY 2012				
FFY 2013				

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Objective 5.3: The number of finalized adoptions will increase by 10% (50 adoptions per year) over the average of the previous five years.

Strategy 1: Child specific recruitment activities will be conducted in conjunction with the Home Development Section. (Completion Date: 2014) Lead(s): Bruce Daniels & Karla Venkataraman

Strategy 2: Develop and provide LARE/photo listing training of adoption staff and selected foster care staff (Completion Date for development: 2011; Completion Date for training: 2014) Lead: Bruce Daniels

Strategy 3: Complete Adoption Certification program for of all Adoption Staff (Completion Date: 2011) Lead(s): Bruce Daniels & Gary Mallon

Strategy 4: Feature children available for adoption on DSS website in conjunction with Home Development Section (Completion Date: 2014) Lead(s) Bruce Daniels & Karla Venkataraman

Outcome Measurements:

The agency will measure the number of finalized adoptions each year. Baseline data is the average number of finalized adoptions per year based on the 2005-2009 Child and Family Services Plan Final Report. An average baseline data was selected because of the normal annual fluctuations in the number of finalized adoptions.

Data Source: TIPS

Chart 24

FFY	Number of Finalized Adoptions
Baseline*:	500
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

**Note: Baseline represents average Number of Finalized Adoptions per Year from 07/04 through 9/08*

Objective 5.4 Decrease the average length of time between foster care entry and adoption finalization by 10% or by .72 months per year.

Strategy 1: Develop and provide adoption subsidy training to staff. (Completion Date for development: 2011; Completion Date for training: 2014) Lead: Bruce Daniels

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Strategy 2: Analyze barriers to adoption finalization in conjunction with Foster Care Program Staff and the Louisiana Court Improvement Project staff, develop recommendations for overcoming barriers, and implement recommendations. (Completion Date for analysis: 2011; Completion Date for development of recommendations: 2013; Completion Date for implementation of recommendations: 2014) Lead: Bruce Daniels

Strategy 3: Child specific recruitment activities will be conducted in conjunction with the Home Development Section. (Completion Date: 2014) Lead(s): Bruce Daniels & Karla Venkataraman

Outcome Measurements: The agency will monitor the time period from the date the child entered foster care until the date the adoption is finalized, or the “Average Length of Time in Care”.

Data Source: TIPS

Chart 25

FFY	Average Length of Time in Care
Baseline FFY 2007-2008	36 months
2008-2009	
2009-2010	
2010-2011	
2011-2012	
2012-2013	

Objective 5.5: Increase public awareness of the need of adoptive homes for children in foster care (see Promoting Safe and Stable Families Act on page 70 for details.

Strategy 1: Obtain media focus for Annual Adoption Celebration at Governor’s Mansion. (Years 1-5) Lead: Bruce Daniels

Strategy 2: Develop and implement worker recognition program to recognize outstanding contributions made by adoption staff towards achieving permanency through adoption for available children. (Develop in Year 1; Implement in Years 2-5) Lead: Bruce Daniels

Strategy 3: Promote Voluntary Registry awareness and usage with private child placing adoption agencies statewide. (Years 1-5) Lead: Bruce Daniels

Strategy 4: Explore featuring our available children in community resource publications statewide such as the CASA and foster parent newsletter. Along with Home Development staff, explore other possible resources and avenues for featuring

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our available children. (Explore resources and develop strategies in Year 1; Implement in Years 5) Lead: Bruce Daniels

Strategy 5: Develop and provide subsidy pamphlets/fliers to private adoption agencies annually and, in collaboration with Home Development staff, distribute at statewide conferences. (Develop pamphlet/fliers in Year 1; Distribution in Years 2-5) Lead: Bruce Daniels

Measurement: Increasing adoption awareness is difficult to measure, but research indicates that the more often prospective foster and adoptive families hear or receive information as to the need for them to step forward to foster and adopt, the more likely they are to take that first step of calling to express their interest in becoming a certified family. From this we can infer that successful achievement of Objectives 3.3 and 3.4 above.

GOAL 6: The continuity of family relationships and connections is preserved for children.

Objective 6.1: Siblings are placed together unless contrary to the best interest of the children.

Strategy 1: Develop and implement mechanism for tracking siblings being placed together or separately; develop and disseminate policy regarding tracking mechanism; establish baseline. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 1: Review policy, revise as necessary, and educate staff regarding the importance of sibling connections for joint placement when in the best interests of the children. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Develop Kinship Guardianship as a permanency option to provide subsidy so that relative foster parents to accept guardianship of all siblings in placement together. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Chart 26

Siblings Placed Together			
FFY	# Children with Sibling in Foster Care	# Placed with at Least One Sibling	% Siblings Placed Together
Establish Baseline: FFY 2009			
FFY 2010			
FFY 2011			
FFY 2012			
FFY 2013			

Objective 6.2: Children in foster care visit with their parents and siblings with a frequency and quality that promotes relationship continuity.

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Strategy 1: Use Family Resource Centers for parenting education, facilitated visits, and visit coaching to aid in productive family interaction. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Support staff in using the SDM risk assessment, Assessment of Family Functioning and Case Planning tools to assess risk factors in families accurately, identify protective capacities and plan for parent/child and sibling visitation based on the assessed needs of the family. (Completion Date: Ongoing) Lead(s): Toni Buxton

Measurement: Increase percentage of cases with a strength rating on Peer Case Review Item 13, “Visiting with Parents and Siblings in Foster Care” to 90%.

Chart 27

Percentage of Cases with Strength Rating on Child Visiting with Parents and Siblings in Foster Care					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
86%					

WELL-BEING

GOAL 7: Children receive appropriate services to meet their educational needs.

Objective 7.1: Improve educational outcomes for children in foster care.

Strategy 1: Expand data sharing with Department of Education to include grade placement by age for all school aged children in foster care and in the general population and fourth grade high stakes testing scores for children in foster care and in the general population. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Collaborate with the Department of Education to support and coordinate activities between regional and parish OCS offices and local school systems to improve educational outcomes for children in Foster Care. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 3: Participate on the Louisiana State Interagency Coordinating Council (SICC) and the Special Education Advisory Council, LA State Board of Elementary and Secondary Education to develop statewide initiatives to address developmental and educational needs of children in Louisiana. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 4: Educate staff regarding agency expectation and federal requirement that children in foster care attend school full time. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

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Measurement 1: The percentage of youth in foster care performing in the top three levels on the LEAP high stakes eighth grade testing will increase by 1% per school year. Baseline is 2005-2006 School Year (SY).

Chart 28

Percentage of Youth In Foster Care in the Top Three LEAP Scoring Groups in English Testing					
Baseline: 2005-2006 SY	2006-2007 SY	2007-2008 SY	2008-2009 SY	2009-2010 SY	2010-2011 SY
37.0%					

Chart 29

Percentage of Youth In Foster Care in the Top Three LEAP Scoring Groups in Mathematics Testing					
Baseline: 2005-2006 SY	2006-2007 SY	2007-2008 SY	2008-2009 SY	2009-2010 SY	2010-2011 SY
34.3 %					

Measurement 2: Increase high school graduation rates for youth in foster care by 1% per year using cohort and graduating class calculations. The overall Louisiana high school graduation rate for the cohort entering 9th grade for the first time in the 2002-2003 school year and graduating at the end of the 2005-2006 school year was 64.8% as compared with a graduation rate of the same cohort in foster care of 44.2%. There were only 43 youth in foster care in this cohort, so the percentage of youth (n=377) placed in the 12th grade in the 2005-2006 school year was also calculated with a resulting graduation rate of 42%. Of the 43 youth in foster care in the 2002-2003 cohort, in addition to the 19 (44.2%) who had graduated, 10 (23.3%) were still in school and 14 (32.6%) had dropped out.

Chart 30

High School Graduation Rate for Youth in Foster Care (Cohort)					
Baseline: 2005-2006 SY	2006-2007 SY	2007-2008 SY	2008-2009 SY	2009-2010 SY	2010-2011 SY
44.2%					

Chart 31

High School Graduation Rate for Youth in Foster Care (Placed in 12th Grade at Beginning of School Year)					
Baseline: 2005-2006 SY	2006-2007 SY	2007-2008 SY	2008-2009 SY	2009-2010 SY	2010-2011 SY
42%					

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Objective 7.2: Establish stable educational settings for children wherein the educational providers can develop familiarity with the child and provide educational services based complete educational records.

Strategy 1: Promote state legislation to support children remaining in the same children when they enter foster care. (Completion Date: 2009) Lead(s): Toni Buxton

Strategy 2: Develop transportation protocol to support children remaining in the same school when they enter foster care. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 3: Coordinated interagency efforts to develop placement resources for children within areas of highest foster care entry. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton and Karl Venkataraman

Strategy 4: Develop tracking mechanism for school changes upon entry into foster care. (Completion Date: 2010) Lead(s): Toni Buxton

Objective 7.3: Children and youth in foster care attend school full time.

Strategy 1: Educate caseworkers on the importance of children and youth attending school full time. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Educate caregivers on the importance of children and youth attending school full time. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 3: Develop mechanism for tracking full time school attendance for children and youth in foster care. (Completion Date: 2010) Lead(s): Toni Buxton

GOAL 8: Children receive appropriate services to meet physical (including dental) and mental health needs

Objective 8.1: Physical and dental health needs of children are assessed upon entry into foster care and services are provided for identified needs.

Strategy 1: Develop electronic case records for greater efficiency in management of children's records, including physical and mental health records. (Completion Date: 2013) Lead(s): Toni Buxton

Strategy 2: Develop a comprehensive and collaborative Health Care Plan between OCS, DHH, and private practitioners for all children in foster care that guides medical, dental and mental health care provided to children in foster care, including medication monitoring. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

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Strategy 3: Work with Home Development to enhance recruitment strategies for children with specialized medical and psychiatric care needs. (Completion Date: Ongoing) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 4: Integrate education of foster parent by physical and mental health care providers into placement preparation prior to placing children with physical or mental health care needs. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 5: Develop tracking mechanism. (Completion Date 2011) Lead(s) Toni Buxton



ACCOUNTABILITY

Continuous Quality Improvement

Quality Assurance

Accreditation

Licensing Standards

Data

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THEME 3: ACCOUNTABILITY

CONTINUOUS QUALITY IMPROVEMENT

GOAL 1: Continuously strive to improve performance in order to improve outcomes for children and families

Objective 1.1: Increase the utilization of data to identify areas needing improvement and to determine if action plans developed to address the issue is impacting the outcome.

Strategy 1: Strengthen the Peer Case Review (PCR) process and utilization of data received in the CQI process (Completion Date: June 2013) Lead(s): Jan Byland

Strategy 2: Continue to review Staff Turnover and Retention (STAR) data in State level CQI meetings and monitor outcomes of strategies and solutions implemented to reduce turnover.

Strategy 3: Continue to improve the agency's ability to obtain relevant valid and reliable data and reports to assist in improving agency performance.

Objective 1.2: Expand availability of qualitative information for use in agency improvement efforts.

Strategy 1: Establish predetermined and regular schedule for regional PCR process. (Year 2 and ongoing) Lead(s): Jan Byland

Strategy 2: Explore surveying youth and family satisfaction using the Youth Satisfaction Survey (YSS) and the Youth Satisfaction Survey – Family (YSSI) to measure youth and family involvement in assessment, case planning, and quality of services provided. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 3: Explore interviews with youth and family to determine their perceived level of involvement in case planning. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 4: Explore a court-agency Continuous Quality Improvement process facilitated by CIP Coordinator/Judicial Fellow and OCS state and regional staff. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 5: Examine Administrative Review process to determine whether it facilitates quality practice in its current form, and make changes as indicated. (Completion Date: Year 2) Lead(s): Jan Byland

Outcome Measurement: Improved performance on CFSR Outcome Indicators.

LICENSING STANDARDS AND REGULATIONS

GOAL 2: To ensure quality of care, accountability, and protection for children.

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Objective 2.1: Standards and licensing regulations for foster family homes and child care institutions are reasonably in accord with recommended national standards.

Strategy 1: Complete a licensing rewrite through the development of a task force of providers, other state agencies and community partners. (Completion Date: June 2014) Leads: Joseph Bruno & Ellen Trahan

Strategy 2: Develop core licensing standards for foster and adoptive homes and residential facilities. (Completion Date: August 2010) Lead(s) Joseph Bruno, Ellen Trahan & Karla Venkataraman

Strategy 3: Develop residential program modules for residential facilities. (Completion Date: May2011) Lead(s) Joseph Bruno & Ellen Trahan

Strategy 4: Develop licensing regulations in which deficiencies are weighted based on the severity of the deficiency as well as the deficiency’s relationship to the safety and well-being of youth. (Completion Date: June 2011) Leads: Joseph Bruno, Ellen Trahan & Karla Venkataraman

Strategy 5 Develop legislation surrounding new licensing standards/regulations. (Completion Date: June 2010) Leads: Joseph Bruno, Ellen Trahan & Karla Venkataraman

Strategy 6 Implement Regulation Plan and train providers and licensing staff. (Completion Date: January 2011) Leads: Joseph Bruno, Ellen Trahan & Karla Venkataraman

Outcome measurement: Through the development and enforcement of licensing standards/regulations children and youth in foster care are provided quality services that protect their health and safety. **Please also refer to chart 8 located on page 132.**

Data Sources: Training Sign-in sheets;

Chart 32

Trained Providers and Deficiencies		
FFY	# of trained staff & providers	# of deficiencies
Baseline: 2007-2008	none available at this time	450 all carrying same weight with regard to severity and corrective action
2008-2009		
2009-2010		
2010-2011		
2011-2012		
2012-2013		

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Training and Technical Assistance

Tribal Partners

Community Partners



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PARTNERSHIPS: Federal, Tribal, State and Community

The partnerships identified in this section do not represent an exhaustive list of all OCS partners, but represent those participating in key current initiatives.

(NOTE: Not all OCS collaborative partners are included here. The effectiveness of OCS' collaborative efforts and partnerships is measured not by the collaboration or partnership, but is measured by the improved outcomes for children, youth, and families. Please see outcome measurements in the Chafee Foster Care Independence/Education and Training Voucher Section on page 50, Child Abuse Prevention and Treatment Act on page 97, Promoting Safe and Stable Families on page 70 and the goals related to Safety, Permanency and Well Being Outcomes on page 137.

Federal Partnerships

Goal 1: Collaborate effectively with Administration for Children and Families/Children's Bureau.

Objective 1.1: Submit accurate and complete reports and plans as required.

Strategy 1: Request clarification and guidance from Region VI staff as needed. (Ongoing)
Lead(s): Bridget Clark

Strategy 2: Request Technical Assistance from Child Welfare National Resource Centers through Region VI. (Ongoing) Lead(s): Bridget Clark

Objective 1.2: Use assistance to improve child welfare outcomes and agency systemic factors.

Strategy 1: Use assistance in full development and integration of Alternative Response. (Ongoing) Lead(s): Cindy Phillips

Strategy 2: Enhance comprehensive assessment and planning. (Ongoing) Lead(s): Rhenda Hodnett

Strategy 3: Continue post-graduate competency curricula in adoptions. (Ongoing) Lead(s): Bruce Daniels

Strategy 4: Develop Levels of Care system. (Ongoing) Lead(s): Joe Bruno/Suzy Sonnier

Strategy 5: Develop Practice Model. (Ongoing) Lead(s): Joel McLain

Strategy 6: Continue to enhance transitional living services for youth. (Ongoing) Lead(s): Celeste Skinner

Strategy 7: Improve Quality Assurance system. (Ongoing) Lead(s): Jan Byland/Michael Dailey

Strategy 8: Develop SACWIS system. (Ongoing) Lead(s): John McInturf/Michael Dailey

Strategy 9: Develop mechanisms for working more effectively through work process planning. (Ongoing) Lead(s): Joe Bruno

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Strategy 10: Improve training system. (Ongoing) Lead(s): Marty Gibson

Strategy 11: Prepare for CFSR. (Ongoing) Lead(s): Jan Byland

Strategy 12: Broaden service array. (Ongoing) Lead(s): Suzy Sonnier

Strategy 13: Analyze causes and combat disproportional representation. (Ongoing) Lead(s):
Mark Harris

Strategy 14: Improve legal representation. (Ongoing) Lead(s): Mark Harris

Tribal Partnerships:

Goal 1: Develop awareness of Tribal issues and concerns related to child welfare service provision.

Objective 1.1: Encourage Tribal participation in Regional Continuous Quality Improvement (CQI) meetings and in the statewide Community and Consumer Stakeholder Committee (Stakeholder Committee).

Strategy 1: Invite Social Service Director of each Tribe to attend regional meetings and solicit their input during meetings. (Ongoing) Lead(s): Regional CQI Chairpersons

Strategy 2: Invite Social Service Directors, Executive Director of Bureau of Indian Affairs and Director of the Louisiana Intertribal Council to attend Stakeholder Committee meetings and solicit their input. (Ongoing) Lead(s): Stakeholder Committee Co-chairs

Strategy 3: Bring issues and concerns expressed by Tribal representatives from CQI and Stakeholder Committee meetings to the attention of appropriate OCS management staff. (Ongoing) Lead(s): Regional CQI Chairpersons and Stakeholder Committee Co-chairs

Objective 1.2: Be available to assist any Federally Recognized Tribe in the development of a Title IV-E program.

Strategy 1: Provide Tribal Social Services Directors, the Executive Director of Bureau of Indian Affairs and the Director of the Louisiana Intertribal Council with information published in the Federal Register concerning development of such programs. (Ongoing) Lead(s): Planning and Accreditation Section Staff

Strategy 2: Remind Tribal representatives noted in Strategy 1 that the opportunity to establish Title IV-E program is not time limited and that OCS assistance is available at any time they become interested in pursuing it. (Ongoing) Lead(s): Planning and Accreditation Section Staff

Goal 2: Provide appropriate services to Tribal families and children.

Objective 2.1: Identify children with Tribal affiliation.

Strategy 1: Provide training to caseworkers, judges, attorneys and Court Appointed Special Advocates (CASA) on consistent inquiry into potential Tribal identification/affiliation. Ongoing) Lead(s): Court Improvement Project and Marty Gibson

Objective 2.2: Follow ICWA policy in cases where child has tribal affiliation.

Strategy 1: Explore revising agency ICWA policy, and request National Resource Center Assistance if indicated. (Ongoing) Lead(s): Cindy Phillips, Toni Buxton, Bruce Daniels and Barbara Mays

Strategy 2: Train staff on ICWA policy. (Ongoing) Lead(s): Marty Gibson

Objective 3.3: Collaborate with Tribal Social Service Directors on developing foster and adoptive homes within the Tribe.

Strategy 1: Regional recruiters contact and meet with Tribal Social Service Directors (SSD) quarterly (when the SSD is available and willing. (Ongoing) Lead(s): Karla Venkataraman

Objective 3.4: Tribal youth participate in Chafee Foster Care Independence Program and Education and Training Voucher Program.

Strategy 1: CFCIP providers contact Tribal SSDs to encourage them to refer youth. (Ongoing) Lead(s): Celeste Skinner.

State Partnerships:

Goal 1: Collaborate effectively with other agencies within the Department of Social Services

Objective 1.1: Assist families and children in receiving needed concrete services.

Strategy 1: Work with Office of Family Support to provide Child Care Assistance, Kinship Care Grants and Financial Assistance to Needy Families to eligible OCS service recipients. (Ongoing) Lead(s): Toni Buxton.

Strategy 2: Cross train OCS and OFS staff in the Greater New Orleans Region so that workers in each agency have basic understanding of policies and procedures of other agency through Louisiana Kinship Integrated Services System Grant. (Ongoing) Lead(s): Shewayn Watson

Objective 1.2: Provide Vocational Interest Assessment, training and employment assistance to eligible youth.

Strategy 1: Work with Louisiana Rehabilitation Services to refer youth transitioning from foster care for available services and to explore ways available services can be expanded. (Ongoing) Lead(s): Celeste Skinner

Objective 1.3: Develop technology to support OCS activities.

Strategy 1: Work with DSS Information and Technology staff to develop SACWIS system. (Ongoing) Lead(s): John McInturf

Strategy 1: Work with DSS Information and Technology staff to support modernization of OCS working methods. (Ongoing) Lead(s): John McInturf

Goal 2: Collaborate effectively with Northwestern Louisiana University and the other six Louisiana universities that offer social work degrees supported by IV-E funding.

Objective 2.1: Prepare Bachelor of Social Work (BSW) students to step into child welfare work upon graduation.

Strategy 1: Develop Common Core Competencies Curriculum in all BSW programs.
(Ongoing) Lead(s): Marty Gibson

Strategy: Develop Child Welfare Institute for staff training and development.
(Ongoing) Lead(s): Marty Gibson

Goal 3: Collaborate effectively with the Louisiana Department of Corrections/Office of Juvenile Justice (OJJ).

Objective 3.1: Eligible youth served by OJJ receive IV-E services.

Strategy 1: Assure that IV-E Eligibility is determined accurately for youths served by OJJ. (Ongoing) Lead(s): Marilee Cash

Strategy 2: Assure that youth in the custody of OJJ are visited by their workers monthly with the majority of the visits taking place in the child residence. (Ongoing) Lead(s): Joe Keegan and Toni Buxton

Strategy 3: Provide transitional services to eligible youth in OJJ custody. (Ongoing)
Lead(s): Celeste Skinner

Goal 4: Collaborate effectively with Louisiana Department of Education.

Objective 4.1: Improve educational outcomes for children in foster care.

Strategy 1: Assure that children in foster care have stable educational settings.
(Ongoing) Lead(s): Toni Buxton

Strategy 2: Develop mechanism for data sharing regarding full time school attendance of children in foster care. (Ongoing) Lead(s): Toni Buxton

Strategy 3: Share data on school outcomes for children and youth in foster care including comparison with the general population. (Ongoing) Lead(s): Toni Buxton

Strategy 4: Assure that youth transitioning to adulthood have the knowledge and skills necessary for independent adult lives. (Ongoing) Lead(s): Celeste Skinner

Strategy 5: Work with ETV providers and post-secondary educational institutions to assure that youth have the opportunity to continue their education

Goal 5: Collaborate effectively with the Louisiana Department of Health and Hospitals.

Objective 5.1: Provide comprehensive health care for children in foster care.

Strategy 1: Work with DHH management staff and DHH contracted providers to expand Health Care Plan. (Ongoing) Lead(s): Toni Buxton

Strategy 2: Develop Memorandum of Understanding with DHH related to the Health Care Plan. (Ongoing) Lead(s): Toni Buxton

Objective 5.2: Meet medical and mental health needs of children and families.

Strategy 1: Work with Office for Citizens with Developmental Disabilities to obtain services for developmentally delayed children and youth. (Ongoing) Lead(s): Toni Buxton and Celeste Skinner

Strategy 2: Work with the Office for Addictive Disorders to maintain substance abuse counselors in OCS offices. (Ongoing) Lead(s): Rhenda Hodnett

Strategy 3: Work with the Office for Addictive Disorders for identification and treatment of addictive disorders in youth and parents. (Ongoing) Lead(s): Toni Buxton and Celeste Skinner

Strategy 4: Work with the Office of Mental Health for identification and treatment of mental health disorders in children, youth and parents. (Ongoing) Lead(s): Toni Buxton and Celeste Skinner

Goal 6: Support and work with statewide child welfare organizations.

Objective 6.1: Support the Louisiana Foster and Adoptive Parent Association.

Strategy 1: Designate agency staff to attend association meetings and report concerns noted to OCS. (Ongoing) Lead(s): Karla Venkataraman

Strategy 2: Participate in hosting annual conference. (Ongoing) Lead(s): Karla Venkataraman

Objective 6.2: Support Louisiana Adoption Advisory Board.

Strategy 1: Identify and address concerns of all members of the adoption triad. (Ongoing) Lead(s): Bruce Daniels

Objective 6.3: Work with Prevent Child Abuse Louisiana (PCAL)

Strategy 1: Support annual Kids Are Worth It Conference on Child Abuse and Neglect. (Ongoing) Lead(s): Rhenda Hodnett

Strategy 2: Engage PCAL's assistance and support in Nurturing Parent Program, Safe Haven, media campaigns and community education. (Ongoing) Lead(s): Rhenda Hodnett

Goal 7: Agency stakeholders are aware of and provide ongoing input into agency activities.

Objective 7.1: The OCS Consumer and Community Stakeholder Committee provides information to stakeholders and solicits concerns from them.

Strategy 1: Hold meetings at regularly scheduled intervals remind members of each meeting and provide minutes of meetings to those who were unable to attend. (Ongoing) Lead(s): Gwen Jackson and Carol Groves

Strategy 2: Concerns voiced by stakeholders are presented to agency management so that concerns can be appropriately addressed. (Ongoing) Lead(s): Gwen Jackson and Carol Groves

Strategy 2: Explore barriers to participation by biological parents and youth, and develop mechanisms to overcome those barriers. (Ongoing) Lead(s): Gwen Jackson and Carol Groves

Goal 8: Improve services to multi-problem families.

Objective 8.1: Expand and improve Interagency Service Coordination (ISC) process.

Strategy: Include OCS, OJJ, Office of Mental Health, Office of Public Health, Office of Addictive Disorders, Department of Education, Workforce Investment Board, and Bureau of Indian Affairs in membership as appropriate.

Community Partnerships:

Goal 1: Work effectively with local businesses, churches, and civic organizations and media outlets.

Objective 1.1: Increase the pool of available foster and adoptive families.

Strategy 1: Regional Home Development Recruiters speak to churches and civic organizations to arouse interest of the members in becoming foster/adoptive families. (Ongoing) Lead(s): Karla Venkataraman

Strategy 2: Regional Home Development Recruiters use local media outlets to spread the word that foster and adoptive homes are needed through public service announcements and human interest stories. (Ongoing) Lead(s): Karla Venkataraman

Objective 1.2: Provide experiential learning opportunities and services for youth transitioning from foster care.

Strategy 1: Chafee Foster Care Independent Living Providers (CFCILP) work with local businesses and organizations to arrange field trips and experiential learning opportunities for youth in life skills classes. (Ongoing) Lead(s): Celeste Skinner

Strategy 2: CFCILPs work with local churches and civic organizations to solicit donations of goods and services for youth who have aged out of foster care and need assistance with household items. (Ongoing) Lead(s): Celeste Skinner

Goal 2: Agency stakeholders are aware of and provide ongoing input into agency activities.

Objective 2.1: The Regional CQI Committees provide information to stakeholders and solicit concerns from them.

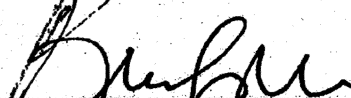
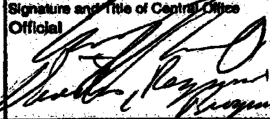
Strategy 1: Hold meetings at regularly scheduled intervals remind members of each meeting and provide minutes of meetings to those who were unable to attend. (Ongoing) Lead(s): Regional CQI Chairs

Strategy 2: Concerns voiced by stakeholders are presented to regional management and/or Statewide CQI Committee so that concerns can be appropriately addressed. (Ongoing) Lead(s): Regional CQI Chairs

Strategy 2: Explore barriers to participation by biological parents and youth, and develop mechanisms to overcome those barriers. (Ongoing) Lead(s): Regional CQI Chairs

CPS-101, PART I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP and ETV

Fiscal Year 2010, October 1, 2009 through September 30, 2010

1. State or Indian Tribal Organization (ITO): Louisiana		2. EIN: 1-72-800-0800-A1	
3. Address: DSS - Office of Community Services P. O. Box 3318 Baton Rouge, LA 70821		4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision	
5. Total estimated Title IV-B, Subpart 1, Child Welfare Services (CWS) Funds		\$4,728,883	
(e) Total administration (not to exceed 10% of estimated allotment)		\$472,888	
6. Total estimated Title IV-B Subpart 2 Funds, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a-f.		\$8,522,049	
(a) Total Family Preservation Services		\$1,917,461	
(b) Total Family Support Services		\$1,917,461	
(c) Total Time-Limited Family Reunification Services		\$1,917,461	
(d) Total Adoption Promotion and Support Services		\$1,917,461	
(e) Total for Other Service Related Activities (e.g. planning)		\$0	
(f) Total Administration (FOR STATES ONLY; not to exceed 10% of estimated allotment)		\$852,204	
7. Total estimated Title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$506,046	
(a) Total administration (FOR STATES ONLY; not to exceed 10% of estimated allotment)		\$0	
8. Re-allotment of Title IV-B, Subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$0, PSSF \$0, and/or MCV \$0.			
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting: CWS - \$472,888, PSSF \$852,204, and/or MCV \$50,605			
9. Child Abuse Prevention and Treatment Act (CAPTA), State Grant (no State match required) Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$391,476	
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds.		\$1,429,741	
(a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$14,700	
11. Estimated Education and Training Voucher (ETV) Funds.		\$480,778	
12. Re-allotment of CFCIP and ETV Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program.		\$0	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program.		\$0	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$142,974	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV funds		\$48,078	
12. Certification by State Agency and/or Indian Tribal Organization The State agency or Indian Tribe submits the above estimates and request for funds under Title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2010.			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
			

State and Local expenditure amounts for Title IV-B Subpart 2 for FFY 2007 are the same amounts as shown on the final FS 269.
 \$1,300,815 is the amount of Title IV-B, Subpart 1 expended in FFY 2006 for foster care maintenance.
 \$433,538 is the amount of State expenditures for non-Federal funds for foster care maintenance payments that was used as match for Title IV-B, Subpart 1 for FFY 2005 and planned for FFY 2010.
 110. \$433,538
 1992 base year amount is \$2,772,015

CFS-101, PART II
U.S. Department of Health and Human Services
Administration for Children and Families
CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services
State of Indian Tribal Organization (ITO) Louisiana



For FFY OCTOBER 1, 2009 TO SEPTEMBER 30, 2010

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP*	(f) ETV	(g) TITLE IV-E	(h) STATE LOCAL & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I - CWS	(b) Subpart II - PSSF	(c) Subpart II - MCV*						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (Family Support)	\$886,020	\$1,917,462		\$117,443				\$3,607,031		26,328	All eligible children & adults	Statewide
2.) PROTECTIVE SERVICES	\$2,067,381			\$274,033				\$1,500,185		20,776	Persons of abuse/neglect	Statewide
3.) CRISIS INTERVENTION (Family Preservation)		\$1,917,461						\$639,154		8,686	Child/Family Visit Allegations At Children in Foster Care	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES		\$1,917,461						\$639,154		8,686	All children in Foster Care	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		\$1,917,461						\$639,154		772	Parent Children and grand children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. education)												
7.) FOSTER CARE MAINTENANCE (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$1,300,614							\$11,863,746		8,686	All children in Foster Care	Statewide
(b) GROUP/INSTITUTIONAL CARE							\$17,229,190	\$2,543,446		1,432	All eligible	Statewide
8.) ADOPTION SUBSIDY PMTS.							\$9,380,820	\$6,127,288		86	All eligible	Statewide
9.) GUARDIANSHIP ASSISTANCE PMTS.							\$14,024,811	\$511,147		5,639	All eligible	Statewide
10.) INDEPENDENT LIVING SERVICES							\$192,333	\$353,776		1,594	All eligible	Statewide
11.) EDUCATIONAL AND TRAINING VOUCHERS					\$1,415,041						All eligible	Statewide
12.) ADMINISTRATIVE COST	\$472,668	\$749,940			\$14,700	\$480,778	\$24,385,592	\$40,316,550		136	All eligible	Statewide
13.) STAFF & EXTERNAL PARTNERS TRAINING		\$102,264					\$5,859,594	\$1,987,286				
14.) FOSTER PARENT RECRUITMENT & TRAINING												
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING												
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION RECRUITMENT & TRAINING			\$506,046					\$4,000,590		40,000	All eligible	Statewide
18.) TOTAL	\$4,726,683	\$9,522,049	\$506,046	\$991,476	\$1,429,741	\$480,778	\$71,072,340	\$74,849,002				Statewide


*States Only. Indian Tribes are not required to include information on these programs.

B. Baker
Secretary
6/3/09
Date

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV);
 Fiscal Year: October 1, 2006 through September 30, 2007

1. State or Indian Tribal Organization (ITO): Louisiana	2. EIN: 1-72-600-0800-A1	3. Address: Department of Social Services, Office of Community Services P. O. Box 3318, Baton Rouge, LA 70821	4. Submission: (X) New () Revision Description of Funds	5. Federal Title IV-B, Subpart 1 Funds	6. Total Federal Title IV-B, Subpart 2 funds. (This amount should equal the sum of lines a - f.)	7. Total Monthly Caseworker Visit Funds (STATE ONLY)	8. Total Chafee Foster Care Independence Program (CFCIP) funds	9. Total Education and Training Voucher (ETV) funds	10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the fiscal year ending September 30, 2007.	11. Population served		12. Geographic area served
										Actual Expenditures	Estimated Expenditures	
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$5,230,820	\$5,230,820								21,731	All eligible children & adults	Statewide
b) Total Federal Title IV-B, Subpart 2 funds. (This amount should equal the sum of lines a - f.)	\$10,492,371	\$10,492,371								23,003	Reports of abuse/neglect	
a) Family Preservation Services	\$2,335,794	\$2,335,794								8,559	All children in foster care	Statewide
b) Family Support Services	\$2,335,794	\$2,335,794								16,461	Charter family visit allegations	Statewide
c) Time-Limited Family Reunification Services	\$2,335,793	\$2,335,793								16,481	All children in foster care	Statewide
d) Adoption Promotion and Support Services	\$2,335,793	\$2,335,793								798	Charter family visit allegations	Statewide
e) Total for Other Service Related Activities (e.g. planning)	\$0	\$0									All children in foster care	Statewide
f) Administrative Cost (FOR STATES: (not to exceed 10% of total allotment after October 1, 2007)	\$1,149,237	\$1,149,237									Foster children with goal of adoption	Statewide
a) Administrative Costs (not to exceed 10% of Federal allotment)	\$0	\$0										
Total Chafee Foster Care Independence Program (CFCIP) funds	\$1,358,131	\$1,358,131								1,792	All eligible	Statewide
a) Indicate the amount of State's allotment spent on room and board for eligible youth (Not to exceed 30% of CFCIP allotment).	\$291,099	\$291,099										
Total Education and Training Voucher (ETV) funds	\$427,792	\$427,792								194	All eligible	Statewide
Signature and Title of State/Tribal Agency Official:  Date: 6/30/07 Signature and Title of Central Office Official:  Date: 12/6/09												

CFS-101, PART I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP and ETV
Fiscal Year 2009, October 1, 2008 through September 30, 2009

1. State or ITO: Louisiana	2. EIN: 1-72-600-0800-A1
3. Address: DSS - Office of Community Services P. O. Box 3318 Baton Rouge, LA 70821	4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
5. Estimated Title IV-B, Subpart 1 Funds	\$4,788,757
(a) Total administration (not to exceed 10% of estimated allotment)	\$478,876
6. Total Estimated Title IV-B Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines a-g.)	\$10,088,513
(a) Total Family Preservation Services	\$2,208,736
(b) Total Family Support Services	\$2,208,735
(c) Total Time-Limited Family Reunification Services	\$2,208,735
(d) Total Adoption Promotion and Support Services	\$2,208,735
(e) Total for Other Service Related Activities (e.g. planning)	\$0
(f) Monthly Caseworker Visits (STATES ONLY)	\$271,912
(g) Total Administration (FOR STATES: not to exceed 10% of estimated allotment)	\$981,660
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations a) Indicate the amount of the State's/Tribes' allotment that will not be required to carry out the Promoting Safe and Stable Families program. <u>\$0</u> b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting <u>\$981,660</u> .	
8. Child Abuse Prevention and Treatment Act (CAPTA), State Grant (no State match required) Estimate Amount <u>\$395,019</u> plus additional allocation, as available.	
9. Estimated Chatee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$1,429,741
(a) Indicate the amount of State's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$24,026
10. Estimated Education and Training Voucher (ETV) Funds	\$480,778
11. Re-allotment of CFCIP and ETV Funds: a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP <u>\$0</u> . b) Indicate the amount of the State's allotment that will not be required to carry out ETV <u>\$0</u> . c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP <u>\$142,974</u> for ETV <u>\$48,078</u> .	
12. Certification by State Agency and/or Indian Tribal Organization The State agency or Indian Tribe submits the above estimates and request for funds under Title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2009.	
Signature and Title of State/Tribal Agency Official 	Signature and Title of Central Office Official

REVISED
CFS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES
State or ITO Louisiana

For FY October 1, 2008 TO September 30, 2009

OMB APPROVAL # 0960-0047
Approved through October 31, 2008

SERVICES/ACTIVITIES	ESTIMATED EXPENDITURES BY PROGRAM (IN THOUSANDS)						(f) TITLE IV-E	(g) STATE LOCAL DONATED	(h) NUMBER TO BE SERVED		(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED (include both # and type of areas to be served)
	TITLE IV-B		(c) CAPTA*	(d) CFCID*	(e) ETV	(f) TITLE IV-E			Individuals	Families		
	(a) I-CWS	(b) II-PSSF										
1) PREVENTION & SUPPORT SERVICES (Family Support)	\$902,779	\$2,208,736	\$118,506			\$1,037,171			21,745	All eligible children & adults	Statewide	
2) PROTECTIVE SERVICES	\$2,106,488		\$276,513			\$702,161			23,240	Reports of abuse/neglect	Statewide	
3) CRISIS INTERVENTION (Family Preservation)		\$2,208,735				\$736,245			20,004	Child/Family Visit Allegations	Statewide	
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		\$2,208,735				\$736,245			8,691	All children in Foster Care	Statewide	
5) ADOPTION PROMOTION AND SUPPORT SERVICES		\$2,208,735				\$736,245			8,691	All children in Foster Care	Statewide	
6) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$1,300,614					\$736,245			880	Foster Children with part of services	Statewide	
(b) GROUP/INSTITUTIONAL CARE												
7) ADOPTION SUBSIDY PMTS						\$13,306,431			8,691	All children in Foster Care	Statewide	
8) INDEPENDENT LIVING SERVICES						\$7,165,001			1,676	All eligible	Statewide	
9) EDUCATIONAL AND TRAINING VOUCHERS						\$13,213,676			1,580	All eligible	Statewide	
10) ADMINISTRATION & MANAGEMENT				\$1,405,715		\$5,316,230			5,098	All eligible	Statewide	
11) STAFF TRAINING				\$24,026		\$351,429			179	All eligible	Statewide	
12) FOSTER PARENT RECRUITMENT & TRAINING						\$120,175					Statewide	
13) ADOPTIVE PARENT RECRUITMENT & TRAINING						\$24,984,478					Statewide	
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING						\$6,568,806					Statewide	
15) MONTHLY CASEWORKER VISITS						\$2,228,868					Statewide	
14) TOTAL	\$4,788,757	\$10,088,513	\$395,019	\$1,429,741	\$480,778	\$65,238,392	\$57,294,018		40,750	All eligible children in Foster Care	Statewide	

States Only, Indian Tribes are not required to include information on these programs.

[Signature]
Secretary
6-30-09
Date

Assurances

Title IV-B, subpart 1

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State/Tribe assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
 - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State/Tribe assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

STATE OF LOUISIANA
2010 – 2014 Child and Family Services Plan

6. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State/Tribe complies with the requirements of the above assurances.

Certified by:  _____

Title: Secretary _____

Agency: Louisiana Department of Social Services, Office of Community Services

Dated: 6-30-09 _____

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-B, subpart 2

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State/Tribe assures that after the end of each of the 1st 4 fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State/Tribe assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.
3. The State/Tribe assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available.
4. The State/Tribe assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State/Tribe assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.
6. The State/Tribe will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's/Tribe's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

STATE OF LOUISIANA
2010 – 2014 Child and Family Services Plan

7. The State/Tribe assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

STATE ONLY:

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State/Tribe complies with the requirements of the above assurances.

Certified by: 

Title: Secretary

Agency: Louisiana Department of Social Services, Office of Community Services

Dated: 6-30-09

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

**State Chief Executive Officer's Assurance Statement for
The Child Abuse and Neglect State Plan**

As Chief Executive Officer of the State of Louisiana, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i));
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii));
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii));
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv));
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v));
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi));
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii));
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to—
 - a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
 - c. child abuse citizen review panels;
 - d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii));
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix));
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x));
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi));
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii));
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be

- an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings—
- a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii));
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv));
 15. provisions, procedures, and mechanisms—
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv));
 16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction—
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
 - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) or another child or such parent;
 - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
 - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi));
 17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii));
 18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii));
 19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix));
 20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx));
 21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi));
 22. **not later than June 25, 2005 (2 years after the enactment of Public Law 108-36)**, 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 (section 106(b)(2)(A)(xxii));
 23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for—
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and

- c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B)); and
- 24. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113).

Signature of Chief Executive Officer: _____ 

Date: 6-30-09

Reviewed by: _____
(ACF Regional Representative)

Dated: _____

**State Chief Executive Officer's Certifications for the
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Louisiana, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
8. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such tribes; and benefits and services under the programs will be made available to Indian youth in the State on the same basis as to other youth in the State [Section 477(b)(3)(G)];
9. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
10. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

Signature of Chief Executive Officer

6-30-09

Date

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Louisiana, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions will be implemented as of September 30, 2003:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(3)(b)(J).



Signature of Chief Executive Officer

6-30-09

Date

ACRYNOMS

ACRONYM	TERM
ACCESS	A Comprehensive Enterprise Social Service System
ACLSA	Ansell-Casey Life Skills Assessment
AD	Adoption Program
AFCARS	Adoption & Foster Care Analysis & Reporting System
AFB	Assessment of Family Functioning
AR/FTC	Administrative Review/Family Team Conference
ASFA	Adoption and Safe Families Act
CASA	Court Appointed Special Advocate
CBCAP	Community Based Child Abuse Prevention
CEP	Clinical Evaluation Program
CFCIP	Chafee Foster Care Independence Program
Ch. C..	Children's Code
CIP	Court Improvement Program
CQI	Continuous Quality Improvement
D & A	Diagnostic and Assessment Home
DOE	Department of Education
ETV	Educational Training Vouchers
FAFRC	Foster and Adoptive Parent Family Resource Centers
FAST	Financial Assessment Transaction Form
FATS	Family Assessment Tracking System
FC	Foster Care
FDGM	Family Group Decision Making
FINS	Families in Need of Services
FS	Family Services
FTC	Family Team Conference
HA	Adoptive Home
HB	Foster Home
HD	Home Development
HP/RRP	Homeless Prevention/Rapid Re-housing Program
IA	Interagency Agreement
ICPC	Interstate Compact on the Placement
IHBS	Intensive Home Based Services
ILC	Independent Living Coordinator
ILP	Independent Living Provider
ILSP	Independent Living Skills Program
IT	Information Technology
IV-B	Section of the Social Security Act: federal funding source with emphasis on pre-placement and prevention, capped entitlement program allocated on 75/25 match.
IV-E	Section of the Social Security Act: federal funding source for foster care, 50/50 match for program administration, 70/30 state match Medicaid rate.
LA KISS	Louisiana Kinship Integrated Service System
LA RAPP	Louisiana Relatives as Parents Program
LDOL	Louisiana Department of Labor

ACRONYM	TERM
LIHEAP/FCAP	Low Income Home Energy Assistance Program/Family Crisis Assistance Program
LIFTS	Louisiana Innovations for Family Transformation and Safety
MEPA/IPA	Multi-Ethnic Placement Act/Inter-Jurisdictional Placement Act
MST	Multi-Systemic Therapy
LRS	Louisiana Rehabilitation Services
LYLAC	Louisiana Youth Leadership Advisory Council
MOU	Memorandum of Understanding
NCANS	National Child Abuse and Neglect System
NPP	Nurturing Parent Program
NYTD	National Youth in Transition Database
PAF	Preventive Assistance Funds
PSH	Permanent Supportive Housing
QA	Quality Assurance
RAF	Reunification Assistance Funds
RAM	Regional Administrative Memorandum (no longer in use)
RFP	Request for Information
RFP	Request for Proposal
SACWIS	State Agency Child Welfare Information System
SCR	State Central Registry
SDM	Structured Decision Making
SP	Services to Parents
SSBG	Social Services Block Grant
SSDIB	Social Security Disability Income Benefits
SSI	Supplemental Security Income
TAP	Transitional Assistance (housing) Program
TFC	Therapeutic Foster Care
TIPS	Tracking, Information and Payment System
TP	Transition Plan
TPR	Termination of Parental Rights
WIA	Workforce Investment Act
WIB	Workforce Investment Board
YAP	Young Adult Program