

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2014

**Final Report (Year Five) of the 2010-2014
Child and Family Services Plan**

**Louisiana Department of Children and Family Services
2014 Final Report on 2010-2014 CFSP**

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SECTION 1: INTRODUCTION TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES:

During the 2010 Legislative session, the Louisiana Legislature passed Senate Bill 257, a measure that reorganized the Department of Social Services into one department and restructured appointees and their responsibilities. On July 1, 2010, the Department of Social Services officially changed its name to the Department of Children and Family Services (DCFS). The name change also brought structural changes to the Department. The Offices of Community Services, Family Support and Management and Finance no longer exist. In their place are divisions, sections, units and bureaus.

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

This report updates, profiles and summarizes the progress and achievements made by DCFS in its final year of implementation of the 2010-2014 Child and Family Services Plan (CFSP).

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

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

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

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DECISION MAKING PROCESS:

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

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

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COLLABORATION:

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

A.) Coordinated Systems of Care (CSoC): Louisiana developed a statewide Coordinated System of Care (CSoC) for Louisiana's at risk children and youth with significant behavioral health challenges or co-occurring disorders. The CSoC project is an initiative of the Governor and is being led through the partnership of the DCFS, the Office of Juvenile Justice (OJJ), the Department of Health and Hospitals (DHH), and the Department of Education (DOE). This partnership was developed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. (For additional information on CSoC please refer to the CAPTA portion of this plan.) (*PIP Item – PS 3, AS 1, BM 1.3 – 1.4*)

B) Performance and Quality Improvement (PQI) Stakeholder Subcommittees: PQI [formerly referred to as Continuous Quality Improvement (CQI)] is a process by which all staff, community stakeholders, and service recipients participate in the evaluation of effectiveness and efficiency of services provided by the Department. The Department has regional level PQI teams as well as a state office PQI team. Since 2002, the Stakeholder Committees have been meeting to address areas of interest to the child welfare community and in identifying areas needing improvement. This subcommittee includes tribal representatives, Baton Rouge Mental Health, DHH, OJJ, Child Advocacy of Louisiana, regional Family Resource Centers (FRC), Court Appointed Special Advocate (CASA), private mental health providers, the Juvenile Court, private child placing agencies, the Court Improvement Project (CIP), DOE, substance abuse recovery centers, Volunteers of America, local school board Truancy Assessment and Advocacy Center, foster/adoptive parents and consumers of DCFS services (for more information on PQI please refer to the Quality Assurance Portion of this plan).

Update FFY 2010: The state level Stakeholder Committee has met quarterly throughout the year. The minutes of each meeting are provided to all committee members by e-mail as soon as possible after each meeting and are distributed and discussed at each subsequent meeting. Concerns voiced by stakeholders are presented to departmental management and/or the statewide CQI committee for resolution. Additionally, a member of the Stakeholder Committee serves on the statewide CQI committee in order to bring up issues of importance to the Stakeholder Committee. Efforts are underway to overcome barriers to biological parents and youth participation on the committee. The Transitional Services section of DCFS has hired a Youth Advocate who is a foster care alumna, and she participates in the committee. Additionally, LYLAC members have attended committee meetings to the extent possible.

Update FFY 2011: The state level Stakeholder Committee members held three meetings throughout the year. The minutes of each meeting are provided to all committee members by e-mail as soon as possible after each meeting and are distributed and discussed at each subsequent meeting. Concerns voiced by stakeholder are presented to departmental management and/or the statewide CQI committee for resolution. Additionally, a member of the Stakeholder Committee serves on the statewide CQI committee in order to bring up issues of importance to the Stakeholder Committee. Efforts are underway to overcome barriers to biological parents and youth participation on the committee. The Transitional Services section of DCFS has hired a Youth Advocate who is a foster care alumna, and she participates in the committee. Additionally, LYLAC members have attended committee meetings to the extent possible.

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Update FFY 2012: The committee met quarterly and two new LYLAC members have joined. At the meetings, participants provide updates and share items of concern. Committee members have started doing agency highlights so that everyone understands roles of the membership, how the services they provide are utilized, and how services can be accessed. Current membership includes private citizens, residential providers, transitional living providers, university personnel, private professionals, court representatives, etc. The meetings are held at the Volunteers of America building for ease of parking and accessibility. Some members participate by conference call including Karen Matthews of the Chitimacha Tribe. Tribal representatives have been personally invited to attend.

Update FFY 2013: During this time period, the stakeholder committee met on March 28, 2013. During the meeting committee members provided agency highlights so that everyone could understand roles, how services they provide are utilized, and how services can be accessed. DCFS staff presented on emergency preparedness operations and discussed the Department's response after Hurricane Isaac. Additionally, Bridget Clark attended the meeting to engage stakeholders in planning for the 2013 APSR. Ms. Clark also discussed the child welfare Program Improvement Plan (PIP) and the progress in achieving the goals. Though the meeting was held at the DCFS central office in Baton Rouge, the plan is to resume the meetings at Volunteers of America. The annual schedule for meetings was distributed during the meeting to ensure that meetings are held in 2013 on a quarterly basis.

Update FFY 2014 and multi-year comparative analysis: The stakeholder committee held three scheduled meetings on the dates of June 27, 2013, September 26, 2013, and December 12, 2013. All meetings were held at the Volunteers of America (VOA) of Baton Rouge site. Each meeting was well attended by current members; however, the committee continues its outreach to include more consumers through current members' connections within their prospective communities. Distanced members are provided a conference call option of participation while all are encouraged to attend in person. Meetings are held quarterly, and the membership list is updated on an ongoing basis as positions change or new persons are appointed. Stakeholder members continue to communicate via a listserv on a weekly basis. The Department's lead shares information on available trainings relevant to the committee, local and national data and related studies, articles and research that impact child and family well-being outcomes. Also shared are models from other states that support child welfare best practices and opportunities to build on the committee's existing knowledge base and effectiveness.

At the last meeting in December, the committee decided to focus its attention on the needs of youth transitioning from foster care and the resources available to serve this population within their communities. Since funding for the Louisiana Young Adult Program (YAP) was no longer available, the committee agreed to work together with several representatives of resources the committee felt youth might need to successfully transition. Experts in the fields of housing, adult services, a representative from the Louisiana Office of Student Financial Assistance (LOSFA), a representative from the Louisiana Community and Technical Colleges, and a representative from the multi-family housing section of the Disaster Recovery Unit in Louisiana were invited and attended. At the meeting, there was a healthy, productive discussion of how these resources could adjust its application process to accommodate and prioritize serving youth exiting the foster care system. With the assistance of the experts and the Department's foster care unit, a resource list was compiled and distributed through a master email list of the foster parents who were currently caring for older foster youth in their families. During the Fall 2013, the committee participated as interviewees during the Council on Accreditation (COA) interim-accreditation process and was given the opportunity to provide feedback on the level of

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progress the Department has made since its last seal of accreditation by COA. The committee was also involved in the full accreditation process that began in June of 2014.

Throughout this reporting period, the stakeholder committee continued its effort to increase membership, maintain ongoing contact through weekly listserv emails, assess local and national data outcomes and best practice models, and participate in the Department's accreditation process through the COA. Additionally, the committee provided feedback during the implementation stages of the Coordinated Systems of Care (CSoc) effort spearheaded by Louisiana's governor. The committee endeavors to obtain additional youth and foster parent involvement as part of its ongoing assessment team. Moving forward, the committee's goal is to establish additional regional teams willing to commit to work toward the improvement of services, the fiscal responsibility of efficient service delivery, and the quality and effectiveness of the services provided by the Department.

In 2014, the first quarterly meeting was held on March 27, 2014. The agenda included an update and request for input relative to efforts/activities scheduled with the Council on Accreditation (COA) team, the state's final report on the 2010-2014 Child and Family Services Plan (CFSP) that focused on the Department's Program Improvement Plan (PIP) FFY 2012 & 2013, and planning for the 2015-2019 CFSP. DCFS staff presented on the Department's plan to use the Child Welfare Principles of Practice (also referred to as a practice model) for the development of the new CFSP and an open discussion on this process ensued.

The group was provided with information and practice framework of the Advanced Safety Focused Practice model introduced and recommended to the Department by Louisiana's federal partners. Stakeholders were encouraged to hear that most all departmental employees received training and support on the model by December 2013. The group verbally expressed being pleased that the Department was in the implementation stages of the model across programs from the time a call is placed to report abuse or neglect (Centralized Intake) to the time of permanency for each child entering the foster care system. Of particular interest and appreciation was the group's satisfaction of the Department's assessment and implementation of a practice model focused on Trauma Informed Practice. All agreed that the model would significantly reduce the number of youth being labeled with diagnoses, prescribed medications, and stigmatized in their communities.

Stakeholder suggestions were as follows;

- Composing one document to include each foster care youth's transitional plan, health and mental health plan, educational plan, and housing plan. It was proposed that each discipline along with the youth meet to make sure all areas are covered to eliminate the need for multiple plans and meetings to create a simpler process for youth.
- The Department's consideration of a protected social media venue for youth to connect with each other, for aged out youth support, for tracking through NYTD, and for data purposes to support Healing Place Church (HPC's) effort to identify homeless youth who interfaced with the LA. Foster care system.
- Mentoring youth in the foster care system through the faith based community, and universities. Also, using a different language for this effort other than "mentoring" to attract more interest.

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- Involving/Inviting the faith-based community to the Annual Independent Living Conferences in an effort to increase “Connections” and resources.
- Reviewing and sharing the Magellan website for MyLife and MyFest icons with youth and foster parents. Also suggested was Magellan’s service of a permanent supportive housing list.
- Changing the name “foster” care to “friendly” care to remove the stigma associated with the current name.
- Utilizing a “permanency” option as a primary goal for youth that come into foster care with certain circumstances that puts their parent’s case at high risk of experiencing TPR, not excluding reunification as the concurrent goal.

Another meeting was held on June 26, 2014, and remaining scheduled meetings in 2014 are September 25, 2014, and December 11, 2014. Moving forward, the committee’s goal is to establish additional regional teams willing to commit to work toward the improvement of services, the delivery of services, and the fiscal responsibility of how services are delivered, and the quality and effectiveness of the services provided by the Department.

C) Other Committees, Workgroups and Partnerships:

- The Louisiana Court Improvement Project (CIP), DCFS and other key stakeholders have given priority to several issues based on the findings of the CFSR held in March 2010 and the subsequent PIP. Through various work efforts and processes the CIP and DCFS are working toward the following: (*PIP Items – PS 1, AS 7, BM 7.4, AS 9, BM 9.2; PS 2, AS 1, BM 1.2- 1.5, AS 2, BM 2.1- 2.2, 2.6, AS 3, BM 3.5-3.6, AS 4, BM 4.1-4.5*)

Enhanced Collaboration: The Department supports the promotion of best practices and collaboration through stakeholders that serve families within their prospective communities. Some of those stakeholder partnerships and efforts include “The Pelican Center for Children and Families,” Interdisciplinary education and training through the “Together We Can” Conference,” Multi-disciplinary, joint training, exchange of data, and identification of challenges through various stakeholders and foster parent providers, the sharing of promising practices and strategies for service delivery improvement, both statewide and in the 16th JDC Transformation Zone (TZ).

Increased Support: The Department involves its stakeholders in its continued efforts to decrease the number of children experiencing repeat maltreatment, increase the number of children who experience permanency and stability in their living situations to include the transitioning process from foster care to independent living, to ensure that long-term foster care placements are stable and provide lifetime connections for older youth, and to increase and improve family engagement including fictive kin and foster parents through the family teaming process.

Provision of High Quality Legal Processes: The Department strives to promote the due process of law in child abuse and neglect proceedings, to highlight the importance of timely, thorough, and complete court hearings, and improved judicial performance in courts that hear Child In Need of Care (CINC) cases through the work of the Court Improvement Project. Additionally, CIP participates in the DCFS state level child welfare PQI subcommittee, and in March of 2012 CIP

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developed its own statewide, interdisciplinary PQI committee. The DCFS staff serves on the CIP/PQI committee.

During FFY 2013 the CIP and the DCFS collaborated to improve the involvement of foster/adoptive parents in the courts. The CIP surveyed foster/adoptive parents regarding their knowledge and understanding of the court process, their experiences in participating in court proceedings, and to obtain feedback regarding whether they were receiving notice of court hearings. The survey also explored whether or not they are attending hearings and being offered an opportunity to be heard. Responses were received from 318 foster and adoptive parents. For additional information on this work please refer to the Statewide Recruitment/Retention portion of this plan (*PIP item PS 2, AS 4*).

Update FFY 2014 and multi-year comparative analysis: The CIP and the DCFS collaboration continues, as we seek together to improve foster/adoptive parents' involvement in the court process. In 2013, the Louisiana CIP participated in the 37th Annual Foster/Adoptive Parent Conference by conducting court related sessions that informed foster/adoptive parents of court dynamics and the results of the administered surveys. The Department will assist the Pelican Center for Excellence in the creation of an additional survey to evaluate foster/adoptive parent training needs and to address the need for additional consultation/policy enhancement.

- The DCFS and LDE - explore issues related to educational outcomes for children in foster care and include mechanisms for data sharing, surveying staff and cross training staff. The committee also addresses transportation issues to prevent children having to change schools upon entering foster care if a placement within the school zone that meets the child's needs is not available.
- Louisiana Child Welfare Workforce Alliance (refer to training plan for additional information).
- A committee has been established that includes DCFS, OJJ, managers of various departments within the DHH, and private medical providers working under contract with the DHH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in foster care.
- Foster Care Program and Transitional Living Services staff works with the Office of Citizens with Developmental Disabilities (OCDD) to obtain services for developmentally delayed children and youth.
- Foster Care Program and Transitional Living Services staff works with the Office of Mental Health for identification and treatment of mental health disorders in children, youth and parents.
- Foster Care and IV-E Program staff work with the OJJ to assure that IV-E eligibility is calculated accurately for children in the custody of the Department of Corrections.
- Transitional Living Program staff and OJJ staff work together to assure that youth receive the life skills training needed to function independently as adults.

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- Child Protection Investigations (CPI), Prevention/Family Services (FS) and Foster Care (FC) Program staff works with the DCFS TANF unit, to provide an efficient referral process for various financial assistance programs.
- Citizen Review Panels (CRP), CASA, the Louisiana Foster and Adoptive Parent Association and the Louisiana Adoption Advisory Board. (For additional information on CRP, please refer to CAPTA portion of this plan).
- Federal Partners - DCFS collaborates with ACF Region VI on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as Program Improvement Plan (PIP) implementation. DCFS also receives a wide array of training and technical assistance (T/TA) from the National Resource Center (NRC) Network. For additional information on T/TA refer to that portion of this plan.

D.) Private Not for Profit Organizations: Since 2010, Louisiana has been engaged in ongoing collaboration with the Casey Family Foundation and the Annie E. Casey Strategic Group for various projects including cold case reviews and implementation of the Family Team Meeting model. The Braveheart Foundation, a Baton Rouge based organization, supports DCFS statewide through provision of backpacks with comfort items for children entering care to scholarships for foster care alumni.

E.) 2014 Final Report Development: Consultation with federal partners on the development of the 2014 Final Report was done in person on March 6, 2014, via phone calls and e-mail correspondence. Stakeholder involvement in plan development occurs on an ongoing basis throughout the year through the PQI Stakeholder Committee and the CIP. Each year, a draft of the APSR/CFSP which includes the work and efforts of each of these work groups is distributed for additional comment and feedback among those stakeholders who represent over 30 organizations statewide. On March 28, 2014, Bridget Clark presented at the PQI Stakeholder Committee meeting and on April 30, 2014, Carmen Spooner attended the annual tribal/state held in Charenton, Louisiana. They discussed a number of items including the 2014 Final Report as well as the 2015-2019 CFSP.

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

Update FFY 2014 and multi-year comparative analysis:

- The DCFS and LDE (Louisiana Department of Education) through the local educational authorities work collaboratively to bring awareness to the service needs of children in foster care within the local school systems to more effectively support improved educational outcomes.
- The Louisiana Housing Corporation collaborates with the DCFS to insure prioritization of applications for housing assistance programs by youth aging out of foster care to prevent homelessness.

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- The OJJ and the DCFS are working together on a pilot for integrated case planning between the two departments beginning in Lafayette and St. Tammany parishes.
- The Louisiana Behavioral Health Partnership has been established between DCFS, DHH, LDE and OJJ to insure consistent, quality, cost effective behavioral healthcare to all Louisiana citizens.
- The DCFS and OJJ partner with multiple other state and federal government agencies as well as private organizations in studying and strategizing for handling situations involving runaway youth and human trafficking.
- The DCFS partnership with Casey Family Programs has allowed for consultation and financial assistance in implementing the Advanced Safety Focused Practice Model (ASFP) and the Family Teaming Meeting (FTM) process. Casey Family Programs support the DCFS collaboration with the Picard Center of the University of Louisiana at Lafayette to evaluate educational performance of children in foster care and facilitate local as well as state level conversations regarding addressing challenges to educational performance of children in foster care.
- The DCFS partnered with the National Resource Center for Permanency and Family Connections (NRCPPFC) and the Extra Mile Family Resource Center to establish the Parent Partners program in the 16th Judicial District to support parent participation in practice improvements initiated in that area. The NRCPPFC also provided multiple training opportunities to field staff across the state to enhance permanency work with children in foster care and staff court testimony.
- The DCFS partnered with Casey Family Programs and the Child Welfare Policy and Practice Group to implement the FTM process of working with families. DCFS hopes to generate institutional change in the way staff approach all case planning activities with families. This work has been initiated in the Lafayette, Lake Charles, Shreveport and Monroe regions with plans for spreading the practice statewide in the upcoming calendar year.
- HP Serve is a private, nonprofit, faith based organization the DCFS is partnering with in relation to a 2 year federal planning grant to assess factors impacting homelessness for youth aging out of foster care. The areas of focus for the grant are the Covington, Lafayette and Baton Rouge regions. This work will spread to other areas in the future. HP Serve is also developing a service array for youth identified as victims of human trafficking.
- Crossroads NOLA is a private, nonprofit, faith based organization forming local MOU's in the New Orleans area with the intent to spread to other areas later. They are developing tutoring services for children in foster care, mentoring programs and foster/adoptive parent recruitment efforts.
- The Louisiana Baptist Children's Home is a private, nonprofit, faith based organization working to establish placement options for trafficked youth and specialized placements for medically needy children as well as a professional foster parent community.

Through relationships with multiple public and private agencies at the state and national levels over the past five years, the DCFS has been able to achieve the following:

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- development of processes to enhance child safety;
- policies and procedures aimed at reducing child foster care entry;
- improved case planning with families whose children enter foster care;
- increased family engagement;
- efficient delivery of behavioral and medical health services;
- targeted field staff skill development;
- focused attention on youth specific issues such as runaway behavior, human trafficking and homelessness with efforts underway to address these issues;
- strengthened collaborative efforts to improve educational outcomes for children in foster care.

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COORDINATION WITH TRIBES:

There are four federally recognized Native American Tribes in Louisiana:

- **The Chitimacha Tribe of Louisiana** is located in Charenton, LA in St. Mary Parish. John Paul Darden, Sr. is the Chief and Karen Matthews is the Social Services Director. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-4973. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Sickey is the Chairman and Milton Hebert is the Social Service Director. The mailing address is P.O. Box 818, Elton, LA 70532, and the telephone number is (337) 584-1449. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Earl Barbry, Sr. is the Chief and Debbie Johnson is the Social Services Coordinator. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 240-6444. Website: www.tunicabiloxi.org
- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Cheryl Smith is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

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

DCFS continues to build relationships with American Indian tribes via the Performance and Quality Improvement (PQI) process. The goal is to improve communication with tribes on important matters such as notification of family team conferences and court hearings. Tribes are located in jurisdiction of three Regional PQI Committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica-Biloxi and Jena Band of Choctaw Tribes).

The Chitimacha Tribe Social Services Director participates in the statewide PQI Stakeholder Committee meetings when possible. The committee continues to meet on a quarterly basis.

Plans, Reports and Reviews: DCFS provided tribes with the Department of Children and Family Services (DCFS) Child and Family Services Plan (CFSP), and involved them in the creation of the 5 year plan. Karen Matthews, Social Services Director of the Chitimacha Tribe of Louisiana, and Milton Hebert, Social Services Director of the Coushatta Tribe, attended the March 10, 2009 CFSP kickoff meeting and participated in workgroups. At the May 19, 2010 meeting, DCFS provided each of the Tribal representatives a copy of the plan and requested their comments for the Annual Progress and Services Report (APSR) currently being compiled for submission by June 30. Jean Allen Wilson, former Social Services Director of the Tunica Biloxi Tribe, and Milton Hebert participated in the 2010 Louisiana CFSP kickoff meeting. Milton Hebert, Karen Matthews and Mark Ford, former Executive

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Director of the Governor's Office of Indian Affairs, participated in the 2010 CFSP on-site stakeholder interviews.

In 2011, 2012, 2013 and 2014 all tribal representatives were sent a copy of the APSR, Final Report and 2015-2019 CFSP. Feedback was requested. On April 20, 2011, May 24, 2012, April 30, 2013 and May 6, 2014 further discussion regarding the APSR was held at the federal, state and tribal meeting held in Marksville and Charenton, Louisiana. After submission of the 2014 final report and the new five year plan, copies were sent to tribal social service directors and a request from each tribe to send DCFS staff their final reports and new 5 year plans. The Chitamacha tribe is the only tribe that acknowledged receipt of DCFS' reports and sent a copy of their final report. Additionally, Bridget Clark presented information at the CQI Stakeholder Committee Meeting on March 28, 2013 and on March 29, 2014. Unfortunately, no tribal members participated in the meetings.

All of the Louisiana Tribes have finalized Title IV-B agreements. The CFSP related to those agreements were provided to DCFS on May 20, 2010 and again on February 16, 2011 with discussion ensuing on April 20, 2011. The Louisiana Tribes again discussed this matter on April 30, 2013, and they are working to complete the report due June 30, 2013.

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

At the May, 19 2010 federal, state and tribal meeting, it was determined that it would not be in the financial interest of any of the Louisiana tribes to pursue development of a full Title IV-E program. However, all four tribes expressed an interest in developing a Title IV-E Agreement for maintenance only. DCFS will provide information on legal and eligibility requirements. ACF Regional Office will provide assistance as requested on negotiating the agreements, and the DCFS will explore using a national expert if additional assistance is needed.

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

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

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While the state does not currently capture data on the notification to tribes when a Native American child becomes involved in the child welfare system, the DCFS is able to provide data on removals among this population. During 2012-2013, the state worked to modify TIPS so additional information could be captured. “CAFÉ” is being created for the Department as an entry portal into all other data systems of the Department. CAFÉ’ is also being designed to capture additional data related to tribal affiliation of clients identified as Native American as well as worker actions in complying with ICWA.

Table below reflects the total number of Native American children who were alleged victims of abuse/neglect as well as the total of Native American children who represented valid cases of abuse/neglect.

FFY	Total Alleged child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2010	26,699	46	0.17%	9,019	17	0.19%
2011	24,785	36	0.15%	9,656	10	0.10%
2012	23,403	73	0.31%	8,726	40	0.46%
2013	29,054	71	0.24%	10,386	31	0.30%

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

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2010	5	4	9
2011	8	5	13
2012	10	6	16
2013	19	61	80

Data Source: ACN0007 Unduplicated person report

Note: The FFY 2012 totals significantly higher as data includes multiple race Native Americans. Data reported previously for FFY 2010 and FFY 2011 did not include multiple races.

FFY	Total Alleged child Victims unduplicated	Total Alleged Native American child victims unduplicated	Percentage of Native American child victims	Total Validated child victims unduplicated	Total Validated Native American child victims unduplicated	Percentage of Valid Native American child victims
2010	26,818	63	0.23%	9,046	23	0.25%
2011	24,827	46	0.19%	9,662	19	0.20%
2012	23,403	73	0.31%	8,726	40	0.46%
*2013	Data no longer captured					

Chart above includes multiple race Native Americans for all FFY data. **Note:** there is a significant difference in unduplicated victim totals.

***Data no longer captured.**

Placement Preferences: DCFS policy recognizes the special placement preferences for Native American children within the tribe if placement within the family is not possible. Policy addresses placement preferences for Native American children in foster care, pre-adoptive and adoptive homes. Policy

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requires children be placed with family and within a placement resource that can meet the specific ethnic and cultural needs of the child.

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

Tribal Jurisdiction: The DCFS recognizes in policy the rights of tribal courts and their jurisdiction. Tribal courts usually allow the local courts to proceed, but would prefer to have more complete information so their decisions can be better informed. It is hoped through ongoing participation of Tribal representatives on regional PQI teams and on the statewide Stakeholder Committee these types of issues can be discussed and resolved in a satisfactory manner for all parties and in the best interests of the children and families served.

Special Provisions: In July 2007, the Department added special provisions to policy that applies to a child eligible for membership in a federally recognized Native American Tribe and involved in child custody proceedings relative to foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. These special provisions include family background investigation, pre-removal services, hearing notification to the parent(s) and the tribe.

Tribal Collaboration Update FFY 2010: On May 19, 2010, the DCFS staff participated in a meeting with tribal social service directors arranged by ACF Region VI. During the meeting, several issues were identified:

- Working relationships are good with state office and with some parish/regional offices; other parish/regional offices fail to notify Tribes of conferences and hearings, do not return phone calls timely and are rude to Native American clients.
- Tribes are not consistently notified of DCFS training opportunities available to them.
- Only one tribal representative actively participates in a regional PQI committee.
- None of the Tribes currently have youth in foster care in the age range for Chafee eligibility, but a need for providing financial planning information to Tribal youth was noted.
- CFSR On-Site review, reviewers found there was no consistent way for workers to notify tribes when a Native American child enters care and workers did not understand who is responsible for notifying Tribes.

The following agreements were reached to address the issues noted above:

- DCFS will increase its diligence regarding assuring that tribes are notified of available DCFS training and are invited to regional Performance and Quality Improvement Committee (PQI) meetings, and will use state and regional PQI to focus on areas where the relationship between DCFS and tribes is not productive.
- DCFS will use video training conferences to review basic ICWA training and provide Tribal Social Service Directors an opportunity to speak directly to DCFS staff about unique cultural attributes of each tribe.
- DCFS will provide Ansell-Casey Life Skills Assessment training to Tribal Social Services Directors and provide social learning books.

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- DCFS will provide tribes with technical assistance conference call information so that they can become aware of the process, and tribes and DCFS will jointly request technical assistance for train-the-trainer sessions on ICWA including historical trauma issues.
- In the long term, DCFS will strengthen ICWA policy.

Tribal Collaboration Update 2011: During this time period tribal social service directors were contacted by Flora Cooper, child welfare trainer, to ensure their contact information was correct so training could once again resume their notification to tribes of upcoming DCFS sponsored training. Each month, Ms. Cooper has sent the child welfare training calendar to the four federally recognized tribes. To date, tribes have not availed themselves of any training.

To ensure compliance with ICWA, D’Juannia Judge of the Foster Care and Transitioning Youth programs and Genita Hunter of the Adoption program met with Karen Matthews of the Chitimacha Tribe August 11, 2010 to discuss ongoing collaboration and training for DCFS staff on ICWA. D’Juannia Judge and Christy Tate, along with participation from state office adoption staff, provided statewide ICWA training to DCFS staff via video and teleconference on December 1, 2010. During this time period the Department implemented the Guardianship Subsidy program which required state legislation and development of policies and procedures to implement the program. The rights of Native American children and ICWA requirements were addressed in the development and implementation these new policies and procedures. Staff was trained accordingly.

The Home Development Recruitment Program continued contact with tribal social service directors via phone, and email. The Lafayette Regional Recruiter also attended the meeting held at the Lafayette regional office in 2010 for introductions and to play a supportive role in providing information to tribal families about the recruitment program.

Louisiana explored involving Tribes in the IV-E training session and the IV-E review. Karen Matthews with the Chitimacha Tribe of Louisiana agreed to attend the ACF Regional Office training scheduled in October 2010 and participate as a reviewer in November 2010; however, due to a last minute scheduling conflict, she was unable to participate. Additionally, DCFS staff traveled to Charenton to answer questions regarding tribal development of a Title IV-E plan and general issues in working with Tribal partners. Karen Matthews and Chief John Paul Darden, Sr. hosted the meeting and were the only tribal representatives present.

Training was also provided by Toni Buxton of the Foster Care and Transitioning Youth programs on the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008 related to Native American issues in 4 different training sessions throughout the state during SFY 2010. These training sessions were provided in Lafayette, LA; Natchitoches, LA; Monroe, LA; and, Hammond, LA through the Court Improvement Project Annual training program. These training sessions included participants from all areas of the legal/judicial system, multiple areas of the educational system, therapeutic providers, CASA, mental health advocacy, and state child welfare. Betty Logan of the Tunica-Biloxi Tribe of Louisiana participated in the training session in Natchitoches, LA.

On April 20, 2011 ACF coordinated a meeting between Louisiana tribes and DCFS. During the meeting all parties discussed issues identified at the last meeting and resolutions that have taken place and where work must continue. The Department presented changes in the APSR and sought feedback from tribal

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partners. In the meeting, tribal representatives noted concerns about parenting education and the Department offered the following resources:

- Copies of parenting handbooks by Dr. Stephen Bavolek called "Nurturing the Families of the World: Nurturing Parenting Easy Reader Handbook." This book is used with parents in the parenting education provided through the Department.
- Each tribe was invited to send one representative to a Nurturing Parenting, Train the Trainer session held in Baton Rouge May 9, 2011; however, no tribes attended.

Tribal Collaboration Update 2012: Karen Matthews of the Chitimacha Tribe Social Services department has been participating in PIP work efforts in the Transition Zone, and is a member of that local planning committee. D'Juannia Judge of the Foster Care and Transitioning Youth Unit has been holding monthly teleconference calls with tribal Social Services staff to discuss DCFS initiatives, state and federal legislative changes, training opportunities being offered, tribal initiatives, opportunities for collaboration, and challenges to effective working relationships with Child Welfare. Judy Harrison of the Children's Trust Fund has provided information for the tribes and opportunities to be involved in the Triple P Parenting certification program. Toni Buxton of the DCFS Foster Care and Transitioning Youth Unit made concerted efforts with all 4 federal tribes to develop ICWA training to present to Child Welfare staff and judicial partners at the 2011 Together We Can Conference held in Baton Rouge, LA. Slots for free participation in the full conference along with the International SDM conference were offered to all tribal Social Service staff to encourage collaboration in developing the ICWA training. Based on other commitments, none of the tribes were able to commit to this collaborative effort, but Ms. Buxton developed and delivered the training at the conference based on materials acquired through monthly participation in the national Indian Child Welfare Managers teleconference calls, and SAMHSA. There has been continued interest on the part of child welfare staff and legal stakeholders for additional training. Therefore, DCFS will make concerted efforts in the coming year to seek this support through collaboration with the appropriate national resource center.

Tribal Collaboration Update FFY 2013: During this period, DCFS has diligently worked toward building relationships, sharing information, and supporting the four tribes in the state. DCFS scheduled a phone conference with the tribes for December 5, 2012 to introduce the new tribal liaison. The phone conference was not attended by any tribal staff. Elizabeth Anthon conducted visits with the Coushatta, Chitimacha, and Jena Band of Choctaw tribes in January and February 2013. DCFS Training Supervisor Karen Austin conducted site visits with all four tribes. Tribal staff was invited to participate in Family Team Meeting (FTM) training in December 2012 and the AFCARS audit in March 2013. Other communication by DCFS with the tribes included dissemination of information regarding Behavioral Health Forums with Magellan, the Uninterrupted Scholars Act and the Leadership Academy for Supervisors. DCFS staff participated in webinars entitled "Indian Child Welfare Act: What Parents' Attorneys Need to Know" and "Homelessness among American Indians". Elizabeth Anthon participated in a conference offered by the National Indigenous Women's Resource Center in Lafayette, LA on February 13 – 15, 2013. The conference was entitled "Embracing, Engaging, and Empowering Our Communities" and focused on the domestic violence epidemic in Native American populations. In February 2013, several DCFS staff conducted a staffing with Karen Matthews of the Chitimacha Tribe to address the specific needs of a youth aging out of care. Representatives of DCFS also participated in the annual Tribal IV-B meeting held on the Chitimacha Reservation on April 30, 2013. During the meeting, there was discussion about the development of a Title IV-E agreement, but the tribes maintain they are not interested in doing so at this time. DCFS remains available to assist if tribes indicated an

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interest. Family Team Meetings (FTM) and Safety-Focused Practice were discussed to advise the tribes of new practice models that DCFS is implementing across the state. Discussion also centered on procedures for obtaining annual credit reports for youth age 16 and older in foster care and requirements for NYTD. Information and materials were provided to the tribes regarding the Governor's Program on sexual abstinence for youth. Details and contact information about the Children's Trust Fund Triple P Parenting Program was also provided. Tribes were invited to participate in the quarterly PQI Stakeholder Committee meeting held June 27, 2013 and the Independent Living Coalition Meeting held May 21, 2013. Information was also provided to the tribes for tribal foster youth participation in the youth training and NYTD reunion events held in collaboration with DCFS contract Independent Living Services providers in the months of May and June.

Other efforts to work with tribes included a case where DCFS took custody of a native child in Allen Parish on April 30th. After DCFS contacted the tribe, the tribe intervened and took the child into tribal custody. On May 22, 2013, the Tunica Biloxi Tribe contacted DCFS staff, reported the family situation had improved, and requested assistance to obtain fingerprints of the adults in the home prior to reuniting the young child with the child's parents. To assist in achieving reunification, DCFS made arrangements for staff in the Alexandria Region to obtain fingerprinting of the adults in the home.

Update FFY 2014 and multi-year comparative analysis: Monthly telephone conferences were scheduled between the DCFS and the Louisiana federal tribes during 2014 and participation varied from month to month. Communication during the calls focused on child welfare involvement with the tribes and opportunities for increased collaboration. The tribes reported minimal involvement with Louisiana's Child Welfare system while one tribe reported having child welfare involvement out of state.

The following reflect activities that took place between the Department and its Tribal partners:

- A site visit was held with the Tunica-Biloxi tribe in Marksville in September 2013;
- Training opportunities were shared with the tribes on a regular basis, including DCFS specific training and multi-disciplinary trainings;
- The DCFS tribal liaison continues to participate in national Indian Child Welfare Manager phone conferences monthly to stay informed of tribal child welfare issues;
- The DCFS updated policy to insure more effective adherence to the ICWA legislation and services to Native American families;
- Specific areas addressed were placement of children with the tribe and transfer of custody from state courts to tribal courts;
- Karen Matthews, Director of Health and Human Services of the Chitimatcha Tribe will co-present with Judge Anne Simon of the Court Improvement Program at the annual Louisiana Together We Can Conference in October 2014 regarding ICWA and the impact of this legislation on Native American tribes, how the law honors and supports tribal culture.

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- Collaboration with the four federally recognized tribes in Louisiana has continued throughout the past 5 years;
- The DCFS participates in annual meetings with social service directors of the four tribes and ACF Region VI Children's Bureau staff;
- Regular contact is maintained with the tribes to build relationships, share information, and offer support to the tribes.

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PROGRAM SUPPORT AND EVALUATION AND RESEARCH:

The Department continued to participate in a variety of surveys and research projects with academia or other sources. The results/findings were used to increase quality practice, expand knowledge and to identify and utilize exemplary models of child welfare practice. The Department also participated in university-based surveys both from within the state and nationally and also cooperated with federal site visits regarding demonstrations of exemplary models of funding utilization and program implementation.

Current research projects the state is engaged in or completed include the following:

Louisiana Child Welfare Comprehensive Workforce Project -Louisiana State University (LSU) School of Social Work, in partnership with the Department of Children and Family Services (DCFS) and the Louisiana Universities Child Welfare Training Alliance established 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. This grant ended September 2013.

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 2009-2010 study examined, through a pre-post test study design, the effectiveness of the NPP as implemented on a statewide basis within the Department of Children and Family Services (DCFS). Conducted by Rhenda H. Hodnett, Karen Faulk, Amy Dellinger, and Erin Maher.

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

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

The performance period of the Isaac Disaster Case Management Program grant per FEMA guidelines is from date of disaster (August 29, 2012) for a 24 month window (ending August 28, 2014); however, the

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DCFS was not awarded the grant until January 4, 2013. The DCFS contract with CCANO is effective February 1, 2013 - August 31, 2014.

Update FFY 2014 and multi-year comparative analysis: During this past year's implementation of the grant, the DCFS had a total of 1,574 families enrolled. Of that number, 1,204 remained active through March 1, 2014 and a total of 362 cases were closed. Some of the challenges faced during the implementation process included resource and funding availability within such a short timeframe. To address these challenges, the DCFS will advocate for further resources through state partners, NGO's, and non-profits.

For the remainder of the grant period, the Department will continue to report quarterly to FEMA, conduct site visits to providers and PMO, hire a new program manager, and begin to close out the process. During this process, the DCFS will analyze the need for a potential extension.

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

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

Update FFY 2014 and multi-year comparative analysis: As the DCFS moved forward with the planning of grant work, several preparatory areas were complete. The target population was further defined, but still includes all children, 0-18 in Foster Care (FC) and Family Services (FS) cases. A behavioral health trauma screening was chosen. It is called the TBH (Trauma and Behavioral Health Screen) and was chosen by combining elements of 4 different instruments to include child traumatic events, PTSD symptoms, pediatric symptoms, and the current DCFS behavioral health measure. Planning was done through regional stakeholders meetings, steering committee meetings (includes members from DCFS, Office of Behavioral Health (OBH), Louisiana Behavioral Health Partnership and Medicaid) and grant project members. A training video script was written and two training videos were created. The videos will be available on the DCFS training site so they can be viewed and tracked through that system. Data sharing agreements have been completed with DCFS and Tulane and are in progress with OBH. An evaluation plan was developed. An initial group of providers in the pilot region (Covington) were contacted and trained in PTSD-CBT and ongoing consultation sessions are already in progress. Meetings with the pilot region staff have continued and they have remained eager and interested in the launching of this project.

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TECHNICAL ASSISTANCE:

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

The Department's program support and administration is aimed at achieving the CFSR goals of safety, permanency and well-being. Throughout the years, the DCFS included training specific to both federal and state legislative changes that culminate in policy changes. In 2012 and 2013, the DCFS worked with the Children's Bureau to develop and implement an Integrated Technical Assistance Plan. In working with this plan, the Department focused its attention on three areas of priority. These areas included Safety, Family Engagement, and the Quality Assurance/Continuous Quality Improvement System which all correlated with the completion of the Department's Program Improvement Plan.

The state worked with TTAC and ACF regional offices and centers with which the DCFS already had a TA plan in place. Calls were utilized to monitor the Department's progress with T/TA to highlight its achievement of the Integrated Plan initiative, and to assess the dynamics of how current work plan outcomes impact the progress of targeted work plan outcomes/measures. Additional calls were held on an "as needed" basis, and as T/TA tasks were completed and/or terminated.

Louisiana's request for technical assistance always purposed to obtain guidance to ensure favorable outcomes for children and families in the areas of safety, permanency, and for the improvement of systemic factors that impact child welfare services and service delivery. The activities undertaken in this technical assistance plan supported and helped to achieve the goals and objectives of the 2010-2014 CFSP and the state's Program Improvement Plan. The following chart represents training and technical assistance in Louisiana during this reporting period.

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Developing a Comprehensive Curriculum on Concurrent Planning & Permanency

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 10/16/2012</p> <p>CB Goal: Permanency</p> <p>Request/Objective: LA CIP requests T/TA to develop a comprehensive curriculum and plan training on concurrent planning and permanency options.</p> <p>How goal/objective will be measured: Increased timeliness to permanency</p>	<p>Direct Réciipients of T/TA: LA CIP</p> <p>T/TA Approach: Curriculum development and peer-to-peer consultations.</p>	<p>State T/TA : Mark Harris, Court Improvement Program (CIP) Coordinator</p> <p>T/TA Network: NRC on Legal and Judicial Issues (NRCLJI)</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>CIP would like to focus on permanency outcome 1, item 7 and 10 and ensure focus on the 5 timeliness measures required to report on as a part of CIP planning.</p>
<p>Progress notes/next steps: 02/18/2013 - On February 19, 2013, the Regional Office reviewed and approved the assessment and work plan submitted by NRCLJI. Louisiana CIP requested assistance on efforts to support DCFS in PIP implementation. Specifically, in the 16th JDC Transformation Zone (TZ). The TZ Legal Stakeholder work group identified the need for training on the topic of concurrent planning and its connection to permanency. DCFS has been working on many projects in the 16th JDC TZ and has enlisted TTA from several NRCs. All projects have fallen under the broad goal of increasing family engagement, the PIP's overarching focus. The materials developed should be compatible with materials on concurrent planning that are being developed by Dr. Gary Mallon and may be used by DCFS in training of their staff. Local experts from DCFS, CASA, Legal Services Corporations, the LA Public Defender Board, LA District Attorney Association and the Bureau of General Counsel have been enlisted to help design, develop and test the curriculum.</p> <p>10/16/2012 - TTACC facilitated a TA call with the Regional Office, LA CIP, LA Department of Child and Family Services, NRCLJI, and NRCPCF to discuss the following: 1) State CIP's expectation of a final product; 2) Expectations and appropriate role for NRCLJI; 3) Plans to integrate this project with DCFS regarding concurrent planning/permanency; 4) Next steps for assessment and work plan development. The Regional Office authorized the request to move forward with an assessment and work plan development. CIP requested technical assistance to strengthen the legal stakeholders (i.e., parents, attorneys, Guardians ad Litem [GALs], and Court Appointed Special Advocates [CASAs]) to support permanency and concurrent planning. The child welfare agency has been involved in technical assistance with the Department with regard to improving permanency and concurrent planning and CIP wants to wrap that work around this effort so that whatever the agency is embracing becomes a part of what the legal stakeholders embrace to improve outcomes. CIP would like to focus on permanency</p>			

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Developing a Comprehensive Curriculum on Concurrent Planning & Permanency

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
			<p>outcome 1, item 7 and 10 and ensure focus on the 5 timeliness measures required to report on as a part of CIP planning. CIP wants to develop a comprehensive curriculum on child welfare practice and would like to develop a curriculum around this work, concurrent and permanency planning that would be something that we would be permanent strategy. Next Steps: NRCLJI proposed that CIP start working with Judge Joanne Brown to develop draft work plan. They will share the draft with DCFS, NRC for Permanency and Family Connections (NRCDFC), and the Regional Office. NRCLJI and CIP will also discuss how they might apply some continuous quality improvement (CQI) principles to assess the effectiveness of the curriculum as the agency and CIP move forward.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is related to TA756 and should be combined with that request.</p> <p>2/14/2014 – Phone call led by Tamisha Peanort and joined by Bridget Clark, Ray Worsham, Cindy Ximenes Janis Brown, Joanne Brown, Jennifer Renney, Mark Harris & Revonda Kirby. This TA is now closed.</p>

TA756 Child Safety Guide and Decision-Making

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 03/27/2012</p> <p>CB Goal: Safety and Permanency</p> <p>Request/Objective: To develop a multidisciplinary comprehensive curriculum on the topic of concurrent planning.</p>	<p>Direct Recipients of T/TA: Child welfare stakeholders in Monroe, Alexandria, Baton Rouge, and the 16th JDC Transformation Zone, include: Judges, parents' attorneys, children's attorneys, agency attorneys, district attorneys, DCFS leadership and staff, CASA staff and volunteers, and others who work in the child welfare field.</p> <p>T/TA Approach: Consultation, facilitation, off-site and on-site TA.</p>	<p>State T/TA : Mark Harris, CIP Coordinator</p> <p>T/TA Network: NRC on Legal and Judicial Issues (NRCLJI); NRC for Child Protective Services (NRCCPS)</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha</p>	<p>Facilitation of a minimum of four 1- or 1.5-day events that will consist of: (1) Overview of Child Safety: A Guide for Judges and Attorneys; (2) Assistance with planning and implementing training; (3) Assistance with development of a refresher course or advanced program curriculum; (4) Assistance with development of knowledge transfer tools; and (5) Assistance with development of evaluations</p>

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TA756 Child Safety Guide and Decision-Making

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
How goal/objective will be measured: Absence of maltreatment recurrence.		Peanort	
<p>Progress notes/next steps: 01/17/2013 - As a follow-up to the November on-site meeting, Timothy Travis provided a daylong event for parents' attorneys. Participants received an overview presentation on the Safety Guide and Timothy facilitated discussion on the role of the parent attorney in implementation as well as how to enhance their advocacy strategies to improve decision-making for removals and reunifications, improve safety plans and case plans, and improve parent engagement in the process. 11/14/2012 - Terry Roe Lund (NRCCPS) and Timothy Travis (NRCLJI) met with a multi-disciplinary group (judges, CIP, child welfare, attorneys) regarding the Child Safety Guide for Judges and Attorneys. They provided an overview of the Guide's principles on day one. On the second day, the two NRCs facilitated a group discussion and prioritization of how the State might begin a roll out of implementing principles in the Guide.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is ongoing and T/TA entitled Developing a Comprehensive Curriculum on Concurrent Planning & Permanency should be merged with this work/T/TA request.</p> <p>2/14/2014 – Phone call led by Tamisha Peanort and joined by Bridget Clark, Ray Worsham, Cindy Ximenes Janis Brown, Joanne Brown, Jennifer Renney, Mark Harris & Revonda Kirby. This TA is now closed.</p>			

Update FFY 2014 and multi-year comparative analysis: The DCFS valued the technical assistance (T/TA) provided by the National Resource Center (NRC) Network and Children’s Bureau (CB) regional office. The Department’s Child Welfare Section does not currently have any open T/TA requests. Future T/TA requests submitted by the Department will focus its attention on areas of priority including Safety, Family Engagement and the Quality Assurance/Continuous Quality Improvement System.

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QUALITY ASSURANCE SYSTEMS

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

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

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

Quality Monitoring/Ensuring Valid and Reliable Data:

1. Statewide: The DCFS Secretary and Executive Management Team fully endorse and support Performance and Quality Improvement (PQI) [formerly referred to as Continuous Quality Improvement (CQI)] principles, and provide an organizational structure to support continuous improvement. (*PIP Items – PS 1, AS 1, BM 1.3; PS 4, AS 1, BM 1.2*)

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

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

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

2. Statewide and Regional: The Systems Research and Analysis Unit was established at the state level and the Performance Measures Consultant (PMC) position was established for each region as a part of

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departmental reorganization in 2010. The Systems Research and Analysis Unit provide and analyze performance data and trains PMCs on developing and using data to guide performance improvement. The PMC serves on the Regional Management Team and reports performance concerns to the Regional Manager and Management Team. The Systems Research and Analysis Manager is a member of the state PQI team and PMCs serve on each regional PQI team.

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

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

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

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

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

Update FFY 2010: The Department utilized data from case reviews {process referred to as Peer Care Review (PCR)} to guide practice and address areas needing improvement. A CQI planning meeting was held July 7, 2010 and members discussed ways to address this process so it could be consistently conducted despite any barriers that exist.

In addition, the Department implemented a Peer to Peer Support (PPS) process. DCFS partnered with Children’s Research Center (CRC) to develop the PPS program. CRC provided training and support to DCFS field staff, field supervisors, and Regional Prevention Specialists (RPS) to promote evidence-based standardized case decisions, case planning, and support in the use of Structured Decision Making (SDM). A web-based data collection system was developed to accommodate two automated case review instruments. Four parish offices, East Baton Rouge, Livingston, Lafayette and Orleans parishes were chosen to receive four weeks of intensive peer review and support. Twenty-six (26) DCFS child welfare workers served as Peer consultants in addition to the Regional Prevention Specialist (RPS) staff. All

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RPS' were designated as essential, expert staff. The 26 non-RPS peer consultants provided two weeks of consultation in a DCFS jurisdiction other than their domiciliary jurisdiction. All peer consultants received training, mentoring, and support to further develop their expertise in the practice of child welfare and leadership within the Department. Participation in this program supported an increased understanding of peer review activity and its evaluation process. It was envisioned that once DCFS had established internal capacity to implement PPS, this program would become an ongoing quality assurance tool.

Update FFY 2011: The Department was unable to continue with the PPS beyond calendar year 2010; but, during this time period child welfare services underwent the reaccreditation process. Recommendations from the accreditation self-study review and peer reviewer site visits were as follows:

- 1) Increasing client participation in the CQI process: The Department has been reviewing ways to accomplish this and one of the considerations is to develop a "Parent Partner" program so that parents who had successfully achieved reunification would be available to assist parents whose children enter foster care in navigating the system and achieving reunification quickly.
- 2) Increasing workers familiarity with the data available and how to use it to improve performance; (Suggestions to address this issue: the use of regional CQI teams and their collaboration with the performance measurement specialist in addition to the Department's movement towards managing by numbers).
- 3) Providing community partners/stakeholders/staff with feedback on child welfare's performance.

A CQI planning meeting was held to address the COA findings as well as ways in which the CQI process could be consistently conducted. Regional CQI teams were encouraged to add any additional participants from other DCFS sections such as Economic Stability (ES) and Child Support Enforcement (CSE).

Additionally, CQI teams were identified as an important and integral part of the CFSR PIP process and will be instrumental in evaluating progress on areas needing improvement. Workgroups were developed using staff at all levels to develop goals and outcome measures to develop the program improvement plan. CQI teams will be used to monitor data, evaluate efforts, offer suggestions for improvement in relation to the identified concerns, and then reassess. "Scorecards" have been developed to review and monitor the identified DCFS performance measures. These measures are able to drill performance down to individual worker levels and will be used to improve service delivery, will assist in organization issues for workers and assist with budget issues. Continued discussion will need to occur regarding the possibility of using the state and regional CQI teams in monitoring DCFS performance measures and utilizing the CQI process to improve services to children and families.

Update FFY 2012: DCFS reaffirmed its commitment to statewide PQI efforts. Consistent with PQI operations in recent years, convening of statewide quarterly meetings and development of annual goals have been critical to steering regional and statewide agenda to the most cost-effective use of departmental resources. Innovative practice in building consensus across the re-configured organizational structure are being developed to support PQI as a viable mechanism to support success in using data and information to identify and implement action steps to improve performance.

A structure for sharing leadership between Field and Program Operations for the state PQI committee has been developed and continues to be refined. A re-design of the state level referral criteria and

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routing format is under consideration, along with an exploration of resources to assist in assessing the import of the substantial data now being collected from the level of individual worker to statewide profiles. Performance Measurement Specialists and PQI team leads are responsible for facilitating regular PQI meetings, engaging staff and stakeholders in the improvement process, and assisting leadership in identifying appropriate strategies for improvement.

Along with efforts to redefine and refine the PQI process, DCFS has worked to strengthen data available for use in the PQI process. The Department has various data sources available; however this data is primarily quantitative. The implementation of a qualitative case review process has experienced a number of stops and starts in Louisiana with the most recent being established as a part of the Program Improvement Plan (PIP). This case review process, which provides qualitative data regarding the achievement of outcomes, will be continued beyond the two year implementation of the PIP. DCFS continues work to provide the needed resources to create a meaningful case review process and feedback loop. At this time, an individual in each region reviews a sample of cases each quarter utilizing the CSFR instrument. They complete all items on the instrument rolling up the data from the specified items identified as needing improvement during the CFSSR. Interviews with caseworkers and/or supervisors are completed as needed to obtain additional information. *(PIP Items – PS 1, AS 2, BM 2.3; PS 2, AS 5, BM 5.2; PS 4, AS 1, BM 1.1)*

Training was provided to reviewers by from the NRC Network and ACF Dallas Regional Office. Reviewers were trained on utilization of the instrument consistent with federal expectations. In addition, statewide coordinators have been assigned responsibility for facilitating consistent, accurate reviews across regions and quarters and reporting results at the statewide level. Regional reviewers work with their respective regional performance measurement specialists and PQI team chairs to report findings at the regional level immediately following the review. They also issue a formal report of findings within two weeks of the review. The Department continues to work on a QA system to ensure that all data gathered is valid and reliable. Data obtained in the 1st and 2nd Quarters of the PIP has been reported to federal partners. *(PIP Items – PS 1, AS 1, BM 1.1 – 1.3)*

Update FFY 2013: DCFS continues to focus on performance and quality improvement (PQI) with a concentration on qualitative case reviews. The case review process is used to assess strengths, areas needing improvement in practice, and outcomes in key domains measured by the federal Child and Family Services Review (CFSSR) instrument. The goal of the review process is to provide reliable, meaningful information regarding the quality of core child welfare practice, and to support a culture of continuous quality improvement by building upon practice strengths and strengthening areas needing improvement. In addition the Secretary holds monthly operational reviews with Regional Administrators, Program Directors and the executive team to focus on performance.

Case Review Process: The case review process was developed as part of the Program Improvement Plan (PIP). Quarterly, identified staff in each region reviews a sample of cases. The statewide random sample is derived from cases served during a sampling period based on an assigned worker and the worker's location in the Department's Tracking and Information Payment System (TIPS). The sample includes cases from the Family Services (FS) In-Home and Foster Care (FC)/Adoption (AD) programs.

Staff uses the CFSSR instrument to review cases. They complete all items on the instrument rolling up the data into the Department's Quality Assurance Tracking System (QATS). Interviews with case workers and/or supervisors are completed as needed to obtain additional information. Upon completion of the

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review and interviews, a second review is conducted by a “Second Level Reviewer.” The purpose of this review is to ensure consistency of case ratings based on instructions and guidelines of the federal instrument.

Staff identified as case reviewers and second level reviewers have had no previous case involvement nor do they have any current case responsibility such as those of case workers and supervisors. The group of Second Level Reviewers consists of retired child welfare staff that has extensive prior experience as CFSR Reviewers.

Data Analysis and Monitoring: Quarterly case review findings are shared with leadership and PQI/Continuous Quality Improvement (CQI) teams at the regional and state levels. Exit conferences are held in each region between State Office CQI staff and regional staff to provide information as to the specific needs of each region and to allow for open dialogue about each quarter’s findings.

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

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

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

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

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

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Integration of CQI/PQI: DCFS is committed to continuous quality improvement and is in the process of restructuring its CQI process along with integrating the CQI and PQI systems. Based on Children's Bureau Information Memorandum 12-07 (IM 12-07), DCFS is reorganizing the CQI process to develop internal sustainability. The new structure will address the five components of a functioning CQI system as established in IM 12-07. The components are as follows:

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

The change for the Department is the development of a state level Child Welfare CQI Unit. The unit, managed by an Executive Manager in Child Welfare, includes three Section Administrators (one for Baton Rouge, Lafayette and Lake Charles Regions; one for Monroe, Shreveport and Alexandria Regions; and one for Thibodaux, Covington and Orleans Regions). One Implementation Specialist reports to each of the Section Administrators. The Implementation Specialists serve as experts on DCFS initiatives such as the Advanced Safety Decision Making Model (ASDM) and Family Team Meetings (FTM). They provide training and consultation on the initiatives in addition to case reviews to evaluate practice. Twenty-two additional CQI staff serves as reviewers. Two to three reviewers are assigned to each region. Reviewers are responsible for case reviews, assisting in the development of regional corrective action plans, monitoring to assure that corrective action plans are implemented and carried out and analyzing data to ensure the corrective action plans are having the intended effect.

The CQI unit, approved by the DCFS Secretary and Civil Service, had all Section Administrators and Implementation Specialists in place by May 2013. On June 24, 2013, the reviewers were brought on at which time the CQI unit was fully staffed and operational. With the launch of the new state level CQI Unit, the Department continued its focus on performance and quality improvement.

The Department is continuing to identify and define all functions of the new unit. However, the unit will be responsible for conducting a case review process and reporting outcomes of the reviews. Additional functions include consultation for regional corrective actions plans and working with PQI/CQI teams to improve practice through those plans. The CQI staff also serves as trainers and consultants with emphasis on new initiatives and statewide practice models that are implemented in the various regions

Update FFY 2014 and multi-year comparative analysis:

In June of 2013, the CQI team was operational and fully staffed. Managers and implementation specialists were assigned to complete case review training by the end of the month utilizing the new case review instrument. CQI specialists began to apply their training skills in use of the assessment tool to review cases in their new roles on July 1, 2013. During this time, the eighth and last quarter PIP case reviews began giving CQI specialists an opportunity to team with experienced reviewers for support and guidance as the first reviews were being completed. As CQI case reviewers received support through the reviewing process, three implementation specialists were trained and fully engaged in the educational, training, and implementation of the Advanced Safety Focus Practice Model. Implementation Specialists were assigned the leading roles of "experts" on the training and staff support aspect of the Advanced Safety Focus Practice Model. To that end, they were lead trainers to child welfare staff statewide, and served as coaches in the regions where the model was being piloted and implemented.

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The DCFS was released from the PIP in September 2013, as all requirements were met successfully. The ninth quarter was utilized to continue the PIP case review format so that the review team could continue to strengthen their reviewing skills. During this quarter, the CQI team began training three existing reviewers to serve as second level reviewers on the cases. As the reviewers completed the quarter, a new process was being defined for 2014.

Despite this team's new role as of June 2013, the CQI team followed through with the PIP case review process to the end of the year with success. January of 2014 served as the beginning of the new CQI process due to new program instructions issued by the Administration for Children and Families (ACF). The instructions provided a framework to assist states in understanding the importance of a well-functioning CQI system that supports the foundation of positive child and family outcomes. The additions warranted a need to expand the CQI team's activities beyond case reviewing to include focus on transitioning youth to independence, effective service delivery, and the ongoing assessment of available services. Tools being utilized by DCFS staff including the Advanced Safety Focused Practice model (ASFP), the Structured Decision Making model (SDM), and the Youth Transitioning Plan (YTP) instruments were added as tools to be included in the CQI team's reviewing process. Currently, the CQI team is reviewing one hundred and twenty CFSR and addendum cases, one hundred and twenty ASFP cases, and forty five YTP cases per quarter. The case review process includes interviews with staff and stakeholders on each case. CQI reviewers are instructed to identify areas that lack critical information and documentation that might compromise the Department's ability to effectively deliver services unique to the child and family's needs, to meet timely permanency goals, and to assess safety/risk factors in each case reviewed.

Findings as a result of the case reviews are shared statewide through reports to each region and discussed at management meetings that take place in the same month the reviewing quarter ends. The reports are structured to provide a snapshot of the items that are in compliance from the ASFP, SDM and YTP instruments, and a summary of strengths and areas needing improvement. In order to utilize these reports to improve practice, an exit meeting is held with the Department's worker and supervisor on all reviewed cases. During these exit meetings, CQI reviewers provide consultation to workers and supervisors on how to strengthen areas that need improvement based on the results of the review.

In 2002, the Department's child welfare program division implemented a Continuous Quality Improvement (CQI) process incorporating data and information sharing as well as feedback loops among all levels of staff and community partners including service providers, service recipients, and other organizations that work within Louisiana's child welfare system. The CQI name changed to Performance and Quality Improvement (PQI) in 2010 after the Department was reorganized. In 2012, plans began to change in the child welfare's Quality Assurance (QA) process to incorporate more staff engagement that involved their participation in intensive case reviews. Assessments were utilized to initiate discussions and plans for improvement in the quality of child welfare practice. The term QA was changed to Quality Improvement (QI) which meant that state office units within the child welfare program responsible for reviewing cases and engaging field staff became known as Continuous Quality Improvement (CQI). Positions were upgraded and transferred from the QA section to a CQI section that embraced the reality that the Department already employed experienced child welfare staff with the ability to serve in the role of a CQI team.

Not only does the Department utilize the structured CQI case review process, but there are also ad hoc programmatic reviews conducted as requested by regional management or state office management.

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Case Crisis Reviews are also conducted in response to fatalities or near fatalities in open cases. Results from other audits and reviews (including such conducted by various federal partners and state legislative auditors) are also incorporated into the PQI process. Using quantitative and qualitative review data, regional staff develops action plans with state office (Operations and Child Welfare Programs) consultation to identify areas needing improvement that impact child welfare practice and outcomes. Action plans are monitored by child welfare regional management and state office management. Based on results of various reviews and assessments, additional plans, trainings, initiatives, etc., are developed and implemented.

CQI is a vital part of the PQI process that focuses on child welfare related challenges and improvements, incorporating case reviews, staff interviews, data reviews, as well as continuous feed back from internal and external stakeholders. Feed back from staff and stakeholders are utilized to change policy, procedures, forms, etc. Surveys continue to be utilized, and we are increasing the use of on-line surveys. In-service trainings, policy reviews, as well as other trainings by external stakeholders (e.g., Court Improvement Project trainings for legal stakeholders and child welfare staff) were developed as a direct result of the CQI/PQI process. In the past five years, trainings on topics such as Structured Decision Making, Advanced Safety Focused Practice, and Family Team Meetings are examples of initiatives directly resulting from the CQI/PQI process. Responses to field staff needs with Peer-to-Peer mentoring and coaching was also the result of the CQI process. Supervisory trainings and intensive adoption certification trainings were also implemented. Webinars and computer based trainings were implemented to accommodate travel limitations for brief trainings. Most recently, the Department partnered with the Pelican Center and Southeastern Louisiana University (SLU) to form a Child Welfare Training Academy also as a result of the CQI/PQI process. Plans are in place to develop training resources for child welfare staff and stakeholders to address needs identified from CQI reviews and the PQI process. This Academy will be housed at SLU utilizing resources from DCFS, the Pelican Center, and SLU.

The DCFS PQI process is a continuous work in progress that includes feedback loops from all levels of management, field staff, as well as external stakeholders. Qualitative and quantitative data is collected, analyzed and disseminated among partners who in turn assist with practice improvements. Child welfare practice initiatives and improvements are implemented through the CQI process. There is oversight and support from the foundational administrative structure, as changes occur from organizational structure to staff demographics and needs. The DCFS continues to assess and address identified concerns throughout the PQI/CQI process.

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SECTION 2: COMPLIANCE WITH FEDERAL REGULATIONS AND LEGISLATION:

CHILD AND FAMILY SERVICES REVIEW AND PROGRAM IMPROVEMENT PLAN: The Department of Children and Family Services (DCFS) has fully embraced the goals and outcome measures of the Child and Family Services Review (CFSR). The CFSR held in Louisiana March 8-12, 2010, assessed the level of state conformity with federal requirements in systemic factors and outcomes related to safety, permanency, and well-being in child protective services, foster care, adoption, family preservation, family support, and independent living services. The review was conducted at three sites: Orleans as the major metropolitan site, Iberia and St. Mary Parishes, and Alexandria. Various stakeholder groups including the courts, participated in the review process.

The CFSR Final Report was received in May, 2010 and Louisiana was found to be in substantial conformity with all but three systemic factors examined; however, the state fell below the nationally established standards in other areas of the CFSR. DCFS began development of the Program Improvement Plan (PIP) with the support of ACF Region VI and National Resource Centers. PIP development was organized in a multilevel structure with a Steering Committee composed of executive leadership and Core Management Team Leads. The Steering Committee's roles included cultivating an organizational culture focused on excellence, collaboration and performance and quality improvement throughout the child and family services system.

The Core Management Team was composed of the PIP Lead and Coordinator, data lead, planning staff, and key program and work group leads. The Core Management Team's roles included providing recommendations to the Steering Committee on the design of the overall strategic development process and in establishing the Child and Family Services Advisory Committee and Work Groups in consultation with the National Resource Center for Organizational Improvement. Work Groups were composed of program and field staff, court representatives, partners, and youth and family members. The Work Groups' roles included analyzing, studying, and developing action steps and benchmarks to improve child welfare practice and outcomes consistent with the strategic PIP vision and goals. Workgroups were developed for in-home and out-of-home Assessment and Case Planning, Workforce and Training, Quality Improvement and Performance Outcomes, and Coordinated Systems of Care (CSoC). The Child and Family Services Advisory Committee were composed of staff, partners, and youth and family members. The Advisory Committee's roles included advising and consulting with the Steering Committee in the development and implementation of the PIP as well as longer term goals reflected in the five year Child and Family Services Plan (CFSP).

The Children's Bureau partners included representatives of Region VI office as well as the national CFSR Team. The CFSR Round 2 Final Findings Report to Louisiana set timelines for PIP development and assisted in the consulting and collaborating with the various other PIP development groups and providing technical assistance. Staff from the National Resource Centers also worked closely with the Department.

Louisiana submitted a draft PIP for federal review and consideration, and final approval was received in September 2011. The PIP is conceptualized around three major strategies: Enhance the Capacity of Families to Safely Provide for their Children's Needs, Enhance Timely and Appropriate Permanency Planning, and Enhance the Stability of Safe and Appropriate Placements. Within each strategy, goals, action steps and benchmarks have been developed and measurements identified. Key evidence informed strategies include Structured Decision-Making, family teaming, data/PQI, supervisory consultation and

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support, and collaboration around family engagement and systems of care values and principles. Some action steps are statewide in scope or being phased in while others are centered within a geographically defined Transformation Zone (TZ).

The PIP was fully integrated into Louisiana's 2012 Annual Progress and Services Report and those items are identified by citations such as PIP Items – PS 1, AS 2, BM 2.3. The work of the PIP was viewed as the primary goals for the remainder of the 2010-2014 Child and Family Services Plan five year plan and indeed the Department fully achieved those goals, strategies and action steps and for eight quarters, Louisiana reported on those achievements.

Update FFY 2014 and multi-year comparative analysis:

During this five year reporting period, the DCFS experienced a number of organizational changes. Critical measures were taken to improve child safety, and well-being outcomes, as the Department worked to complete all quarters of the Program Improvement Plan (PIP) and to integrate the PIP into the Annual Progress and Service Report (APSR). Special attention was paid to the utilization of data to enhance performance measures and to improve service delivery. A Transformation Zone was created in the 16th Judicial District of the state to pilot and subscribe to the concept of Family Teaming, a greater emphasis on stakeholder input with the Court Improvement Program, the CSoC and others. The DCFS also developed a framework of child welfare principles of practice. Based on much of the work initiated in the PIP, the Department will continue to focus on improving measures of safety, permanency and well-being for the next five years.

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**ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM ASSESSMENT
REVIEW:**

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

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

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

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

Louisiana's first AFCARS assessment review was held the week of March 4-8, 2013. Toni Buxton, with the Department of Children and Family Services (DCFS) served as audit lead and Melba Oubre, with the Office of Juvenile Justice (OJJ) served as the co-leader, both participating the full week in every aspect of the audit. The pre-site visit phase, which included a sample of test cases, was initiated in November 2012. Various levels of staff from around the state were identified for Information Technology (IT)/Systems demonstrations/exercises and case reviews. Those staff represented both DCFS and OJJ.

The OJJ case reviewers included Walteree Barnes, Program Specialist, Melissa Cross, Supervisor and Shawn Hebert, Worker. DCFS case reviewers included Cassondra Tramonte, State Office Eligibility Unit, Del Bridges, State Office Adoption/Home Development Unit, Chandra Simpson, State Office

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Residential Care, Elizabeth Anthon, State Office Foster Care/Transitioning Youth Unit/Tribal Relations, Rity Vidrine, Alexandria Region, Regional Program Specialist, D'Atria London, Baton Rouge Region, Foster Care Worker, Staci Holmstrom, Covington Region, Home Development Worker, Patricia McClinton, Lake Charles Region, Child Welfare Consultant, Melissa Vidrine, Lafayette Region, Foster Care Program Operations Manager, Meceal Hebert, Lafayette Region, IV-E Worker, Myrtis Fisher, New Orleans Region, Adoption Worker, Sonya Kitchen, New Orleans Region, Foster Care Supervisor, Marsha Linam, Monroe Region, Area Director, Jennifer Pennington, Shreveport Region, Foster Care Supervisor, and LaTrese Lecour, Thibodaux Region, Adoption Supervisor. Christy Tate, the NYTD representative, was also available throughout the audit for consultation and demonstrations. Clerical staff was also available throughout the review to assist as needed and can access any other program staff necessary to support the audit process.

AFCARS Review Preliminary Findings: At the time of submission of this report the state had not yet received the formal review findings; however they are expected by the end of the year.

- Positive review experience for DCFS - planning/preparation/mechanics/knowledge development
- Staff has identified areas that need to be modified and developed ideas for changes
- Reporting population corrections identified:
 - More accurately capturing the foster care population – Have been incorrectly including removals when child remains in care under 24 hours
 - More fully capturing the adoption population – Have not included private agency adoptions
- Other data element corrections identified:
 - Diagnosed Conditions - underreported
 - Circumstances associated with a child’s removal from home - underreported
 - Incorrect reporting of the primary basis for a child’s special needs
 - Need to more fully record all locations of the child while in DCFS custody
- System Issues recognized:
 - Defaults and Mandatory Screens/Fields
 - Multiple Systems/Databases
 - Certain key information is overwritten
 - Obsolete values and values not representative of what is being collected
 - Incomplete data collection
- Data Quality needs recognized:
 - Additional reports to facilitate improvement in data quality
 - Develop and maintain data quality assurance process that links to a CQI process; including OJJ
 - Ongoing staff training and supervisory oversight
 - Timely Data Entry and Flow of Data Entry/Screen Design

General Requirements (23)

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

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Data Elements

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

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

- Changes were made to service authorization sort to allow for more accurate results
- The capacity level for institutions was changed from 15 beds to 13 beds
- Updated major/minor service codes
- Removed default coding with regards to placement settings
- “Home of Parent” is no longer coded as “Relative Foster Care”
- Reassigned values for case closure
- Updated eligibility and payment codes
- Remapped disability codes

Update FFY 2014 and multi-year comparative analysis:

The Louisiana AFCARS audit occurred in the first half of FFY 2013 and the official results of the audit were received in the first half of FFY 2014. The Department of Children and Family Services (DCFS) partnered with the Office of Juvenile Justice (OJJ) and representatives from the Children’s Bureau (CB) to assess the report and develop an AFCARS Improvement Plan (AIP). The AIP was approved by the ACF. Louisiana’s first steps in implementing the AIP included revising the mapping of Tracking and Information Payment System (TIPS) codes to accurately report the original region of children in the foster care system. This new mapping process will be reflected in the 2014A data submission. Additionally, the Department developed an AIP/CQI case review process to assess data quality through review of the data system in conjunction with the information documented in the case record. Louisiana AIP efforts were officially initiated April 1, 2014 and are currently anticipated to go through at least SFY 2017.

At the beginning of this CFSP period, the DCFS and the OJJ consulted with the National Resource Center for Data and Technology to assess data collection processes for AFCARS and to gain a fuller understanding of the AFCARS elements. Technical assistance from the consultation led to initial efforts in improved data collection such as the removal of system defaults when fields were not completed, preparation for the AFCARS audit in 2012, the positive experience of an actual audit in 2013, and the planning for an initiation of the AIP in 2014. The consultation provided by the National Resource Center for Data and Technology continued to increase the DCFS and the OJJ employee’s knowledge of AFCARS in addition to their ability to enhance data collection and to make systems changes.

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TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW:

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

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

Louisiana underwent an IV-E review on November 4-8, 2013. The period under review was October, 1, 2012 through March 31, 2013. The DCFS passed the review and there was no program improvement plan required.

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FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT:

Since H.R. 6893/P.L. 110-351 became effective October 7, 2008 (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.

Update FFY 2010:

The state offers the following compliance with P. L. 110-351:

- 1) Reasonable Efforts to Place Siblings Together
 - a. Policy requiring that siblings be placed together has been strengthened.
 - b. Staff has been trained on the importance of sibling co-placement through two video conferences and four live training sessions co-sponsored by Court Appointed Special Advocate (CASA) and the Court Improvement Program (CIP). The training was recorded and is available on the CIP website for staff and stakeholders who were not able to attend the live training.
 - c. This provision was incorporated into New Worker Orientation, Foster Care Assessment and Case Planning and Home Development training.
- 2) Full-time School Attendance
 - a. Policy has been developed and implemented.
 - b. Staff has been trained on the requirement of full-time school attendance through two video conferences and four live training sessions co-sponsored by CASA and CIP. The training was recorded and is available on the CIP website for staff and stakeholders who were not able to attend the live training.
 - c. This information has been incorporated into the New Worker Orientation, Model Approach to Partnerships in Parenting-Group Participation and Selection (MAPP/GPS), and Foster Care Assessment and Case Planning.
- 3) Educational Stability
 - a. Legislation was passed during the 2009 Louisiana Legislative session; policy was developed and implemented in April 2010
 - b. Staff has been trained on the importance of educational stability through two video conferences and four live training sessions co-sponsored by CASA and CIP. The training was recorded and is available on the CIP website for staff and stakeholders who were not able to attend the live training.
 - c. The Home Development staff discussed the importance of developing foster/adoptive parent resources within areas where large numbers of children enter foster care; data and GPS technology is being used to further this effort.
- 4) Healthcare Oversight Plan
 - a. The Health Care Oversight Plan has been developed and finalized in collaboration with DHH and OJJ
 - b. A MOU has been developed to formalize the agreements in the Health Care Oversight Plan
 - c. Ongoing collaboration to monitor plan has been planned
- 5) Notification of Relatives within 30 days of Foster Care Entry
 - a. Policy has been developed and implemented to require notification to relatives
 - b. Staff has been trained on the requirement to notify relatives when a child enters foster care through two video conferences and four live training sessions co-sponsored by CASA and CIP. The training was recorded and is available on the Court Improvement Program website for staff and stakeholders who were not able to attend the live training.
 - c. A contract has been established with CLEAR to assist in locating relatives

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- d. Policy on CLEAR usage was developed and implemented July 1, 2010; staff training regarding using CLEAR has been conducted.
 - e. 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 Department is working to include this requirement in the Foster Care Assessment and Case Planning training.
- 6) Transition Plan for Youth
- a. The Youth Transition Plan and Youth Transition Plan Review forms have been developed and policy has been developed and implemented requiring completion of the Youth Transition Plan and Review.
 - b. Staff education has occurred as detailed in the Chafee Foster Care Independence Program section of this report.
 - c. This provision incorporated into Foster Care Assessment and Case Planning and all adoption courses.
- 7) Tribal Negotiations
- a. DCFS continues to be available for support and assistance as needed.
 - b. A representative of the Tunica Biloxi tribe attended a DCFS/CASA training session on implementation of the Fostering Connections to Success and Increasing Adoptions Act.
 - c. Foster Care, Adoption, Chafee, IV-E and Planning staff met with the social service directors of the four federally recognized Tribes in Louisiana in May 2010 to discuss consultation and assistance to Tribes who are interested in developing their own IV-E and Chafee programs.
- 8) Notification to Adoptive Parents of Tax Credit
- a. A notification flyer has been developed and sent to all current adoptive parents and it is provided to new adoptive parents.
 - b. The notification flyer is posted on the DCFS website to increase public awareness.
- 9) Kinship Guardianship Assistance (optional)
- a. Rulemaking has been accomplished.
 - b. Policy has been developed and implemented.
 - c. Program implementation was effective April 1, 2010.
 - d. Technological support has been provided and Tracking and Information Payment Systems (TIPS) codes have been assigned for data tracking.
 - e. Legal consultation is ongoing and the Louisiana Law Institute has established a Guardianship Committee on which the Foster Care Section Administrator serves.
 - f. Training was provided to staff and stakeholders in joint trainings by CASA as well as through two statewide videoconferencing and question/answer sessions facilitated by State Office staff. Additional videoconferences were held in February and March 2010.

Collaboration: DCFS has entered into an agreement with the Louisiana Department of Education (DOE) 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 DOE has little control over collaborative efforts at the local level. A joint committee of DCFS and DOE staff at the state level was established with semi-annual meetings to discuss options for improvement and support of departmental efforts in serving children in foster care.

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State foster care staff provides departmental 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 Department has been and will continue coordinated work efforts internally and with other state and federal government agencies and private agencies. The focus of the work is to provide comprehensive assessment, need-based services, and support to clients across programs as well as to develop staff skills in fulfillment of those case management requirements.

Update FFY 2011:

- Educational Stability - Delayed implementation (until 6/30/10) was approved by ACF, but not necessary as legislation was passed during the 2009 Louisiana Legislative session. Policy was developed and implemented in April 2010.
- Healthcare Oversight Plan - The Memorandum of Understanding is being utilized to develop a more comprehensive view of the utilization of psychotropic medications in caring for children in foster care.
- Notification of Relatives within 30 days of Foster Care Entry - Policy on CLEAR usage was developed and implemented with staff training provided on utilization of this tool.
- Transition Plan for Youth - Staff education has occurred. A Children's Code workgroup has been established between OJJ and DCFS to develop a unified Youth Transition Plan, which will be codified and required by state law for all youth transitioning from either system.
- Tribal Negotiations - DCFS staff met with the social service directors of the federally recognized Tribes in Louisiana in May and August 2010 to discuss consultation and assistance to Tribes who are interested in developing their own IV-E and Chafee programs.
- Notification to Adoptive Parents of Tax Credit - A notification is provided to new adoptive parents.
- Kinship Guardianship Assistance (optional) - Updates to policy and TIPS codes are under development. Legal consultation on establishing Guardianship in a civil law state has been ongoing. The Louisiana Law Institute established a Guardianship Committee with departmental representatives. Legislative updates to the Children's Code to support the legal institution of Guardianship are being sought in the 2011 regular legislative session.
- Training unit conducted training in February 2010 and held a webinar was held in March 2010 to train staff on the Act.

Update FFY 2012:

- Educational Stability – DCFS along with DOE and judicial system representatives participated in the ACF Educational Forum in Washington, D.C. in November 2011; the workgroup established at that forum continues to meet by telephone routinely to monitor achievement of goals. Further, DCFS authored state legislation this session to insure educational stability for children throughout foster care custody in response to P.L. 112-34. DCFS is working with the Casey Family Program and the University of Louisiana at Lafayette, Picard Center to pilot in three school districts a program to facilitate improved working relationships with DCFS local offices and local school systems as well as to develop a data report to measure the educational performance of children in state custody as compared to the general public; DOE has developed a full day of educational resource training to provide to DCFS staff on April 12, 2012; and, DCFS has established regional educational liaisons to facilitate improved relationships with

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school systems at the local level, serve as a link to state office for guidance and support in improving educational supports or seeking resolution to educational challenges impacting children in foster care, and to aid in more effective planning for older youth in achieving educational goals.

- Healthcare Oversight Plan – The plan has been in effect and providing guidelines for all health care needs of children in foster care.
- Notification of Relatives within 30 days of Foster Care Entry - Policy expectations regarding relative notification are clear, and teleconference training has been provided to staff.
- Transition Plan for Youth – A unified Youth Transition Plan was developed between OJJ and DCFS. DCFS continues to assess staff skill levels in utilization of the Youth Transition Plan tool as well as effectiveness of the tool for youth, caregivers, CFCIP providers and staff in planning. *(PIP Items- PS 2, AS 3, BM 3.1, 3.2 and 3.3, 3.4 & 3.5)*
- Tribal Negotiations - DCFS staff continue to meet regularly with tribal leaders at the regional and state level and remain available for consultation and assistance to Tribes if they are interested in developing their own IV-E and Chafee programs. The most recent meeting occurred May 24, 2012 in Marksville, Louisiana.
- Notification to Adoptive Parents of Tax Credit - A notification is provided to new adoptive parents as they are certified.
- Kinship Guardianship Assistance – Clarifications to the Children’s Code were achieved in the 2011 legislative session Case reviews have revealed a lack of family engagement in every part of the system. This has a negative impact on partnering with families and assessment. The caseworker is not gathering the most relevant, accurate, comprehensive information in order to identify underlying issues and provide the right services. Standards have been established for home study requirements when submitting a recommendation to the courts for consideration of a family as a guardianship placement of a child. Legislative changes also addressed the need to have a plan for ongoing care of a child if a guardian becomes unable to continue care of a child, and the requirements for overturning a guardianship relationship if the care of the guardian becomes so deleterious to the well-being of the child. A Keeping In Touch (KIT) conference training was provided to staff statewide to advise of legislative updates and to reiterate departmental policy regarding the permanency goal of guardianship and the availability of the Guardianship Subsidy to support families. The program remains available for eligible families and children.

Update FFY 2013:

- Educational Stability – The educational liaisons in each region continue to meet via teleconference monthly with the State Child Welfare Program Education Facilitator to discuss challenges to serving children in foster care within the school districts around the state, to share knowledge of resources, to receive training pertinent to education issues, and to brainstorm solutions to problems. Casey Family Programs and the Picard Center of the University of Louisiana at Lafayette have renewed their working agreement with DCFS for the Calendar Year (CY) 2013 to create Louisiana DOE and DCFS partnerships on a regional level and mentor in strategizing to achieve improved educational outcomes for children in foster care.
- Healthcare Oversight Plan - The Memorandum of Understanding between DCFS and DHH is currently under revision to renew the previously established agreement.
- Notification of Relatives within 30 days of Foster Care Entry - Policy on establishing permanent connections for every child that enters foster care, on establishing more appropriate case goals more timely, and on using concurrent planning have been strengthened with an emphasis on

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working with families, identifying relatives and notifying relatives of options for involvement in supporting the family.

- Transition Plan for Youth – The Department has developed a new Youth Transition Plan (YTP) with input from youth in our foster care program as well as from research on websites such as Fosterclub.com and consideration of other state YTPs to create a more “youth friendly” tool.
- Tribal Negotiations – refer to tribal collaboration portion of this document for additional information.
- Ongoing notification to newly certified adoptive parents of tax credit
- Kinship Guardianship Assistance (optional) – This supportive service remains available for eligible families. DCFS provided training in May 2013 to families of inmates at Angola State Penitentiary regarding family options for caring for children of inmates who enter the foster care system, including information on the Guardianship Subsidy program.

Update FFY 2014 and multi-year comparative analysis:

The DCFS continues to update policy to support the implementation of the Fostering Connections to Success and Increasing Adoptions Act as well as provide staff training as needed to implement practice changes that support enacted legislation.

Specific areas in which updates and changes have occurred over the past year include:

Full Time School Attendance

- I. Education Alternatives explored when expulsions and suspensions from the public school system occur including:
 - a. Home schooling;
 - b. Virtual school attendance;
 - c. Independent study programs;
 - d. GED/Vocational School programs;
 - e. Tuition vouchers for private school attendance.

- II. Educational Stability
 - a. Departmental liaisons were developed in each region and at the state level to facilitate solutions for problematic school situations for children in foster care and to provide guidance to field staff in available resources to support children in foster care struggling academically.

 - b. The DCFS in collaboration with Casey Family Programs, the Picard Center of ULL and the Louisiana Department of Education held an Educational Convening for DCFS staff and Local Educational Authority staff to discuss local challenges to serving children in foster care and to develop joint, local plans for improved practice and service delivery.

- III. Healthcare Oversight and Coordination Plan
 - a. Under review for any necessary revisions;

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- b. Ongoing review of Child Welfare policy for consideration of necessary changes in practice to support continued improvement in quality healthcare services for children in foster care.

IV. Transition Plan for Youth

- a. Revised youth transition plan document developed;
- b. Youth Transition Plan case review;
- c. CQI process developed through DCFS;
- d. The DCFS added case events to the TIPS system to track the completion of the initial and the final Youth Transition Plans.

V. Tribal Negotiations

- a. The DCFS maintains regular communication with the tribes for support, assistance, information sharing and to remain available should any of the tribes decide to develop a IV-E program.

VI. Kinship Guardianship Assistance

- a. The DCFS continues to offer the Guardianship Subsidy program for eligible youth and families achieving the permanency goal of Guardianship.
- b. The DCFS continues to educate staff and legal partners on the need to pursue more permanent options for children prior to consideration of Guardianship as a case goal.

Over the past 5 years, the DCFS established partnerships to achieve the expectations of the Fostering Connections to Success and Increasing Adoptions Act. The Court Improvement Program of the Louisiana Supreme Court and the state CASA organization were two of the most integral partners. These two agencies partnered with the Department to provide statewide training to staff together with legal partners and other stakeholders on the legislation and Louisiana's plan for implementation. Both groups remained available to support implementation through work with the local judicial systems and CASA groups in understanding the changes to Child Welfare practice. Additionally, the DCFS and the OJJ worked closely together to address areas of joint impact. The areas of practice addressed in the Act continue to be a source of focus in ongoing planning for improvements to the foster care program.

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HEALTH CARE OVERSIGHT AND COORDINATION PLAN:

The Department of Children and Family Services (DCFS) Child Welfare Division 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. During the past year, the plan was circulated to and reviewed by appropriate parties including the Department of Health and Hospitals (DHH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. Comments were incorporated into the plan, resulting in only minor changes as development of the plan had been a collaborative effort. The Health Care Services plan is operational as is a Memorandum of Understanding (MOU) between the DCFS, DHH and OJJ. (For additional information on psychotropic medications, please refer to the Child and Family Service Improvement and Innovation Act, P.L. 112-34 portion of this document.)

Collaboration to Develop Health Care Services Plan

A collaborative group was formed to develop the DCFS Health Care Services plan including DCFS staff (foster care, clinical services and others), OJJ staff, members of the DHH management staff, and private medical providers under contract with DHH. Foster Parents and youth in foster care/YAP were invited to participate in planning meetings. The plan was circulated to the Louisiana Youth Leadership Advisory Council (LYLAC) and the Louisiana Foster/Adoptive Parent Association for comments, which were incorporated into the final document.

The entire collaborative group met several times and established subcommittees on various aspects of medical care such as physician visits, medication (including psychotropic medications), 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 MOU between the Departments regarding ongoing collaboration and shared oversight responsibilities for the health care of children in foster care was established.

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 are unwilling or unable to sign the release authorization, the worker presents the custody order to the provider to obtain the records.

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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 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 current information.

Initial Medical Screenings

Health Care: DCFS 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 resulting 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 insuring 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. Louisiana provides free immunizations to all children in the state regardless of income or insurance coverage through all pediatricians and public health units.

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.

The Department also participates as a member of the State Interagency Coordination Council to resolve statewide challenges to implementation of the Early Steps program.

Dental Care: Policy has been revised to require an initial exam take place within 60 days of entering care, at the eruption of the first tooth or at one year of age if no tooth has erupted by then. Periodicity has been reduced from annually to every six months. 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

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swallowing, such as cleft palate. DCFS does not routinely pay for orthodontia services not covered by Medicaid.

Medications (including psychotropic 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. Based upon the MOU established with DHH, DCFS is currently collaborating to develop a report on Medicaid covered medications provided to children in foster care over the past calendar year. The report will identify children with multiple prescriptions, providers with a propensity for prescribing multiple medications for children and to consider options for more effective medication management for children in foster care.

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 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 when medically necessary.

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 DCFS otherwise. DHH has worked closely with DCFS in the past year to insure the maximum coverage of physician services to children in foster care, and this collaboration will be ongoing in the coming year. As DHH moved toward a managed care type of program for providers and assignment of a primary care provider to Medicaid recipients, they have remained sensitive to the unique care needs of children in foster care in the development of policies and procedures.

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.

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The foster care worker is responsible for completing a mental health screening within 15 days of the child entering foster care custody. The DCFS BH-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. There is specific language in this form that addresses both the compliance with and the need for psychotropic medications.

Services for behavioral health needs for all children in the state are provided through the Coordinated Systems of Care (CSoC) if eligible. Department funded services will only be necessary when the child is not eligible for Medicaid covered services. As part of the CSoC, children will receive the Child Adolescent Needs and Strengths (CANS) assessment to determine eligibility for Medicaid covered services.

Monitoring and Treating Health Needs Identified in Screenings

An age appropriate child, the caseworker, foster caregiver 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 requiring treatment, services and medication (including psychotropic medications). The foster caregiver, as the child's primary caregiver, is the most active party in assuring 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 supporting the foster caregiver to assure needed services are obtained; and the worker has the responsibility of visiting with the foster caregiver and child at least monthly to assure the child's well-being in placement. Discussion of the child's health care needs and required services occurs 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 appointments.

Oversight of Health Care Needs, Including Prescription Medications

Micro Level Oversight: Foster caregivers 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 caregivers also take children for medical appointments, oversee medication administration, and observe the child daily for indications of needed medical treatment.

The foster care worker supports the foster caregiver 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 caregiver and the child. The worker also acts as an intermediary when necessary, clarifying physician instructions and basic medication questions for the foster caregiver through consultation with the medical provider. The foster care worker also keeps the biological parents informed of the child's health care status.

Foster care workers are responsible for maintaining the child's medical records in the DCFS case record. In addition to copies of medical reports, the DCFS 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 caregivers, foster care worker, and to the biological parents and child, as appropriate.

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Mezzo Level Oversight: The child's medical information is used to inform 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, HD staff in each region of the state locates families willing and able to meet the needs of children, including those with specialized physical or mental health needs, in communities across the state.

Macro Level Oversight: DCFS State Office staff has responsibility for planning and policy decision making regarding the health care of children in foster care: the Foster Care and Transitioning Youth Unit and the placement services staff have primary responsibility for mental health interventions and psychotropic medication monitoring. As noted above, the Home Development (HD) staff also plays an important role in assuring families are able to meet the needs of the children served. At the state level, the HD staff uses data to observe trends regarding foster care entries and provides guidance to regional staff regarding areas where targeted recruiting is needed for special needs children.

DCFS maintains ongoing communication with DHH. DHH is able to track all medical services funded through Medicaid, and is currently able to provide DCFS with individual child level reports showing all physician visits, medications prescribed (including psychotropic), and other medical services accessed. The MOU allows sharing of aggregate data on medical services provided to children in foster care by DHH. Plans for the development of an electronic case record are also 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 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 DCFS 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

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- 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

The DCFS plan for assuring continuity of care is to make reasonable efforts to place each child in close enough proximity to the child's home reducing the necessity for a change in medical provider, and to make reasonable efforts to assure foster care placements are stable to avoid placement disruptions causing the child to be located outside the service area of the medical provider. In development of the Medical Home model, DHH has committed to supporting the best care plan for each child in foster care based on the determination of the DCFS and the child's caregiver.

If a child must change physicians, dentists, mental health, substance abuse or other health care providers upon entry into foster care or due to a change in foster care placement, the foster care worker in collaboration with the child's Bayou Health/Medicaid provider for medical care or Magellan for behavioral health care and the child's caregiver makes arrangements for continued treatment with another approved provider and insures medical and/or mental health history is supplied to the new provider. When the child returns home and/or the young adult ages out of foster care, the worker provides health records to the parent or young adult along with contact information for current providers to insure capacity for ongoing healthcare. Health care is a major component of the YTP developed with all children in foster care beginning at age 15 and ongoing until the youth ages out of foster care or the YAP if the youth contracts for ongoing foster care services beyond age 18 up until a maximum of age 21.

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

DCFS continues to involve and collaborate with physicians and other medical professionals including Bayou Health and the Louisiana Behavioral Health Partnership (LBHP) at the local level to assure 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, DCFS continues 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.

Update FFY 2010 & 2011: Health Care Services Plan and MOU established between DHH, DCFS, and OJJ.

Update FFY 2012:

- Establishment of the LBHP for delivery of behavioral health services to children in Louisiana
- Establishment of the Bayou Health Managed Care Program for delivery of Medicaid physical health services in Louisiana
- Planning for any behavioral health services required for DCFS clients outside the realm of the LBHP
- Policy revisions and staff training in relation to developments with the managed care program by DHH and how these changes apply to children in foster care.

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- Inclusion in the plan and education of staff on linkages with the portions of the youth transition plan related to health care needs of children aging out of foster care, including the ability to execute a health care proxy, health care power of attorney and options for health insurance coverage. (*PIP Items – PS 2, AS 3, BM 3.4-3.5*)

Update FFY 2013: DCFS staff has convened multiple meetings of the Health Care Services Committee over the past year to consider Bayou Health (physical health managed care program) and Magellan (behavioral health managed care program) implications for serving the needs of the children served in the Louisiana foster care program. The Healthcare Oversight and Coordination Plan has remained the same, with no necessary updates. Changes in physical health services have been centered on the payment mechanisms rather than the service array. However, the five options for managed care plans under Bayou Health each offer different specialized services, such as specialized prenatal care for pregnant teens or special eye exams or extra dental services based the individual plan. Every effort was made to retain the child with the current medical provider in the selection of a managed care program. In the future, if the child has to change medical providers the child can keep the same managed care program and select another network provider. This will allow for the child’s medical care records to be maintained within the managed care system and be transferred easily to another network provider. Magellan management of behavioral health care services has ensured children receive necessary behavioral health care treatment services, in-patient behavioral health placement, specialized behavioral health case management and wrap-around services for the children with the greatest degree of behavioral health needs.

The DCFS also worked with Magellan to assess provider documentation and available information in the Clinical Advisor system regarding behavioral health interventions and psychotropic medications utilized in treating children in foster care. Additionally, staff worked with Bayou Health to assess provider documentation and available information in the Medicaid database regarding physical health treatment provided to children in foster care. Staff and caregivers were surveyed about working with children in foster care as well as youth in the Young Adult Program (YAP) to assess the effectiveness of having an assigned primary care physician, since implementation of Bayou Health. (For additional information on psychotropic medications, please refer to the Child and Family Service Improvement and Innovation Act, P.L. 112-34 portion of this document.)

The DCFS is working closely with the DHH, OCDD in relation to Early Steps services for children birth up to age 3 and Medicaid Waiver services for children ages 3 up to 18. Separate Memoranda of Understanding (MOU) have always been in place for the two age groups, and DCFS is currently merging those two agreements as the terms are updated to insure a smoother transition in service delivery as children age out of the service range for the Early Steps program and age into the service range for ongoing services throughout the children’s minority and on into adulthood.

The DHH continues to provide ongoing Medicaid healthcare coverage to youth exiting foster care at age 18 up to age 21. The DHH also provides ongoing Medicaid healthcare coverage to children served under Guardianship Subsidies up to the child’s 18th birthday.

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Update FFY 2014 and multi-year comparative analysis:

The Healthcare Oversight and Coordination Plan is currently under review by the DCFS and the DHH for consideration of potential updates and revisions.

I. Initial Medical Screenings

- In pursuing reaccreditation through the Council on Accreditation, the DCFS is considering options for expedient initial medical exams. Currently, departmental policy/practice requires staff to make certain that children in foster care receive a complete initial physical exam within 7 days of their foster care entry unless a complete physical examination within the previous 60 days was completed and to which DCFS has access. Accreditation standards require an initial physical examination within 3 days of foster care entry. A challenge created by the Bayou Health managed care system has been provider refusal to deliver initial health screening services until a child clearly has a DCFS Bayou Health account established. The DCFS is working to provide staff and providers education on this issue. The DHH, Medicaid, and the DCFS procurement mechanisms for covering the costs of these appointments.

II. Medications (including psychotropic)

- The DCFS continue to match data with the DHH to identify children in foster care receiving multiple medications to allow for closer inspection of these children's medical care.

III. Mental Healthcare

- The Louisiana Behavioral Health Partnership continues to evolve with ongoing executive oversight to insure quality, available, behavioral health services for Louisiana citizens.
- Activities involving the oversight of healthcare needs and prescription medications included:
 - a. Developing special consent forms for use in decision making regarding the appropriateness of psychotropic medication in treating a child in foster care;
 - b. Developing a protocol for advising caregivers and parents of children in foster care of the need for psychotropic medication, guidelines for ensuring all less intrusive treatment options are exhausted, and requirements for informing caregivers and parents of potential side effects of medications.
 - c. Initiating a protocol for routine reconsideration of the appropriateness of psychotropic medication usage for children in the foster care system.

IV. Continuity of Healthcare services

- Beginning January 1, 2014 in accordance with the federal Affordable Care Act, the DHH began providing continued Medicaid services to youth aging out of foster care up to age 26 as long as the youth continued to reside in Louisiana.

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- Active consultation and involvement with physicians began in March 2014 at the Macro level, as the DCFS began pulling one case every other week to review and discuss with a child psychiatrist provided through DHH. The case consultation involved review of the child's specific treatment history and medical records. The psychiatrist provides worker/supervisor guidance on the specific case in moving forward with treatment decision making.
- The psychiatrist educated departmental staff on the scheduled conference calls about making informed decisions when considering medication as a treatment intervention.

During this 5 year period, the Department collaborated with DHH and other partners to make significant strides in the provision of medical care services to children in Louisiana's foster care system. The Bayou Health managed care program was developed to support the continuity of medical service provisions. The Behavioral Health Partnership was developed to establish quality, consistent mental health services. The DHH provided a psychiatrist to offer active consultation regarding children receiving multiple medications. The DHH compliance with the Affordable Care Act expanded Medicaid coverage for youth aging out of foster care to age 26. The DCFS continues this partnership and communicates regularly should any concerns arise.

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**CHILD AND FAMILY SERVICE IMPROVEMENT AND INNOVATION ACT, P.L. 112-34
(H.R. 2883):**

The Department identifies which populations are at the greatest risk of maltreatment through a number of processes which include the review of statewide data and statistics, collaboration with community partners and service providers and enactment of federal and state legislation. The state targets services to high risk populations at the direction of federal and state legislation, through needs assessments, an assessment and building of the service array, case review processes, corrective action plans, and work with national consultants. Case specific work is also used to target services.

At the case specific level, clients are identified and referred through a process that begins with a safety assessment at the time of investigation or alternative response family assessment. Also during the course of the investigation/family assessment, a risk assessment is conducted that identifies client families that are at risk for repeat maltreatment. Any family in which safety issues have been identified and a safety plan implemented or that is rated as “high” or “very high” risk with the risk assessment qualifies for prevention and intervention services and/or foster care services. When a family is referred for services, the child welfare staff conducts an additional assessment of the family’s functioning including the areas of family support, physical and mental health of caregivers, parenting, violence in the home, and substance abuse. Each child in the home or placed out of the home is also assessed for physical and emotional well-being. Based on the safety concerns and the information gathered with the family assessment, a case plan is developed identifying services that will enhance protective capacities of caregivers and address issues of safety. Services are then provided.

Educational Stability – DCFS along with Department of Education (DOE) and judicial system representatives participated in the ACF Educational Forum in Washington, D.C. in November 2011; the workgroup established at that forum continues to meet by telephone routinely to monitor achievement of goals. Further, DCFS authored state legislation this session to insure educational stability for children throughout foster care custody in response to P.L. 112-34. DCFS is working with the Casey Family Program and the University of Louisiana at Lafayette, Picard Center to pilot a program to facilitate improved working relationships with DCFS local offices and local school systems. The pilot, being conducted in three school districts, will involve the development of a data report to measure the educational performance of children in state custody as compared to the general public. DOE developed a full day of educational resource training which was to provide to DCFS staff on April 12, 2012; and, DCFS has established regional educational liaisons to facilitate improved relationships with school systems at the local level, serve as a link to state office for guidance and support in improving educational supports or seeking resolution to educational challenges impacting children in foster care, and to aid in more effective planning for older youth in achieving educational goals.

Healthcare Oversight Plan – The plan has been in effect and providing guidelines for all health care needs of children in foster care. (The complete Healthcare Oversight Plan can be found in the preceding pages of this document.)

Psychotropic Medication for Children in Foster Care – DCFS and a team of stakeholders which includes representatives from the Department of Health and Hospitals (DHH/Office of Behavioral Health (OBH), Magellan (the state’s managed care entity) and the state Medicaid office, is in the process of developing a protocol for appropriate use of psychotropic medications. Thus far, the team has reviewed protocols from various states that have been highlighted by the Children’s Bureau as demonstrating “best-practice” standards. The team is modeling Louisiana’s protocol off of several of these state plans, most

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significantly the one developed by Texas as this plan seems to be comprehensive and fairly easy to put into place in Louisiana's current system.

In addition to the psychotropic medication protocol, the DCFS has asked for and received permission from the Texas Department of Child and Family Services to replicate in large part the online training developed for staff, foster parents and other providers on the topic of appropriate use of psychotropic medications. The DCFS Child Welfare staff is in the process of customizing this comprehensive, two hour course. Once customized for Louisiana, it will be placed on the DCFS website and accessible by all staff and stakeholders. The Department is working to incorporate the training into the 24 week new worker curriculum as well as making it a requirement for part of the in-service training for foster and adoptive parents.

The DCFS and DHH have identified methods for informed and shared decision-making and determined that policies and practices regarding the use of psychotropic medications will be implemented at several different levels and will involve key stakeholders, namely, the child and biological parents, the DCFS case worker, the foster parent(s) or other caregiver(s), the courts, DHH/OBH, Magellan, and other mental health providers. The following will be required:

- Each medical provider will be responsible for monitoring of the child's response and reaction to all prescribed medications and any potential interaction between prescribed medications.
- Each medical provider shall only order the minimal amount of medication necessary to treat the diagnosed condition.
- The child's foster caregiver will be responsible for daily administration of the child's prescription medication and for monitoring the effect of the medication on the child, seeking physician guidance when there is concern or minimal to no impact on the condition under treatment.
- The biological child's parents will be engaged in discussing recommended medications and the intended result for the condition under treatment.
- The DCFS or Office of Juvenile Justice (OJJ) case manager will monitor utilization of prescription medication to treat the child through monthly visits with the child and child's caregiver, collection of documentation of all prescribed medications, as well as consultation with prescribing physician as needed.

Further, the DCFS and stakeholders are developing mechanisms for sharing accurate and up-to-date information related to psychotropic medications. At this time it is certain that an advisory group will be established and this group will meet quarterly. Also quarterly, the DCFS will receive client and state level data from DHH. The report will contain the child's name, age, diagnosis, medication being prescribed, dosage and duration, prescribing physician's name and/or other identifying information, and credentials of the prescriber (psychiatrist, pediatrician, etc.). The report will flag cases with criteria to trigger further review of a child's clinical status. That criteria is as follows: Absence of a thorough assessment of DSM-IV diagnosis in the child's medical record; Four or more psychotropic medications prescribed concomitantly; Prescribing of two or more psychotropic medications (i.e. antidepressants, stimulants, mood stabilizers); The prescribed psychotropic medication is not consistent with the patient's diagnosis or the patient's target symptoms; Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy; The psychotropic medication dose exceeds usually recommended doses; Psychotropic medications are prescribed for children five years and under and; Prescribing by a primary care provider for a diagnosis other than a single DSM-IV TR

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Axis I. The DCFS and other stakeholders are continuing to develop a protocol for how mental health expertise and consultation will be made available at the client and agency level as well as protocols for on-going communication and information sharing.

In addition to the work cited above, the Louisiana Behavioral Health Partnership (LBHP), which is managed by Magellan, became effective March 1, 2012 includes a database known as “Clinical Advisor” which tracks treatment provided to clients. The partnership is the mechanism by which all behavioral health treatment is provided to children in foster care including specialized placements, such as residential. Clinical Advisor includes an online medical record for behavioral health treatment provider case notes and treatment recommendations including medications. DCFS staff can use this tool by logging into the Clinical Advisor system at any time to access treatment notes, medication, and other information related to the behavioral health care services being provided to those children.

Response to Emotional Trauma – In developing the LBHP, program staff worked in preparing a more thorough initial assessment of the behavioral health status of children within the first 15 days of foster care entry to insure timely access to behavioral health treatment. In lieu of research becoming available related to trauma experienced by children entering foster care, many program staff attended training related to trauma exposure and symptom screenings, recognizing and assessing for trauma in children and adolescents, and maintaining emotional health while working with victims of trauma.

Time-limited Family Reunification Services

- Transportation to/from services – when transportation is not available to parents through their own means or support network and while the case goal remains reunification, DCFS will provide transportation through state cars, worker reimbursement for use of personal cars, or fare for public transportation to support parent capacity to participate in case related activities such as treatment meetings, case planning meetings, court hearings, family visits, etc. Contract transportation services have also been arranged in some areas of the state.
- Peer-to-peer mentoring – the Department is developing a Parent Partner Program for peer-to-peer mentoring of parents in collaboration with the National Resource Center for Permanency and Family Connections (NRCPFC) and the Extra Mile Family Resource Center in the Transition Zone of the state for CFSR Program Improvement Plan (PIP) work efforts. (*PIP Items – PS 2, AS 2, BM 2.5, 2.7.1*)
- Support groups for parents/caregivers - the Nurturing Parenting Program, delivered in the Family Resource Centers, provides support groups for parents/caregivers as well as education on parenting skills.
- Services to facilitate visits between children in foster care and parents/siblings – the Department staff arrange visits between parents and children in foster care as well as between children in foster care and siblings. The Family Resource Centers offer Visit Coaching services as well for planned interaction between parents and children to effect improved interaction and communication.

Services for Children under the Age of Five

Number of children under age 5 in foster care without a permanent family in FY 2011/2012 – Between 10/01/2011 and 5/14/2012, 3255 children age 5 and under were served in foster care. Of that number, 919 are anticipated to be unable to reunify with their parents. Thirty-seven of the children do not have a permanent family identified.

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Method of tracking these children – The Department’s Tracking Information Payment System (TIPS) database contains all information related to these children.

Demographics and characteristics of the identified children – Of the 37 children served without an identified permanent family: 12 are female and 25 are male; 20 are African American and 17 are Caucasian; out of the 12 females 8 are African American and 4 are Caucasian; and, of the 25 males 12 are African American and 13 are Caucasian.

Targeted services provided to these children to find a permanent family – all services typically offered to children in foster care to insure safety, promote permanency and sustain child well-being are provided to this population of children. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parents' custody. This involves placing children with relatives who are willing to adopt or accept custody or guardianship of the child or with foster parents who are dually certified as adoptive parents and who are willing to accept legal risk placements.

In order to ensure adequate foster/adoptive homes, the state has focused on community schools during the past fiscal year. Recruiters reached out to community schools targeting teachers, principles, and staff with presentations of children unique to their community and school that needed a permanent home. Child welfare staff will continue to work together to identify placement needs of the children and youth in the Louisiana foster care system and work in partnership with various community organizations to recruit families to meet the identified placement needs.

The DCFS works with providers to deliver specialized services to facilitate timely reunification when a child is in foster care. These services include visit coaching and the Nurturing Parent Program. Family Resource Centers (FRC) provide Visit Coaching services which target children in foster care as well as in-home families. Each center has staff trained as visit coaches to help the child welfare worker and parent structure visits. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child’s needs. Before each visit, families are prepared to give their children their full attention, including meeting the competing needs of siblings and the different reactions of each child. During the visit, the coach actively recognizes the family’s strengths in responding to their children and guides them in improving their skills. After the visit, the family and coach evaluate how the next visit could be improved and the coach helps the family cope with their feelings so they will return for the following visit. The Nurturing Parenting Program (NPP) (also cited under time-limited reunification services) is provided to parents with children of all ages; however, the program is delivered to three groups of parents; parents of infants, toddlers, and pre-school children; parents of children ages 5-11 and; parents and their adolescents. This program provides support groups for parents and caregivers as well as education on parenting skills.

How developmental needs of children under age five are addressed: EPSDT services are provided through the child’s Medicaid provider. Through collaboration with the DHH, Medicaid program, the new Bayou Health managed care programs are establishing a medical home for all children receiving Medicaid, which includes children in foster care, so the primary care physician will be able to more efficiently monitor the child’s developmental needs; through collaboration with the DHH, Office of Citizens with Developmental Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services; and, through interdepartmental collaboration with the Child Care Assistance

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Program, child care services are offered to children in foster care to address developmental and socialization needs. An Infant Mental Health/behavioral health screening tool was developed for children 5 and under to assist workers with identifying behaviors that indicate further assessment and treatment might be indicated. All children are required by policy to be screened unless they are already receiving early intervention, Early Childhood Support and Services (ECSS) or other behavioral health services. ECSS is a state program managed by the Department of Health and Hospitals (DHH), Office of Behavioral Health (OBH) which provides a coordinated system of screening, evaluation and referral services and treatment for families of children ages 0 through 5 years who are at risk of developing cognitive, behavioral and relationship difficulties.

Infant mental health services are provided in three areas of the state by Infant Mental Health Teams. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

Staff is required to complete an assessment of the client family (Assessment of Family Functioning) including assessment of each child in the home regardless of their involvement in the abuse and neglect. The assessment includes assessment for safety as well as any needs related to development, physical or mental and emotional health.

Further, the DCFS has specific policy to address how to assess and work with Substance Exposed Newborns and their families. The policy is currently being revised to provide guidance on conducting a thorough assessment of the infant, caregivers and the environment in order to determine what services, if any, are appropriate for the family.

Approach for working with this group – DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the Department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents. Foster/adoptive parents are not allowed to have more than eight dependents including foster children and their own children. They can not care for more than six foster children at any given time and there can not be more than two children under the age of two years, including their own children.

Among the DCFS' certified foster/adoptive family homes, there are specialized family homes that are required to meet or exceed the Department's minimum requirements for family foster homes. They are required to possess or develop skills and abilities that enable them to provide a specialized type of care to a specific category of children. Because of the specialized services required by some children foster/adoptive parents are required to adhere to certain restrictions regarding the age range, number, and extent of the special needs of the children placed in the home. Except for homes certified to provide care for large sibling groups, specialized family foster homes have a maximum capacity of three to four children. Additionally, specialized foster parents certified to provide care for children with medical

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problems, handicapping conditions and/or developmental disabilities are certified for a minimum capacity of two children and a maximum capacity of three (age range can vary).

As stated previously in this document, specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

How the state addresses training and supervision of caseworkers and foster parents and other providers regarding this population – information related to child development is integrated into all training initiatives provided through DCFS. Specifically child welfare training has a child development component in new worker training entitled “Separation and Attachment” and “Basic Interviewing”. Currently, training staff is working with a consultant, funded through the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP), to develop a two day specialized child development in-service training.

The Department’s MAPP/GPS training contains a child development component which also focuses on separation and attachment, stages of development, impact of placement on children’s growth and development; behaviors exhibited by abused/neglected children, discipline and behavior management. Additionally, the DCFS Foster Parent Handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child, starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five.

Monitoring Possible Identity Theft – A meeting was held October 2011 with all nine Regional Administrators and they were advised of federal requirements for completion of credit reports annually for youth in foster care age 16 or older and the necessity of efforts to resolve any problems identified. The Regional Administrators were alerted to notify staff to immediately initiate procedures to comply with this legislation. January 2012, a memorandum with guidance to field staff in completing credit reports on youth and resolving identified problems was released. In February 2012 a statewide videoconference was held with staff to discuss completion of credit reports for youth age 16 and older and resolution of problems. Work continues on the development of policy.

Caseworker Visits with Children in Foster Care – A program review of a sample of case record documentation statewide occurred to insure staff were adequately documenting visitation with children in foster care monthly and that the visitation was occurring within the child’s placement. A process for ongoing, periodic review of case record documentation has been developed. (Refer to the Caseworker Visits section of this plan for comprehensive information.)

FFY 2012 Update:

Child Maltreatment Deaths

All child maltreatment fatalities are reported through the Department’s Centralized Intake Section. The 67% of reports from coroners and law enforcement is based on the source of report to DCFS for fatalities accepted for investigation. The other 33% of accepted cases come from all other types of reporters making a referral to DCFS such as medical providers, relatives/friends, anonymous, etc. The 45 child deaths substantiated by DCFS come exclusively from the intakes directly made to DCFS. There are no other sources of information used for the fatalities reported in this year’s NCANDS submission.

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At this time, the NCANDS report does not include data from the Child Death Review Panel or the Louisiana Office of Vital Statistics. Access to Louisiana's vital statistics has not yet been made available to DCFS; however, DCFS is partnering with the Department of Health and Hospitals to secure fatality data from Louisiana vital statistics as well as the child death review team. There is a Memorandum of Understanding that is in development with the Louisiana Child Death Review Panel to explore how the databases of that panel and DCFS can be shared.

Update FFY 2013: Efforts continued to improve practice in all areas, with additional efforts to incorporate work to achieve the goals of P.L. 112-34.

Specific efforts which occurred:

- Educational Stability – DCFS trained staff regarding the updates in state legislation at the close of the legislative session. DCFS continues to work with the regional educational liaisons to improve the relationships between the local school systems and DCFS offices as well as to develop staff knowledge regarding educational programs available through the school systems for children. DCFS Child Welfare administration participates in the Louisiana Department of Education Special Education Advisory Panel regarding legislative, financial and policy changes which impact service delivery to children with special needs. DCFS Child Welfare is able to provide information related to the impact of such changes on the well-being and educational outcomes of children in foster care.
- Healthcare Oversight Plan
 - Psychotropic Medication – DCFS is in the process of updating the Healthcare Oversight and Coordination Plan to insure oversight of psychotropic medications is more explicitly addressed; DCFS will work with the LBHP to explore more effective processes for monitoring the use of psychotropic medication with children in foster care. In FFY 2013, DCFS developed policy guidelines and parental consent forms for gaining consents from parents prior to children in foster care being prescribed psychotropic medication.
 - Response to emotional trauma – DCFS will continue to access training and research to develop a knowledge base related to trauma informed practice in child welfare, DCFS has incorporated items related to trauma assessment processes for children into the initial and ongoing mental health screening of children in foster care. Staff will approach new policy, practice guidelines and program initiatives with consideration of the trauma experienced in the lives of the children and parents, and DCFS will work with the LBHP to develop a provider base skilled in trauma informed practice. DCFS will also work with Tulane University on the Louisiana Child Welfare Trauma Project. The project is expected to address the long-standing need for more specialized skill levels in the child welfare workforce, key stakeholders, and mental health professionals as well as improve the identification of and referral to services for traumatized children. The project will impact children from birth to 18 years in child welfare programs statewide. It is a 5 year grant, awarded in October, 2012.
- Transition Plan for Youth – DCFS worked with staff, contract Chafee Independent Living Service providers, foster caregivers and youth in evaluating the newly developed Youth Transition Plan (TPR) document and the process for utilizing that document to determine how effectively it is meeting the needs of the youth. Once the evaluation is complete, any necessary revisions and policy changes as well as staff training on the changes will be completed. (*PIP Items- PS 2, AS 3, BM 3.1, 3.2 and 3.3, 3.4 & 3.5*)

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- Tribal Negotiations - DCFS will continue with the monthly teleconference calls with the social services staff of the federally recognized tribes to insure awareness of all parties of legal and policy changes as well as challenges in providing services to tribal children and to maintain open communication.
- Time-limited Family Reunification Services
 - Counseling, substance abuse treatment, domestic violence services – DCFS will continue to provide these services as needed and appropriate to the case goal through the LBHP
 - Temporary child care – DCFS will continue to offer child care to support reunification through services for children remaining in the care of the parent when necessary to provide for the safety of those children and for children in foster care when necessary to stabilize the placement of the child and to support the socialization and developmental needs of those children as well as for the children of minor foster children to support the educational and vocational development of these minor parents
 - Transportation to/from services – DCFS will continue to support parents with transportation services to/from case related appointments as funding permits
 - Peer-to-peer mentoring – As part of a multi-pronged approach to improving family engagement, DCFS and the Extra Mile Family Resource Center continued the Parent Partner Program in the Transition Zone. (*PIP Items – PS 2, AS 2, BM 2.1 -2.7.5*)
 - Support groups for parents/caregivers – DCFS continued to contract with the Family Resource Centers to provide the Nurturing Parent Program with both parenting education and parent support components.
 - Services to facilitate visits between children in foster care and parents/siblings – DCFS continued to arrange family visitation, provide transportation to achieve family visitation, and contract with the Family Resource Centers to provide Visit Coaching as needed to improve family interactions and communication.
- Services for Children Under the Age of Five
 - Number of children under age 5 in foster care projected to be without a permanent family in FY 2012/2013 – At this time, it is projected there will continue to be approximately 37 children per fiscal year in this age range without a permanent family.
 - Method of tracking these children – Tracking will continue to be managed through the TIPS.
 - Demographics and characteristics of the identified children – The demographics and characteristics of this population of children are anticipated to remain stable across gender and race.
 - How developmental needs of infants, toddlers, and children are addressed – DCFS continued collaborative efforts with the DHH, OCDD to access Early Steps assessment and services to address the developmental needs of this very young population of children in foster care. DHH offered 40 slots for Family Services staff to be trained in infant mental health. DCFS also sits on the State Interagency Coordination Counsel and the state Early Childhood Services and Supports committees to assess the service array available to young children and coordinate available resources for more effective service delivery.
 - Approach for working with this group – DCFS staff conducted more frequent reviews of involved family, other family connections, and foster caregivers for reconsideration of status as a permanent caregiver for the child; and, more intensive review of placement disruptions for targeted services to address challenges. Specialized recruitment efforts were employed when necessary.

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How state addresses training and supervision of caseworkers and foster parents and other providers regarding this population – DCFS developed training specific to the developmental level of young children and the impact of traumatic life events on behavior and include guide sheets for caregivers with specific recommendations for more effectively managing behaviors. Since the development and implementation of the new Child Welfare Training Model, a two day specialized training curriculum on Child Development has been provided to child welfare workers. New child welfare workers receive this specialized training during their initial six months of training. The title of the course is the Child and Adolescent Development. Part one is delivered in week six and part two is delivered in week eleven.

The DCFS, in partnership with the Louisiana DHH, began providing Infant Mental Health training to 40 Family Services (FS) Program staff on April 17, 2013. This training, aimed at improving practice and service delivery for families with children age 0-5, was offered as a three part series and concluded in June 2013. The staff is expected to become champions in the respective regions once training is completed. The DCFS believes that this specialized training and tools will result in more effective assessments.

Monitoring Possible Identity Theft – The DCFS will continue to adapt policy to incorporate information being provided by ACF and the National Resource Centers as well as providing more intensive staff training on how to aid youth and requiring more assistance in aiding youth from the Chafee Independent Living Skills providers.

Caseworker Visits with Children in Foster Care – The DCFS will continue to monitor occurrence of visits through data reports and documentation of visits through case documentation reviews.

Update FFY 2014 and multi-year comparative analysis:

In response to emotional trauma, the Child Welfare Director along with a Trauma Informed professional from Louisiana State University (LSU) presented at the Louisiana National Association of Social Workers conference. In attendance were Child Welfare Social Workers, Mental Healthcare providers, and a host of private providers and community partners who serve the foster care population impacted by traumatic life experiences.

The following reflect the activities the DCFS engaged in to become Trauma Informed:

- The DCFS developed a partnership with Tulane University in conjunction with a federal training grant;
- The DCFS is revising assessment tools for use in initial screening of children to identify signs of trauma (piloted in the Covington region).

The following reflect the activities the DCFS engaged in to address time-limited reunification services:

- The DCFS instituted guidelines for consistent monitoring of on-going risk factors in the family to effectively consider the potential of reunification;
- The DCFS linked reassessment of risk in the family with the development of concurrent case goals to establish timely permanency for children when reunification could not occur.

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The following reflect the activities the DCFS engaged in to address services to children under the age of five:

- The DCFS continues to partner with the Infant Mental Health programs in the state to serve very young children;
- The DCFS worked to implement the Advanced Safety Focused Practice to enhance staff's capacity to assess safety threats and parental capacities in caring for children;
- Family Teaming practice supports the development of a team of supportive individuals to aid a family in reuniting with these young children more timely and insuring the ongoing safe care of the children.

The following reflect the activities the DCFS engaged in to Monitor Possible Identity Theft:

- The DCFS joined the Credit Check Learning Community;
- The DCFS participated in webinars and provided feedback on pending federal legislation regarding identity theft.
- The DCFS developed case event codes in TIPS to improve tracking of compliance with legal requirements for credit clearances and resolution of identified problems;
- The DCFS partnered with the Chafee Independent Living Skills providers in completing credit clearances on youth.

Update FFY 2014 and multi-year comparative analysis:

The DCFS worked to enhance service delivery to children in foster care through multiple practice changes. The resources available through the NCTSN are being utilized to increase efforts at becoming a trauma informed agency with an efficient service delivery system that supports the concept. Timely reunification is a priority that the Department continues to assess for the purpose of improving permanency outcomes. To that end, the DCFS employed progressive models of practice that lays the groundwork for program success. Implementing the Advanced Safety Focused Practice model, the Family Teaming concept, Parent Partners, and other progressive efforts set the Department in motion for sustainable, positive change. Finally, the Department's involvement in the credit check learning community will lead not only to improved protection against identity theft for children in foster care, but also improved overall transition planning for older youth.

Child Maltreatment Deaths - There were 42 child fatalities reported to NCANDS in FFY 2012. All child maltreatment fatalities are reported through the Department's Centralized Intake Section. The 42 child deaths substantiated by DCFS come exclusively from the intakes directly made to DCFS. DCFS accepts reports on child fatalities whether or not there are surviving siblings in the home. The final number of 42 was determined after a thorough review of cases in three different agency databases. An agreement with the Child Death Review Panel (CDRP) is being finalized to access child fatalities from this source. Discussion with staff at the CDRP revealed they are in the process of filling the positions for the regional CDRP staff. As a result, they did not have data within the current time frame available to be included in the NCANDS submission. The Department is currently working with the Louisiana CDRP

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on developing a more comprehensive listing of all unexpected child deaths which will be included in the FFY 2013 NCANDS submission. Additionally, the DCFS is working with the Office of Vital Records to review records of possible suspicious deaths of children.

Throughout the past year, the DCFS has continued to have representation on the state level Child Death Review Panel (CDRP) as well as participation at the regional level. The state panel meets at least quarterly to further the following goals:

- Reduce child mortality rates in Louisiana;
- Produce timely and actionable data;
- Improve death investigations and autopsy procedures;
- Improve delivery of services to children, families, providers and community members;
- Accurately report the cause and manner of every unexpected child death;
- Identify significant modifiable risk factors and trends in unexpected child deaths;
- Identify and advocate for needed changes in legislation, policy and practices;
- Improve communication/linkages among local/state agencies and enhance coordination of efforts during and beyond the meetings.

The DHH and the DCFS continue to work closely analyzing the information on unexpected child deaths. It was initially thought that a MOU would be required to share data; however, upon closer review of the applicable legislation, and consultation with the DCFS legal department, it appears that a MOU is not needed.

Update FFY 2014 and multi-year comparative analysis:

Internal to the DCFS, the data for child fatalities is initially extracted from the agency's legacy data system to produce the Child File of validated child fatality victims. If any validated fatalities are deleted from the Child File by the NCANDS EVAA software, an output is produced with the list of cases of any validated fatalities removed for the current fiscal year. Each of these fatalities is reviewed to determine if any of the removed fatalities need to be included in the current year's count of fatality victims. If any of the fatalities were inappropriately removed and need to be included in the fatality count, they are included in this field of the Agency File.

The next step in this process is to cross check the Department's databases for any cases that were not counted in the original Child File and the count of child fatalities in the previous step. The databases that are checked are the Department's ACESS and TIPS systems. Any validated cases that were excluded in the NCANDS Child File that are counted in the ACESS and TIPS databases are added to the total Child Fatality count in the Agency File.

The final step is to access the DCFS CPI section fatality data base and identify all validated child abuse and neglect fatalities that were closed within the NCANDS FFY in review. If there are any that were not included in the final count of fatalities identified in step 3, these fatalities would be added to the total child fatality count for the year.

In 2012, the DCFS attempted to review the fatalities from the Louisiana Vital Statistics Department. The amount of time required to individually go through each child fatality in the state is currently beyond the capacity of the DCFS to utilize this data source. In 2013, consultation began with the coroner in the state's largest city to identify any additional fatality victims that needed to be included in the NCANDS

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submission. The number of individual law enforcement agencies in Louisiana currently exceeds 400. Individual contact with each agency is currently beyond the capacity of the agency to obtain additional data sources.

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SECTION 3: CHILD WELFARE SERVICES:

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

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

Child welfare service components of the Louisiana Department of Children and Family Services (DCFS) are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 48 parish offices. Major service components include Child Protection Services (CPI), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD).

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

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

In years one through five of the implementation of the Child and Family Services Plan (CFSP), the Department has continued to focus on improving the service array to children and families in order to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. DCFS has added to the service array the statewide implementation of a differential response system [Alternate Response Family Assessment (ARFA)], an Intensive Home-Based Services (IHBS) program, Structured Decision-Making (SDM) and most recently a Coordinated Systems of Care (CSoc). Years four and five were marked by the implementation of the Advanced Safety Decision Making Model (ASDM) now referred to as Advanced Safety Focused Practice (ASFP) and Family Teaming Meeting (FTM) Model. While DCFS is moving to no longer provide ARFA services, the ASFP addressed concerns once thought to be better addressed through a differential response. ASFP has been implemented across the entire child welfare continuum and FTM has been rolled out in four regions with statewide implementation planned over the next five years. Through the use of FTM, ASFP and a CQI process, DCFS remains committed to improving family engagement and work with former recipients of child welfare services. The Department also continues to work on relationships with foster parents and how best to serve transitioning youth.

Also during this time period, DCFS completed a 2 year Program Improvement Plan (PIP). The PIP was a result of Louisiana's 2nd round of the federally mandated Child and Family Services Review (CFSR) process. The PIP, which addressed the areas needing improvement, was approved effective September 1, 2011. In September 2013, DCFS successfully completed all items in the PIP during this reporting period.

In March 2013, DCFS launched a new initiative, Faith in Families, designed to safely reduce the number of children in foster care, to reduce the amount of time children spend in foster care, and to ensure that all children exiting foster care do so with a permanent family connection. The purpose of the initiative is to study current practice and performance and to identify strategies that will have a significant, positive impact on key outcomes for children in Louisiana's foster care system. The focus to make noteworthy improvements related to specific safety, permanence, and well-being outcomes is the core of

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this work plan. This project seeks to further that effort by more specifically focusing on a more narrow scope of work, namely three overarching goals that will have significant and noteworthy outcomes for these children.

Goals	Objectives	SFY 2012 Baseline	SFY 2013	SFY 2014	Goal by December 2015
Safe reduction in the number of Children in Foster Care	Reduce the number of children in foster care by 1,000	4032	3976		3032
	All children returning home will not return to foster care	91.98%	92.93%		95%
Increasing Timeliness to Permanency	<u>Adoption</u> – w/in 24 months	Adoption: 28.66%	30.15%		Adoption 50%
	<u>Reunification</u> – w/in 12 months	Reunified: 72.10%	68.66%		Reunification 75%
Ensuring All Foster Children Exit Care w/ a permanent connection	All children exit foster care to a permanent placement	92%	93.1%		95%

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

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CHILD PROTECTIVE SERVICES

A.) Intake Program Description: Since July 2011, the DCFS call center vendor, Affiliated Computer Services (ACS), has provided a centralized child abuse reporting hotline telephone service. The Department provides a toll-free, statewide child abuse reporting hotline number and the child abuse/neglect calls are answered 24/7 by Child Protection Investigation (CPI) teleworkers. Additionally, the DCFS call center provides 24/7 back-up services for the Child Protection Hotline.

Prior to the implementation of Centralized Intake local parish child welfare offices had the responsibility to receive reports of abuse/neglect during normal business hours. After normal business hours, calls from reporters were routed to a toll-free number

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 CPI.

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

Update FFY 2010: A centralized intake design team was established to study and make recommendations for the development of a statewide centralized intake process. A centralized child protection intake system plan was presented on July 1, 2009. The team did a comparative analysis of centralized intake versus local intake highlighting the positives of each, researched documents and interviewed staff involved in the 1984 centralized intake rollout that ended prior to full implementation, and reviewed other states' centralized intake systems. The planning and design team explored several options in designing Louisiana's centralized intake center. The options include an in-house center located in and under the direction of state office; an out sourced single center; or a combination of the two.

Centralized Intake (CI) is still in the RFP process and final decisions have not been made regarding the design of this process. The centralized intake design team met on March 3, 2010 in order to provide a recommendation to management staff regarding the design of the process. Issues such as cost, the extent of utilization of DCFS staff or contractor staff and to what level, and the need for user friendly ACCESS intake on the front end were discussed.

Update FFY 2011: CI is scheduled for implementation effective, July 2011. The twenty-four hour, seven days a week (24/7) centralized Child Abuse Reporting Hotline will be managed within the Field Operations division of the DCFS. The hotline will be operated by Child Protection Investigation (CPI) teleworkers who will work from home and be stationed throughout the state.

The centralized child abuse hotline will be operated by approximately 25 child protection teleworkers, five supervisors, one manager, and three support staff. Staff will be selected based on the guidelines in DCFS Policy 4-37/ Telework. In addition to the telework policy, child protection intake staff will be selected with the following qualities:

- Experience in the CPI Program;
- Proficient in TIPS/ACCESS searches;

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- Excellent computer, writing and typing skills;
- Ability to multi-task such as entering data, interviewing the reporter and searching for the client in TIPS and ACCESS;
- Excellent speaking and communication skills.

The centralized child abuse reporting hotline telephone services will be provided by the DCFS Call Center vendor, Affiliated Computer Services (ACS). The Department will provide a toll-free, statewide child abuse reporting hotline number. A statewide campaign will be established in order to notify mandated and permissive reporters of the hotline number and the changes in the Department's child abuse/neglect reporting process. The child abuse/neglect calls will be answered 24/7 by CPI teleworkers. Additionally, the DCFS Call Center will provide 24/7 back-up services for the Child Protection Hotline. In the event that all child welfare teleworker intake lines are busy, a DCFS Call Center customer service agent will answer the call. The call center agent will inform the caller of the option to leave a name and number for a call back from a CI teleworker or continue to hold for the next available CI teleworker.

Specialized training will be provided to assist the intake staff with processing the intakes and submitting to the CI queue and the ACCESS system will be updated to accommodate the CI reporting procedures. A centralized work queue will be created and all intakes will be submitted to the centralized work queue for review and approval by the CI supervisors.

Update FFY 2012: The 24/7 Centralized Child Abuse Reporting Hotline was implemented July 11, 2011. The statewide campaign to notify mandated and permissive reporters of the hotline number was successful. The hotline received 10,282 calls the first 19 days of implementation. From implementation through December 2011 a total of 59,427 calls were received by CI.

The Centralized Child Abuse Reporting Hotline telephone service is provided by ACS. ACS also provides back-up services for the hotline. When all intake workers are busy, overflow calls are routed to an ACS agent who gives the caller the option to leave contact information for a return call from the first available intake worker or to hold for the next available intake worker. The Department's goal is for 90% of calls to go directly to an intake worker. Overflow calls are answered by an ACS agent when the call volume exceeds the capacity of intake staff; there is a connectivity problem with the ACS server or a DCFS Network problem.

The table below demonstrates the number and percentage of calls routed directly to an intake worker increased significantly after the first month of operation, and the goal of 90% of calls being routed directly to an intake worker has been exceeded every month since the second month of operation. The increase in calls routed to overflow in January and February resulted from changes in call trends, connectivity problems with networks, and intake worker vacancies.

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
07/11	10,282	6,439	62.6%	3,843
08/11	11,713	10,188	87.0%	1,525
09/11	10,906	10,357	95.0%	549
10/11	9,706	9,513	98.0%	193
11/11	8,972	8,866	98.8%	106
12/11	7,848	7,766	98.9%	82

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INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
01/12	9,321	9,014	96.7%	307
02/12	8,345	8,113	97.2%	232
02/13	7,895	6,304	80.00%	1,595

Original estimates of staffing needs were inadequate as evidenced by the high number of calls routed to overflow in the first two months of operation. The level of staffing has been increased to meet the number of calls that were being received. The current Table of Organization (TO) for CI is compared with original staffing levels in the table below:

Position	Original Staff	FFY 2013
Intake Worker	25	39
Supervisor	5	9
Manager	1	3
Director	0	1
Administrative Support	3	3

The number of calls received does not translate directly into the number of reports of abuse and neglect received. Frequently more than one call is handled related to a single incident and sometimes multiple calls are necessary for clarification or to provide additional information. The table below provides a comparison of the number of reports during the first six months of implementation with the number of reports received during the same period of the previous year. The number of reports increased each and every month, with the highest level of increase occurring in August, November and December.

REPORTS OF ABUSE/NEGLECT							
	July	August	September	October	November	December	January
2010	2995	3646	4020	3820	3288	2940	3663
2011	3420	4611	4680	4460	4240	3787	4433
Change	+12%	+21%	+14%	+14%	+22%	+22%	+17%

Accepted reports are referred to local parish offices for CPI or for ARFA. The number of reports accepted for DCFS involvement increased from the same month in the previous year in every month since CI implementation as reflected in the table below.

INTAKE REPORTS ACCEPTED							
	July	August	September	October	November	December	January
2010	1669	2117	2297	2191	1846	1689	2343
2011	1872	2779	2635	2557	2377	2116	2520
Change	+11%	+24%	+13%	+14%	+22%	+20%	+7%

The following three tables demonstrate the percentage of reports that were accepted for DCFS involvement. The first two tables show the percentage of reports that were accepted from July 2010 through January 2011 and from July 2011 through January 2012. The third table provides a comparison

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of the percentage of reports accepted for involvement prior to and after implementation of CI. The most significant change occurred between January 2011 and January 2012 with 7.11% fewer in 2012.

2010 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 11
Reports	2995	3646	4020	3820	3288	2940	3663
Accepted	1669	2117	2297	2191	1846	1689	2343
% Accepted	55.72%	58.06%	57.13%	57.36%	56.14%	57.45%	63.96%

2011 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 12
Reports	3420	4611	4680	4460	4240	3787	4433
Accepted	1872	2770	2635	2557	2377	2116	2520
% Accepted	54.74%	60.07%	56.30%	57.33%	56.06%	55.87%	56.85%

2012 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 13
Reports	3671	4083	4233	4686	3791	3510	4305
Accepted	1861	2066	2163	2687	2206	2051	2399
% Accepted	54.7%	50.6%	51.0%	57.3%	58.1%	58.4%	55.7%

2013 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 13
Reports	3439	4425	4721	4974	3924	3716	4009
Accepted	2030	2448	2562	2673	2140	2062	2219
% Accepted	59.0%	55.3%	54.2%	53.7%	54.5%	55.4%	55.3%

Possibly the most significant desired outcomes of CI were a higher level of accuracy and consistency in determining whether a report met criteria for investigation and in assigning priority level to accepted reports. A rigorous, multi-level quality assurance process has been put into place to assure achievement of these desired outcomes. Elements of this process include:

- Management oversight 24 hours a day, seven days a week, including daily live monitoring during high volume call periods to assess the following:
 - Amount of time spent receiving a report of abuse or neglect
 - Amount of time required for entering data
 - Intake queue performance
 - Time lapse between report acceptance and notification to local office
 - Accuracy of information in reports and decision-making
- Immediate and ongoing feedback loop among CI workers, supervisors and managers through instant messaging chat conversations, e-mail, phone, and teleconferencing.
 - Supervisors join interviews as a part of training and assessing interviewing skills
 - Mandatory morning and evening teleconference briefings
 - Required supervisory end of shift reports
 - Daily briefings including managers and director
- Rapid feedback loop between CI and local offices through an inquiry mailbox with 24 hour or shorter turnaround time.
 - Parish offices request a management review of questioned approved intake

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- CI Manager reviews intake
- CI Manager’s response indicates policy, rationale; professional judgement
- Immediate feedback loop for law enforcement and other reporters of imminent danger to a child.
 - Supervisor and manager on each shift assigned to immediate danger situations
 - Supervisor coordinates and facilitates activities from intake to assignment to the local parish office
 - Intake personnel advises the local office of current danger to a child, location of child, reporter contact information, and other pertinent information
 - Local office immediately connects with law enforcement or other reporter with immediate need for child protection intervention and provide an estimated time of arrival to law enforcement

As a result of these efforts to assure accuracy and timeliness of response, a number of issues have been identified and resolved:

- **Long wait times**
 - Reduced the number of shifts
 - Increased number of staff assigned to shift times with high call volume
- **Call volume not aligned with assigned shift times**
 - Reviewed data to determine high call volume times and adjusted work schedules
- **Interview narratives inadequate for report acceptance or priority level decision**
 - Additional training of staff on creating intakes, interviewing skills, searches, policy, and decision-making
- **Safety Concern: Delay in communication with Law Enforcement**
 - Protocol established - local office receives immediate notification by an intake supervisor of immediate response needed
 - Intake supervisor obtains estimated time of arrival of field staff, point of contact and local office contact number
 - Intake supervisor communicates this information to the reporter.
- **Safety Concern: Delay in notification to local office of Immediate Response Priority Intake**
 - Protocol established - intake worker notifies supervisor of Immediate Priority case by instant message
 - Intake supervisor immediately notifies local office by phone.

Update FFY 2013: The current Table of Organization (TO) for CI is compared with original staffing levels in the table below:

CENTRALIZED INTAKE STAFFING		
Position	Original Staff	Current TO
Intake Worker	25	46
Supervisor	5	10
Manager	1	3
Director	0	1
Administrative Support	3	2

After resolving the implementation challenges outlined in previous years, CI management staff focused on stabilization of the unit structure and establishment of daily operation protocols and processes

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focused on operating in real time. Processes were developed that supported efforts to improve competencies and identify training needs and/or policy changes in efforts to develop and maintain uniformity and consistency. This effort was consistent with Louisiana's vision of developing a core group of staff with expertise in the disposition of reports of abuse/neglect in an accurate and consistent manner.

Concurrently, because the unit was comprised of staff from different regions across the state, CI efforts continued to focus on establishing uniformity among supervisors and intake worker staff in the areas of consistency and accuracy in determining whether reports of child abuse and neglect met criteria for DCFS involvement. As the Department embarked on the second year of operation, staff recognized the need to re-evaluate the decision-making processes at intake. Around the same time, Louisiana adopted the Advanced Safety Decision Making Model (ASDM) for investigations and began piloting in Monroe Region in February 2012. The ASDM practice has been implemented in three regions. The plan was to phase in other regions by January 2014.

In June 2012, the director and a manager of CI attended an ASDM training session of train the trainer. In July 2012, the other two managers attended the training. The training reinforced the need for ASDM to begin at intake; Training for intake staff would support the entire system as intake is the point of entry for most cases. A consensus was that the use of consistent language around the concepts of safety intervention is important to ensure the safety and well-being of children and at the same time a structured information collection specific to intake would improve customer service, thus promoting partnerships with the community.

In July 2012 a preliminary discussion between DCFS and Action for Children Protection was held regarding training specific for intake. In preparation of the anticipated intake training, the CI management team began introducing ASDM key concepts and philosophy to intake staff in daily mandatory briefings and supplemented the briefings with written material. CI created and submitted a proposal September 2012 and partnered with CPI Programs for a formal evaluation process which included random review of intakes to develop a baseline regarding current information collection, which was conducted by Matthew Gephardt, Action for Child Protection Consultant.

The results indicated that application of ASDM at intake would provide a standardized intake assessment interviewing protocol that would improve the unit's competencies by providing a structure that would contribute to obtaining sufficient information from callers, improve decision-making, and provide a well-structured interview that would be more efficient and help process cases timely. Based on the results of the review, training was approved for all intake staff.

CI held ASDM training that was specific to intake during the first two weeks of December 2012. There were 4 sessions held in which all intake staff were trained. Representatives from local offices in each region were invited and attended. This was to assist in facilitation of implementation of ASDM in the intake process statewide. Each day and a half training session was followed by a debriefing with the Matt Gebhardt from Action for Child Protection, CI Management, CI Supervisors and lead workers. During this time, Mr. Gebhardt shared the results of the baseline review of intakes conducted in September and facilitated discussion regarding implementation at intake.

Immediately following training the CI intake management team met and developed a preliminary quality assurance and sustainability plan for intake. To that end, they developed a system supportive framework

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to improve competencies using case examples and the ASDM curriculum information at mandatory daily briefings. The process included a weekly schedule of topics and activities and each manager (on a weekly rotation plan) would work with supervisors on areas needing follow-up and supplemental reinforcement for continued learning and application of the structured information collection process and dispositions. The process continues today.

All efforts continue to be focused on incorporating the structured information collection process by using the ASDM review instrument in supervisory and management reviews. In addition, the call review instrument was revised and supervisors of intake workers conduct reviews of the information collection during phone calls from reporters. All reviews focus on the efforts of collection of sufficient information in the six (6) areas of assessment and apply the decision-making process of ASDM.

Training was the first step in this process and critical to sustainability. Preliminary results show it is evident that the six areas of assessment in the ASDM curriculum will lead intake to a consistent criteria-driven information collection process. Two months post training, an informal review of 29 intakes was completed with a focus on the efforts of sufficient information collection by intake workers. The results showed improvement in percentages. Anonymous reporting decreased by 12%, sufficient information collection for extent of maltreatment improved by 35%, circumstances of maltreatment increased by 12%, and increases in collection information of child functioning (32%), discipline practices ((21%), general parenting (38%), adult functioning (37%), and reporter information (58%). While these numbers are a rough estimate on fewer intakes than the initial baseline, the results give a snapshot on efforts of change.

A tentative plan for a formal follow-up evaluation by Action for Child Protection may include a 6 month post-training case review to evaluate decision-making and information collection improvement. Evaluation will consist of a single day intake case review of 50 screened-in and 50 screened-out intake assessments and a one day debriefing and identification of next steps.

Call Performance: Below is a table summarizing the first and second fiscal years regarding total number of calls and calls routed directly to an intake worker. The percentage fell below the 90% goal during 7/1/2012 – 3/31/2013. Contributory factors include Hurricane Isaac (August and September 2012), training of all intake staff (December 2012), six (6) staff transfers (June – November) resulting in vacancies, and staff on extended leave.

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
SFY	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
7/1/2011 – 6/30/2012	111,588	103,363	92.78	8,225
7/1/2012 – 3/31/2013	77,989	67,861	87.01	10,128

Below is a table showing month by month performance of calls routed directly to an intake worker. Averages regarding calls received July 2012 – March 2013 were 363 daily calls Monday – Friday. Calls received on Saturday and Sunday average 172 calls per weekend. **Please Note:** The number of calls received does not translate directly into the number of reports of abuse and neglect received. Frequently more than one call is handled related to a single incident, calls for information regarding abuse/neglect, and calls which are directed to other agencies. For instance, in September 2012 following Hurricane Isaac, the unit received 9,762 (August) and 10,123 (September) calls while the average per month from July 2012 – March 2013 during the other months averaged 8,301.

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INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
2012				
March	9,133	8,780	96.10%	353
2012				
April	8,401	8,143	96.90%	258
May	9,241	8,678	93.90%	563
June	7,720	7,506	97.20%	214
July	8,442	8,298	98.30%	144
August	9,762	9,415	96.40%	347
September	10,123	9,405	92.90%	780
October	9,421	8,474	90.00%	947
November	7,950	6,415	80.10%	1535
December	7,056	5,023	71.20%	2,033
2013				
January	8,907	7,410	83.19%	1,497
February	7,895	6,304	80.00%	1,595
March	8,367	7,117	85.06%	1,250

ASDM training has resulted in a shift of the unit's daily operations. As with all systemic changes, there is a period of time in which learning occurs. Since December, staff notes a trend for longer call duration, which has had some initial impact on immediate availability during peak call intervals. However, the quality of intakes has improved, and it is anticipated upon staff becoming more skilled, the percentage of calls going directly to an intake worker will increase during peak hour call intervals. Highest peak call time is between 10:00 AM and 11:00 AM. The highest peak time range is 10:00 a.m. to 3:30 p.m. The data shows call volume drops by 53% after 4:30 p.m. In March the intake worker's availability percentages increased 5% from February 2013, and this is expected to continue. It is important to note that the payroll structure of the unit allows flexibility to adjust times of shifts for intake workers and move there shift times to adjust to call volume trend changes.

During higher call volume time intervals, there is a cumulative affect. Management strategies of call distribution are used to reduce the impact of call volume to available shift workers for callers who choose to wait for the next available worker. This minimizes the impact of the peak hours by reducing the after call work time, if staff are not working on an immediate response priority or calling back a reporter. Once there is a decrease of calls in a 30 minute time interval, the immediate availability returns as the system catches up to the call flow and the unit stabilizes back to operating on real time again.

Intake Data: The table below provides a comparison of the number of reports prior to implementation of CI through March 2013. The number of reports increased each and every month during July 2011 – July 2012. The number of reports received by the agency remains higher than prior to implementation of the single statewide child abuse hotline number.

REPORTS OF ABUSE/NEGLECT RECEIVED – July 2010 – March 2013													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
2010-11	2995	3646	4020	3820	3288	2940	3663	3584	4184	3824	3750	3104	42,818
2011-12	3420	4611	4680	4460	4240	3787	4433	4243	4699	4020	4293	3271	50,157
2012-13	3671	4083	4233	4686	3791	3510	4305	3901	4177	-----	-----	-----	36,357

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Accepted reports are referred to local parish offices for assignments of CPI or for ARFA (Alternative Response). The number of reports accepted for DCFS involvement July 2010 - March 2013 is reflected in the table below.

INTAKE REPORTS ACCEPTED – July 2010 – March 2013													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
2010-11	1669	2117	2297	2191	1846	1689	2343	2336	2762	2365	2391	1942	25,948
2011-12	1872	2770	2635	2557	2377	2116	2520	2413	2503	2113	2226	1582	27,684
2012-13	1861	2066	2163	2687	2206	2051	2399	2189	2342	-----	-----	-----	19,964

B.) Alternative Response Family Assessment Program (AFRA) 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 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 statewide with low risk abuse/neglect reports and no serious and immediate threat to the child’s health or safety.

Update FFY 2011: During the months of February 2010 through May 2010, the Structured Decision Making (SDM) tool was piloted in three sites in the state including Calcasieu Parish, Ascension Parish and Baton Rouge regions. All three sites reported an increase in ARFA cases from thirty percent to seventy percent. The SDM tool was implemented statewide effective June 2010 and the trend continued statewide. As a result of the increase in the number of ARFA cases, the policy was updated to reflect the current process. The training curriculum was updated to include additional skill based knowledge and each region was retrained on the ARFA program. The revised training has been incorporated into staff development training for new workers and is provided to new workers and current staff as requested by the regional management.

In addition, a Case Decision Improvement initiative was initiated in February 2011. One of the items in the initiative includes case record reviews. Review instruments have been developed and each month, a sample of ARFA and other cases will be reviewed by the Child Welfare Program Operations Managers in each parish office. The Child Welfare Program Operations Mangers will submit the review forms to state Office for a second level review.

Update FFY 2012: To monitor and improve the implementation of the ARFA program a statewide, multi-level Case Decision Improvement initiative continued during this time period. The case review instrument utilized focuses on key decision points in the life of an ARFA case. Due to issues identified in previous case reviews, the focus is on safety assessments and safety plans. (Please refer to the CAPTA portion of this plan for additional information on the case review process.)

Update FFY 2013: During this time period the Advanced Safety Decision Making Model (ASDM) was rolled out to CPI/ARFA and Family Services (FS) staff in the Monroe, Alexandria and Baton Rouge

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Regions. In addition to staff training case consultation was offered to staff in the regions for three month period. (*PIP Items – PS 1, AS 4, BM 4.1-4.3.2*)

Update FFY 2014 and multi-year comparative analysis:

Louisiana utilized a differential response process referred to as Alternative Response Family Assessment (ARFA) in its service array. After careful consideration of departmental initiatives around safety, risk and national research findings, the Department began the process of eliminating this program. The decision to eliminate the program was also based on the implementation of an Advanced Safety Decision Making Model referred to as Advanced Safety Focused Practice (ASFP). ASFP sufficiently addresses the following:

- a process that assesses the family’s condition that brought them to the attention of the Department versus the incident-based mode of conducting investigations;
- a process that is family-centered and encourages staff to engage families in understanding the situation surrounding maltreatment, the underlying causes of maltreatment, and the degree to which protective capacities exist within each family;
- a process designed to systematically capture critical information regarding factors known to threaten the safety of children;
- a process that incorporates most recent research that supports the necessity to assess risk of harm;
- a process that guides consistent decision-making in evaluating the need for and level of departmental intervention,
- a process that is expected to reduce future recurrence/referral and recidivism.

During the past 5 years and since the inception of ARFA, the Department was challenged to establish an effective tool of measurement to improve child safety outcomes. ARFA was not included in the initial implementation of the Department’s SACWIS system/ACCESS. The ACCESS system produced a number of outcome reports for investigative cases, but the only measured element produced by ARFA was the number of reports referred to as an ARFA intervention. This created a challenge that the Department endeavored to address because of the limited ability to review and assess safety outcomes through ARFA cases in ACCESS. To this end, the Department could not warrant the quality of ARFA service interventions with families due to the lack of information surrounding the extent of maltreatment. After careful assessment, it was decided that the Department needed to eliminate ARFA and employ the Advanced Safety Focused Practice model to improve the ability to measure safety outcomes, track family progress, and to assess and apply appropriate family interventions.

C.) Child Protection Investigations (CPI): Legally mandated, specialized social services for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include an investigation to determine if the child(ren) has been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the home or facility and determination of whether a safety plan/intervention is needed to protect the child from imminent moderate to severe harm; an assessment of the future risk of possible harm from abuse/neglect to the

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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 (FS) and/or community service providers, as appropriate, in order to protect the child(ren).

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

Statistics				
FFY	CPI Intake Cases Established	Number of CPI Investigations	Total number of ARFA cases	CPI Unduplicated Victim Report
Baseline 2008	39,374	20,011	2,924	9812
2009	35,770	21,513	4,636	10,035
2010	42,145	18,896	6,079	8,694
2011	40,188	17,613	8,234	8,834
2012	49,442	16,734	9,484	8,726
2013	49,889	21,563	6,075	10,886

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

Update FFY 2010: From October 2007-May 2008, a statewide phase-in of SDM occurred that required CPI staff to provide information for completion of SDM on cases referred to FS or Foster Care (FC) staff. SDM was expanded to require child protection investigation and alternative response workers to complete the form during an investigation or alternative response. This allowed for more standardized decisions on how risk is assessed and case planning is determined. Implementation of SDM in CPI/ARFA began in October 2009.

A pilot of SDM at intake began in February 2010. The Department anticipates a higher percentage of low risk cases will be directed to ARFA where the family is expected to be linked to needed services.

Update FFY 2011: The Department continues to develop efforts to improve the quality of investigations with a special emphasis on case crisis reviews of high profile fatality and near fatality cases; notifications and communications between the child care licensing division and case compliance.

In August 2010, case crisis reviews were mandated on fatality cases involving families who have previous history with child welfare or an open program case. In addition, crisis reviews are held on other high profile cases such as death of a foster child; abuse in a child care facility licensed by DCFS and cases involving media attention. Twenty-nine cases were reviewed during this period. The case reviews are managed by the Field Operations Division which involves a team of three to four experienced staff going to a parish or regional office conducting on-site reviews. An exit conference is held with the local management staff to review the case findings and make recommendations. The verbal exit conference is followed by a detailed written report to the region. A number of common recommendations have included a review of program policy and procedures; review of prior records and compliance issues such as closing cases within the policy time-frames. Corrective action plans and improvements are monitored by the local management staff.

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In addition to the crisis reviews, a procedure for improving communications between child welfare program and licensing was developed. Residential and child care licensing queues were created as a function of the ACCESS system. For each child abuse/neglect intake report received, DCFS licensing receives a copy of the report to determine if licensing violations are present at intake. Upon completion of an investigation with a valid finding, the licensing queue receives a notice with the information on the facility, the nature of the abuse and the identification of the perpetrator (employee).

Due to the implementation of SDM at intake, beginning June 2010, the number of investigations decreased and the number of ARFA cases increased.

In February 2011, a statewide plan was developed to improve program case decision making. The areas of focus in the CPI program includes reviewing and updating policy and procedures; improving the quality of out-of-home investigations; quality assurance; monthly case reviews and trainings.

Update FFY 2012: DCFS continues to strive for improvement in the investigation process. In November 2011, staff began receiving consultation from the National Resource Center for Child Protective Services (NRCCPC), ACTION for Child Protection to improve safety decision making. As a result, the Department adopted the Advanced Safety Model. The model requires the investigator to focus on child safety by assessing the entire family functioning as opposed to focusing on the child abuse and neglect incident. A standard information collection protocol is used for each investigation that includes the assessment of six areas of family functioning:

1. What is the extent of the maltreatment?
2. What are the circumstances surrounding the maltreatment?
3. How does the child function?
4. How the parents function?
5. What are the parenting practices?
6. What are the disciplinary practices?

The information guides safety decision making. It assists the worker and supervisor to determine if the child is safe or unsafe. If the child is determined to be unsafe, a safety plan is developed and the case is transferred to FS who will monitor the safety plan.

The Advanced Safety Decision Making Model will be phased in by regions. Monroe, Alexandria and Baton Rouge regions will implement the model in 2012. (*PS 1, AS 4, BM 4.1 – 4.3.2*)

Update FFY 2013: During this time period staff has reviewed progress and updated corrective action plans as needed to improve performance on timely initiation of investigations. Much of this work has been accomplished through the Continuous Quality Improvement (CQI) process/teams, data monitoring and corrective action by CPI supervisors, Child Welfare Operations Managers and Area Directors and through additional emphasis in regular staff meetings with the Secretary. Overall, the Department has shown improvement in this area (*PIP Item PS 1, AS 1*).

The DCFS, with the assistance of the National Resource Center for Child Protective Services (NRCCPS), Action for Child Protection and the Children's Resource Center, developed and implemented a training plan for CPI supervisors and staff on safety and risk assessment, safety planning and effective supervisory consultation and monitoring in three regions. The ASDM model was rolled out in the Monroe, Alexandria and Baton Rouge Regions. In addition to the on-site training, ongoing

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support and consultation was provided to each region bi-weekly for a period of three months (*PS 1, AS 4, BM 4.1 – 4.3.2*).

As the Department continued with ASDM training and implementation there were issues to address. For example, prior to the implementation of ASDM in the Monroe Region, the CPI electronic case record system (ACCESS) was not updated to include the functions necessary for capturing the ASDM documentation of the six areas of assessment in one consistent area within the ACCESS system. This presented a barrier for the workers when documenting a case as well as for supervisors reviewing the cases. Staff was provided with policy and procedures for documenting; however, a review of cases indicated that staff was documenting the information in various areas of the CPI electronic case record. On June 4, 2012, the same day the Model was implemented in the Alexandria Region, the Department updated the electronic case record (ACCESS) to capture the six assessment questions in one location on the Observation Page in ACCESS. It is expected that case practice will improve in this area in Monroe and that these issues will be avoided with cases opened after June 4, 2012 and as the Model is rolled-out statewide.

With the assistance of the NRCCPS/Action for Child Protection, DCFS initiated an evaluation of the ASDM process in the Monroe Region. Using an adaptation of an instrument provided by the NRCCPS/Action for Child Protection, a group of DCFS staff reviewed 104 cases. The review revealed the CPI program in the Monroe Region significantly improved in terms of better information collection regarding family functioning and demonstrated a move away from an incident based practice. The Department utilized the same review instrument to evaluate practice in the Alexandria Region. With modifications to the evaluation process, DCFS will also conduct an evaluation in the Baton Rouge Region. (*PS 1, AS 4, BM 4.1.2, 4.3, 4.3.2*)

Additionally, the Court Improvement Project (CIP) worked with DCFS and the National Resource Center for Legal and Judicial Issues (NRCLJ) to support the ASDM training by taking it to the courts and legal stakeholders (attorneys, CASAs, etc.) This work also included the development of a guide (“Child Safety: A Guide for Judges”) for judges and other legal stakeholders.

Update FFY 2014 and multi-year comparative analysis:

The DCFS continues to strive for the improvement of its investigative process. Within the past year, the Advanced Safety Focused Practice Model (ASFP) was implemented in all regions. In June 2013, Advanced Safety Focused Practice was implemented in Monroe, Alexandria, and Baton Rouge Regions. In August 2013, the Orleans and Thibodeaux regions implemented the Advanced Safety Focused Practice model. In September 2013, the Lafayette and Lake Charles regions implemented the ASFP model. In October 2013, the Shreveport and Covington regions implemented the Advanced Safety Focused Practice model. Prior to the implementation, meetings were held in each Region with management level staff to discuss the implementation process and plan. During these meetings, team leads which consisted of a Child Welfare Manager and two supervisors were identified as leads for each region. These leads attended numerous Advanced Safety Focused Practice model sessions, and were responsible for training the model along with a member of the CQI team.

Once training of the Advanced Safety Focused Practice Model was completed in each region, supervisors and child welfare managers attended weekly follow-up calls to discuss the implementation

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process. Each supervisor and manger was given a case to review and discuss with a group of staff assigned as team members from each training session by way of scheduled conference calls. Once the supervisor and manager completed each follow-up call, they held staff meetings with staff to further discuss the case for purposes of knowledge application, and implementation practice.

Since the completion of the Advanced Safety Focused Practice, the Department held monthly web-ex meetings in which an area of assessment was discussed. Staff were given the opportunity to ask questions, and provide feedback with regard to any concerns derived from the assessment tool and individual areas of assessment. These calls are ongoing and assessed to provide guidance and assistance in the proper application of the ASFP model to field services staff.

In December of 2013, all implementation specialists and regional leads were able to have a face-to-face meeting with Matt Gebhardt from the Action for Child Protection center to discuss the Department's experiences with the Advanced Safety Focused Practice Model. The meeting was focused on training with regards to safety monitors, response priority, and the current challenges that field staff were having with the Advanced Safety Focused Practice Model. There was an overall sense that staff approved of the model and felt more confident in the decisions they were making to address each family's safety issues.

Within the past year, the agency investigated 78 fatalities for abuse and/or neglect. Of the 78 fatalities, case crisis reviews were held on 45 of the cases involving fatalities. Most of the reviews were held within the region of incident, and each region completed action plans to ensure that policies are followed and best practices are employed in each case situation. Participants included in these reviews include Child Welfare Mangers, Area Directors, Regional Administrators, Supervisors, Field Operations, Child Welfare Program staff, and staff assigned to the cases.

Among other efforts of improvement, the Department established a human trafficking work group in 2013 which included members from the Federal Bureau of Investigations, Healing Place Church, the Department of Public Health, the Department of Education, and the Office of Behavior Health. This work group meets monthly and developed a plan of action for victims of human trafficking. The group created a response in regards to Legislative bill 429. During the 2013 Super-Bowl and the 2013 Mardi Gras season, the Department created a roundup protocol that would assist local law enforcement to easily identify foster youth suspected to be engaged in human trafficking situations. Involved in the making and application of this protocol was the Federal Bureau of Investigations, local law enforcement from numerous parishes, numerous Sheriff's Departments, and the Louisiana State Police. During this time, the Department was on rotating call duty at the command center at state office. Included as on call duty staff were child protection investigators, foster care workers, and home development workers that were on standby in the event law enforcement required assistance.

The Department also created a policy to address abuse/neglect cases considered at high levels of risk. Policy changes included but not limited to all cases in which the victim is under the age of 5, all cases with identified safety threats, and all cases in which the child victim has significant injuries or allegations of medical neglect or failure to thrive. Policy instructs that all cases with level 1 allegations be staffed with the Child Welfare Manager, the Supervisor, and staff assigned to the case within 72 hours of the completion of the present danger plan. During each staffing, an assessment of risks and child safety are evaluated. Should a present danger plan be needed, the plan must be approved by the Child Welfare Manager.

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Since ASFP implementation, the Department no longer focuses completely on the incident, but rather it assesses families for impending danger and present danger.

D.) 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 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 CFRS safety indicator regarding the timeliness of investigations.

Update FFY 2010: From October 2007-May 2008, a statewide phase-in of SDM occurred that required CPI staff to provide information for completion of SDM on cases referred to FS or FC staff. SDM was expanded to require child protection investigation and ARFA workers to complete the form during an investigation or alternative response. This allowed for more standardized decisions on how risk is assessed and case planning is determined. Implementation of SDM in CPI/ARFA began in October 2009 and the Department began piloting SDM at intake in February 2010. With the implementation of these procedures the Department documented a higher percentage of low risk cases directed to ARFA.

Update FFY 2011: The Department continued consultation with Children’s Research Center to develop the SDM tools for child protective services. In October 2009, the SDM Initial Risk Assessment tool was implemented in the CPI Program. The tools provide structure in determining if a CPI case should be closed or referred to the FS Program. Cases assessed with a “very high or high risk” are referred for services. Cases assessed as “moderate or low” risk are closed. The research indicates that if attention and resources are focused on very high and high risk cases, the chances of the family returning to the attention of the Department will decrease.

In January 2010, the SDM Screening and Response Assessment tool was developed and piloted in three sites, Calcasieu Parish, Ascension Parish and Baton Rouge region. The pilot sites received weekly consultation and case review feedback from state office. Lessons learned from the pilot included the following:

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- The success of the SDM tool will depend on the quality of information the intake worker receives from the reporter
- Each intake narrative must include the four W's + H format along with an assessment of Substance Abuse and Domestic Violence. Each intake narrative must answer the questions of: who, what, where, when and how
- A search of TIPS and ACESS must be completed on each intake
- The SDM tool must be completed with each block checked

The lessons learned were noted in the statewide training that was held in May 2010 and the SDM Screening and Response Assessment tool was implemented statewide in June 2010. As noted in the pilot, the number of ARFA cases increased as did the number of immediate response cases.

Update FFY 2012: SDM is fully incorporated into policy and practice in CI, CPI, ARFA, FS and FC. The process is used at intake by CI staff. SDM tools continue to be used in child welfare decision making for services to families and permanency for children. DCFS staff collaborated with Judge Bradberry (Lake Charles Region) to present together on safety and risk assessment at the Together We Can and the International SDM conferences. (*PIP Items – PS 1, AS 7, BM 7.1-7.2*)

Update FFY 2013: During this time period, staff continued to utilize the SDM tool. Appropriate use of the tool was reinforced through the Family Services (FS) mentoring process completed in the Baton Rouge, Monroe and Alexandria Regions (*PIP Items – PS 1, AS 5, BM 5.1-5.5*). ASDM was rolled out (in the same regions as the FS mentoring process in both the CPI and Family Services (FS) programs). Also, DCFS staff worked with the CIP, the courts in the 16th JDC and the NRCLJ to improve workers' clear articulation of safety and risk concerns and the courts' understanding of the ASDM model. (*PIP Items – PS 1, AS 7 BM 7.3*)

Further, staff worked to address FS and Foster Care (FC) cases with high and very high risk on the SDM reunification assessment. There appears to be a challenge balancing the policy and procedural expectations with the assigned workload. In order to try and address this work load issue, a dashboard report for FC cases with high and very high SDM ratings was created so that staff can have an at-a-glance look at what is happening in their region. State office staff can also review the data to inform policy and practice decision making and monitor performance.

Data obtained from focus groups {conducted by the National Resource Center for In-Home Services (NRCIHS)}, case reviews and caseload data was used to assess implementation of SDM. One of the areas noted as impacting workload is an increase in families where a child is born prenatally exposed to one or more substances. As per DCFS policy, these cases receive a mandatory rating on the SDM risk assessment of "Very High". Since 2008, DCFS has used the SDM tool to determine the number of visits with parents and children required each month in the FS program. SDM implementation has increased the number of visits with parents that FS workers are required to make from one per month to an average of three per month.

In response to this, FS program staff has written new policy to guide practice expectations that would provide clearer guidance to field staff in their work with families where substance abuse is an issue. This policy was reviewed by partners with the Department of Health and Hospital (DHH) for additional input around this topic. A meeting was held with DHH on December 13, 2012 to discuss this input,

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along with identifying a number of resources to assist with service delivery to the families. The policy was formally circulated within DCFS in December 2012. Once implemented, it is expected that staff will experience a decrease in the work load and challenges they face in working with these families, as they will no longer be required to conduct a mandatory override of “Very High” on the SDM risk assessment. The policy became effective on April 1, 2013 and a Web-Ex was held on May 22, 2013 to discuss the policy and practice expectations as it relates to serving these families.

Update FFY 2014 and multi-year comparative analysis:

Decision making is the primary activity that underlies child welfare intervention. The Structured Decision Making (SDM) model brings a greater degree of consistency, objectivity, and validity to child welfare case decisions, and helps child welfare staff focus on cases at the highest levels of risk and need. It is the belief of the Children’s Research Center that there be ongoing monitoring and evaluation of the SDM tool to determine if the tool is functioning as intended. Since the implementation of the SDM, the tool was reviewed over the years for compliance and accuracy. The case reviews and case crisis reviews revealed that field staff was incorrectly completing the SDM risk assessment tool which led to inaccurate decision making regarding the level of risk for further maltreatment in families, incorrect service provision, and returning children home safely. The reviews led to a decision by program staff to scheduled and conduct further trainings on the SDM instruments. The SDM refresher trainings were held in all regions during the months of December 2013 through March 2014.

E.) Risk Evaluation Panel: In 2010 as a result of LA 46:1414.1 and 46:51.2(A), DCFS developed a Risk Evaluation Process (REP) which includes two separate Risk Assessment Panels (REP). One panel reviews records of licensed child care facilities personnel, while the second panel reviews records of DCFS employees and prospective employees. Their function is to determine if an owner, operator, current or prospective employee, or volunteer at a child care facility licensed by DCFS is recorded on the State Central Registry (SCR) for a valid (justified) case of child abuse or neglect. The panels’ function is to determine if that person poses a risk to children.

Population Served: Licensed child care facilities personnel and DCFS employees and prospective employees.

Update FFY 2011: The Risk Panels are made up of the following DCFS staff: Risk Evaluation Panel Coordinator, Director of FC, Director of CPI and FS, Director of DCFS Licensing, Unit Manager CPI, Unit Manager FC, Director Field Operations and a non-voting member.

As of today, child care facilities and residential care facilities have requested panel assessments on a total of seventy-nine (79) prospective employees or current employees. Sixty requests were from employees of child day care facilities while 19 requests were from employees of restrictive care facilities. Of the combined total (79), there were twenty-five (25) cases which posed no risk and eight (8) cases that did pose risk, but were appealed. No requests were received from state employees.

Update FFY 2012: The REP process continued and the Department removed requirements for three letters of recommendation from the employee/prospective employee. Instead, the Department requests the name of three references who observed the abusive incident.

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The number of requests for Risk Evaluation Panel assessment has decreased during this period. As of May 15, 2012, 17 requests for evaluations were received. The Department will continue to offer the service.

Update FFY 2013: During this time period DCFS conducted REPs as requested. As of April 30, 2013, child care facilities and residential care facilities have requested panel assessments on a total of 22 prospective employees or current employees. A total of 18 requests were from employees of child day care facilities, while three requests were from employees of restrictive care facilities, and one was received from a state employee(s). Of the combined total of 22, there were 15 cases which posed no risk and two cases that did pose a risk; of the two that posed a risk, one was appealed.

Of the remaining 5 case(s), the following determination(s) were made:

Review Not Required, No Record Found: 4

Review Not Required Expunged: 1

Review Not Required Non DCFS Licensed Facility: 0

Request Not Filed Timely: 0

Update FFY 2014 and multi-year comparative analysis:

The Risk Evaluation Panel was developed in 2010. Two panels were initially formed to review records of licensed child care facilities personnel while the second panel reviewed records of departmental employees and prospective employees. The panel continued to review requests in a timely manner. Appeals were held by Administrative Review Judges. The Risk Evaluation Panel (REP) coordinator participated in both the reviews and appeals process.

During this reporting period, the DCFS conducted Risk Evaluation Panels as requested. The number of REP requests continued to decline over the past year. The Department is currently revising policy to include prospective employees, panel membership, and consistency in policy and procedures.

LA. Detention Centers were added to the list of facility personnel that can request REP reviews in August of 2013.

As of April 30, 2014, child care facilities and residential care facilities have requested panel assessments on a total of 26 prospective employees or current employees. A total of twenty requests was received on employees of child day care facilities, while four requests was made on employees of restrictive care facilities, and two requests was received on state employees. Of the combined total of 26 REPs, there were 17 cases that posed no risk and four cases that did pose a risk. Out of the four cases that posed a risk, only one was appealed.

The following determinations were made on the remaining five cases;

- Review Not Required, No Record Found: 4
- Review Not Required Expunged: 1
- Review Not Required Non DCFS Licensed Facility: 0
- Request Not Filed Timely: 0

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PREVENTION AND FAMILY SERVICE

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

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

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

Service Coordination:

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

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

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

Prevention and Family Services	
FFY	# of Families Served
Baseline:	
2008	3,819
2009	2,909
2010	3,129
2011	3,433
2012	3,133
2013	3,193

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

Update FFY 2011: Efforts to revise the program policy for the FS program were initiated and are on target to be completed during this federal fiscal year. The policy is being updated to reflect departmental re-organization; enhance the readability and understanding of program expectations for contacts with adults, children and collaterals; development of the family assessment and service plan with the inclusion of fathers (whenever possible and in the child’s best interest) in the assessment and case plan development; reflection of best practice for services to issues with FS families as they impact child safety and the risk of future abuse and/or neglect.

An initiative to identify best practices for services to families of infants with pre-natal alcohol and/or drug exposure was initiated. This work was completed to enhance current policy and practice in order to better serve these families, to develop the understanding of staff who work cases where there is parental/caregiver addictive disorders, and to address the needs of children with pre-natal alcohol and drug exposure.

Technical assistance was provided to staff to support their efforts to effectively assist families. Technical assistance to local office staff with the completion of the Assessment of Family Functioning and development of the case plan was also initiated. The assistance, provided on an as needed basis, is tailored to the needs of local office staff. Needs are identified through case reviews and requests from

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local administrators. It includes follow-up training and individualized consultation with workers and supervisors to increase their skills with tools (Assessment of Family Functioning, safety assessment and Structured Decision Making (SDM) risk assessment).

FS state office staff also participated in the Case Crisis Review process. Reviews were conducted by Field Operations and child welfare staff following an incident of an abuse/neglect fatality or life threatening injuries when the family has been involved with the Department within 12 months prior to the death or injuries. When the reviews indicated a need for clarification of policy and/or practice the information is used to develop plans to address needed program improvements both with DCFS staff and community partners.

Update FFY 2012: FS has been involved in the following activities:

Policy Updates: A significant amount of FS policy was updated this past fiscal year. This continues to be an ongoing process, as program aligns policy to the expectation of practice for field staff. Work is being done with the National Resource Center (NRC) for In-Home Services on analyzing policy and identification of any gaps or inconsistencies with intended practice. (**PIP PS 1, AS 3, BM 3.1**) Efforts to update the substance exposed newborn protocol are underway. Specific guidance for how and when investigation staff will determine whether to refer these families for ongoing services will be addressed as well as how staff will be required to work with these families in the FS and Foster Care (FC) programs. The focus of the work with these families will be toward incorporating child safety decisions along with risk issues (including the prenatal substance exposure) to determine case decision making. DCFS is collaborating with Department of Health and Hospitals (DHH) in the development and implementation of the new protocols.

FS Supervisory Mentoring: (**PIP PS 1, AS 5, BM 5.1 through 5.5**) As a result of the issues identified in the 2010 CFSR, FS program staff began a supervisory mentoring initiative in October of 2011 in the Baton Rouge Region. The goal is to mentor FS supervisors in all nine (9) of the Department's regions by the 8th quarter of the Performance Improvement Plan (PIP).

Staff mentoring is focused on areas needing improvement as identified through the CFSR, as well as trends seen in Case Crisis Reviews, ad hoc program reviews, and the concepts of the new Advanced Safety Training. It was determined that the mentoring should follow the Advanced Safety Training, which addresses how safety is assessed and affects case decision making. (**PIP Items – PS 1, AS 4, BM 4.1-4.3.2**) The FS State Office staff participated in the training and incorporated its concepts into FS supervisor mentoring. Program is working with the Monroe Region FS supervisors, who are piloting the Advanced Safety model. The supervisor mentoring plan is as follows:

- Initial orientation meeting, which includes an overview of the mentoring process, review of current FS policies and tools, and setting the agenda with regional management input
- Weekly one hour calls to FS supervisors (based on program developed mentoring topics) by the State Office FS Program Manager/Mentor - One of the topics includes “Assessing all Family Members” and there is emphasis on the involvement of fathers and/or non-custodial caretakers. In preparation for this work, FS policy was rewritten to strengthen guidance on involving fathers and/or non-custodial caretakers. During the weekly mentoring call, policy is reinforced and State Office program staff engages field staff in discussions on the topic. (**PIP Items – PS 1, AS 2, BM 2.1**)
- Weekly peer to peer consultation between FS Program Managers and FS Program Administrator
- Monthly debriefing of the process with regional management staff

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- Post survey and focus group with FS supervisors at the completion of the process, conducted by a regional designee, with results rolled up to program

Training of FS Staff: Program staff has worked with the Child Welfare Training Unit to evaluate trainings currently offered to FS staff. Through this evaluation, it was determined that FS staff would benefit from a FS specific training. To this end, program staff and training staff have initiated work to identify competencies for the training. In the interim, FS staff is attending the Advanced Safety Model training as well as the Assessment and Case Planning training. (*PIP Items – PS 1, AS 6, BM 6.1-6.4*)

Update FFY 2013: Program staff has continued to address the top five issues impacting FS (supervisory support; training of staff; accurate completion of all assessments (safety, risk and Family Functional Assessment); development and strengthening of program policy and; Quality Assurance or other feedback processes to inform whether policy supports practice.

Work with NRCIHS: Staff worked with the NRCIHS to develop a strategy to promote the efficient and effective delivery of family support services statewide. Identified services include current Family Resource Center (FRC) services: Parent Education, Visit Coaching and Family Skill Building. This work includes the development of DCFS workgroups to review FRC processes and develop procedures that will achieve consistency among service delivery/providers. NRCIHS is also working with the state to develop measurements and expectations that can be standardized across all centers. DCFS field staff has been identified to serve as liaisons to the FRCs. In this role, they provide support to the FRCs and work with the state office FS program manager, and FRC staff to discuss referrals and any issues with service delivery. Tulane University is now operating a FRC for the Orleans Region as well as providing consultation to other FRCs in the implementation of Visit Coaching, as well as overall clinical consultation.

NRCIHS staff conducted focus groups with DCFS field staff in order to assess/analyze and review FS program policy. The goal was to identify gaps and areas that may need strengthening and to identify the impact the current FS policy revisions have had on practice and if the revisions are meeting the intended goals. (*PIP Item - PS 1, AS 3, BM 3.1*)

Policy Updates: Policy to address the engagement of fathers and noncustodial parents into the case planning process was revised and reinforced with FS supervisors through the Supervisory Mentoring Process. FS Program staff held a WebEx in June 2013 to place further emphasis on the policy and practice.

Policy for working with substance exposed infants and their families was also developed. In doing so, it was the goal of the Department to better guide practice in working with these vulnerable children. The changes removed the mandatory override to very high risk for these cases. The initial risk assessment was reduced for some cases to moderate or high thus reducing visitation expectations to the scored risk level. This change also involved changes in Child Protection Investigations (CPI) and Structured Decision Making (SDM) policies and procedures. The new policy was also developed to guide practice expectations and to provide clearer guidance to FS field staff in their work with families where substance abuse is an issue. The policy has a stronger emphasis on child safety and was reviewed by our Department of Health and Hospital (DHH) partners for additional input. A meeting was held with DHH on December 13, 2012 to discuss this input, along with identifying a number of resources to assist our FS with service delivery to the families. The policy became effective April 1, 2013. This ongoing

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collaborative partnership will continue to research best practice to share with staff in their work with these families.

FS Supervisory Mentoring: The FS Supervisory Mentoring Initiative was developed to provide support to FS supervisory staff around strengthening practice expectations. This support has continued, with the Baton Rouge, Monroe and Alexandria Regions completing this process. . Additionally, follow-up work has begun with the Baton Rouge and Monroe Region's FS supervisors. This follow up includes a review of regional FS cases/data to assess improvement in practice expectations. The focus continues to be on; ongoing efforts for improvement in the accurate and thorough completion of assessments; engagement of fathers in the assessment and case planning process; and individualized service plans to address needed changes to assure child safety, reduce risk and prevent removal. The mentoring process was paired with the ASDM training and consultation initially provided by Action for Child Protection and later provided by DCFS staff. This has allowed for the reinforcement of the competencies of the model with the FS supervisors. *(PIP Items - PS 1, AS 5, BM 5.1 through 5.5)*

Training of FS Staff: Based on lessons learned after the evaluation of FS staff participation in the Assessment and Case Planning training, *(PIP items PS 1, AS 6, BM 6.1 through 6.4)* a FS specific course is currently being developed. The course will incorporate the tenets of the ASDM training as well as the following competencies: case acceptance; engagement skills; child safety, risk assessment; Assessment of Family Functioning (AFF); case planning and assessment of progress; court involvement; special topics including the knowledge and skills to work with clients regarding substance abuse, mental illness, sexual abuse, domestic violence, behavior management and chronic neglect and; case closure and aftercare planning.

While the course has not yet been finalized, some of the training topics will be presented in the classroom, through reading assignments and/or by computer based courses such as domestic violence, substance abuse and mental health issues. In addition, employees may be given on-the-job training assignments to apply to current cases and enhance transfer of learning.

Additional training of FS staff will include the Advanced Safety Focused practice, which incorporates the competencies from ASDM into ongoing work within the FS program.

Efforts to strengthen partnerships on safety/risk: State office FS staff also partnered with the 16th Judicial District Court (JDC) Judge (Porter) and the Louisiana Court Improvement Project (CIP) to review and make recommendations for improving the interface with the court/legal system on FS cases *(PIP Item, PS 1, AS 7, BM 7.4)*. What was initially learned from the partnership is that cases in the 16th JDC were being kept open for long periods of time long after the Department determined that a child was safe and all available services had been provided. This was mostly true when substance abuse was an issue in the case. In these cases, judges in the 16th JDC continued to order drug screens for clients and as long as the drug screen came back positive for substance use, they required the Department to continue to provide services. Since all available services had been provided by the Department, the cases were kept open for long periods of time despite determinations that the child was safe. During this meeting departmental staff assured legal/court partners that child safety is primary in these cases even though the parent(s) may continue to use substances and not seek treatment.

To that end, the group developed a plan to address the issues. First, and foremost, they developed the overall goal to improve the partnership between DCFS and 16th JDC through a commitment for improved communication regarding child safety and risk of maltreatment, utilization of evidence

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informed tools and practices to support decision making, and timely closure of cases consistent with child safety. They identified measures to determine if the communication and collaboration was having the desired effect. The measures include timely FS case closure (practice expectation is that case closure is around 6-9 months when consistent with child safety), absence of child maltreatment post FS case closure, and Structured Decision Making (SDM) risk reduction (policy and practice expectations are that once risk is lowered to low or moderate the Department must begin looking at case closure).

In subsequent meetings, FS Program staff provided an overview of the DCFS evidence informed tools and practices used to assess safety and risk to Judge Porter, other judges in the 16th JDC, attorneys involved in FS cases and CIP representatives. FS Program staff also shared with Judge Porter and the CIP representatives the DCFS revised policy on substance exposed newborns and national policy and practice guidance on drug testing in child welfare.

Update FFY 2014 and multi-year comparative analysis:

Program efforts continued to address the issues impacting Family Services (FS) cases as identified in the past CFSR and resulting PIP. The top five issues impacting Family Services cases were identified as follows:

- Policy for the FS program;
- Quality Assurance and other Feedback Process to inform whether policy supports practice;
- Training of FS staff;
- Accurate completion of all assessments (safety, risk and family functional assessment);
- FS Supervisory support.

Practice improvements were made in the FS program over the eight (8) quarters of the PIP. A comparison of the onsite review items to the performance of those items in the 8th quarter showed a consistency of improvements (figure 4). Items 3 and 4, services to protect children in their home and risk and safety management, were the most consistent improvements. It is expected that with the current rollout of the basic principles of the Advance Safety Focused Practice (ASFP) in FS that this progressive trend continue.

Item 19 - caseworker visits with child, saw the least improvements. While reviews have noted that workers are visiting with children, the documentation of the visits were lacking sufficient information to ascertain the quality of the visits, as it relates to ensuring their safety and meeting case plan goals. This was an area that will require further analysis by program and CQI.

Item 17 - though there was some improvement, there was another area that continues to be reinforced. Performance rates regarding this issue were higher in the last two quarters when comparing assessments to actual services provided. This is an area that program will be partnering with the new CQI process to make additional improvements.

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Item	On-Site Reviews	8th Quarter PIP
3	70%	82.9%
4	44%	69.4%
17	24%	A) 75% B) 50%
18	12%	41.7%
19	64%	52.8%
20	16%	36.1%

Policy Updates:

There were a number of key strategies that can be attributed to these improvements. At the core of the improvements is the revision of the FS policy, **PS 1, AS 3, BM 3.2**. This was validated by the National Resource Center for In-home Services (NRCIHS) in its August 2012 report which included a review of the revised policy and a state wide facilitated discussion with FS staff at all levels, **PS 1, AS 3, BM 3.1**. The NRCIHS noted “revisions to policy are clear, with attention given to safety, family-centered practice, assessment and case planning. The policy is clear and concise in its instruction to staff and it contains electronic links to various forms, other policy references as needed, etc...when appropriate.” The policy revisions implemented in 2011/2012 are known to staff and generally supported. There seems to be an awareness of best practices resulting from policy updates. Staff consistently indicated that there was sufficient family service policy to guide practice in the field. There were no gaps in policy identified. There is a sense that policy is comprehensive and provides a good foundation for field guidance. Since the CFSR review, all of the FS policy was reviewed and revised to align with current practice expectations.

During the year CW program staff continued to update policy to further align with practice. The Substance Exposed Newborn (SEN) policy was again revised to strengthen practice expectation and to provide clearer guidance for staff in their work with this population.

Training for FS Staff:

Program staff continued to partner with DCFS training staff to develop an FS specific training for staff. This training, which is set to start in June 2014, is anchored in the ASFP core concepts and FS worker core competencies (**PS 1, AS 6, BM 6.4**).

FS and Foster Care (FC) Program staff partnered to develop the FS and FC portion of the ASFP training. Program staff then worked with the ASFP regional leads and the CQI Implementation Specialist to prepare and assist them in training this portion of the training to FS and FC staff statewide.

Select FS staff in the Monroe and Shreveport Regions attended another series of Infant Mental Health Training. This continues to be made available to FS staff as a result of our collaborative partnership with DHH.

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Additionally, Structured Decision Making (SDM) refresher training was developed by FS and Foster Care staff. The training was provided statewide to select staff (Area Directors, Operation Managers, Supervisors, and lead workers) in each region in an effort to improve the use of this assessment.

FS Supervisory Mentoring:

Supervisory Mentoring (**PS 1, AS 5, BM 5.5**) will be a core component of phase two of the ASFP implementation. FS along with other child welfare programs are developing what this process will look like going forward. Much of it will be patterned after the mentoring that FS program staff provided to FS supervisors during our PIP. The plan for FS is to target FS supervisors who supervise only FS staff for this first round of mentoring, which is set to begin in Fall 2014.

There were significant changes implemented in the FS program during these past years. All these changes served to improve practice in the program and provide staff with clear guidance around practice expectations. Program staff is currently using the following “lessons learned” during the PIP to continue to refine the FS program.

- Utilize the CQI Quarterly reviews to assist CW programs in obtaining consistent data across time and across regions to better inform FS practice improvements;
- Establishing a feedback loop with the field to determine their response to concerns expressed in quarterly reviews;
- FS Program staff to continue to collaborate with the CQI staff to strengthen understanding of the goals and objectives of the FS program that are aligned with good in-home practice with families;
- Updating the FATS system to create consistent language and organization of information to reflect ASFP concepts has been done;
- On-going collaboration with training staff to develop training modules and deepen their understanding of FS core issues and created a framework for more FS specific training and review of cases.

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Intensive Home Based Services: Program Description:

The Homebuilders Model of the Intensive Home-Based Services (IHBS) program, provided until March 2011 after the initiation of Louisiana Behavioral Health Partnership (LBHP) and Coordinated Systems of Care (CSoC), was a component of the FS Program and includes intensive, 24/7 in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of out of home placement. Therapists provide intensive, individualized, in-home services to families. The intervention focused on teaching the family new skills to improve the family dynamics, to strengthen coping skills, to empower each member and to link to community resources to sustain the changes, and most importantly, to keep children safe.

The statewide teams are comprised of 7 community providers (such as Kingsley House, VOA, Center for Children and Families, Pathways, The Extra Mile) and two DCFS in-house units in Lafayette and Lake Charles.

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, (reunification); for children at risk of placement disruption in a foster home, relative or adoptive placement that has been stable (stabilization); and when a child is being “stepped-down” from a residential facility to a foster or relative caregiver.

Population served as of March 2012 includes all children and families in the state that meet the eligibility criteria, not just children involved with child welfare.

The vast majority of referrals are to prevent out of home placement followed by families in need of reunification services. There are very few referrals for stabilization of a foster placement or step-down (approximately 10% for both referral reasons combined over the past 3 years).

Intensive Home Based Services				
FFY	# Families Served	# Children Served	Average length of service in weeks	Average # Face to Face hours completed per case
Baseline:				
2008	459	1019	4.7	31.4
2009	556	1307	4.0	33.5
2010	434	1010	4.1	35.0
2011	312	886	4.2	35.7
2012	417	712	4.3	35.5
	Reporting on closed cases vs. referred cases during FFY			
2013	335	604	3.9	36.7

Referral Reasons: Percentage			
FFY	Prevention	Reunification	Stabilization/ Step-down
Baseline:			
2008	65.5%	24.8%	9.7%
2009	61.2%	27.2%	11.7%
2010	63.4%	26.8%	9.8%
2011	73% ODM tracking per child vs. fly	23%	4%
2012	69% Reported by closed cases during FFY	27%	4%
2013	79%	17%	4%

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Update FFY 2010 & 2011: Beginning in July 2009, the payment rate for an IHBS intervention changed from a weekly rate to one case rate. This provided IHBS teams with a significant increase to allow them to maintain program viability; but it meant fewer families would be served.

During this period, Homebuilders decreased the supervisor/therapist ratio from 1:6 to 1:5. This allows more intensive supervision and case oversight for these high risk cases. Additionally, some teams lost therapists due to changes in positions and resignations and some in-house units were unable to fill their positions for over a year due to the hiring freezes. The Lake Charles unit has been functioning with only two therapists as opposed to the usual four while Lafayette has been functioning with only 3 therapists. Both in-house units have to turn down IHBS referrals due to lack of openings.

In January 2011, IHBS providers were trained in a new online data management system (ODM) that allows direct entry of all case documentation into a secure internet based site. The system went live February 1, 2011 and eliminated the need for providers to send copies of all referral and closing packets to state office for data entry into a separate database which had limited reporting potential. Now, with direct entry, there is no delay or backlog in data entry and the level of reporting is unmatched.

Through ongoing training, monitoring, consultation, evaluation as well as client “booster sessions”, the standards, expectations and outcomes have increased steadily. Data reveals that in 2010, 85.2% of the families referred to prevent out of home placement, have been able to maintain their children in the home (within 6 months of IHBS case closure). This exceeds the Homebuilders national standard of at least 70% placement prevention rate.

Update FFY 2012: In March 2012, with the implementation of the LBHP, Homebuilders became a Medicaid covered service and is paid via billable units (as opposed to the previous case rate). Additionally, Homebuilders providers have an expanded pool of potential applicants since referrals will no longer be received solely from DCFS.

Agencies (supervisors and therapists) have been using the Homebuilders Online Data Management (ODM) system for all case documentation since February 2011. They are able to run their own reports and track model fidelity as well as outcomes.

Update FFY 2013: DCFS maintained a contract with the Institute for Family Development (IFD) to provide the required training and quality enhancement for the existing teams (they are now able to serve all children in the state that meet eligibility criteria for the service and not just DCFS families).

A total of 784 children were identified in need of Homebuilders services (in addition to their siblings and other children in the home). Of those, 28 were ineligible referrals or incomplete cases, such as, children not returned to the home within 7 days of a Homebuilders referral to assist with reunification. A total 736 children (93.8%) completed the intervention course and did not have a removal/placement change at closure.

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Percentage of Cases Closed Services Complete				
FFY	Prevention	Reunification	Stabilization	Step-down
Baseline:				
2008	81.6%	80.2%	70%	86%
2009	84%	87.9%	70%	66.7%
2010	88.2%	90.5%	80.6%	66.7% (very few referrals)
2011	89.4%	83.6%	78.2%	100% (3)
2012	90.6%	84.3%	88%	100% (12)
2013	93.8% Without a removal during intervention	83.5%	81.2%	Discontinued referral reason. Step down captured under stabilization

Update FFY 2014 and multi-year comparative analysis:

Since March 2012 (the start of Magellan/Medicaid coverage for Homebuilder Services), homebuilder services was provided solely by outside providers and not the DCFS in-house units. The DCFS in-house (departmental staff) homebuilder teams ended services prior to the implementation of Magellan.

Over the course of a few months, homebuilder provider agencies experienced an adjustment period under the new system. Over the next 2 years, several agencies decided to terminate their homebuilders program due to an inability to maintain them financially. The Center for Children and Families (CFCF) of Monroe ended their team in 2013, leaving that region without a provider. CDC in Lake Charles ended their team in 2013, leaving that region without a provider. However, in 2014, The Extra Mile of Lafayette, offered minimal coverage to Calcasieu to assist in providing services. VOA of Alexandria and Shreveport ended their program in 2013. Phoenix Family Life Center developed teams over the course of several months to serve those regions. In 2014, Kingsley House ended their homebuilder programs that previously served the Greater New Orleans and Thibodaux regions. Prior to reimbursement rate changes, there was a high of 9 teams serving the State. Currently there are only 5 teams operating today.

The existing teams maintain a high success rate at closure, meaning children are prevented from entering custody or achieve timely reunification services. Since there are fewer teams and fewer therapists, fewer families/children are able to be served. Homebuilders referrals are received primarily for “prevention” - to prevent custody, followed by those for reunification, and very few for stabilization/step-down. “Step-down” as a standalone referral reason was discontinued in FFY 2013. Step-down referrals (meaning a child is moving from a more restrictive to a less restrictive placement) are now combined with stabilization since that is really the concern with a step-down referral – that of stabilizing the new placement. Providers consistently increased the number of direct face to face hours with families each year. The average length of service (duration) decreased during this year, closer to the expected 4 weeks, meaning families are now getting services with higher intensity, as guided by the Model.

The Institute for Family Development (IFD) will continue to be involved with any agency that maintains a team, since ongoing training and quality enhancement is a required component of the Homebuilders Model. IFD conducts annual reviews in addition to weekly consultation calls with each provider in order to ensure model fidelity and recently submitted data to Magellan for rate setting and exploration of Medicaid reimbursement.

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FOSTER CARE/HOME DEVELOPMENT

Program Description: Foster Care (FC) services include substitute, temporary care (e.g. foster family home, residential care, kinship care or youth living independently), and are utilized when the child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with department 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, among multiple other responsibilities, efforts to engage relatives in the process of resolving the risk issues in the home, providing support for the family and connections for the child through placement consideration for the child prior to considering other placement options. For children who age out of foster care at 18, the Department provides the opportunity for the young adult to contract to continue receiving supportive services through age 21 in the Young Adult Program (YAP).

Home Development (HD) services include recruitment, retention and support to DCFS foster and adoptive families and private foster care providers (e.g. Therapeutic Foster Homes). Additional information concerning HD is found in the Statewide Recruitment and Retention Plan. 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, foster parents or permanent adoptive homes.

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

FFY	Cumulative FFY
Baseline:	
2008	8340
2009	8268
2010	7909
2011 (April)	6304
2012	7507
2013	7437

Data obtained from Web Focus Report

Update FFY 2010 & 2011:

- **Service Array:** DCFS continues to provide Department of Health and Hospitals (DHH) Behavioral Health, Visit Coaching, Intensive Home-Based Services (IHBS), Multi Systemic Therapy (MST), Infant Teams, substance abuse treatment and privately contracted services to meet the therapeutic needs of clients. Training has been provided to staff to maximize the effectiveness of these interventions, particularly in the areas of DHH Office of Behavioral Health (OBH) services, Visit Coaching and through the mechanism of Peer Practice Support and Training.

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- Relative Caregivers: The Louisiana State Legislature created the Council on the Status of Grandparents Raising Grandchildren (ACT 867) in the 2010 regular legislative session. Responsibility for organization and ongoing facilitation of this council was given to the Department and is managed through the Foster Care and Transitioning Youth Programs Unit. The council was initiated January 2011. The goal of the council is to promote awareness and to advocate for all relatives providing care to family children, but primarily grandparents. The Louisiana Kinship Integrated Service Systems (LA KISS) continues to support relative caregivers in connecting with resources to achieve and maintain placement of children in the Greater New Orleans Region. LA KISS provided financial support for professional mediation in the Council on the Status of Grandparents Raising Grandchildren March 2011 committee meeting to aid in mission, vision and strategic plan development. The DCFS Guardianship Subsidy Program became effective April 1, 2010, with Title IV-E reimbursement for eligible children approved by ACF effective October 1, 2010. The Kinship Care Subsidy Program, which is TANF funded through the Economic Support Division, is for families that meet the income criteria and have a custody order for the care of the child.
- Interagency Services Coordination: DCFS continues to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- Appropriate Placement: The State Office Residential Review Committee (STORRC) and quarterly regional residential reviews continue to support and monitor field staff decision-making regarding congregate care placement in providing appropriate, needs-based services for children and youth in foster care.
- Runaway Youth: DCFS is utilizing the Child Welfare Gateway and researching issues related to runaway youth, particularly links to child prostitution to guide development of protocols and policy clarification regarding intervention to reduce runaway behavior in this population. Contact had previously been made with the National Resource Center (NRC) for Youth Development and ACF Region VI for assistance in this area, and additional assistance may be needed in the future as planning continues. Notification of NCMEC and law enforcement in relation to runaway youth remains a challenge for local staff. Tracking of activities to locate runaway youth once the information is submitted to NCMEC occurs at the State Office level.
- Immigration Issues: The Department has provided assistance from state office to local offices through case consultation on an as needed basis for individual cases.
- Substance Exposed Infants: Substance exposed infants/newborns policy was updated and incorporated in the Family Assessment Tracking System (FATS) and in Structured Decision Making (SDM). Training was provided to IHBS staff on substance exposed newborns and the Infant Child and Family Center in Baton Rouge did a project in East Baton Rouge Parish with a small group of workers/supervisors on infant mental health including substance exposure.
- Location of Relatives: Policy was developed and implemented for using CLEAR to locate relatives and then notify relatives of a child's entry into foster care and options for involvement.
- Case Crisis: Regional and parish offices informed state office of situations involving the death of children in child welfare cases, near death or other case crises. State Office response level included assessment of the specific case situation and reviews of case records and staff assessment of and service delivery to the family when indicated.
- Needs Assessment: The SDM tool has continued to be utilized to assess risk in families and guide reunification decision making.

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- Child Care Assistance: Child Care Defense Fund support for Child Care Assistance to child-welfare involved families for protective purposes and to foster caregivers for placement stabilization continued. Child welfare is included by the Child Care Assistance Program in CCDF rulemaking, state planning, review and the federal audit process.
- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. Medicaid resources were sought when possible through collaboration with the DHH Office of Citizens with Developmental Disabilities (OCDD).
- Workflow Management: Efforts continued to streamline workflow processes through planning for development of electronic case records and other modernization efforts.
- Emergency, Disaster and/or Crisis Preparation: Efforts continued to assure DCFS will fulfill responsibilities in assuring the safety of children and families during emergency situations.
- Fostering Connections to Success and Increasing Adoptions Act of 2008: DCFS continues implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008. A Memorandum of Understanding (MOU) with the DHH and the Office of Juvenile Justice (OJJ) was finalized concerning the Health Care Services Plan. Extension of Title IV-E Foster Care through age 21 was researched with assistance from ACF, Region VI. The Department developed policy and updated the Youth Transition Plan (YTP) document to include discussing with youth and helping them understand health insurance options and how to prepare a health care power of attorney and health care proxy. For more on this work, refer to this section of the document. (*PS 2, AS 3, BM 3.1 – 3.5*)
- Parent/Child Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching continued to be provided by the Regional Family Resource Centers. Visit Coaching continues to be available for parents with children of all ages. Visitation tracking of worker visits with parents and worker visits with children in foster care was established through the Department contracted FATS system.
- Shared Technical Assistance: DCFS continued coordination of activities with Department of Education (DOE), OCDD, and OBH to assure service provision and to provide shared Technical Assistance to increase the knowledge of staff and placement providers about available resources to support the needs of children. The Coordinated System of Care (CSoC) has also been used in collaboration among DHH, DCFS, DOE and OJJ to further develop service availability and family involvement in the service delivery process of behavioral health services statewide. DHH Office of Behavioral Health facilitates WRAP sessions (Working together to provide effective Rehabilitation services through MHR Agency and DHH Partnerships) for DHH, Mental Health Rehabilitation service providers, DCFS, and OJJ to come together to share information and seek solutions to challenges in service delivery.
- Educational Status: The Picard Center of the University of Louisiana at Lafayette was utilized to develop a report on the status of educational services in the state of Louisiana to children in Foster Care by merging records from DCFS and DOE.
- Cross Training and Resource Matrix: DCFS continued collaboration with Louisiana Community and Technical College System and Department of Education and the Advocacy Center in providing staff education to develop capacity to insure improved educational outcomes for children in foster care.
- Coordinated System of Care: Efforts continued in the development of Louisiana's CSoC for at risk children and youth with significant behavioral health challenges or co-occurring disorders. The planning groups for the CSoC are composed of key department staff from the DOE, DHH,

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OJJ & DCFS and external stakeholders, including family members, advocates, and providers. The contract agency facilitating development of this system is Mercer. The planning groups have formed workgroups as needed to accomplish specified planning tasks.

- **Peer Practice Support Training and Mentoring:** Formalized Peer Practice Support Training and Mentoring continued with assistance from the Children’s Research Center. Dr. Gerald Mallon with the NRC for Permanency and Family Connections also provided staff training on “Unpacking the NO to Permanency” for older youth and “Parent Partners” for improved engagement of parents in planning for the needs of their children.

Update FFY 2012:

- **Service Array:** DCFS continued to provide substance abuse services and other behavioral health services to meet the needs of clients through the Louisiana Behavioral Health Partnership (LBHP). In collaboration with Casey Family Programs and Paul Vincent, DCFS initiated work to develop a Family Team Meeting process. (*PIP Items – PS 2, AS 2, BM 2.3, 2.7- 2.7.5*) This process will enable staff to work more effectively in assessing client service needs and insure a supportive network to achieve access to the services by the family. A Parent Partner program is being developed to provide additional support to parents in achieving case plan goals. Casey Family Programs, National Resource Center for Permanency and Family Connections (NRC-PFC), the Extra Mile Family Resource Center and DCFS are working to develop and implement the program. (*PIP Items - PS 2, AS 4, BM 4.3*). Additionally, regional Family Resource Centers continue to be used for Visit Coaching and parenting education {i.e. the Nurturing Parenting Program (NPP)}.
- **Relative Caregivers:** The DCFS Guardianship Subsidy Program remained available. The Council on the Status of Grandparents Raising Grandchildren continued to develop as a supportive and educational resource on issues related to relative caregivers responsible for the daily care of children. During this period the LAKISS grant ended.
- **Interagency Services Coordination:** DCFS continued to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- **Runaway Youth:** DCFS continued to research issues surrounding runaway behavior in youth in foster care with particular attention to human trafficking issues impacting runaway behavior.
- **Location of Relatives:** The Department initiated work to assess Consolidated Lead Evaluation and Reporting (CLEAR) utilization to locate relatives and determine the need for additional staff education, guidance and support in more effectively locating, notifying and working with relatives to assist in establishing permanency for children in foster care. State Office program staff initiated plans to provide targeted regional skill development in working with relatives as needs for improvement are identified. (*PIP Items - PS 1, AS 2, BM 2.1 & 2.2*)
- **Case Crisis:** Regional and parish offices continued to inform State Office of situations involving the death, near death or other case crises. All program staff continued to support and assist in the assessment of these crises situations and provided follow-up skill development as needed.
- **Needs Assessment:** An Advanced Safety Model for assessing the level of safety in the family during out-of-home placement to insure timely reunification is being developed for the foster care program to assist in determining when it is safe enough to return children home.
- **Child Care Assistance:** CCDF funding for Child Care Assistance for child-welfare involved families as a protective service, for foster caregivers to stabilize placement, and for the children of youth under 18 in foster care to support educational stability continued. The child welfare and the Child Care Assistance Programs of the Department continued to work closely to allow for

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Child Care Defense Fund support of protective child care services for families involved in the Alternate Response Family Assessment (ARFA), Child Protection Investigation (CPI), Family Services (FS) and Services to Parents (SP) programs as well as the FC program through support to foster caregivers to stabilize placements for children and for the care of non-custody children of foster children to stabilize the educational performance of the minor parent.

- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. The LBHP has also provided assistance through the Statewide Management Organization, (SMO).
- Workflow Management: Extensive interdepartmental analysis of policy, work processes and technological opportunities occurred through workgroups with massive streamlining, reorganization of work responsibilities and deletion of unnecessary processes and policies.
- Emergency, Disaster and/or Crisis Preparation: Efforts continued to assure DCFS is prepared to fulfill responsibilities in assuring the safety of children and families during emergency situations. In the past year the director of the Department's Emergency Preparedness Program met on several occasions with Chafee Foster Care Independence Program (CFCIP) providers and transitional living apartment providers to advise regarding development of training and disaster planning with youth as part of preparing youth for the transition to adulthood. The director also joined the PQI Stakeholders Committee to assist in planning for overall improvement in customer service.
- P.L. 112-34: DCFS has been working to achieve the requirements of this legislation, and efforts to improve service delivery related to educational stability, trauma informed practice, credit history protection for children in foster care and other key areas pinpointed by this legislation.
- Parent/Child/Caseworker Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching continued to be provided by the regional Family Resource Centers (FRC). Further, to increase caseworker visits occurring each month in the residence of the child, a process for examining and evaluating staff skill level and performance in documentation of visits was developed. A sample of cases statewide were pulled and reviewed by State Office program staff. Staff initiated a system for improving caseworker performance. It is expected the improvement in the Department's capacity to accurately measure performance will lead to an increase in the data regarding actual contacts. DCFS does not find contacts are not occurring, rather documentation is lacking.
- Shared Technical Assistance, Training and Resources: DCFS continued to coordinate work activities with CASA, the Supreme Court/Court Improvement Project (CIP), DOE, OJJ, OCDD, and other state agencies in improving service provision to families and children, and in developing a mechanism for shared training to increase the knowledge of staff and placement providers about available resources. DCFS continued to sponsor monthly "Keeping In Touch" (KIT) telephone, webinar, and/or video conferences with the field staff on practice issues, legislative changes, and policy updates to maintain staff awareness of programmatic changes as they are occurring. Program staff also routinely provided additional telephone, webinar, and/or video conference and in-person training for field staff on specific issues such as paternity testing to identify fathers, making ICPC requests, serving the educational needs of children, documenting contacts with children and families in the case documentation database, etc.
- Education Status: Caseworkers have been educated on the importance of children and youth attending school full time; however, caregivers have not yet received this training. The Picard Center and Casey Family Programs are working with the Department to develop data related to school outcomes for children in foster care in Louisiana as compared to the general population.

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- CSoC: Services became available March 1, 2012. Children entering care are assessed for behavioral health issues within 15 days of foster care entry. Any child with behaviors indicating potential behavioral health needs are referred to the LBHP for assessment.

Update FFY 2013: During this last year, FC staff have worked to assure that existing tools, policies and procedures reinforce the inclusion of family and family engagement in assessment and case planning processes, with a special focus on fathers, non-custodial parents, and extended family.

Through consultation with the National Resource Center for Organizational Improvement (NRCOI), the National Resource Center for In-Home Services (NRCIHS), the National Resource Center for Child Welfare Data and Technology (NRCCWDT) and a number of community partners from the 16th JDC, the Department embarked on an assessment of the service array in the Transformation Zone (TZ) (the 16th Judicial District in the Lafayette Region). After the initial assessment of the service array, staff and community partners worked to develop services focused on transportation services, mental health services, school-based resources, preliminary employment services and early intervention services for children from birth to age 8. Those services also include the development of a “Parents as Partners” program (in collaboration with the Extra Mile Family Resource Center and the National Resource Center for Permanency and Family Connections) as well as the selection, training and implementation of a family teaming model (in collaboration with Casey Family Programs and the Child Welfare Policy and Practice Group). The Family Team Meeting (FTM) process is being rolled out in the TZ, the complete Lafayette Region as well as three other regions of the state including Lake Charles, Monroe, and Shreveport. Policy has been drafted for the FTM process providing instruction for how staff is to implement the process with already existing agency processes. (*PIP Items – PS 2, AS 2, BM 2.3, 2.7-2.7.5, AS 4, BM 1.3*)

Other efforts focused on engagement and improvement of caregiver participation in court proceedings. After a survey of foster/adoptive parents, Department of Children and Family Services (DCFS) and the Court Improvement Project (CIP) of the Louisiana State Supreme Court developed tools and best practice guidelines for the judiciary, DCFS child welfare attorneys, DCFS staff and foster/adoptive parents. Each judge with jurisdiction over juveniles in the state along with DCFS attorneys and child welfare staff has been provided the documents and best practice guidelines for child and foster parent involvement in court proceedings. The information was disseminated by the CIP to the judges and by the Field Services Division of DCFS to field staff. Practice pointers for child welfare staff working with children and foster caregivers involvement in court proceedings were issued via departmental Memorandum (*PS 2, AS 4, BM 4.3 and 4.4*).

Statewide, DCFS continued to provide substance abuse services and other behavioral health services to meet the needs of clients through the Louisiana Behavioral Health Partnership (LBHP) and the Coordinated System of Care (CSoC). Effective September 2012, staff began utilizing the LBHP as the primary source for the assessment and placement of children with behavioral health needs. (*PIP Items - PS 1, AS 5, BM 5.1 through 5.5*)

- Relative Caregivers: The DCFS Guardianship Subsidy Program remained available. The Council on the Status of Grandparents Raising Grandchildren continued to develop as a supportive and educational resource on issues related to relative caregivers responsible for the daily care of children.

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- Interagency Services Coordination: DCFS continued to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- Runaway Youth: DCFS continued to research issues surrounding runaway behavior in youth in foster care with particular attention to human trafficking issues impacting runaway behavior.
- Location of Relatives: References and web links to supporting policies on the Consolidated Lead Evaluation And Reporting (CLEAR) web search tool, diligent efforts by workers to visit parents, and establishing connections for permanency were provided to staff statewide. Procedures for collecting information on relatives have been enhanced to reinforce the importance of this work. The process for identifying and searching for fathers and non-custodial parents has been clarified to help staff understand their responsibilities more fully. The policy revisions were presented to staff statewide via video and teleconference on 5/2/2012 and 5/24/2012. Staff has also been provided the policy updates online and educated on policy and procedural expectations. Linkages of the policy to other areas of policy with additional information and tools related to searching for parents and relatives and maintaining contact will help staff more effectively locate policy guidance to inform their practice. State office FC Program staff remains available to staff statewide for consultation and assistance as needed in implementation. Staff compliance has been monitored through the case review process. (*PIP Items - PS 1, AS 2, BM 2.1 & 2.2*)
- Case Crisis: Regional and parish offices continued to inform state office of situations involving the death, near death or other case crises. All program staff continued to support and assist in the assessment of these crises situations and provided follow-up skill development as needed.
- Needs Assessment: An Advanced Safety Practice Model [based on the Advanced Safety Decision Making Model (ASDM)] for assessing the level of safety in the family during out-of-home placement to insure timely reunification is being developed for the foster care program to assist in determining when it is safe enough to return children home.
- Child Care Assistance: CCDF funding for Child Care Assistance for child-welfare involved families as a protective service, for foster caregivers to stabilize placement, and for the children of youth under 18 in foster care to support educational stability continued. The child welfare and the Child Care Assistance Programs of the Department continued to work closely to allow for Child Care Defense Fund support of protective child care services for families involved in the Alternate Response Family Assessment (ARFA), Child Protection Investigation (CPI), Family Services (FS) and Services to Parents (SP) programs as well as the FC program through support to foster caregivers to stabilize placements for children and for the care of non-custody children of foster children to stabilize the educational performance of the minor parent.
- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. The LBHP has continued to provide assistance through the Statewide Management Organization (SMO).
- Emergency, Disaster and/or Crisis Preparation: Efforts continued to assure DCFS is prepared to fulfill responsibilities in assuring the safety of children and families during emergency situations. During this time period, the disaster planning that was conducted with Chafee Foster Care Independence Program (CFCIP) providers and transitional living apartment providers was utilized after Hurricane Isaac.
- Parent/Child/Caseworker Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching continued to be provided by the regional Family Resource Centers (FRC) and Tulane University has begun providing consultation to other FRCs on the

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implementation of Visit Coaching. Further, to increase caseworker visits occurring each month in the residence of the child, a process for examining and evaluating staff skill level and performance in documentation of visits was developed. Based on the caseworker visit data for FFY 2012, the Department's performance decreased from FFY 2011, but overall the percentage of monthly caseworker visits with children are being held in accordance with state and federally established guidelines.

- **Shared Technical Assistance, Training and Resources:** DCFS continued to coordinate work activities with Court Appointed Special Advocate (CASA), the Supreme Court/Court Improvement Project (CIP), DOE, OJJ, OCDD, and other state agencies in improving service provision to families and children, and in developing a mechanism for shared training to increase the knowledge of staff and placement providers about available resources. DCFS continued to sponsor monthly "Keeping In Touch" (KIT) telephone, webinar, and/or video conferences with the field staff on practice issues, legislative changes, and policy updates to maintain staff awareness of programmatic changes as they are occurring.
- **Education Status:** Caseworkers have been educated on the importance of children and youth attending school full time; however, caregivers have not yet received this training. The Picard Center and Casey Family Programs worked with the Department to develop data related to school outcomes for children in foster care in Louisiana as compared to the general population, and continue to partner with the department to strategize on improved collaboration between local DCFS staff and school personnel in more effectively serving children in foster care.
- **CSoC:** Children entering care are assessed for behavioral health issues within 15 days of foster care entry. Any child with behaviors indicating potential behavioral health needs are referred to the LBHP for assessment.

Update FFY 2014 and multi-year comparative analysis:

The DCFS continues to reach beyond internal processes to incorporate family-centered and community based practices with the potential to create sustainable, productive partnerships for the improvement of safety, permanency and well-being outcomes for the children and families of Louisiana. In pursuit of this goal, the Department implemented the Advanced Safety Focused Practice (ASFP) model, the Structured Decision Making (SDM) model, and the Family Teaming Meeting (FTM) approach. These framework processes improved family engagement and assessments, improved safety plans and intervention, and created additional community partnerships. The DCFS maintains its relationship with the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) task force and supports its intent to educate departmental staff, stakeholders, providers, and foster parents in the unique issues faced by this population. The Department played an integral role in establishing a service continuum in collaboration with legal and faith based organizations in support of the DCFS Secretary's "Faith In Families" initiative, Court Improvement Program (CIP), and the Pelican Center Training Academy.

Ongoing management efforts and adjustments are made to substantiate work with the Louisiana's Coordinated System of Care (CSoC) and the Louisiana Behavioral Health Partnership (LBHP). The DCFS endeavors to increase its pool of provider resources, especially those that embody the skills needed to administer Trauma Informed treatment interventions. The Department maintains use of the CLEAR system to locate relatives of children and youth in the foster care system in order to expedite the assessment process to the achievement of permanency, making permanent connections, or guardianship, when applicable.

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Moving forward, the Department plans to assess its many change efforts to determine the need for any mid-course adjustments and to identify areas that need strengthening. With an actively engaged administration open to new initiatives and innovative ideas, the DCFS is believed to be headed in a progressive direction. The Department maintains an open relationship with its federal partners for guidance and oversight. The partnership proved beneficial in assisting Louisiana in its pursuit to provide quality services through multiple external partners, achieving safety and permanency for children and youth in foster care as expeditiously as possible, and in maintaining ongoing relationships with its partners, the community, and its tribal partners. Participation in the Program Improvement Plan (PIP) and AFCARS process reinforced the Department's need to aggressively act as a change agent in its effort to improve. In doing so, the DCFS incorporated several new evidence-based models, spearheaded and embraced the faith-based community, reviewed, revised, and updated, existing policies to reflect these changes, provided extensive training and support to new staff, and opened its doors wide to the community and its stakeholders to assist in its ongoing assessment/evaluation processes.

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MONTHLY CASEWORKER VISITS:

The DCFS has taken/will take the following action steps to ensure that by October 1, 2012 and beyond, 90% of the children in the custody of the state will be visited each and every month by their caseworker and that the majority of these visits take place in the home of the child. Departmental policy continues to require that caseworker visits occur each and every month in the home of the child and policy also allows a supervisor to temporarily assign another worker to a case when the normal worker was out of the office for an extended period. If this type of reassignment occurs, it is documented the case record activity log.

Use of Monthly Caseworker Visit Funds:

- During FFY 2009, 2010, 2011 and 2012, a portion of the additional IV-B, Subpart 2 funds was used for travel and associated costs to support caseworker visits.
- A Child Welfare Universities Alliance was created between DCFS, LCWCWP, and the public universities offering social work degrees. As a result of the Alliance a set of core competencies for BSW students was developed. These core competencies include teaching the skills required to conduct quality visits which focus on true engagement with emphasis on the necessity to see each child every month.
- Stressed the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, and in on-going training on risk and safety assessments, family engagement, assessment of family functioning, and case planning).
- To improve the retention rates of child welfare workers and to improve outcomes for the children and families the Department implemented a 24 week training program for new child welfare workers in December 2011. The new workers remain in trainee status for a six month period after employment and are trained using a competency-based training model which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Encrypted laptops with air cards were provided to field staff to support a more mobile workforce. The expectation is that, when provided more functional technology, workers will be able to document their work more accurately and timely and will be able to make more effective use of time when working in the field (for instance, by using time spent waiting for case related court hearings or medical appointments to document case activities).
- The Department has implemented a teleworker plan that has expanded to child welfare field staff during calendar years 2012 and 2013. An additional expectation is that increasing staff mobility and opportunities for teleworking will improve case work as well as improve staff retention.
- A Human Resources/Performance Measures workgroup was formed in late 2011 to examine how staffing issues related to funding reductions might impact key performance indicators. The workgroup was tasked with developing strategies for managing the workload effectively in a climate of staff reductions as well demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. The workgroup includes the Undersecretary, executive and management staff from the Divisions of Operations and Programs, Human Resources and Systems Research and Analysis. The workgroup examines trends in performance indicators in the context of human resources data (staff on board, FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).
- In August, 2011, the Family Assessment Tracking System (FATS) was fully launched as the electronic mechanism for documenting the dates, locations and purposes of worker visits.
- Streamlining and modernization efforts including the development of a Common Access Front End (CAFÉ), which is movement toward a paperless workplace. DCFS staff will be able to

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conduct interactive interviews and input electronic case notes, which reduces duplicative data entry and key strokes.

- Document imaging, the electronic storage and indexing of key child welfare documents, will support future efforts to develop an electronic case record and will also provide additional functionality for mobile workers and teleworkers.

During the development of the 2010-2014 Child and Family Services Plan (CFSP), the DCFS expected the enhancement of the electronic Family Assessment and Tracking System (FATS). The Department endeavored to have completed adjustments/enhancements to FATS so that staff could enter caseworker visit information beginning October 1, 2009. From that process, the DCFS hoped to generate visitation report data from FATS. Consequently, the Department experienced technical delays and fiscal issues that resulted in staff's inability to enter complete caseworker visit information into FATS until July 2010. Since FATS was not fully operational for all client contact until August of 2011, it was necessary for DCFS to rely on the Children's Bureau to provide a sample for FFY 2010 and 2011, as in past years.

Finally, in 2012, the DCFS was able to utilize FATS in providing the required data regarding monthly case worker visits. Data was extracted from the Tracking, Information and Payment System (TIPS) (i.e. the data system which serves as the primary source of data for federal reporting for foster care in Louisiana). State identification numbers (ID) and foster care entry and exit dates of all children served in foster care from October 1, 2011 through September 30, 2012 were extracted from TIPS. The entry and exits were concatenated such that each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs were matched against electronic case record notes to extract all face to face visits with each child that were made by an assigned caseworker or supervisor. If multiple visits occurred in the same month, only one visit was counted. If any one of the qualifying visits was made in the child's residence, the month was included in the numerator for visits in the residence.

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MONTHLY CASEWORKER VISITS/DATA (Statistical and Supporting Information):

The federal mandate to assess and improve frequency and location of caseworker visits with children in foster care began with the establishment of a baseline measure for FFY 2007. DCFS did not have an electronic means of capturing caseworker visits and therefore relied on samples provided by the Children's Bureau Data Team. These samples were derived from the DCFS AFCARS file submissions. The FFY 2007 baseline revealed that a majority of caseworker visits were occurring in the residence of the foster child. Therefore, expectations for improving caseworker visits in the child's residence was much more conservative than the goals for completing visits each and every full month a child is in care. While DCFS devoted attention to improving caseworker visits in the child's residence, the initial focus was on assuring that caseworkers have monthly face-to-face visits with all children in state custody.

Using the same methodology as the FFY 2007 baseline, with samples provided by the Children's Bureau Data Team, case reviews were conducted to gather data for FFY 2008, 2009, 2010 and 2011 reporting periods. Case review samples could not be provided until after Louisiana's AFCARS 'B' file submission, which is due November 14th each year. The result of using the sampling methodology is that Louisiana was unable to produce a report to ACF on the annual results of the caseworker visit review until the following February. Then in FFY 2012, the Department was able to track caseworker visits in the Family Assessment Tracking System (FATS) thus allowing timely submission of the data to the Children's Bureau. Additional information regarding this sampling methodology is provided below.

The table below tracks annual progress toward 90% of children in foster care being visited by their worker each and every month with the majority of the visits taking place in the child's residence as compared with interim goals for FFY 2007-2012. In FFY 2008, the goal of 64% of children being visited every month was missed by three percentage points. Notable improvement occurred in FFY 2009. The goal of 73% of children being visited each and every month was exceeded by seven percentage points to 80% with 98% of those visits taking place in the child's residence. Again in FFY 2010, the Department showed improvement in not only reaching but exceeding the established goals. The FFY 2011 review indicates that visitation of children dropped from 86% to 83%. This is 7 percentage points lower than the established goal of 90% and a drop of 3 percentage points from the previous year. In FFY 2012, the Department surpassed the goal of 90% of children being visited every month with the data showing 92%. This was an increase of 8% over what the state achieved in FFY 2011. With regard to caseworker visits in the child's residence, Louisiana maintained remarkable scores with caseworker visits in the child's residence from 82% in FFY 2007 to 99% in FFY 2010 and 98% in 2011, which was a drop of 1 percentage point from the previous year. In 2012 this percentage continued to drop a total of 13 percentage points; however, the state was still achieving the baseline goal of 85% monthly visits held in the child's home. In 2013 the Department was able to increase compliance with caseworker visits and the percentage of children visited in their place of residence as noted on the following table.

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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%	80%	84%	98%
2010	82%	86%	85%	99%
2011	90%	83%	85%	98%
2012	90%	92%	85%	85%
2013	90%	95%	85%	88%

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

1. The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application that supports data from Lotus Notes and DB2.
2. Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care and which months were not full months in care. The extraction criteria also identified the months that contain a recorded face-to-face visit and the months that do not reflect a face-to-face visit.
3. The data file generated by the OJJ SAS data warehouse was merged with the data file from DCFS. The merged file was then analyzed by DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits that occurred in the child's residence.

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4. Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were also conducted to verify the accuracy of the extraction logic.
5. Data submitted to DCFS included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.
6. DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services Administration for Children & Families from the combined DCFS and OJJ data sets.

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

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

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

1. Web Focus Business Intelligence reporting application was used to develop reports related to caseworker visits with children in foster care. Web Focus is a robust application that supports integration of data from multiple sources Tracking Information Payment System (TIPS) and Family Assessment Tracking System (FATS) and languages (DB2, SQL).
2. Case level data was extracted from TIPS using basic AFCARS and visitation inclusion criteria (in state custody in a qualified placement for at least one full month during the FFY). The extraction criteria

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included a data 'flag' to identify which months were full months in care and which months were not full months in care. The TIPS extraction file served as the reporting population.

3. Case level data was extracted from the FATS for all children indicated as foster children in FATS. The extraction criteria included a data flag to identify the months that contain a recorded face-to-face visit and the months that did not reflect a face-to-face visit. An additional flag was created as an indicator of visits occurring in the child's residence or not in the child's residence.

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

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

Calculation of Percentages:

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

Update FFY 2014 and multi-year comparative analysis:

Prior to 2012, Louisiana utilized a different sampling methodology to provide caseworker visitation data. Louisiana now has capability to extract data from the TIPS and FATS. State ID numbers and foster care entry and exit dates of all children served in foster care from October 1, 2012 through September 30, 2013 were extracted from TIPS. This is the data system which serves as the primary source of data for federal reporting for Louisiana's foster care system. The entry and exit dates were combined such that each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs were matched against electronic case record notes (in FATS) to extract all face to face visits with each child that were made by an assigned caseworker or supervisor. If multiple visits occurred in the same month, only one visit was counted. If any one of the qualifying visits was made in the child's residence, the month was included in the numerator for visits in the residence.

In FFY 2010, the Department showed improvement in not only reaching, but exceeding its established goals for caseworker visits. The FFY 2011 review indicated visitation of children dropped from 86% to 83%. This was 7 percentage points lower than the established goal of 90% and a drop of 3 percentage points from the previous year. In FFY 2012, the Department surpassed the goal of 90% of children being visited every month with the data showing 92%. This was an increase of 8 percentage points of what the state achieved in FFY 2011. With regard to caseworker visits in the child's residence, Louisiana maintained remarkable scores, as the Department increased caseworker visits in the child's residence from 87% of the time in FFY 2007 to 99% of the time in FFY 2010 to 98% of the time in 2011. The 2011 figures were a 1% drop from the previous year. In 2012 this percentage continued to drop to a total of 13 percentage points. However, the state continues to achieve the baseline goal of 85% of the monthly caseworker visits being held in the child's residence. In FFY 2013, the Department

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visited on average 95% of children monthly which was a 3% increase from the FFY 2012. The Department saw an average of 88% of these children in the child's residence which was a little more than a 3% increase from FFY 2012 and in 2013 increased compliance from the previous year, surpassing the baseline goal in both areas, and looks forward to future percentage increases and achievement of new federal goals

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JUVENILE JUSTICE TRANSFERS:

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

Regional Analysis of Children Transferred from DCFS to OJJ:

Number of Children Custody Transferred						
Region of Child's Domicile	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
No Court Identified	0	2	0	0	0	0
Orleans (1) (effective 9/05)	1	3	0	3	1	2
Baton Rouge (2)	3	3	1	3	2	1
Covington (3)	1	3	0	3	1	1
Thibodaux (4)	0	0	1	2	0	0
Lafayette (5)	3	1	1	2	3	0
Lake Charles (6)	2	1	2	3	1	0
Alexandria (7)	0	0	0	0	4	0
Shreveport (8)	4	1	0	3	1	0
Monroe (9)	0	0	0	0	0	1
Jefferson (10) (effective 9/05)	2	5	2	2	0	0
TOTAL	16	19	7	21	13	5

The statistics reflect DCFS 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.

Update FFY 2014 and multi-year comparative analysis:

Within the state fiscal year of 2014, the DCFS and the OJJ entered into a partnership to assess cases where the two agencies either shared case responsibility or the cases transferred between agencies. Part of the planning process comprised of joint case planning that involved both agencies to include a coordinated case closure effort when one agency was no longer responsible for the case. Policy was developed for joint service delivery in both in-home/prevention cases and foster care cases. Joint case planning is currently piloted in the Lafayette and St. Tammany parishes.

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STATEWIDE RECRUITMENT/RETENTION PLAN:

As per Section 422(b)(7) of the Social Security Act the state provides for the diligent recruitment of foster/adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The following information describes the state's progress and accomplishments made in years one through four of the Child and Family Services Plan (CFSP).

Update FFY 2010 & 2011: During this time period the Department of Children and Family Services (DCFS) experienced unprecedented progress in the recruitment program. The recruitment program focused its attention on using data in achieving outcomes and developed strategies that included a more comprehensive approach to recruitment success. In its fourth year of operation, the recruitment program progressed to include research and assessment of other nationwide recruitment initiatives to gain insight on successful strategies that could be tailored to meet the needs in Louisiana's communities.

Regional recruitment efforts resulted in closer interdepartmental relationships across programs, and a concerted effort between the Department and its foster/adoptive parent associations statewide to jointly contribute to achieve successful outcomes. This "closing of the gap" between programs was achieved through much diligence and the building of unique strategies that proved successful in Louisiana's communities. Through a team approach, the program discovered ways to effectively communicate the need for families and community resources for the purpose of maximizing placement options for foster children and youth.

The Department requires that each region submit a copy of an Annual Recruitment Plan to DCFS state office Adoption/Home Development (HD) Unit for review prior to the upcoming year's recruitment activities. Policy was updated to reflect the minimal elements to be included in this plan. DCFS required that HD supervisors submit a monthly report on recruitment activities conducted in each region including outcomes/results of each event. State Office staff will monitor these reports for assessment and reporting purposes.

The Department continued to conduct recruitment webinars to provide statewide staff with recruitment updates, to support regions in planning recruitment activities, and to receive feedback regarding recruitment outcomes. State office Adoption/HD staff continued to participate in Centralized Mini Exchanges bi-annually. These exchanges involved the reporting and matching of children and youth without identified placements. State office staff monitored the progress of the exchange meetings.

State office Adoption/Home Development staff monitored LBCH's efforts to recruit and retain certified foster/adoptive families. The cooperative agreement entailed LBCH recruiting an additional 200 homes in a three year period. Outcomes were monitored by state office staff, and guidance and support was provided to field staff regarding LBCH families. HD regional staff worked in partnership with LBCH in tracking referrals, training, certifying, and supporting families shared through this effort. State office Adoption/HD staff worked in partnership with CASA in their continued desire to recruit foster/adoptive families. State office provided CASA with strength based profiles and professional photos of children and youth freed for adoption without identified placements. The photos and profile was featured in CASA's newsletters and community outreach events.

State office staff continued to work in partnership with Louisiana FAPA to support and encourage recruitment efforts statewide. DCFS and LFAPA continued to exchange information regarding

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beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

The Department continued to support LFAPA's annual conferences by making statewide departmental staff aware of conference information, and making it possible for staff to support the conference through attendance, and volunteer session presentations.

Update FFY 2012: In July 2011, regional recruiter positions were dissolved due to a departmental reorganization; but, recruitment efforts continued and DCFS was successful in recruiting additional families that expressed interest in becoming foster/adoptive parents, families that attended orientation and pre-service training, and youth that achieved permanency through an interdepartmental team approach statewide and community partnerships. Regional HD staff continued efforts to recruit and retain foster/adoptive parents.

Update FFY 2013: DCFS departmental policies/procedures on recruitment and recruitment plans were revised with an effective date of June 1, 2012. The revised policy/procedures outlined the transition of responsibility for ongoing recruitment to each prospective region.

During previous FFY(s), regional HD staff submitted the annual recruitment plan to state office HD Section for approval. The most recent policy revisions states the annual recruitment plan is to be approved on the regional level and a copy is to be submitted to state office HD staff. All regions have complied with this requirement.

Each regional HD section submitted monthly reports on recruitment activities. In an effort to ensure the information is reported correctly, state office program managers worked closely with HD staff to develop a tool to assist with tracking monthly recruitment activities. HD staff reported the activities and indicated whether the activities lead to an individual's participation in an orientation, pre-service training and/or a match.

State office HD staff conducted an Adoption Centralized Exchange (via WebEx) with statewide Adoption and HD staff in August 2012 and February 2013. Staff was provided instructions which included:

- The number of children to be presented per region (two per region);
- The age of the children (nine years and older); and
- Certified foster/adoptive parents with an interest in stated age group.

During the course of exchanges, there were noted potential matches; however, as of April 2013, no definite matches were identified.

In addition to the Centralized Mini Exchanges, staff provided supportive assistance via teleconferences and webinars for HD and Adoption staff separately to address updated policy/procedures.

Efforts to improve the retention of foster/adoptive parents included exploration of their involvement in courts through a survey conducted in partnership with the DCFS Foster Care Program and Court Improvement Project (CIP). (*PIP item PS 2, AS 4*) Foster/adoptive parents were surveyed regarding their knowledge and understanding of the court process, their experiences in participating in court proceedings, and to obtain feedback regarding whether they were receiving notice of court hearings. The survey also explored

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whether or not they are attending hearings and being offered an opportunity to be heard. Responses were received from 318 foster and adoptive parents. Following is a summary of some key findings:

Knowledge of the right to notice and be heard

- Asked whether they understood the terms disposition hearing, case review hearing and permanency hearing; most foster parents responded that they understood very well case review and permanency hearings, but felt only somewhat familiar with the concept of disposition hearings.
- More than 90% of foster parents recognize that they have a right to receive notice of and attend disposition, case review and permanency hearings.
- About 80% of respondents understood that they have a right to be heard at disposition, case review and permanency hearings.

Notice, going to court and being heard

- The majority (nearly 60%) of foster parents responded that they receive notice from DCFS regarding upcoming disposition, case review and permanency hearings and that the notice contains the date, time and location of the hearings.
- About 55% of respondents indicated that they always attend court hearings, whether inside or outside their parish of residence.
- When asked if they were given a chance to participate in court proceedings when they attend, nearly half (48%) indicated that they are never given a chance to participate.
- Of those foster parents who do go to court and are given an opportunity to speak, about 50% said that it was the judge who invited them to speak.

Understanding the CINC court process

- Approximately a third of respondents indicated that they had never been given information about the court process, including their right to notice and be heard, from the court or attorneys.
- Nearly a third of foster parents said they had received information from DCFS about the court process and their rights to notice and be heard.

Summary of survey results

While it appears that the vast majority of foster parents know that they have a right to notice, attend court hearings and be heard, only about half are ever offered the opportunity to participate when they attend. In addition, foster parents indicate clearly that they would like to learn and know more about the court process.

Additionally, the survey responses, along with information obtained from roundtable discussions held at the annual foster/adoptive parent conference, identified the foster/adoptive parents' need for more open communication between one another, DCFS staff, the courts, and Court Appointed Special Advocates (CASA). The summary also reveals foster parent's lack of knowledge of the court process and their need to be a fully informed and acknowledged partner in the process. The need for foster parents and youth to be heard by DCFS and the courts is of paramount importance regardless of the permanency goal.

To address some of the identified areas of concern, DCFS hosted a Keeping In Touch (KIT) conference in May 2013. During the KIT conference, staff reviewed practice pointers regarding the necessity for

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foster caregivers' involvement in the success of case planning and implementation. DCFS also sent out a letter to foster/pre-adoptive caregivers advising them of their right to be heard in case review hearings and the responsibilities of DCFS staff as it relates to providing them with notification of upcoming hearings as well as their right to be heard by the court. The letter also outlined possible topics to discuss with child's case manager prior to court hearing and provided information to assist in preparing for case review hearings. Further, a departmental memo was issued to DCFS staff regarding practice pointers on child and foster caregiver involvement in court proceedings (*PIP Item PS 2, AS 4, BM 4.4*).

Also on February 22, 2013 the CIP issued a memorandum to all judges with juvenile jurisdiction and provided the judges with materials designed to facilitate efficient and effective involvement of foster parents and children in their CINC hearings, in accordance with legal requirements (*PIP Item PS 2, AS 4, BM 4.3*).

Update FFY 2014 and multi-year comparative analysis:

Regional Home Development (HD) 2013-2014 recruitment/retention plans included information on an assessment of placement needs, as well as, the regional goals and strategies. The identified placement needs were derived from Web Focus, Louisiana Adoption Resource Exchange (LARE) and INFOPAC data, and input from Foster Care and Adoption staff.

During the FFY 2014, each regional HD section submitted monthly reports that were utilized for three purposes: 1) tracking an applicant from time of inquiry to certification and/or closure; 2) providing an overall computation of the total number of certified foster/adoptive homes (regular and/or child specific); and 3) listing recruitment activities which occurred within the reporting month.

The DCFS state office level HD staff reviewed the reports to: 1) monitor the certification process from the region's perspective; 2) gain insight regarding the regular vs. child specific or relative certifications; 3) monitor the type of recruitment activities; and 4) provide feedback to staff. Detailed information regarding the data is reported under Recruitment/Retention Goals for 2010-2014.

State office staff conducted two statewide teleconferences (July and October 2013) with HD staff. The focus of the teleconferences included: utilization of monthly reporting from state office perspective; on-going use/evaluation of recruitment/retention plan to drive recruitment activities; foster/adoptive home utilization; contracted CPR training; re-implementation of foster/adoptive parent co-trainers; ensuring input of applicable data in TIPS/LARE; and upcoming new and/or revised policies.

In addition to the above stated teleconferences, a meeting was held with HD staff in February 2014. Each region was represented by the HD supervisor and one staff. The purpose of the meeting was to prepare staff for a possible increase in intake calls and home studies resulting from the May 2014 recruitment events ("Wait No More" & "Over the Edge for Adoption"), and ensure current certification activities continue to align with best practice. The meeting was facilitated by Dr. Denise Goodman from the Annie E. Casey Foundation.

Update FFY 2014 and multi-year comparative analysis (Data Utilization):

Over the past five years, the Department continued to put forth efforts to enhance diligent recruitment of potential foster/adoptive families. In 2010, the Department capitalized on the work of nine designated regional recruiters housed in each region of the state. During 2010, there was an overall increase of approximately 10% in the number of newly certified homes. In July 2011, the regional recruiter

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positions were dissolved due to the Department's reorganizational structure and budgetary constraints. The duties assigned to regional recruiters were transferred back to the regional HD staff. During this transition period, there was a noticeable decrease in the number of newly certified families, following the loss of the regional recruiters. However, since the decrease and dissolution of the regional recruiter positions, the overall number of new certified homes has remained within the 600 plus category annually.

The Department continued to move toward enhancing community partnerships from the state office and regional levels. From the state office level, partnerships and/or agreements were established and/or remain on-going with some of the following organizations: the Louisiana Foster/Adoptive Parent Association (LFAPA), the Louisiana Baptist Children's Home (LBCH), the Faith in Families Initiative, and the Dave Thomas Foundation for Adoption (DTFA). Through the DTFA, the DCFS was awarded a Wendy's Wonderful Kids grant in January 2014 to hire two new recruiters that would conduct child specific activities to expedite older youth adoptions. On the regional level, staff continues to develop and maintain working relationships with local media, faith-based organizations, schools and other community organizations to promote the Department's need for additional resource families.

In an effort to retain certified foster/adoptive parents, staff are constantly seeking ways to show appreciation for dedicated foster/adoptive parents. In March 2014, in a particular region, a national community service organization honored 10 outstanding current and former foster/adoptive mothers for their sacrifice and dedication to foster children at an event they called the 8th Annual "Unsung Sheroes" program. The Department's communication's unit posted the recognition on the DCFS website for statewide recognition. In addition, May is National Foster Care Month and the Department utilizes this time to express its appreciation for the service foster parents provide to children and birth families every day. Statewide HD units at scheduled times of the month serve as leads in the planning and execution of Foster Parent Appreciation luncheons in each region of the state.

In addition, a "Meet and Greet" luncheon was planned and executed by the Department in September of 2013 between the Louisiana Foster & Adoptive Parent Association (LFAPA) and the DCFS for the purpose of strengthening its partnership with foster parents and for retention purposes. The DCFS Secretary and Child Welfare Director along with other administrative staff attended to provide updates, and to address any concerns. The DCFS Secretary engaged a room of more than 50 foster/adoptive parents and community partners that attended in support of foster/adoptive parents. Foster/Adoptive parents (LFAPA) submitted questions and concerns prior to the meeting, but was also given the opportunity to direct any questions or concerns to the Secretary during the meeting. Lunch was provided by one of the local foster/adoptive parent association, and everyone left with a sense of importance and eager to continue working as a team. Highlights of the meeting as well as photos were posted on the DCFS website. A similar meeting also took place in May of 2014.

General Recruitment Update FFY 2010 & 2011: Local Foster Parent Associations acted in partnership with regional recruiters in the success of several community awareness events, match parties, and faith-based "One Church, One Child" campaigns this fiscal year. Regional recruiters partnered with statewide associations to assist in recruiting for "hard to place," special needs youth. Statewide, recruiters shared fliers of youth that were freed for adoption without identified placements, and brainstormed available families that might be willing to adopt, or participate in recruitment activities that target families with interests similar to the youth, geographical area relevance, etc.

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Regional recruiters maintained previous media partnerships that agreed to feature youth without identified placements in addition to highlighting the need for additional families that are willing to foster and/or adopt. Channel 4 Eyewitness News, “Home of My Own” in New Orleans and, Ark-LA-Tex Angels in Shreveport are faithful partners in this effort. Regional recruiters have added the “Around Town” show in Baton Rouge, WAFB Channel 9 News, NBC Channel 33 News, and Channel 10 Evening News in Monroe to its menu of media partners. Regional Recruiters expanded their media connections to include major newspapers, radio stations, and magazines that willingly allow free media access to promote recruitment efforts. The North American Council on Adoptable Children (NACAC) contacted the Department to share recruitment methods used by the Department’s recruitment program because of the success Louisiana has had in achieving permanency for older youth as a result of recruitment efforts.

Regional recruiters shared more than 10,000 data driven, region/parish specific, informational fliers both electronically and by hand delivery to community centers, churches, schools, and planned events to promote awareness and the need for more families to foster/adopt youth in foster care. Regional Recruiters attended more than 30 health fairs statewide, and presented fliers on special needs children freed for adoption in each region. As a result, 2 of the 7 children presented statewide were adopted into families with specialized medical skills.

Recruiters attended social service coalition meetings statewide for the purpose of joining forces with stakeholders that were willing to promote statewide recruitment efforts. This outreach has resulted in expanded awareness, monetary support, and community connections. Regional recruiters involved staff statewide from the planning stage to the implementation stage of recruitment events and initiatives. Staff was made aware of recruitment plans through general staff meetings, regional emails, and unit to unit monthly staff meetings. Staff involvement brought about several leads and referrals from their communities and churches that at times resulted in awareness events, speaking engagements, and information sharing with community members that “always wanted to adopt.”

General Recruitment Update FFY 2012: Staff continued to share the need for additional families to foster and adopt children and youth in Louisiana’s foster care system through several media and community venues. Statewide, staff managed to secure media (both broadcast, and print) partnerships that were willing to allow free air time to feature children and youth freed for adoption without identified placements. Partners such as Channel 4 Eyewitness News, “Home of My Own” in New Orleans and, Ark-LA-Tex Angels in Shreveport are faithful partners in this effort. Regional recruiters have added the “Around Town” show in Baton Rouge, WAFB Channel 9 News, NBC Channel 33 News, and Channel 10 Evening News in Monroe continued to willingly provide support to the Department’s recruitment program.

General Recruitment Update FFY 2013: State office and regional HD staff continued to maintain a partnership with Louisiana Foster/Adoptive Parent Association (LFAPA) to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information regarding beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

HD staff was available to assist foster/adoptive parents that expressed interest in establishing a local FAPA; as well as conducted presentations at local parish foster parent associations.

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Based upon information obtained from the regional HD monthly reporting forms, staff and community partners utilized the following methods to educate the community about the need for temporary and permanent homes for children served by DCFS:

- distributed booklets and flyers at health fairs, CASA in-service training and local department stores;
- conducted presentations at faith-based events and educational forums;
- held informational booths at community functions;
- posted orientation dates in local visitor bureau's calendar which was distributed throughout the community;
- featured foster/adoptive information in local church bulletins; and
- attached information to approximately 80 Mardi Gras beads thrown during a local February 2013 Mardi Gras parade.

In addition, as part of the cooperative agreement between the DCFS and LBCH, LBCH has ensured each region has a LBCH social worker to assist with completing home studies, training and support services. The following general recruitment activities were conducted by LBCH, as of December 2012:

- Orientation presentations (on 28 occasions for approximately 115 families); and
- Recruitment presentations (55 held throughout the state)

In February 2013, LFAPA hosted the 37th Annual Education Conference held in Shreveport, Louisiana. LFAPA sponsored registration fees for 12 DCFS staff in the northern regions of the state while the DCFS training unit matched the sponsorship for registration fees for 12 DCFS staff in the southern regions of the state. The Child Welfare Director and an AD/H During this workshop, departmental staff and several foster/adoptive parents participated in session to discuss how the enhance department and foster/adoptive parents working partnership. Several items were gleaned from the discussion, which the department plans to incorporate to assist with retention.

Also, in February 2013, the LFAPA acting liaison and former recruitment supervisor teamed up with the president of NOLA Hope (Greater New Orleans Foster Parent Association) the Southeast LA. Foster for a power point/interactive presentation on recruitment and retention. The presentation was held at Southeastern LA. University (SLU) and provided recruitment/retention ideas and encouraged the use of community agencies as part of its recruitment team. Those in attendance were part of the Covington region of the state and included Adoption and Home Development supervisors, the Program Operation Manager, the Area Director and the regional administrator (all employed by DCFS), CASA staff representation, VOA staff representation, University (SLU/Social Work Program) staff and foster/adoptive parents. The DCFS foster parent liaison posted highlights of the meeting on the DCFS intranet to bolster other regions' interest in utilizing recruitment teams statewide to further the Department's recruitment/retention effort.

In March, the Secretary of the DCFS launched its "Faith in Families" (FIF) initiative with a public awareness event called "Over the Edge for Adoption" to promote permanency for children and youth needing "Forever Families." The event was well attended and held in May 2013. The FIF focuses on the following:

- increasing adoptive placement resources;
- improving permanent connections for youth aging out of foster care; and

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- building partnerships with community organizations.

In May, 2013, the DCFS staff and community partners began planning various activities statewide in support of National Foster Care Month which resulted in another “Over the Edge for Adoption” event in May of 2014. The primary activity involved local celebrities and departmental staff rappelling off the side of a 24 story downtown building to promote adoption awareness. The events were televised.

Update FFY 2014 and multi-year comparative analysis (General Recruitment):

The DCFS in partnership with Focus on the Family (through the Faith In Families Initiative) continues to focus on reducing the number of children in foster care, decreasing the amount of time children spend within the foster care system and ensure each child has a permanent connection when they exist foster care. The 2014 recruitment event focused on those children waiting for adoptive families.

The DCFS partnered with the Louisiana Adoption Advisory Board (LAAB) and participated in the LAAB’s sponsored adoption awareness event. The “Call to Adoption” awareness event, in honor of National Adoption Awareness month was held in November 2013 on the steps of the Baton Rouge State Capitol. Photos of children in need of adoptive placements were made available through a “Heart Gallery” managed by a local faith-based organization (Healing Place Church).

The LBCH hosted their first annual Foster/Adoptive Conference in November 2013. The conference provided free training for certified foster/adoptive parents and also provided an orientation meeting for families interested in foster/adoptive certification. Based upon information received from LBCH, there were over 175 in attendance and 16 families that attended the orientation session.

As also noted by information provided by LBCH (for calendar year 2013), the organization completed 27 home studies (two homes were licensed through LBCH and 25 were referred to and certified by the DCFS), presented 30 orientations with 92 families in attendance, assisted with foster placements of approximately 70 children, and developed a Memorandum of Understanding with the DCFS to provide 100 hours of awareness training in 2014 for youth at risk of human trafficking.

Based on information obtained from the HD monthly reports, the following methods, but not all inclusive, were used during the fiscal year 2014 to provide information to the community about the need for certified foster/adoptive family homes:

- Ongoing monthly advertisements of free community booklets;
- Distribution of brochures/flyers to local churches, medical clinics, school board, libraries, hair salons, and various other community business;
- Electronic community signs;
- Presentations on becoming foster/adoptive parents;
- Ongoing local news station interviews, online news, and cable access channel interviews; and
- Foster/adoptive parent interview on a national radio broadcast.

Over the past five years, the DCFS, community partners and stakeholders continued to promote public awareness of the ongoing need for additional foster/adoptive families to meet the need of LA.’s foster children and youth. Individuals from the community can visit the DCFS website and learn information about becoming a foster/adoptive parent, view photo-listings of children awaiting adoptive placements,

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and make a determination as to whether or not they would be eligible to participate in the foster/adoptive certification process. During 2013, the DCFS re-implemented the use of foster/adoptive parents as MAPP/GPS co-trainers. In addition, the Department utilized short term contracts to provide support to HD staff in the area of home consultations and completing home studies. Within the past two years, as stated previously, the DCFS secured new partnerships within the faith-based community, in particular the Southern Baptist organizations (resulting from the Faith in Families Initiative). The goal is to have statewide participation from the Southern Baptist community in the areas of, increasing the number of certified foster/adoptive parents, serving as support systems to families who choose to foster/adopt, assisting with mobile Heart Galleries, providing support to staff; and providing in-service training to foster/adoptive parents.

On a regional level, HD staff continue to go out into their communities and work to maintain long standing working relationships, while seeking opportunities to build new working partnerships. HD staff managed to ensure orientation and training schedules and sites were varied to offer convenient location options to prospective foster/adoptive parents within their prospective communities.

Targeted Recruitment Update FFY 2010 & 2011: As regional recruiters focused their attention on the plight of teens in restrictive placement settings, community awareness and engagement improved. Regional recruiters not only partnered with the faith based community and other more traditional community partners (i.e. CASA, BBBS, Wendy's Wonderful Kids), but was also able to engage business communities in recruitment efforts within various regions across the state. Businesses proved profitable in making donations of food, gifts and gift cards through local foster parent associations in support of recruitment activities that took place in their communities.

Recruiters found when targeting the faith based community, success in child specific recruitment occurred when church members were able to connect with the youth through fliers and personal appearances. Regional recruiters were asked to include foster youth (with permission) in speaking engagements, radio interviews, and TV interviews whenever feasible. These efforts served to empower youth to play active roles in the recruitment of families. Regional recruiters were asked to target those geographical areas that represented the youth's biological origin.

Despite facing bureaucratic barriers to accessing major hospitals in each region, the Greater New Orleans (GNO) recruiter in partnership with CASA was successful in accessing permission to use a conference room at Children's Hospital in New Orleans. A power point presentation that featured GNO's medically fragile children in need of permanency was attended by 50 medical staff with 10 families that requested additional information on becoming certified as foster/adoptive parents.

Targeted Recruitment Update FFY 2012: Recruitment efforts included outreach to community schools targeting teachers, principals, and staff with presentations of children unique to their community and school that needed a permanent home. In keeping with the 2008 Fostering Connections to Success and Increasing Adoptions Act, recruiters/HD staff engaged the Faith Based Community to request church service presentations, and to encourage congregations to get involved in the recruitment of families for youth whose connections and origins began in their communities. As a result of a successful recruitment effort within the Greater New Orleans area, other regions also experienced benefits. Churches supported recruitment through providing foster parent support, allowing recruiters to utilize their facilities to conduct orientations and pre-service training classes, sponsoring events, and acting as mentors to older youth placed in restrictive placement settings.

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Targeted Recruitment Update FFY 2013: DCFS regional HD staff utilized the following, but not all inclusive, targeted recruitment methods:

- Mass mail-outs to foster/adoptive parents to encourage consideration for placements of older youth;
- DCFS staff invited a foster/adoptive family, who adopted an older child (age 17), to participate in the pre-service training panel session;
- Mini and Centralized Exchange meetings; and
- DCFS staff invited youth (who aged out of foster care) to participate in an in-service training.

Update FFY 2014 and multi-year comparative analysis (Targeted Recruitment):

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

Over the past five years, there has been an increase in support within the community. Some regions, overall, have stronger support system resources than others, which may be due to one region being more urban vs. another being considered more rural. In any respect, each region managed to maintain relationships with their community and their foster parents. In some areas, the certified foster/adoptive parents are the best recruiters. The HD staff embraced the support provided through the “Faith In Families” Initiative and Louisiana Baptist Children’s Home cooperative agreement. The Wendy’s Wonderful Kids grant (fully implemented in March 2014) will enable the use of two designated recruiters to assist with targeted recruitment for children legally available for adoption without identified adoptive resources.

Child Specific Recruitment Update FFY 2010 & 2011: Regional recruiters conducted more than 40 mini-exchanges statewide. In an effort to target newly certified families and underutilized families, recruiters frequently met with home development and adoption staff for the purpose of identifying and assessing available families for older, hard to place youth. Matching youth’s hobbies, likes and dislikes, behaviors, and mannerisms to that of certified foster/adoptive families lead to a pool of family resources to explore as placement options.

Regional recruiters completed 81 strength based profiles of children freed for adoption without identified placements to be featured on the DCFS website. Of the 81 children featured, more than 20 youth were either adopted or are in the process of being adopted. These efforts resulted in permanency for youth that might not have otherwise had the opportunity to thrive in a family. An additional source of exposure came from the Department’s partnership with the LBCCH that utilizes the adoption profiles from the website to feature them on their Heart Gallery website and Mobile Heart Gallery. From this collaboration more than 50 family referrals were received in 2010.

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In 2010, regional recruiters served as the lead on recruitment efforts for youth placed in residential facilities, group homes, and therapeutic foster homes. Youth that were assessed to have progressed from the need of restrictions and specialized services participated in their process of transitioning to regular foster/adoptive families. Because of the bond that was formed in some families, recruiters were able to convince some therapeutic foster families to allow youth to remain in their homes at the comparable rate of non-specialized families. To this end, recruiters were able to achieve placement options for 57% youth in restrictive placements which include children freed for adoption without identified family resources.

Child Specific Recruitment Update FFY 2011 & 2012: Staff participated in the 35th Annual Foster and Adoptive Parent Conference by conducting a “Recruitment and You” session whose audience consisted of 78 foster parents, child welfare professionals, community organizations, and executive management from various regions across the state of Louisiana. At the conference, a total of 7 potential placement families for the 27 children and youth that were presented in the recruitment session were secured.

Staff continued to present strengths based child specific fliers to community centers, churches, organizations, recruitment events, and pre-service training classes. Profiles representing these youth were utilized for photo listings that were placed on several adoption websites including AdoptUsKids and the Department’s website. Several regions utilized mobile Heart Galleries that displayed professional photos of children and youth without identified placements. Partners like CASA and LBCH continued to work with the Department to promote the recruitment of families for our children and youth through Heart Gallery efforts. Several family referrals from these agencies resulted from this partnership.

Child Specific Recruitment Update FFY 2013: DCFS HD and Adoption staff has continued to present strengths based profiles on children/youth, for which a permanent placement resource has not been identified. This information is distributed on an ongoing basis to various community organizations (churches, private adoption agencies, etc.). The information is also presented during recruitment events, orientations and pre-service training classes. Profiles representing these children/youth were utilized for photo listings that were placed on various adoption website, such as AdoptUsKids, DCFS and LBCH websites. In addition to the adoption websites, several regions have utilized mobile Heart Galleries to display professional photographs of children/youth without an identified placement.

HD and Adoption staff participated in two Centralized Exchange Meetings (via WebEx) in August 2012 and February 2013. The adoption staff presented two children per region (within an identified age range); and the HD staff presented two families interested in adopting children within the identified age range. Several potential matches were identified; however, no definite match has resulted from the two Centralized Exchange meetings.

Regional HD staff also frequently utilized media to promote awareness of the need for child specific resources. In some cases, interviews were conducted with the children and the interviews were featured during all news cast (every Wednesday during February 2013).

In April 2013, DCFS staff began identifying 10-12 children in need of an adoptive resource to feature in a statewide Heart Gallery. One of the faith-based organizations affiliated with Faith in Families has offered their professional photographers to take pictures for the upcoming Heart Gallery.

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Update FFY 2014 and multi-year comparative analysis (Child Specific Recruitment):

The overall focus of child specific recruitment is to bring about awareness within the community, regionally, statewide and nationally about the placement needs of a specific child and/or sibling group available for adoption without identified adoptive resources. Regional staff continue to utilize local media venues to present a child and/or sibling group in need of an adoptive resource, as well as through local Heart Galleries, AdoptUsKids, Adoption.com, LBCH, and the DCFS websites.

In June 2013, state office held a meeting with the regional adoption staff. The meeting focused on the role the Faith In Families Initiative would play in the recruitment process, the adoption finalization process, and resulting foster parent adoptions. During this meeting, staff discussed current practices as it related to recruitment, adoptive placement process, transfer timeframe from foster care to adoption, and the adoption finalization process.

State office staff also conducted two statewide teleconferences (August and November 2013) with adoption staff. The focus of the teleconferences included discussion of timely photo-listing of children following parental rights termination, completion of applicable TIPS/LARE screens, review of the overall AdoptUsKids process, strength-based written profiles, and upcoming new and/or revised policies.

In an effort to ensure staff are presenting strength-based profiles for children awaiting adoption, several sections of the adoption policy was revised/updated. Staff were issued a new appendix which was designed to provide information on preparing flyers and brief presentations (for children awaiting adoption) to be presented to the public.

In March 2014, as stated previously, the DCFS implemented the Wendy's Wonderful Kids Model, as the Department was awarded a grant through the Dave Thomas Foundation for Adoption. Two designated recruiters will focus on child specific recruitment for older youth and/or children available for adoption more than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of legal availability for adoption do not have an identified adoptive resource. The recruiters will work in collaboration with the DCFS adoption staff and the identified child. Each recruiter is responsible for a targeted geographical area comprised of three regions: Area 1 includes Baton Rouge, Lafayette and Lake Charles regions; and Area 2 includes Alexandria, Monroe and Shreveport regions. The remaining three regions (Orleans, Lafayette and Thibodaux) will be served through Volunteers of America (VOA) that also received the Wendy's Wonderful Kids grant through the Dave Thomas Foundation for Adoption. VOA also works in collaboration with the DCFS adoption staff and the identified child.

Data Utilization: Web Focus and Tracking Information Payment System (TIPS) data systems are utilized to access reports that assist in targeting particular communities, populations, races, and demographic areas where the most removals of children take place for recruitment purposes. Staff gather and analyze the Department's child specific data so that recruitment efforts are concentrated in areas of highest need.

Update FFY 2010 & 2011: Recruitment efforts were targeted toward assuring that homes are available to match the racial and ethnic characteristics of the children in need of placements. Currently, white children make up 49% of the foster care population, and black children make up 47%. The remaining 4% are in other groups. Of foster/adoptive families, 53% are white, 45% are black, and 2% are "other."

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The average population of Louisiana's children in care is 4503, and the number of certified foster/adoptive families is 2196, a more than 2 to 1 ratio. The tailoring of recruitment efforts to meet regional needs while applying universal practices with quantifiable outcomes is the driving force as more than 600 adoptions were completed in the 2010 fiscal year.

Update FFY 2012:

As of April 2012, there are more than 4000 total children/youth in Louisiana's Foster Care System:

- 903 African American females
- 969 African American males
- 1039 Caucasian females
- 1077 Caucasian males
- 101 Other Race females
- 82 Other Race males

The total number females by age:

- 0-5 = 861
- 6-11 = 544
- 12-17 = 638

The total number males by age:

- 0-5 = 1808
- 6-11 = 1150
- 12-17 = 1212

Foster/Adoptive Families as of December 2011:

- 2,041 certified families
- 596 new families certified
- 787 homes closed

Children Available for Adoption

- As of April 2012 there are approximately 693 children available for adoption:
287 children with no identified adoptive family

Update FFY 2013:

As of April 2013, there are more than 3,985 children/youth in Louisiana's Foster Care System:

- 823 African American females
- 937 African American males
- 1,011 Caucasian females
- 1,058 Caucasian males
- 84 Other Race females
- 69 Other Race males

The total number females by age:

- 0-5 = 826
- 6-11 = 520
- 12-17 = 572

The total number males by age:

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- 0-5 = 918
- 6-11 = 608
- 12-17 = 538

Foster/Adoptive Families as of December 2012:

- 2,004 - certified families
- 621 - new families certified
- 655 - homes closed

Children Available for Adoption

- As of April 2013 there are approximately 644 children available for adoption; and 268 children with no identified adoptive family

Update FFY 2014:

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

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

The total number females by age:

- 0-5 = 916
- 6-12 = 627
- 13-17 = 516

The total number males by age:

- 0-5 = 1002
- 6-12 = 742
- 13-17 = 441

Foster/Adoptive Families as of December 2013:

- 1998 - certified families
- 748 - new families certified
- 815 - homes closed

Children Available for Adoption

- As of April 2014 there are approximately 464 children available for adoption; and 349 children with no identified adoptive family.

Update FFY 2014 and multi-year comparative analysis:

Departmental staff continues to utilize data extracted from WebFocus, INFOPAC and TIPS/LARE to identify demographics on children within the foster care system. The number of children in the foster care system over the past five years has remained within the 4,000 range. Over the past five years, data from these sources, as well as data obtained during case reviews and audits have been, in cases, the driving force for new and/or revised policy/procedures, as well as practice. DCFS staff continues to

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utilize data extracted from WebFocus, INFOPAC and TIPS/LARE to identify demographics on children within the foster care system. The number of children in the foster care system over the past five years has remained within the 4,000 range. Over the past five years, data from these sources, as well as data obtained during case reviews and audits have been, in cases, the driving force for new and/or revised policy/procedures, as well as practice.

Recruitment/Retention Goals for 2010-2014:

Goal 1 - Achieve placement options for 25% of children referred for recruitment annually.

Measurement: Percentage of referred children with placement options achieved.

Recruitment Referrals			
Year	# Children Referred	# of children with Placements Options Achieved*	# of children with ongoing recruitment**
FY 2009 (Baseline)	259	144	115
FY 2010	282	161 (57%)	87 (31%)
FY 2011	115	56 (49%)	31 (26%)

*Placement Options refers to foster home placements, adoptive home placements, visiting resources, and connections, FFY 2010. **Ongoing recruitment refers to children needing continued recruitment without placement options, FFY 2010.

In FY 2010 and FY 2011 placements were identified for 57% of referred children, as opposed to the annual goal of 25%. In FY 2011, child specific referrals and placement achievements decreased. Referrals decreased by more than half in FY 2011 from fiscal years 2009 and 2010 comparatively. However, in FY 2011, DCFS managed to achieve placement options for almost half (49%) of the youth referred for recruitment while 27% needed ongoing recruitment, and the remaining 24% required more restrictive placement options due to severe behavioral and/or medical needs. DCFS continued to exceed the goal of placement for 25% of children and youth referred for recruitment until midway of FY 2011. This data is no longer available as of the latter part of 2011 because DCFS HD staff resumed duties associated with child specific recruitment in FFY 2012. Previously, this data was documented by the regional recruiters for reporting purposes but was no longer gathered after July 2011, when regional recruiter positions were dissolved due to a departmental reorganization.

Goal 2 -Increase the number of new 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 Newly Certified Foster Homes

Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Greater New Orleans	125	108	104	80	67	77
Baton Rouge	28	47	57	50	38	45
Covington	104	144	113	128	126	93
Thibodaux	61	65	87	74	88	66
Lafayette	99	114	153	112	101	105
Alexandria	70	46	47	54	73	75
Lake Charles	34	50	72	44	45	58
Shreveport	92	56	56	49	40	38
Monroe	53	44	45	31	43	67
Total Statewide	666	674	734	622	621	624
		1.2%	10.2%	-3.9%	-3.2%	-3.6%

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As demonstrated in the table above, the percentage of newly certified homes from 2009 through 2010 varied by region with increases in the Baton Rouge, Thibodaux, Lafayette, Alexandria, Lake Charles and Monroe regions. These increases accounted for a 10% increase of newly certified foster families statewide. In FFY 2011, the percentage of newly certified homes continued to vary by regions and fiscal years. When comparisons are made from FY 2010 to FY 2011, the Covington region shows a 13% increase in the number of certified homes, while the remaining regions show marked decreases in the number of certified homes. However, when compared to baseline data, Baton Rouge Region, Thibodaux Region, Lafayette Region and Lake Charles Region showed an increase in newly certified homes above the baseline. Alexandria shows an increase in newly certified homes by 1.15% from FY 2010 to FY 2011.

There were a total of 621 newly certified homes for FFY 2012; there was a decline by one from the previous FFY. Four regions (Thibodaux, Lake Charles, Alexandria and Monroe) showed an increase from FFY 2011 to 2012. However, when comparing the current FFY to the 2008 base- line, six regions showed an increase.

Goal 3 - 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.

Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Intake Calls	2642	2711 2.6%	3004 13.7%	2541 -3.8%	2075 -7.3%	2450 -2.7%
Orientation Participation	1157	1475 27.5%	1946 68.1%	1627 40.6%	1087 -6.4%	1113 -3.9%

In 2010, there was a 13% increase in intake calls and a 68% increase in orientation participation. Due to statewide recruitment efforts, the Department increased its intake/inquiry calls from families that expressed an interest in becoming certified foster/adoptive parents. However, studies show it sometimes takes up to 3 years for families to take the next step in learning what it takes to become a foster parent. Overall, the Department continues to progress in its effort to communicate the need for more family resources.

As noted in the table above, the Department experienced a 3.8% decrease in intake/inquiry calls for FY 2011 and a decrease in orientation participation by 27.5%. In baseline comparison (FY 2008 to FY 2011), however, orientation participation continues to exceed the 10% annual increase goal by reflecting more than a 40% increase.

The above table shows a decrease in the number of intake calls in FFY 2012 as compared to FFY 2011; and a decrease in the number of individuals participating in orientation. Again as stated previously, this decrease may be attributed to the loss of regional recruiters in FY 2011. It should also be noted that as a result of the cooperative agreement with LBCH, orientations are also conducted by the LBCH staff. The specific number of orientations conducted by LBCH has been documented under general recruitment updates. As the Department continues to establish partnerships within the community and faith-based organizations, the number of orientations is expected to increase.

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The DCFS HD staff submits a monthly report to the state office HD Program Manager. The monthly report documents a regional perspective of recruitment and certification. State office staff began reviewing the reports in an effort to monitor closely the certification process from intake to certification, to identify issues and address concerns. This report documents the number of intake calls, orientations, individuals that attend training and other information pertinent to certification. It is a visual tracking tool that helps determine an applicant's status during the certification process. The data will provide assistance in addressing some of the following areas:

- The types of home that are being recruited (e.g., child specific vs. general);
- Determining if the identified placement needs are being met;
- Exploring what could be occurring between intake and pre-service training (for those individuals that do not follow through with pre-service training); and
- The timeframe for completing the certification process.

Update FFY 2014 and multi-year comparative analysis:

As demonstrated in the table above (**Goal 2**), the percentage of newly certified homes from 2009 through 2010 increased significantly. The Department attributes this increase to the utilization of nine regional recruiters assigned to utilize 100% of its time to satisfy all three areas of recruitment. At the time the regional recruitment unit was reassigned in 2011, newly certified families began to decline. Despite some regions not having a recruiter in place at various times throughout the unit's lifespan (2007-2011), newly certified foster/adoptive parents continued to increase. Thereafter, the DCFS continued and maintained its recruitment efforts by updating policy to include the HD unit as serving leads on all regional recruitment activities. Since that time, HD staff and all departmental staff maintained an average of 600 plus newly certified families each fiscal year from 2011-2013 through the development of regional recruitment teams. The Department expects continued recruitment progress, as it continues to embrace its partnerships with the faith based community and its FIF initiative.

In 2014, the DCFS hired two child specific recruiters through a Wendy's Wonderful Kids grant sponsored by the Dave Thomas Foundation for Adoption (DTFA). The recruiters were hired to serve three regions of the state each with focused attention on a caseload of youth available for adoption without identified placement resources. Recently, a third recruiter was hired to cover the Covington, Thibodaux and Baton Rouge regions of the state. The DCFS hopes to increase its permanency outcomes as a result of the new child specific recruiters.

Most certified foster/adoptive families that accept children initially as a foster care placement may later become the adoptive family, particularly if the child has remained in their home since entering foster care. Louisiana experienced an ongoing increase in the number of finalized adoptions over the past five years. Most foster/adoptive parents with finalized adoptions request home closures either due to no additional space, or having satisfied their goal to adopt a particular number of children. In most cases, on a statewide basis, all regions have an ongoing need for additional newly certified foster/adoptive families.

As noted in the second table above (**Goal 3**), the number of intake calls and orientation attendance increased from FY 2012-FY 2013. The Department attributes this steady incline to its combined recruitment efforts with the faith-based community and its FIF initiative. Over the past five years, regional staff continued to utilize the HD monthly reporting forms as an on-site tracking tool during the certification process. This information continues to be forwarded to the state office HD section. The

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data continues to provide assistance in identifying the types of homes being certified, identifying the age and sex of the children for which families are being certified for; determining the length of time from inquiry to certification and/or from date of application to completion of certification; identifying reasons for non-completion of certification process; and reasons for closure of certified families. State office will continue to monitor the forms and recruitment/retention plans. An ongoing evaluation will be conducted to determine if the outcome (types/number of certifications) align with regional recruitment/retention plan goals. In addition, the process will also determine if the overall department's goals (increase the number of newly certified homes and maintain a sufficient number of homes) are being met. State office staff will provide ongoing feedback to the regions regarding the connection between the reporting forms and regional recruitment/retention goals.

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RESIDENTIAL TREATMENT SERVICES:

For several years now the Department has worked hard to reduce the number of children in residential care. Beginning in 2008 a Louisiana Residential Review Commission was formed which produced “A Blueprint for Transformation and Change in Louisiana’s Residential Programs”. The purpose of the document was to assess the placement needs of children and youth in residential care and identify those who would be better served in less restrictive placements. After completion of the initial review, DCFS worked with the Casey Family Foundation and others to examine best practices in residential placement including treatment plans and modalities with a goal of having residential providers use evidence-based short-term interventions with demonstrated positive outcomes. Licensing regulations were revised to include these requirements along with quality improvement programs in residential settings. Then in 2011, DCFS began work on the development and implementation of a Coordinated System of Care (CSoC). The CSoC, a collaborative effort between DCFS, the Department of Health and Hospitals (DHH), the Department of Education (DOE) and the Office of Juvenile Justice (OJJ), is expected to better support young people who are either already in or at risk of being in out-of-home placement or our juvenile justice system.

Update FFY 2010: All children and youth (approximately 700) in residential facilities and specialized family placements were assessed utilizing the Cuyahoga Child Assessment instrument, selected for its validity and reliability in determining placement needs.

Information from the Cuyahoga Assessments was entered into a database to produce a report pertaining to the children in the population assessed including levels of care from 1 through 6, age, gender, diagnosis, and facility name.

Informational meetings have been held with current and prospective residential treatment providers to explain the new licensing standards. A Request for Proposals (RFP) for residential care has been developed with input from private providers and DCFS staff.

Update FFY 2011: As a result of concentrated efforts to reduce the number of youth in residential care, the Department was able to successfully reduce the number of youth in residential care from 700 to 329. As residential reform continued, a RFP was drafted and submitted to DCFS Executive Management team, but the RFP was placed on hold after the DCFS and other state agencies initiated work on CSoC. This evidence-based approach is expected to provide services to Louisiana's at-risk youth which will include 1,200 young people in the first six months of implementation and 2,400 young people in the first full year. The initial targeted-population includes 1,200 youth currently in residential treatment facilities, secure care facilities, psychiatric hospitals, addiction facilities, alternative schools, detentions, developmental disabilities facilities, and homeless children. Another 42,000 children with behavioral health needs in the state will be able to benefit from enhanced coordinated care through this system.

The CSoC will essentially have levels of care that may or may not include psychiatric rehabilitation treatment facilities, treatment group homes and non-medical group homes that can provide residential care for youth. Residential treatment program staff, along with providers and other community partners, is closely involved in the development of CSoC via workgroup processes and participation in town hall meetings that are being conducted statewide to inform communities of the CSoC. On June 30, 2010 a meeting was held with residential providers to discuss performance-based contracting and later in September 2010 to discuss the state’s plans to institute a CSoC. Again on April 20, 2011 a meeting was held with providers to discuss ongoing development of CSoC and provider requirements.

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During this time period, licensing staff also met with providers to review new licensing regulations.

Update FFY 2012: The Department has continued to work with the development and implementation of the Louisiana Behavioral Health Partnership (LBHP) and CSoc which was launched March 1, 2012. Magellan is the statewide management organization for the LBHP. The LBHP will streamline and coordinate behavioral health services for children and families.

The Department has worked in collaboration with other state agencies to develop service definitions for residential levels of care. The residential levels of care are Psychiatric Residential Treatment Facility (PRTF), Therapeutic Group Home (TGH), Non Medical Group Home (NMGH) and Therapeutic Foster Care (TFC). DCFS staff worked with licensing staff to revise licensing regulations as well as Myers and Stauffer to develop a NMGH and TFC rates for providers in the LBHP. The residential program staff, along with providers, worked together to transition residential providers to Magellan.

The Child and Adolescent Needs and Strength (CANS) assessment was completed on approximately 500 children in residential and TFC settings to determine if they meet medical necessity and to determine level of care needs.

Update FFY 2013: The management and payment of residential and TFC services transitioned to Magellan on January 1, 2013. Initially, the CANS assessment was to be utilized to determine placement level of care for children but this vision changed in 2013. The CANS is only used for CSoc determination and a brief version of the CANS is used for other referrals. For residential and TFC placements, a brief screening assessment is completed at the initial referral to determine level of care. Once this initial placement is made, Magellan manages continued eligibility through medical necessity reviews (*PIP Items – PS 3, AS 1, BM 1.3-1.4*).

Update FFY 2014 and multi-year comparative analysis:

The Department continues to work in collaboration with (Magellan of Louisiana) Louisiana Behavioral Health Services to provide residential and TFC foster youth and their families with mental health and substance abuse clinical management services based on a needs assessment and referral process completed by departmental staff. During the planning and implementation stages of the Magellan roll out, many existing departmental providers chose to undergo the application and credentialing process to transition from the Department's provider list to Magellan's provider list. Those providers that made the decision not to enter into a contractual agreement with Magellan no longer serve the DCFS population.

The Department continues its work with Magellan of Louisiana and its network providers to identify gaps in the system and to assist with the recruitment and development of additional network providers. Meetings are scheduled bi-weekly, but may include unscheduled meetings throughout the month as emergency assistance is needed on high risk cases. Scheduled meetings include leadership representation from Magellan, the Department of Health and Hospitals (DHH), the DCFS, and the Office of Juvenile Justice (OJJ). The group convenes to discuss and resolve technical challenges in applying and receiving services, appropriate and available services based on placement location, and general improvement strategies regarding access, service delivery, timeliness of service delivery, and ease of use regarding the referral process. The partnership has strengthened over the past year and many of the implementation barriers were resolved.

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Since the release of the document “A Blueprint for Transformation and Change in Louisiana’s Residential Programs” in 2008, the Department began its effort to reduce the number of children and youth placed in restrictive care settings. After the initial review of the document, the Department consulted with the Casey Family Foundation, existing departmental residential placement providers, and a host of other organizations to examine other states’ success in its use of evidence-based practices and modalities that resulted in positive outcomes. The first step in this process was to identify children and youth in restrictive placements that no longer required that level of care. In doing so, an assessment instrument was chosen as a tool to determine the current level of care for 700 children from the Louisiana foster care system. As a result of the use of the Child Assessment Tool (CAT), one hundred and sixteen children were identified as needing level one placement resources and requiring a least restrictive care setting. The Department employed its Home Development recruitment team to assist in its effort to “step down” these youth from restrictive settings to least restrictive settings. The Department provided a time limited, as available, board payment incentive to existing foster families that were willing to welcome these youth into their homes. More than 60% of the youth identified were placed with foster parents, family members, and fictive kin.

In March of 2011, the Department began to work on the development and implementation of the Governor’s initiative to bring fourth all four child serving agencies including the Department of Children and Family Services (DCFS), the Department of Health and Hospitals (DHH), the Department of Education (DOE), and the Office of Juvenile Justice (OJJ) to form a “Coordinated System of Care (CSoC). The collaborative effort was designed to ensure a coordinated network of services and supports for children and youth with behavioral health challenges and their families. The CSoC goals included reducing out-of-home placements for youth with significant behavioral health issues, leveraging Medicaid costs to result in cost savings, and increasing favorable outcomes for the served population of children and families. The system of care was implemented to provide enhanced support to children and youth who were at risk of out-of-home placement or already involved in the LA. Juvenile Justice System. As the CSoC rolled out, there were multiple trainings made available to DCFS staff, stakeholders, consumers, providers and the community. The community was involved in the implementation of the CSoC, as leaders in this work scheduled town hall meetings for feedback, concerns, and the development of the CSoC within prospective communities across the state. Currently, the CSoC is available in five of the nine regions of the state.

Behavioral health services transitioned to Magellan on March 1, 2012 and residential and TFC services transitioned on January 1, 2013. Since that time, the Department worked in conjunction with Magellan to increase the provider network and to fill provider gaps of services in the system. Currently, the Department’s residential and therapeutic foster care unit maintains four psychiatric residential treatment facilities (PRTF), two therapeutic group home providers (TGH), sixteen non-medical group homes providers, and eight therapeutic foster care providers. The Department will continue its work with Magellan to recruit residential and therapeutic foster care providers. The DCFS and Magellan are making a team effort to identify appropriate placements for youth who require specialized services, and to reduce the number of youth in residential/TFC placements that no longer require restrictive settings. The Department looks forward to the availability of the CSoC in all nine regions of the state, as it is key to the success achieving its goals. Regional expansion of the CSoC in the remaining four regions of the state is anticipated to be completed by June of 2014. These partnerships are continuing to evolve and grow to create the kind of system that will benefit children and families in Louisiana for years to come.

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ADOPTION

Service Description:

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

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

The DCFS is able to measure the number of post-adoptive families served by Adoption Subsidy and Medical assistance, but has no mechanism in place to measure the use of effective services by adoptive families. The Department's current data system does not differentiate between biological and adoptive families being served by the Family Services (FS) program, and this is unlikely to change because of the confidentiality of adoptive status. Therefore, an effort to assure that adoptive families are aware of services available to them through the Regional Family Resource Centers will be made. Tracking of adoptive families' adoptive status will be based on their self-report.

In addition to foster care adoptions and adoption assistance functions, the DCFS Adoption Program is responsible for managing the Louisiana Voluntary Registry. This entails providing information to adopted persons from closed adoption records as allowed by state law, management of the state's

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adoption petition file room, and the handling of all Louisiana public and private agencies, intra-family, and private adoption petitions.

Louisiana Voluntary Registry: Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The Registry is maintained and operated exclusively by the DCFS state office Adoption Section. Over time, additional responsibilities have accrued to the Voluntary Registry function. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request: verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted expanding the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The Registry also provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys no longer in operation who transferred their records to DCFS, as mandated by Louisiana law. Additionally, the Registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency that ceased operation in 1999 through an agreement made at the time of the closure. This agreement terminates in 2016 when all subject children reach age 18.

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

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

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

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Number of Individuals/Families Served:

Update FFY 2010: On April 9, 2010 there were 4634 children in foster care, 270 were available for adoption and in need of adoptive placement. Of these children, 187 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 187 children actively photo-listed, 108 were males and 79 were females; 63 were white and 123 were African American, and 1 was listed as other race; 20 were members of a sibling group who should not be separated; and 130 (approximately 70%) were deemed physically, emotionally or intellectually challenged.

Forty-eight hundred and four (4804) Louisiana children who had been adopted were receiving Adoption Subsidy payments to support placement as of April 2010, including 557 children who were residing in another state and receiving adoption assistance and medical support through ICAMA in the new state of residence.

Members of the adoption triad are served, within legal limitations, by the Louisiana Adoption Registry through information maintained in the adoption file room. During FFY 2009, information related to verification of adoption, court of finalization, and name of placing agency or attorney was provided to 19 adopted persons, and 13 reports of non-identifying information from adoption agencies no longer in operation were completed. Eight hundred fourteen Registry inquiry calls were received, and 448 Registry packets were requested and provided; of those, 139 persons completed the packets and 30 registrants were matched (15 matches).

Update FFY 2011: Of the 4316 children (as of February 10, 2011) currently in foster care, 320 are available for adoption and in need of adoptive placement. Of these children, 177 are photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 177 children actively photo-listed, 108 are males and 69 are females; 48 are white and 127 are African American, and 2 is listed as other race; 17 are members of a sibling group who should not be separated; and 224 (approximately 70%) are deemed physically, emotionally or intellectually challenged.

As of February 2011, the number of subsidized adoptions has increased to 5018 children. Of this number, 544 families are living out of the state of Louisiana. Additionally, there are 495 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1039 families.

Information provided by the Louisiana Adoption Registry to persons affected by adoption during FFY 2009-2010 follows. Verification of adoption, court of finalization, and name of placing agency or attorney was provided to 18 adopted persons and 9 reports of non-identifying information from adoption agencies no longer in operation were processed and completed. The Registry received 797 inquiry calls; 426 Registry packets were requested and provided; of those, 136 persons completed the registry process and 20 registrants were matched (10 matches).

Update FFY 2012: On April 9, 2012 there were 4184 children in foster care, 288 were available for adoption and in need of adoptive placement. Of the 288 children, 182 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 182 children actively photo-listed, 117 were males and 65 were

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females; 52 were white, 127 were African American, and 3 was listed as other race; 19 were members of a sibling group who should not be separated; and 127 (approximately 70%) were deemed physically, emotionally or intellectually challenged.

As of April 2012, adoptions were subsidized for 5333 children. Of this number, 503 families are living out of the state of Louisiana. Additionally, there are 623 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1126 families.

As of March 2012, verification of adoption, court of finalization, and name of placing agency or attorney was provided to 9 adopted persons. Additionally, 14 reports of non-identifying information from adoption agencies no longer in operation were processed and completed. The Registry received 408 inquiry calls; of the 408 calls, 238 registry packets were requested and mailed out; and of the 238 requested packets, 97 persons completed the registry process and 12 registrants were matched (6 matches).

Update FFY 2013: On April 30, 2013 there were 3,985 children in foster care, 644 were available for adoption and 268 were in need of adoptive placement. Of the 268 children, 84 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 84 children actively photo-listed, 49 were males and 35 were females; 19 were white, 65 were African American, and none were listed as other race; 11 were members of a sibling group who should not be separated; and 62 (approximately 75%) were deemed physically, emotionally or intellectually challenged.

As of April 2013, adoptions were subsidized for 5,592 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

As of March 2013, verification of adoption, court of finalization, and name of placing agency or attorney was provided to two adopted persons. Additionally, 34 reports of non-identifying information from adoption agencies no longer in operation were processed and completed. The Registry received 871 inquiry calls; of the 871 calls, 442 registry packets were requested and mailed out; and of the 442 requested packets, 97 persons completed the registry process and six registrants were matched (three matches).

Update FFY 2014 and multi-year comparative analysis:

On April 1, 2014, there were 4208 children in foster care, 461 were available for adoption and 360 were in need of adoptive placement. Of the 360 children, 99 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 99 children actively photo-listed, 67 were males and 32 were females; 32 were white, 66 were African American, and 1 was listed as other race; 13 were members of a sibling group who should not be separated; and approximately 75% were deemed physically, emotionally or intellectually challenged.

As of April 2014, adoptions were subsidized for 5,890 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states

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living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

As of March 2014, verification of adoption, court of finalization, and name of placing agency or attorney was provided to two adopted persons. Additionally, there were 109 requests for non-identifying information from persons in the adoption triad of adoption agencies no longer in operations and 94 reports of non-identifying information processed and completed. The Registry received 535 inquiries for registry packets and out of the 535 requested packets, 92 persons completed the registry process and twenty four registrants were matched (twelve matches).

Over the five year period, the number of children available for adoption has fluctuated between 270 and 644. In most instances, at least half of the children that were available and without identified adoptive resources were photo-listed on AdoptUsKids and the DCFS website. There has been a continued increase in the number of finalized adoptions statewide.

An overall review of the voluntary registry showed the following:

	2009-10	2010-11	2011-12	2012-13	2013-14
Verification of Adoption	19	18	9	2	2
Non-Identifying Information	13	9	14	34	94
Voluntary Registry (VR) Inquiry Calls	814	797	408	871	800
VR Packets Requested/Provided	448	426	238	442	535
Completed VR Packets Received	139	136	97	97	92
Matches	15	10	6	3	12

Over the past five years, there has been a decrease in the request for verification of adoption and a continued increase in requests for non-identifying information. An individual does not have to register to request and receive non-identifying information. The current fiscal year has seen the largest number of requests for packets, while the number of returned packets has seen a slight decline. Initially, the Department only received calls for the above information. In the latter part of 2012, the required forms and the process for registering was placed on the DCFS website. This allowed individuals the option to submit their requests via e-mail at any time. This may have attributed to the decrease in inquiry calls.

- **Adoption** and Home Development staff worked to coordinate and support child specific recruitment. Regional Recruiters served as the leads on recruitment efforts for children assigned to their caseload that are freed for adoption without an identified placement. Recruiters visited with each child (preferably initially with the child’s adoption or foster care worker) to identify the child’s placement needs; photos were taken and fliers were created for submission to the DCFS website, use at community events, orientations, media events, and in-house home exploration via the Home Development Unit; a Child Specific Recruitment Plan was completed on each child assigned to the recruiter collaboratively by the adoption/foster care worker and the recruiter; the recruiter was involved with potential families that expressed an interest in a child from their child specific case load; the recruiter served as a support mechanism throughout the certification process with ongoing contact by phone calls, e-mails, home and office visits; the recruiter attended Administrative Reviews to gain insight into the child’s placement needs and to

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receive feedback from staff, supervisors, therapist, and administrators. As a result of this collaboration, placements were identified for 55% of children assigned to regional recruiters.

- Adoption Section and Home Development Section staff worked collaboratively to provide pictures and biographical information of children available for adoption featured on the DSS website (<http://www.dcf.louisiana.gov>) at the “Adopt a Child” link. Approximately 70 children were featured at a time on a rotating basis.
- During the past FFY, 10 “purchase of service” contracts were established in support of interstate adoptions facilitated through photo listings on the DCFS website and AdoptUSKids. These contracts covered the cost of the home study, supervision of the placement, assessment of need and referral to service resources for the child.
- Development of LARE/photo listing training for adoption staff and selected foster care staff and adoption subsidy training for adoption staff continued. Adoption Program Managers addressed problems and questions from staff and information was collected on topics for use in future training curriculum development and/or policy issuance.
- Adoption Competency training was provided by Dr. Gary Mallon. Approximately 33 DCFS staff attended the Adoption Certificate Program. The training sessions were held in ten monthly sessions of 1 ½ days each from October 2009 through June 2010.
- An analysis of barriers to adoption finalization within 24 months of a child entering foster care was conducted in conjunction with Foster Care (FC) Program staff and the Louisiana Court Improvement Project (CIP) staff. It resulted in the identification of a backlog of petitions for termination of parental rights waiting to be filed as a major contributing factor. The 2010 CFSP on-site review supported this finding. Additional full and part-time attorneys were being hired to resolve this issue.
- The Annual Governor’s Mansion Adoption Celebration was held in November 2009. National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care in Federal Fiscal Year 2008-2009. Approximately 300 adoptive family members and staff attended this event. The event was filmed and distributed for repeated statewide broadcast on Louisiana’s Hometown Network affiliate channels in the State. In conjunction with the annual adoption celebration, press and media releases were distributed along with the Governor’s Proclamation of November as Adoption Awareness Month. These activities resulted in increasing public awareness of the need for permanent adoptive homes for Louisiana’s children in foster care.
- Development and implementation of a worker recognition program for outstanding contributions made by Adoption Staff towards achieving permanency through adoption for available children is an ongoing project. A barrier to implementation has been identification of criteria for award recipients.
- Voluntary Registry awareness and usage by private child placing adoption agencies statewide was promoted by notifying private adoption agencies of changes that occurred in the Registry law through updating the online brochure and sending the new brochure to private child placing agencies. An annual update of the registry services was provided to the public library in Baton Rouge which maintains a list of such services. The Registry Program Manager did a presentation on the Registry on September 12, 2009 at an all day workshop on finding family members. Registry brochures were routinely distributed at professional conferences such as the National Association of Social Workers, relevant meetings with outside providers and recruitment functions.

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- Featuring children in community resource publications statewide such as the Court Appointed Special Advocate (CASA) and/or foster parent newsletter was explored. Jacqueline Wilson, CASA Program Specialist, was contacted to plan the expansion of photo listing of available children into the 18 statewide CASA newsletters. At this time, only the Baton Rouge CASA quarterly newsletter provided information on Louisiana children available for adoption. The foster parent newsletter was funded by Family Resource Centers. Funding to the centers was reduced resulting in discontinuation of the foster parent newsletter.
- Changes in federal regulations resulting from the Fostering Connections to Success and Increasing Adoptions Act along with resultant changes in DCFS policy necessitated revision of the adoption subsidy pamphlets. The pamphlets were being revised to reflect current subsidy information.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, was provided through Intensive Home Based Intensive Services (IHBS) which is available through participation in the DCFS FS Program. Additionally, all regional family resource center services are available to families who have adopted. Family skill building services are probably the most frequently used and can be crafted to meet a specific need such as assisting with behavior modification techniques. Adoptive families were eligible to receive resource center services through self-referral or referral by DCFS through the FS program.
- The Adoption Section worked collaboratively with Licensing to provide information about the adoption process and so updated regulations for child placing agency licensure would be reflective of the needs of children awaiting adoption and in conformity with state and federal law. Subsequently, the Adoption staff reviewed and edited the resultant product.
- Following the Haiti earthquake in January 2010 DCFS responded to needs and requests generated by the crisis. Assistance was provided to a Louisiana family in the process of adopting a Haitian child when the earthquake struck Haiti.

Update FFY 2011: Louisiana Adoption Resource Exchange (LARE)/photo listing training for adoption staff and selected foster care staff continued being implemented as part of the state Program Improvement Plan. Adoption Program Managers addressed problems and questions from staff and information was being collected for use in future training curriculum development and/or policy issuance.

- The Adoption Subsidy Program Manager provided consultation in two Adoption training sessions at the Foster/Adoption Conference held February 13-15, 2011.
- Adoption/Foster Care Competency training was provided by Dr. Gary Mallon. The training was expanded to include senior FC and HD workers as well as social workers from private adoption agencies. Thirty DCFS staff attended the Adoption Certificate Program (9 were from Adoption Units) and 2 trainees were from private agencies. The training sessions were held in ten monthly sessions of 1½ days each from October 2010 through June 2011.
- The Annual Governor's Mansion Adoption Celebration was held November 2010. National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care in Federal Fiscal year 2009-2010 with an adoption celebration/reception in their honor at the Governor's mansion. Approximately 368 adoptive family members and staff attended. The event was filmed and distributed for repeated statewide broadcast on Louisiana's Hometown Network affiliate channels. In conjunction with the annual adoption celebration, press

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and media releases were distributed along with the Governor's Proclamation of November as Adoption Awareness Month.

- Voluntary Adoption Registry awareness and usage was promoted as follows: The DCFS website was updated and includes the Registry brochure. The toll-free number for the Registry is also listed in the white and yellow pages of phone books statewide. Private adoption agencies statewide were notified of changes that occurred in the Registry law in 2010 through updating the Registry online brochure and sending letters/brochures to the private adoption agencies. Registry brochures have also been routinely distributed at professional conferences such as the Louisiana National Association of Social Workers, the annual Foster/Adoptive Parent Conference, relevant meetings with outside providers and recruitment functions.
- Support for Louisiana Adoptive families continues, including those who adopted privately and internationally. On December 9, 2010, the Louisiana Adoption Subsidy Program mailed 2,866 copies of the Adoption Tax Credit flyer to all the recipients of an adoption subsidy. Information on the tax credit was also discussed at the 2011 Foster/Adoption Conference. The Adoption Tax Credit flyer has been posted on the DCFS website
- Adoption Program Managers continue to work with adoption staff on photo listing of children on the AdoptUSkids website (www.adoptuskids.org/state/la/) as well as updating the photo listing yearly to reflect changes in the child status. Adoption Section also shares this information with HD staff to assist with recruitment to secure permanency for children freed for adoption.
- During the past FFY, 19 "purchase of service" contracts were established in support of interstate adoptions facilitated through photo listings on the DCFS website and AdoptUSKids. These contracts can cover the cost of the home study, supervision of the placement, assessment of need and referral to service resources for the child.
- The Adoption Section began developing regulations for private attorneys who confect private adoptions.
- The definition of a special needs child is still in the process of being revised.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, is provided through IHBS which is available through LBHP. Family Resource Center services are also available to families who have adopted.
- Adoption Program Managers continue to work on the Family Assessment and Case Plan in collaboration with foster care staff. The Family Assessment/Case Plan was redesigned in FFY 2008 so the tool can be used to address the goals and action plans for children freed for adoption. Additionally, work on this project involved the creation of automated documentation of visitation with all required parties to the case plan. Administrative Reviews are held to gain insight into the child's placement needs.
- The Adoption Section worked collaboratively with Licensing to publish regulations as they related to the adoption process.

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Update FFY 2012: Adoption staff provided support to biological parents who considered voluntarily relinquishing their parental rights. For those children that entered through Safe Haven and were assigned to adoption staff, the judicial determination of parental rights packet was prepared by adoption staff.

Additionally, adoption staff continued providing ongoing adoption case management services and support while preparing the child for the adoptive process. Ongoing services provided to the child included: completion of the child's evaluation/assessment, preparation of the child for the adoption process, assisting in the recruitment of child specific adoptive homes as needed, and the selection of adoptive families. Lastly, the adoption worker assisted with the placement of children with his or her new family, provided supportive case management services, processed the adoption subsidy applications, and participated in the adoption finalization process.

Post-adoption services were provided through the Adoption Subsidy and Medical Assistance Program (Medicaid) which are federally and state funded. Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 19. In Louisiana, 79% of families that finalized an adoption receive an adoption subsidy from the state. The Interstate Compact on Adoption and Medical Assistance (ICAMA) continues as a major component of the Adoption Subsidy Program which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Post adoption support services were also provided to Louisiana adoptive families through IHBS (access through Magellan effective March 2012) and the FS Program.

Adoption Program Managers conducted a statewide case review, over a period of six months, to ensure adoption staff was recruiting for children available for adoption in a timely manner. The focus of the review was to ensure that staff was involved in appropriate case planning and additional efforts were focused on timely recruitment of children available for adoption.

In FFY 2011 the Adoption/Foster Care Competency Training, facilitated by Dr. Gary Mallon, began February 2, 2012. The 10 session series ended June 15, 2012. This training was provided to adoption, foster care and home development staff. Social workers from private adoption agencies were also invited to attend. The total number in attendance was 29; of the 29, 26 are DCFS staff, one was a representative of Southern University, and one was with Catholic Charities. (*PIP Items – PS 2, AS 3, BM 3.7*)

The Voluntary Adoption Registry awareness, information and available services were continued through the DCFS website, annual mail outs to private adoption agencies, listings of the 1-800 number in the Regional phone directories, distribution of brochures at annual conferences and meetings, as well as the annual update of the EBR Parish Public Library's Information Services Referral listing of the Voluntary Registry services. The Voluntary Registry pamphlet has been updated and submitted for final approval.

The Annual Governor's Mansion Adoption Celebration was held November 2011. National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care in FFY 2010-2011. Approximately 359 adoptive family members and staff attended. The event was filmed and distributed for repeated statewide broadcast on Louisiana's Hometown Network affiliate channels. In conjunction with the annual adoption celebration, press and media releases were distributed along with the Governor's Proclamation of November as Adoption Awareness Month.

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The Tracking Information Payment System (TIPS)/LARE Photo listing training for adoption and foster care staff was provided on December 7, 2011. Staff provided information on TIPS/LARE, timely input of data and the required data need for correct AFCARS reporting as required by policy.

As of December 2011, the redesigned Adoption Assessment and Case Plan began implementation in four of the nine regions. Adoption staff provided feedback on the automated Assessment and Case Plan. The feedback assisted Adoption Program Managers in determining any needed adjustments to the system. In March 2012 the automated Assessment and Case Plan was implemented in the remaining five regions.

The Adoption Subsidy pamphlet has been revised; the definition of a special needs child has been changed. The revised pamphlet has been submitted for final approval.

During January 2012, Adoption Program Managers collaborated with three additional CASA agencies on the development of a protocol for photo listing of available children in their local CASA newsletters.

Adoption Program Managers established criteria by which an Adoption Specialist will be considered for recognition at the Annual Governor's Adoption Celebration in November 2012.

Update FFY 2013: The DCFS Child Welfare (CW) Adoption Subsidy Program pamphlet was revised and re-printed in August 2012. The definition of a special needs child was updated on the brochure and in departmental policy. The pamphlet was placed on the DCFS website.

The DCFS CW Louisiana Adoption Voluntary Registry (VR) brochure was also revised and re-printed in August 2012. The brochure was placed on the DCFS website. Additionally, the Voluntary Registry information on the DCFS website has been updated to include the following:

- Who May Register;
- What Happens If There Is A Match;
- On-line Voluntary Registry Forms.

The registry forms were posted on-line to allow persons to submit their request for registration via e-mail. The VR brochures have been distributed to private adoption agencies including Catholic Charities, Volunteers of America, and St. Elizabeth's Foundation, Jewish Family Services, Open Arms Adoption Services, Inc. and Beacon House Adoption Service, Inc.

Currently, DCFS has established partnerships/collaborative agreements with CASA in two regions (Alexandria and Baton Rouge) and continues to work toward establishing collaborative agreements with other regional CASA programs.

The Annual Governor's Mansion Adoption Celebration was held November 5, 2012. National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care in FFY 2011-2012. Approximately 381 adoptive family members and staff attended. The event was filmed and distributed for repeated statewide broadcast on Louisiana's Hometown Network affiliate channels. In conjunction with the annual adoption celebration, press and media releases were distributed along with the Governor's Proclamation of November as Adoption Awareness Month.

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The DCFS adoption staff continues providing ongoing adoption case management services and support while preparing the child for the adoptive process. Ongoing services included: completion of the child's evaluation/assessment, preparation of the child for the adoption process, assisting in the recruitment of child specific adoptive homes as needed, and the selection of adoptive families. The adoption worker also assisted with the placement of children with his or her new family, provided supportive case management services (as needed), processed the adoption subsidy applications, and participated in the adoption finalization process.

As of October 2012, DCFS the DCFS Adoption Unit entered into one Purchase of Adoption Services Agreement with a private adoption agency in California. The services were put in place to address the child's mental health issues and to prevent a possible disruption during the adoption process. By the end of the previous fiscal year, DCFS had entered into 10 Purchase of Service Agreements with 10 private adoption agencies.

Post-adoption services were provided through the Adoption Subsidy and Medical Assistance Program (Medicaid) which are federally and state funded. Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 18. In Louisiana, approximately 90% of families that finalized an adoption receive an adoption subsidy from the state. The Interstate Compact on Adoption and Medical Assistance (ICAMA) continues as a major component of the Adoption Subsidy Program which extends post-adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post-adoptive services. Post-adoption support services continue to be provided to Louisiana adoptive families through the Louisiana Partnership for Behavioral Health (LPBH) managed by Magellan and the DCFS Family Services Program.

In July 2012, staff conducted a follow-up training on the Tracking Information Payment System/Louisiana Adoption Resource Exchange (TIPS/LARE) Photo-listing. A Keeping in Touch (KIT) WebEx was held in November 2012 to provide adoption staff with updated information on adoption subsidy and Interstate Compact on the Administration of Medical Assistance.

The DCFS Adoption Program Managers worked closely with the Family Services (FS) Program Unit, the Division of Operations and Research, System and Analysis staff to provide technical assistance and consultation to adoption staff in the usage of TIPS/LARE, WEB Focus and Family Assessment and Tracking System (FATS). Adoption Program Managers provided technical assistance to adoption staff on photo-listing of children on the AdoptUsKids website, as well as updating the photo-listing yearly to reflect changes in the child's status. This information is also shared with the DCFS Division of Communication staff to feature children available for adoption on the DCFS website.

The DCFS Adoption Program Managers assisted with the Adoption and Foster Care Analysis Reporting System (AFCARS) on-site review, which was conducted in March 2013. In addition, the DCFS Bureau of Audit and Compliance Services conducted an internal audit on the Child Welfare Adoption Assistance Program. The internal audit consisted of a review of 400 adoption assistance cases. The audit period covered all active cases from July 1, 2012 through January 15, 2013.

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During March 2013, staff conducted a statewide teleconference to discuss a universal presentation outline and information to be included in the adoption presentation. Related DCFS adoption policy was updated effective April 2013.

HD staff conducted an Adoption Centralized Exchange (via WebEx) with statewide Adoption and HD staff in August 2012 and February 2013. Staff was provided instructions which included the:

- Number of children to be presented per region (two per region);
- Age of the children (nine years and older); and
- Certified foster/adoptive parents with an interest in stated age group.

During the course of exchanges, potential matches were noted; however, as of April 2013, no definite matches were identified.

Collaboration: The DCFS makes every effort to reach out to state and local agencies and organizations in an effort to promote adoption.

Collaboration Update FFY 2010:

- The Adoption Section collaborated with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is increasing family support and promoting awareness of adoption triad issues. A senior DCFS staff member attended monthly LAAB meetings as a single agency representative and non-voting liaison member and provided updates on departmental activities germane to LAAB and its mission. The LAAB held a one day retreat in March 2010 which was supported by DCFS. Multiple layers of collaboration are evidenced in part by the LAAB monthly meetings being held at facilities provided by Catholic Charities of Baton Rouge.
- Louisiana collaborated with other states to provide Medicaid coverage for adopted children who live in another state. Louisiana was one of the first states to join the Interstate Compact on Adoption and Medical Assistance (ICAMA) in 1985 with a Louisiana Program Manager serving as an officer of the Compact. Since that time, Louisiana has continuously collaborated with other compact states to assure that Medicaid is available to adopted children regardless of family moves.
- The Adoption Certificate Program is illustrative of the partnerships DCFS has developed and sustained. Partners involved in the certificate program are the Louisiana Chapter of National Association of Social Workers, Hunter College School of Social Work in New York, the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) and DCFS staff from regions and parishes across the state.

Collaboration Update FFY 2011:

- There was a break in participation with LAAB; however the Department resumed collaboration in March 2011. The LAAB conference was not held in 2010. Due to budget constraints, the Department was unable to assist with funding the 2011 conference and will be unable to provide financial support in the near future.
- Louisiana continued to collaborate with other states in providing Medicaid for adopted children through ICAMA.

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- The Adoption Certificate Program was expanded to include Foster Care and Home Development workers as well as social workers from private adoption agencies. This program illustrated the partnerships DCFS has developed and sustained.

Collaboration Update FFY 2012:

- Statewide, recruiters managed to secure media (both broadcast, and print) partnerships that allowed free air time to feature children and youth freed for adoption without identified placements.
- DCFS continued participation in the LAAB monthly meetings to provide updates on departmental activities, proposed laws that may affect the department, and advise of upcoming conferences (e.g., Foster/Adoptive Parent Conference).
- Louisiana continued to collaborate with other states in providing Medicaid for adopted children through ICAMA.
- As a result of DCFS' collaborative agreement with Dr. Gary Mallon, the National Resource Center for Family-Centered Practice and Permanency Planning, the Louisiana Chapter of National Association of Social Workers which assists in the formalized credentialing process and Hunter College of Social Work in New York, an Advanced Practice Certificate in Adoption and Foster Care Competency Training began in February 2012 and ended June 2012. (*PIP Items – PS 2, AS 3, BM 3.7*)

Collaboration Update FFY 2013: During FFY 2013, state office Adoption/HD and regional HD staff continued to work in partnership with the Louisiana Baptist Children's Home (LBCH) to recruit and certify foster/adoptive families. Information regarding some specific of LBCH's work is documented in the recruitment/retention section of this state plan.

HD staff provided photos to CASA to assist in recruitment efforts for potential families for children and youth freed for adoption without an identified placement resource.

The DCFS distributed foster/adoptive brochures to local community partners.

The DCFS staff continued participation in the LAAB monthly meetings and/or sent e-mails to provide updates on departmental activities, proposed laws that may affect the Department, and advise of upcoming conferences (e.g., Foster/Adoptive Parent Conference).

Louisiana continued to collaborate with other states in providing Medicaid for adopted children through ICAMA.

The DCFS staff began, in FFY 2013, working with the Faith In Families Initiative to focus on adoption awareness and the recruitment/retention of foster/adoptive families.

- State office Adoption/HD and regional HD staff will continue to work in partnership with the LBCH to recruit and certify foster/adoptive families.

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- The DCFS HD staff will continue to work with CASA to recruit families for children and youth freed for adoption without an identified placement resource.
- The DCFS will continue to participate in the LAAB monthly meetings to provide updates on departmental activities, proposed laws that may affect the department, and advise of upcoming conferences.
- Louisiana will continue to work with other states in providing Medicaid for adopted children through ICAMA.
- The DCFS will continue to work in partnership on the Faith In Families initiative which focuses on adoption awareness and the recruitment/retention of foster/adoptive families.

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

The Department is working to improve the timely filing of TPR petitions through monthly reporting and corrective action planning. TPR data is posted on the DCFS intranet and shared with Regional Administrators on a monthly basis.

The case information reports and data reports shared with staff on a state office and regional level assist in the identification of practices or barriers which promote or delay permanency for children in foster care. The goal is to help to identify judicial or legal barriers to permanency, to provide an assessment of the timeliness of the court's role in the TPR process, to identify procedures and practices used by stakeholders that either promotes or delays timely permanency, to identify geographic areas that successfully utilize procedures, such as surrenders, stipulations, etc., to promote permanency, and to identify areas that need improvement. (*PIP Item – PS 2 AS 5, BM 5.1, 5.1.1*)

Since the PIP work was initiated caseload status reports are completed each month by each Bureau of General Counsel (BGC) Regional Attorney and submitted to State Office-BGC/Deputy General Counsel for review and supervisory oversight. The Caseload Status Reports contain a list of TPR cases including court of jurisdiction, custody date, Adoption and Safe Families Act (ASFA) due date, date petition was filed, current status and comments, updates on cases being appealed to a higher court, information on high profile cases, surrender cases, and numbers only for Child in Need of Care (CINC) cases. Frequent and open communication occurs between regional attorneys and regional child welfare management in all regions. The method and frequency of interaction and collaboration varies from region to region.

Progress is demonstrated by a reduction in the number of months between foster care entry date and adoption date as reflected in the DCFS Child Welfare Web Focus Adoption Finalization Report. The table below compares the number of months between foster care entry and adoption for the periods of October 1, 2010 through June 30, 2011 and October 1, 2011 through June 30, 2012. The number of months decreased in seven of the nine regions in Louisiana. This period has been established as the baseline and data from March 1, 2012 through February 28, 2013 is provided below.

Information regarding children who entered foster care to adoption finalization was obtained from the DCFS Web Focus Dashboard. In reviewing the 2014 data in comparison with the baseline data, there were six regions that showed a decrease in the number of months from foster care entry to adoption finalization. The three remaining regions showed an increase in the number of months from foster care to adoption finalization.

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Number of Months from Foster Care Open Date to Adoption Finalization by Region									
Region	Orleans	BR	Cov	Thib	Laf	LC	Alex	S'port	Monroe
Baseline 07/2011 – 06/2012	23.41	37.27	30.92	37.12	38.34	26.67	31.86	41.66	39.75
03/2012 - 02/2013	26.28	37.65	31.18	33.82	41.32	27.79	34.81	35.69	40.70
03/2013 – 02/2014	25.81	32.27	26.81	31.11	36.60	26.67	34.59	37.10	35.76

(Source: Adoption Finalization Data on DCFS Dashboard)

The table below provides the average number of months from the date the child entered foster care until the date the child was available for adoption for the same two data periods. The number of months from foster care entry until the date the child is available for adoption has increased in Orleans, Baton Rouge, Lafayette and Alexandria Regions. The number of months to the child being available decreased in Covington, Thibodaux, Lake Charles, Shreveport and Monroe Regions. This data will become truly meaningful in determining the success of corrective action plans when the children who entered foster care in August 2012 and thereafter have been in care for approximately 15 to 18 months.

Information regarding children who entered foster care to available for adoption status was obtained from the DCFS Web Focus Dashboard. In reviewing the 2014 data in comparison with the baseline data, five regions showed a decrease in the timeframe from entry into foster care to available for adoption. The remaining four regions showed a slight increase in the timeframe from foster care entry to available for adoption.

Number of Months from Foster Care Open Date to Date Available for Adoption by Region									
Region	Orleans	BR	Cov	Thib	Laf	LC	Alex	S'port	Monroe
Baseline 07/2011 – 06/2012	13.41	25.41	20.85	23.41	25.91	18.19	21.48	29.68	26.78
03/2012 - 02/2013	15.08	26.83	20.27	20.15	27.75	17.25	23.80	24.67	24.09
03/2013 – 02/2014	16.44	19.68	18.59	17.90	26.91	17.93	23.91	24.52	28.11

The number of Termination of Parental Rights (TPR) petitions filed after the ASFA date is a second performance measure. The data in the table below is provided in BGC case status reports for the period of September, 2011 through January 2013.

The table below shows the number of TPR petitions filed in each region during the months of September 2011 through January 2013, and the number and percentage of those petitions that were filed after the ASFA date (15 of the most recent 22 months the child has been in care). Alexandria and Shreveport Regions have the highest number of TPRs filed after the ASFA date. Filing the TPR after the ASFA date significantly reduces the possibility of finalizing the adoption within 24 months.

The statewide average is 28% of TPR petitions filed after the ASFA date. Five regions (Baton Rouge, Lafayette, Alexandria, Shreveport and Monroe) have more than 30% of TPR petitions filed after the ASFA date. The variation among regions in percentage of TPRs filed after the ASFA date is significant. TPRs filed after the ASFA date range from 4% in Orleans Region to 68% in Shreveport Region. The

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regions with the highest percentage of TPR petitions filed after the ASFA date are highlighted in yellow in the table below.

Cumulative TPR Data September 2011 through January 2013			
Region	# of TPRs Filed	# of TPRS Filed after ASFA Date	% of TPRs Filed after ASFA Date
Orleans	79	3	4%
Baton Rouge	17	10	59%
Covington	80	15	19%
Thibodaux	56	12	21%
Lafayette	58	21	36%
Lake Charles	92	9	10%
Alexandria	44	26	59%
Shreveport	45	30	68%
Monroe	32	13	41%
Statewide	503	139	28%

The following contains information on the number of TPRs the Department 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	22	55			
Baton Rouge	23	22	24	9	11	11
Thibodaux	14	16	28	44	34	55
Lafayette	70	52	101	62	42	48
Lake Charles	60	57	42	51	66	50
Alexandria	44	31	38	27	35	38
Shreveport	20	19	42	32	38	24
Monroe	27	20	10	14	23	28
Covington	46	85	77	73	57	56
Jefferson (Jefferson District effective 9/05)	60	61	20			
Greater New Orleans (formerly Orleans & Jefferson)				54	47	64
Statewide	380	385	437	366	353	374

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Finalized Adoptions by Region and Statewide						
Region	Baseline: Adoptions FFY 2007-2008	Adoptions FFY 2008-2009	Adoptions FFY 2009-2010	Adoption FY 2010-2011	Adoption FY 2011- 2012	Adoption FFY 2012- 2013
Orleans District	18	24	44	75	69	69
Baton Rouge	18	28	40	19	27	34
Thibodaux	29	57	43	51	77	91
Lafayette	118	60	113	144	154	122
Lake Charles	40	58	71	89	63	96
Alexandria	74	47	55	26	56	53
Shreveport	43	68	44	50	51	67
Monroe	19	43	32	49	33	60
Covington	111	141	113	142	119	141
Jefferson District	60	56	86			
Statewide Total	530	582	641	645	649	733

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Data Analysis: For FFY 2010, there were 59 more adoptions finalized than for FFY 2009. A significant increase in finalizations occurred in Orleans District, Jefferson District, Lake Charles and Lafayette Regions and can be attributable to the population recovery from past hurricanes and staff stability. For FFY 2011, there was no significant increase in adoptions finalized from FFY 2010 to FFY 2011. The slight increase in the Adoption finalization numbers reported in FFY 2011 may have been impacted by the implementation of the Guardianship Program. There were 74 Guardianship Subsidies reported in September 2011. Additionally, as a result of reorganization we no longer have the support of Adoption Recruiters to assist Adoption staff with locating and securing families for child specific children. Lastly, Jefferson District Office was merged with Orleans District as a result of DCFS reorganization. Therefore Orleans District Office staff is responsible for adoption services for children and families in Orleans, Jefferson, Plaquemines, and St. Bernard parishes.

For FFY 2012, there continued to be no significant increase in the overall number of adoptions finalized from FFY 2011 to FFY 2012. However, there were five regions that showed an increase in their number of finalized adoptions.

For FFY 2013, there was a significant increase in the statewide number of finalized adoptions. This was the largest number of finalized adoptions over the last five years.

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	582	641	645	649	733
Average Time to Free (TPR)	21.62	20.80	23.12	21.72	21.71	20.56
Average Time to Sign 427	7.54	5.79	6.06	4.41	4.30	4.96
Average Time to Finalization	6.96	7.07	7.21	6.89	8.32	6.81
Average Length of Time in Care	35.98	33.67	36.45	33.01	34.32	32.26
Average Age of Children Finalized	71.46	67.36	74.49	75.1	70.68	76.5

NOTE: Average time is expressed in months.

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

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

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

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

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ADOPTION INCENTIVE PAYMENTS

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2008 Baseline	497	253	156	
FFY 2008				\$1,206,559.00
2009 Baseline	587	299	117	
FFY 2009				\$1,006,189.00
2010 Baseline	576	323	103	
FFY 2010				\$1,308,398.00
2011 Baseline	581	300	120	
FFY 2011				\$1,455,596.00
2012 Baseline	649	300	120	
FFY 2012				\$1,672,000.00
2013 Baseline				
FFY 2013				\$1,692,000.00

Update FFY 2010: The DCFS described a plan to use adoption incentive monies to purchase air time to run AdoptUSKids recruitment public service announcements in prime time in the 2010-2014 CFSP. That plan has changed based on a reprioritization of needs. The primary use of the adoption incentive funds was to reduce TPR time delays through additional attorneys and expedite home studies through use of external resources. Both of these activities were completed to have impact on permanency and time to permanent placements, among other outcomes. This also compliments early initial considerations for the outcomes of the CFSR and the upcoming PIP. Adoption Incentive funds were also being used to support Adoption Subsidies. It is not evident at present that funding will be allocated for public service announcements.

Update FFY 2011: Adoption incentive funds were used for recruitment efforts and to support adoption subsidies. Recruitment efforts included collaboration between local Foster Parent Associations and recruiters in several community awareness events, match parties, and faith-based “One Church, One Child” campaigns this fiscal year. Recruitment staff partnered with statewide associations to assist in recruiting for “hard to place,” special needs youth. Statewide Recruiters shared fliers of youth that were freed for adoption without identified placements, and used part of the meeting to brainstorm available families that might be willing to adopt, or participate in recruitment activities that target families with interests similar to the youth, geographical area relevance, etc. Staff attended more than 30 health fairs statewide, and presented fliers on special needs children freed for adoption in each region. As a result, 2 of the 7 children presented statewide were adopted into families with specialized medical skills. Regional recruiters completed 81 strength based profiles of children freed for adoption without identified placements to be featured on the DCFS website. Of the 81 children featured, more than 20 youth were either adopted or are in the process of being adopted. These efforts resulted in permanency for youth that might not have otherwise had the opportunity to thrive in a family. An additional source of exposure came from the Department’s partnership with the LBCH that utilizes the adoption profiles from the website to feature them on their Heart Gallery website and Mobile Heart Gallery. From this collaboration more than 50 family referrals were received in 2010.

Adoption incentive funds were also use to supplement the cost of adoption subsidies for hard to place children.

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Update FFY 2012: Adoption incentive funds were used for: recruitment efforts; adoption subsidy; support services required to alleviate barriers to adoption; and supporting adoption placements to avoid placement disruptions and/or dissolutions. The post adoption subsidy support services descriptions were: Adoption Respite Specialist, Medical Hospital Sitter, Medical Mental Health Treatment, non-recurring Legal Expense and Adoption Purchase of Services for the placement of children with certified adoptive families from private adoption agencies.

Staff continued to present strengths based child specific fliers to community centers, churches, organizations, recruitment events, and pre-service training classes. Profiles representing these youth were utilized for photo listings that were placed both on several adoption websites including AdoptUsKids and the Department's website.

Several regions utilized mobile Heart Galleries that displayed professional photos of children and youth without identified placements. Partners like CASA and LBCH continued to work with the department to promote the recruitment of families for our children and youth through Heart Gallery efforts. Several family referrals from these agencies resulted from this partnership.

Adoption/HD staff worked in partnership with the LFAPA to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information regarding beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

Update FFY 2013: DCFS has utilized the adoption incentive funds to assist in the following, but not all inclusive, areas:

- Recruitment efforts;
- Adoption subsidy;
- Support services required to alleviate barriers to adoption; and
- Supporting adoption placements to avoid placement disruptions and/or dissolutions.

Post-adoption subsidy support services included:

- Medical mental health treatment
- Non-recurring legal expense; and
- Adoption purchase of services for placement of children with certified adoptive families from private adoption agencies.

Staff has continued to present strengths based profiles on children/youth, for which a permanent placement resource has not been identified. This information is distributed on an ongoing basis to various community organizations (churches, private adoption agencies, etc.). The information is also presented during recruitment events, orientations and pre-service training classes. Profiles representing these children/youth were utilized for photo listings that were placed on various adoption website, such as AdoptUsKids and the Department's website. In addition to the adoption websites, several have utilized mobile Heart Galleries to display professional photographs of children/youth without an identified placement.

Adoption/HD staff continued to maintain a partnership with the LFAPA to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information

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regarding beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

Update FFY 2014 and multi-year comparative analysis:

Population Served and Adoption Registry

On April 1, 2014, there were 4208 children in foster care, 461 were available for adoption and 360 were in need of adoptive placement. Of the 360 children, 99 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 99 children actively photo-listed, 67 were males and 32 were females; 32 were white, 66 were African American, and 1 was listed as other race; 13 were members of a sibling group who should not be separated; and approximately 75% were deemed physically, emotionally or intellectually challenged.

As of April 2014, adoptions were subsidized for 5,890 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

As of March 2014, verification of adoption, court of finalization, and name of placing agency or attorney was provided to two adopted persons. Additionally, there were 109 requests for non-identifying information from persons in the adoption triad of adoption agencies no longer in operations and 94 reports of non-identifying information processed and completed. The Registry received 535 inquiries for registry packets and out of the 535 requested packets, 92 persons completed the registry process and twenty four registrants were matched (twelve matches).

Over the five year period, the number of children available for adoption has fluctuated between 270 and 644. In most instances, at least half of the children that were available and without identified adoptive resources were photo-listed on AdoptUsKids and the DCFS website. There has been a continued increase in the number of finalized adoptions statewide.

An overall review of the voluntary registry showed the following:

Categories	2009-10	2010-11	2011-12	2012-13	2013-14
Verification of Adoption	19	18	9	2	2
Non-Identifying Information	13	9	14	34	94
Voluntary Registry (VR) Inquiry Calls	814	797	408	871	800
VR Packets Requested/Provided	448	426	238	442	535
Completed VR Packets Received	139	136	97	97	92
Matches	15	10	6	3	12

Over the past five years, there has been a decrease in the request for verification of adoption and a continued increase in requests for non-identifying information. An individual does not have to register to request and receive non-identifying information. The current fiscal year has seen the largest number of requests for packets, while the number of returned packets has seen a slight decline. Initially, the Department only received calls for the above information. In the latter part of 2012, the required forms and the process for registering was placed on the DCFS website. This allowed individuals the option to submit their requests via e-mail at any time. This may have attributed to the decrease in inquiry calls.

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Adoption Activities

The DCFS adoption staff, as in previous years, continues to provide ongoing adoption case management services. Ongoing services included the completion of the child's evaluation/assessment, preparation of the child for the adoption process, assisting in the recruitment of child specific adoptive homes as needed, and the selection of adoptive families. The adoption staff also assisted with the placement of children with his or her new family, provided supportive case management services (as needed), processed the adoption subsidy applications, and participated in the adoption finalization process.

Adoption and Foster Care Program Consultants began working with the DCFS System Research and Analysis staff to enhance the TIPS/LARE system to address the areas of concern identified in the Department's recent AFCARS review. This will be an ongoing project over the next couple of years. In addition, there has been joint discussion regarding the revamping of the Family Assessment Tracking System's (FATS) and case plan section to include ASFP competencies and language.

State office staff conducted two statewide teleconferences (August and November 2013) with adoption staff to discuss recruitment updates and ways state office staff can provide support in the planning of recruitment activities, review revised/update policy, procedure and any identify areas of concern. During 2013, adoption staff were presented information regarding strength based profiles for children awaiting adoption and was issued a new appendix on preparing flyers and brief presentations (for children awaiting adoption) to be presented to the public. State office adoption staff provided ongoing technical assistance and consultation to regional adoption units, as need, in the areas of TIPS/LARE, AdoptUsKids and FATS. Assistance was also provided to alleviate barriers to the adoption finalization process, as needed, through negotiated Purchase of Services contracts. In FFY 2013, seven Purchase of Service contracts were secured and supported.

The 15th Annual Governor's Mansion Adoption Celebration was held November 21, 2013. November is recognized as National Adoption Awareness month. To commemorate this occasion, the DCFS organizes an annual function to honor those families who adopted children from the Louisiana foster care system in FFY 2012-2013. There were approximately 733 children adopted by 506 families this fiscal year. The event was filmed by local media and distributed for broadcasting on Louisiana Hometown Network affiliated channels. In addition to the adoption celebration, various media releases were distributed, along with the Governor's Proclamation declaring November as Adoption Awareness Month.

As in previous years, post-adoption services are provided through the federally and/or state funded Adoption Subsidy and Medical Assistance Program (Medicaid). Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 18. In Louisiana, approximately 90% of families that finalized an adoption received an adoption subsidy from the state. The continuation of post-adoption services across state lines is monitored through the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post-adoptive services. Post-adoption support services continue to be provided to Louisiana's adoptive families through the Louisiana Partnership for Behavioral Health (LPBH) managed by Magellan and the DCFS Family Services Program.

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Adoption Collaborative Efforts Included:

- The DCFS continues its partnership with Family Forum through the Faith in Families Initiative; Adoption Program Consultants, regional Adoption Staff, in collaboration with Family and Family Forum participated in the “Over the Edge” and “Wait No More” event to, promote adoption awareness and recruitment.
- State Office Adoption Program Consultant coordinated with regional Adoption Staff and Healing Place Church photographer’s (during early part of 2014) the taking of professional photos of children available for adoption; the photos will be used for photo-listings (AdoptUsKids and DCFS websites) Heart Gallery presentations.
- The DCFS continues to maintain a cooperative agreement with Louisiana Baptist Children’s Home; the focus of the agreement centers on assisting the Department with the recruitment, training, and retention of certified foster/adoptive families.
- The DCFS state office adoption staff continued to participate in the Louisiana Adoption Advisory Board (LAAB) meetings. As stated previously, in this report, the DCFS worked in collaboration with LAAB in November 2014 to hold an adoption awareness event. LAAB hosted the “Call to Adoption” awareness event on November 16, 2014 in honor of the National Adoption Month.
- Louisiana has and will continue to work with other states in providing Medicaid for adopted children through ICAMA.
- Louisiana, as stated previously, continues to work toward securing and maintaining community partnerships.

Performance Measure 2: TPR petitions filed after ASFA Date

Cumulative TPR Data February 2013 through January 2014			
Region	# of TPRs Filed	# of TPRS Filed after ASFA Date	% of TPRs Filed after ASFA Date
Orleans	54	2	3.70%
Baton Rouge	9	3	33.33%
Covington	59	12	20.34%
Thibodaux	44	10	22.73%
Lafayette	53	22	41.51%
Lake Charles	50	11	22%
Alexandria	46	14	30.43%
Shreveport	24	15	62.5%
Monroe	26	19	73.08%
Statewide	365	108	29.59%

The table above shows the number of TPR petitions filed in each region during the months of February 2013 through January 2014, and the number and percentage of those petitions that were filed after the ASFA date (15 of the most recent 22 months the child has been in care). The Monroe and Shreveport

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regions show the highest number of TPRs filed after the ASFA date. Filing the TPR after the ASFA date significantly reduces the possibility of finalizing the adoption within 24 months.

The statewide average of TPR petitions filed after the ASFA date is 29.5%. Five regions (Baton Rouge, Lafayette, Alexandria, Shreveport and Monroe) have more than 30% of TPR petitions filed after the ASFA date. The variation among regions in percentage of TPRs filed after the ASFA date is significant. TPRs filed after the ASFA date range from 4% in Orleans Region to 73% in Shreveport Region. The regions with the highest percentage of TPR petitions filed after the ASFA date are highlighted in yellow in the table below.

Adoption Incentive Funds Utilization

The DCFS continued utilization of the adoption incentive funds to assist in the following, but not all inclusive areas:

- Recruitment efforts;
- Adoption subsidy;
- Support services required to alleviate barriers to adoption (e.g. adoption purchase of services);
- Supporting adoption placements to avoid placement disruptions and/or dissolutions.

Post-adoption subsidy support services included:

- Medical treatment;
- Non-recurring legal expense;
- Mental health through Louisiana Behavioral Health.

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INTER COUNTRY ADOPTIONS (Statistical and Supporting Information)

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 and then obtain a revised birth certificate. Additionally, Regional Family Resource Centers provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post adoption finalization.

Inter-country Adoption Data

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
Baseline: 2007-08	69
2008-09	67
2009-10	30
2010-11	28
2011-12	28
2012-13	27
TOTAL	249

Data derived from the TIPS for the Adoption Petition Program. All cases in chart above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed.

The number of inter-country adoptions remained somewhat stable for FFY 08-09 with only a 2.9% decrease. A more drastic change occurred from FFY 09-10 with a 55.22% decrease. Guatemala and China make up the largest percentage of inter-country adoptions across all three years. The substantial decrease in the number of inter-country adoptions may be attributed to the decline in the number of adoptions from Guatemala, China and Russia. Factors that may contribute to the decline in these countries include recent policy changes in Russia resulting from failed adoptions; policy changes by China contributing to reductions in adoptions; and U.S. policy to suspend adoptions from Guatemala pending that country’s compliance with the Hague Convention. The US adopted the Hague Convention standards in 2000 and implementation became effective April 1, 2008.

Disrupted Inter-country Adoptions Update FFY 2010: DCFS provided services to one child who was originally adopted from Chiquimaquia, Guatemala through Plan-It for Kids, PC of Pennsylvania in 2003 by a New Orleans Family. At the time of Hurricane Katrina in 2005, the child was experiencing his second hospitalization at the New Orleans Adolescent Hospital, a psychiatric facility, and evacuated to East Feliciana Parish near Baton Rouge with medical staff and other patients. His hospitalization was due to extreme physical aggression and threats to kill his adoptive mother and sister. Hospital staff reported that his adoptive mother was afraid of him, and did not want him to return home. He was abandoned by his adoptive parents who did not pick him up when he was ready for discharge. He entered foster care as a result of this abandonment in East Feliciana Parish in September 2005. Despite diligent efforts, DCFS staff never located his adoptive parents; therefore, no preventive or supportive services were provided.

The child is now almost 15 years old. After nearly four years of placement in a residential treatment facility, he is now in a stable placement in Louisiana with a two-parent family with two children, a boy and a girl who are younger than him. He has been placed with this family since September 2009 and is doing well. The family plans to adopt him if possible.

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Prior to this placement, the child had severe behavior problems that required daily medication; he also had a history of physical and verbal aggression toward adult authority figures and temper tantrums. He has successfully completed therapeutic counseling, and his behavior problems are considered mild at this time. He is on no medication. He is in the eighth grade in a regular school in the gifted and talented program, and is doing well academically. The child's permanency goal has been changed from Alternate Permanent Living Arrangement to Adoption, and DCFS is actively pursuing termination of the parental rights of his adoptive family.

Update FFY 2011: DCFS provided services to three children who were originally adopted internationally: one child from Guatemala referred to above and two children from Russia, who entered care in August, 2010.

The Guatemalan child, a 15 year old male, continues to do well in his foster care placement in Louisiana with the family he has been with since September, 2009. He became legally freed for adoption on March 1, 2011 and the foster family plans to adopt him. His adoptive/legal parents, no longer married, were finally located by the Department in the fall 2010 in Louisiana and California. Parental rights were terminated in November 2010 and March 2011. The child is currently in the ninth grade, in the gifted and talented program and does well academically. He is also artistic. He continues to function well with only mild behavior problems which do not require therapy. He did however go to a therapy session in the fall 2010, when his adoptive parents were located. He had not realized they were still alive; he thought they had died in Hurricane Katrina. He however accepted well the change in their status and has been able to go on with the life he has developed for himself during the past five years.

The Russian children, who came into care in August, 2010 are brothers, now aged 19 and 17. They are originally from Tula, Russia, located 90 miles south of Moscow. They were adopted at the ages of 8 and 11. The older child, who aged out of Foster Care on his 18th birthday in October, 2010, continues to receive services from the Young Adult Program. Along with a sister, both boys had been adopted privately in May, 2001, from Russia by a 35 year old single mother who had an extremely positive home study. The children's birth mother had died in May 1998 and their father's rights were terminated in May, 1999; he was an alcoholic and could not provide for them. Prior to their adoption in Russia in May 2001 they resided in a Russian state "institution". The boys and their sister arrived in the US with their adoptive mother in May, 2002. The sister was older than 18 when the boys came into state care and had already left the adoptive home when she turned 18.

The boys entered state custody in August, 2010 due to neglect. Their adoptive mother refused to come and get them from the hospital where she had taken them because she said they were suicidal. When the hospital assessment determined that they were not suicidal, she refused to take them home. Furthermore, neither boy wanted to go home to her: they feared her and reported that she ridiculed them, would drive them to the airport and threaten to return them to Russia as well as threaten to inflict bodily harm on them. They entered state custody that day along with another adopted sibling, an American, who also feared the adoptive mother. At first both boys stayed with neighbors and then the younger one was placed in another home where he remains to date while the older one stayed with the neighbor until he turned 18 at which time he went to live with a friend's family.

The older one is receiving Young Adult Services to help him achieve independence and is residing with a family who provides the emotional and physical support he needs. He is in the 11th grade and plans to go to college. He is doing well in school and relates well to peers. The adoptive grandparents are also

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able to offer some support despite their conflicted relationship with the adoptive mother. (There are allegations by the adoptive mother that her parents had abused her.)

The younger brother is in a stable, loving foster home and is in the 10th grade. His adjustment has been good. He plans to graduate from high school and then go to college. He was psychologically evaluated and did not have any diagnoses other than parent-child relationship problems, history of emotional and physical abuse and stress associated with family problems. Counseling was recommended. He attended a few sessions but decided not to continue. He gets along well with others and is active in school sports. The official permanency goal of the Department is to return the child home but the mother is not following the case plan to engage in therapy services (she refuses to admit she has any problems). Nor does this child want to return to the adoptive mother. It is predicted that the younger child will age out of foster care when he turns 18 in August, 2011, and then enter the Young Adult Program, like his brother. In conclusion, both boys are doing well.

Update FFY 2012: DCFS has been providing services to four children who were originally adopted internationally: one child from Guatemala; two children from Russia; and one new child from China, who entered care in November, 2011.

The Guatemalan child, a 16 year old male, since the last report in FFY 2010, has had two potential foster home placements and both families were considering adopting. However, due to his behaviors both placements disrupted. This child is currently placed at Methodist Children Home in Ruston, Louisiana. He is functioning on gold level at the residential facility. Therapeutic services are provided at the facility. He currently attends Ruston High School; he is one of four students from the facility that is attending a community school. He is in the tenth grade, with good academic performance. Plans are for his seventeenth birthday, July 2012; he will proceed with receiving services toward independent living.

The Russian children, who came into care in August 2010, are brothers; they are now age 19 and 18. They are originally from Tula, Russia, located 90 miles south of Moscow. The two brothers continue to receive Young Adult Services and support from the Department. The brothers continue in their placements. The 19 year old lives in a non-certified family home, as ordered by the court, to allow him to attend the school of his choice. The family continues to provide him with the emotional and physical support he needs. The younger sibling resides with stable and loving foster parents and he too has made an excellent adjustment to the home and school environment. The older sibling is in the twelfth grade at Alexandria High School with an excellent academic record. The younger brother is in the eleventh grade at Holy Savior Menard Central High School. His academic performance is good. The 19 year old has plans to attend Louisiana State University at Alexandria after graduation this year. The 18 year old, at this time, is considering his options for the future. In conclusion, both boys are doing well.

DCFS is currently providing foster care services to a female child, fourteen years of age, who was originally adopted from China. In November 2011 the child was hospitalized at Southeast Louisiana State Hospital, a psychiatric facility, due to extreme behaviors. At bedtime she would stand over the adoptive father with a knife and exhibit aggressive behaviors (fighting) at school. She was abandoned by her adoptive parents who did not pick her up when she was ready for discharge. She entered foster care as a result of abandonment in Ascension Parish; the family resides in Gonzales, Louisiana. The child entered foster care the later part of November 2011. Since her entry into foster care, the family has refused to work towards family reunification. Since November 2011 this child has maintained her placement at Methodist Children of Greater New Orleans. She has successfully completed the program

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and has earned her “wings of migration”. She is in the 8th grade with excellent academic performance. A potential foster family has been identified for this child and visits are being planned to assess the family’s ability to provide the care she will require.

Update FFY 2013: DCFS has continued to provide services to four children who were originally adopted internationally: one child from Guatemala; two children from Russia; and one from China.

The child from Guatemala is now 17 years of age. He was placed at a residential facility in November 2011; he continues there as of this report. The facility is located in Ruston, Louisiana. This facility provides psychiatric residential treatment for children with severe emotional and behavioral problems. This child has adjusted well to the residential environment; he gets along with staff and has a good relationship with his peers. He has been attending Ruston High School; he is in the 11th grade. He has willingly attended tutoring as well as extra curricular activities. He has had access to weekly therapeutic sessions and has actively engaged in group sessions related to communication skills, anger management, relationship skills, and coping skills. He completed the substance abuse group on campus and earned a certificate of completion. He remains on gold status. He completes his chores, personal responsibilities without prompting, interacts well with his peers on most occasions, and responds respectfully to staff when he is not upset. He was freed for adoption; however his goal was changed to Alternate Permanent Living Arrangement (APLA) after efforts had been made to locate an adoptive family. He is interested in obtaining a part-time job and securing an apartment in the Ruston area to finish his education at Ruston High School. He is not open to a foster family.

The two males from Russia are brothers. The oldest brother is now 20 years of age. He will be 21 and will age out of the YAP on October 3, 2013. This young man graduated from Alexandria Senior High and attends Louisiana State University at Alexandria (LSUA) and is majoring in nursing. A scholarship recipient, he has been working part time at Sonic and has been residing in his own apartment in Alexandria with his girlfriend. He continues to do well. The younger of the two brothers is now 19 (he will be 20 years of age in August) and participates in the YAP. He has continued to reside with the same family so he can attend Holy Savior Menard Central High School. He was also slated to receive the state scholarship, but he had major surgery due to an old football injury at the beginning of the school year. He has been in the process of making up those classes. He also has been working part-time as the head cook at a local restaurant in Alexandria. Overall he has been doing well. He has plans to attend college when he graduates in May 2013.

The 15 year old female from China continues in the legal custody of DCFS. Her parents signed the Voluntary Act of Surrender in May 2012. The child was placed with a foster family in Zachary, Louisiana on August 1, 2012. The child is involved with the Independent Living Skills program through Catholic Charities and is currently enrolled in the 9th grade at Zachary High School. She has an above average GPA. She has been nominated to receive an Honor's Award this semester. She has been doing extremely well in this home and the foster family decided they do not want to adopt. However, they are willing to provide a long-term care for this child. This child has expressed her interest in remaining in this home.

Update FFY 2014 and multi-year comparative analysis:

The DCFS continued to provide services to four children who were originally adopted internationally: one child from Guatemala; two children from Russia; and one from China. There were no new children reported for this category for FFY 2013.

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The two males from Russia are brothers. The oldest brother exited the Young Adult Program in 7/31/2013. While the youth was in the YAP service, he was provided supportive housing, his educational needs were met, the Department assisted with the completion of the FAST form to attend higher education facility. Also, counseling services were provided by Scenic Family Life Center, and transportation was provided as needed. The younger of the two brothers is now 20 years old and also participated in YAP until 7/31/2013. The youth was also provided with housing, educational vouchers and counseling service via Scenic Family Life Center. This young man continued living in the home of his former foster parent (Permanent Connection), attending Louisiana State University at Alexandria (LSUA).

The youth from Guatemala is now 18 years of age. Since our last report on the youth, he continued his residential facility placement until March 11, 2013 and discharged to a foster home. He continued in the foster home until his eighteenth birthday (July 3, 2013). This child continues to have contact with his former foster care worker who reported that he is still in high school in Ruston, Louisiana and in the 12th grade. He was accepted for admission at a local university in the area. However, he wants to enter the National Guard. Therefore, he has not made a final decision on his career plan. He made his own independent living arrangements.

The 16 year old female from China maintained her placement with the foster family in Zachary, Louisiana since August 2013. The family has become a child specific placement for the female. She functions daily without the need of medication and has not exhibited any problematic behaviors or concerns for the family. Currently, she is in the 10th grade and maintains an above average GPA at Zachary High School. The foster family has not changed their interest in providing for the youth's future until the age of majority and maybe beyond. Also, the youth is in agreement with continuing her placement with the family. She has no interest in being an adopted.

Over the past five years, there have been infrequent dissolutions of inter-country adoptions resulting in children entering the DCFS foster care system. In most cases where children enter protective custody, they have remained in the foster care system through the age of majority.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS APPLICATION FFY 2013:**

Program Description/Administration: Child Welfare within the Department of Children and Family Services (DCFS) is the state department that administers the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Programs. These programs operate within the Program Division, Foster Care and Transitioning Youth Unit. Toni Buxton is the Unit Administrator responsible for program administration and monitoring of these services. DCFS state office staff members visit Chafee providers and the contract distributor of the ETVs at least quarterly, complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit, attend Chafee independent living skills training classes to monitor youth's participation and course content, review youth Chafee service records to ensure individual assessment and service planning, review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

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

Program Delivery: Service delivery for youth is provided by the youth's caregiver, a DCFS worker and by contracted CFCIP and ETV providers. There are six CFCIP providers statewide. The provider of the Greater New Orleans Region also serves the Thibodaux and Baton Rouge Regions. The New Orleans provider subcontracts services in the Baton Rouge and Thibodaux Regions. The current Lafayette Region Provider also serves the Lake Charles Region. The Lafayette provider has an office in Lake Charles and serves both regions without subcontracting services. Goodwill Industries is the provider for the Shreveport Region. Methodist Children's Home, Family Counseling, and Southeastern Louisiana University continue to serve the Monroe, Alexandria and Covington Regions, respectively. The ETV provider for the state is the Louisiana Office of Student Financial Aid (LOSFA). This state agency is located in Baton Rouge, but works collaboratively with the financial aid offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development.

Each youth is served by a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility. The state worker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care if entering state custody after age 14 and/or to the ETV provider whenever the youth is ready to pursue a post-secondary education and/or vocation. Youth enrolled in CFCIP services may be served by their state department worker and by the CFCIP provider up to age 21 as needed. The CFCIP providers informally continue to be available to the youth at any time in the future the youth makes contact for assistance regardless of age. Youth are informed of the ETV program by their DCFS case managers and by CFCIP providers. By completing the free application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Aid (LOSFA) for ETV consideration. The Department

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continues to monitor compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth exited foster care from DCFS at age 18 or OJJ custody between ages 18 and 21; if the youth exited foster care from DCFS custody after age 16 to an adoption or guardianship arrangement; if the youth is enrolled in a post-secondary education and/or vocation program; and, if the youth has not yet attained age 21, unless the youth was already receiving an ETV at age 21 and remained continuously enrolled up to age 23. ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Population Served:

Youth in Foster Care: Those youth who have been identified as likely to remain in care until age 18 include those who are 15 and older who have a permanency goal of Alternate Planned Living Arrangement (APLA) or Adoption with no identified permanent home, those who have identified emotional/behavioral disorders, and those who have a history of multiple placement disruptions.

Youth No Longer in Foster Care: Four groups of youth are eligible to continue to receive CFCIP services after they have left foster care:

- (1) Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care.
- (2) All youth who leave foster care for any reason after beginning CFCIP life skills training are eligible and encouraged to remain in the program until they complete it.
- (3) Youth who have aged out of foster care and make a voluntary plan to continue educational and vocational pursuits with the assistance of the Young Adult Program (YAP) and/or the ETV program.
- (4) Youth who have completed the life skills training program with a CFCIP provider may always return to that provider for additional assistance as resources allow.

Differential Service for Various Ages and States of Achieving Independence: Beginning July 1, 2010, CFCIP contracts address training requirements in terms of modules to be completed by each age group rather than a set number of hours of training. Youth receive their first Casey Life Skills Assessment (CLSA) and participate in the development of their first life skills learning plan at age 14; at age 15, youth participate in the development of their initial YTP. Youth ages 18 to 21 may voluntarily elect to participate in the YAP to continue their educational and vocational pursuits.

Income is not an eligibility factor for participation in the CFCIP, YAP or receiving an ETV, and youth are no longer required to participate in the cost of their daily care; however, they are encouraged to set aside part of their earnings in a savings account to plan for their future.

If youth reside out of state, they may remain eligible for the YAP (ages 18-21) if they meet the eligibility requirements of the program. A youth is considered living temporarily out of state if they return to Louisiana during each year. Based on residency guidelines for public post secondary educational institutions, students who establish residency in another state and reside in

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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 leave Louisiana to attend college, or youth attending a post-secondary educational program in Louisiana from another state where they were in foster care until the age of 18.

Service Area: State department workers serve youth in all 64 parishes of the State from 9 regional offices and 48 parish offices. CFCIP providers are located in each region and serve youth in all 64 parishes. CFCIP providers work with local entities such as churches, civic organizations, and libraries to secure convenient service locations to comply with their contractual requirement to provide services within 45 minutes of each youth's residence. Youth are now able to access ETV services statewide through their higher learning institutions through the connections with LOSFA.

Program Evaluation: DCFS is participating in the national evaluation of the effects of the programs in achieving the purposes of CFCIP. DCFS has developed the National Youth in Transition Database (NYTD) to track services to current and former foster care youth so their well being and outcomes can be monitored. DCFS made the surveys accessible to all users and youth via the DCFS internet site and case managers are completing most of the NYTD surveys with the youth. Work continues to occur to develop a more sophisticated electronic survey and data collection tool for more effective data management. Louisiana has participated in numerous other NYTD events such as the 2011 and 2012 National NYTD forums and the National NYTD Technical Working Group. An inter-departmental workgroup of DCFS and OJJ staff was established to identify challenges in implementing NYTD and ways to overcome challenges. This workgroup ended in 2009 and re-started in 2010. This group continues to work together on a regular basis to address any issues that come up and to ensure compliance with NYTD each reporting period.

DCFS has helped to facilitate the attendance of the president of the Louisiana Youth Leadership Advisory Council (LYLAC) at the National NYTD Conference. DCFS also facilitated this young adult's participation on the NYTD Technical Working Group.

In 2012, the Children's Bureau (CB) notified the Department that none of the record numbers reported to NYTD matched the record numbers of youth reported to the Adoption and Foster Care Analysis System (AFCARS). CB staff noted that the record numbers in AFCARS contained X's, which padded the record numbers to meet the 12 digit field size requirement. In the files submitted to NYTD, the leading X's were omitted thereby failing to meet the standard that states are required to use and report to NYTD the same person identification number for the youth the state reports to AFCARS for youth who are or were in foster care. Subsequent to this finding, and to ensure that youth reported to both NYTD and AFCARS use the same record number, the state submitted subsequent NYTD data files for all report periods impacted by this issue. Because Louisiana opted to sample, updating record numbers caused the list of sampled record numbers to change. A list of the encrypted record numbers in the current sample and their corresponding, updated encrypted record numbers after the subsequent files identified were submitted. Because no re-sampling or replacement sampling is permitted, CB staff had to verify that the same youth selected for the state's sample remained in the state's sample. In addition to the subsequent NYTD files submitted to the CB, the state sent a list showing the sampled records' original and updated numbers.

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In March 2013, as part of the state's AFCARS review, NYTD was also reviewed during this time period. (For additional information on the AFCARS Assessment Review refer to that section of the plan.). The preliminary NYTD review resulted in CB staff finding the way Louisiana has chosen to conduct data collection is an acceptable way to meet the data collection requirement, though it is not the envisioned way. CB staff also noted four questions regarding the way data is collected and details of a few specific data elements. One of these questions pertained to the fact that Louisiana collects "services data" by way of surveying youth during the reporting period in question. The DCFS and OJJ case workers are responsible for inputting the information they have regarding services received by the youth. In addition, the youth are surveyed regarding services received so that nothing is missed. CB staff expressed concern because data is gathered by survey and the data captured might not reflect the full array of services received in the six month period. DCFS is in the process of convening a workgroup to address this concern along with other questions regarding the data elements.

On an ongoing basis, NYTD is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP Independent Living providers. During these discussions staff reiterates the importance of this tool in assessing service delivery and improving work with youth. The CFCIP Independent Living providers assisted in surveying "NYTD follow-up youth". DCFS developed a plan for the CFCIP Independent Living (IL) providers to stay in contact with the sampled "NYTD follow-up youth" and with the baseline youth as they enter that population. The plan ensures the CFCIP IL providers will have contact with each of these youth at a minimum of every 60 days. It also ensures they will send the youth a birthday and Christmas card. The contact will be to remind the youth of NYTD, survey requirements, the annual events/conferences, and to check on their service needs. Follow-up survey participation also includes the youth receiving a small item as compensation. Additionally, their names are entered into a drawing to win payment of one bill (up to \$100.00). The CFCIP Independent Living Providers will also be holding the annual DCFS "NYTD Reunion Event/Youth Conference" for all youth (ages of 15-23) that receive services from DCFS or OJJ. All "NYTD Follow-Up youth", any youth under age 23 that received a baseline NYTD survey, DCFS staff that works with youth and/or programs that serve youth are invited. The reunion was initially designed to provide ongoing assistance while allowing continued contact. These events have evolved into conferences for youth and adults to learn about NYTD, to receive services and information to assist in independence and to assist in learning best practices to apply when working with youth. In 2013, the events were held on June 4, June 6, June 10, and June 11 across the state. The Department plans to continue having these reunions for Louisiana Youth as they enter the population and as they become alumni.

This year, the DCFS partnered with the CFCIP Independent Living providers to have a couple of youth in each region of the state participate in development of an informational brief. For 2013, the information briefs covered: The Most Important Things to Know About Youth Transitioning From Foster Care; The Most Important Things to Know About Foster Youth and Their Privacy and Sensitivity; and, "I Have a Voice", Why it is Important to Listen to Youth in Foster Care. DCFS compensated youth that developed and presented the briefs at the annual NYTD Event/Youth Conference. The audience included caseworkers, caregivers, and other DCFS staff. DCFS provided all of the CFCIP IL providers with the NRCYD briefs on public speaking and strategic sharing. Each of them met with the youth to go over the information in the briefs and to help prepare the youth for their presentations. Many of the youth also participated in sessions

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at the conference. In August, 2013 the briefs will be posted on the DCFS webpage under the youth link so they will be easily accessible.

The DCFS reached out to LYLAC board participants in 2013 to request assistance in developing a brief on “Important Things for Permanent Connections to Know”. This brief was completed June 30, 2013 and includes statements from current Louisiana foster youth or youth who has previously been in foster care. It also included ideas of what individuals, who are identified as permanent connections, can do to assist youth. The DCFS Independent Living Coordinator also attended the conference following the meeting.

The DCFS facilitated participation in the new Independent Living Coordinator’s meeting held by NRCYD at the Pathways Convening in New Orleans.

Collaboration: DCFS recognizes the value of coordination and collaboration across the spectrum of child and family serving organizations, and actively pursues partnerships to improve outcomes for youth in foster care, youth who have left foster care for adoption or guardianship and youth who have aged out of foster care. Foster youth have been invited to participate in Program Improvement Plan (PIP) development, APSR review and development, policy development review and comment, and development of the plan with the Department for creating the Louisiana Behavioral Health Partnership (LBHP). Youth have also presented at local and national conferences, and served with CFCIP providers in program development. The Department sent staff, youth and foster parents to the 2012 National Pathways Convening in New Orleans, Louisiana. This effort was a part of the ongoing plan to engage youth and to train staff and caregivers on the importance of transition planning.

Public, Private and Faith Based Sector: DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve as more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises.

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

Lutheran Social Services of the South (LSSS) is administering a mentoring program called “BeREAL” in New Orleans. The program accepts youth in foster care aged 13 to 18 years old. Youth may remain in the program up to age 25 if they are in the program when they reach age 18. The purpose of the program is to provide direct or indirect services to young adults to help prepare them to successfully transition into adulthood. A strong emphasis is placed on education.

Since August 2009, 24 youth from ages 13-20 have been served. All youth have received individualized coaching support from a transition coach as often as needed (anywhere between once per month to once per week). Transition coaches have visited the youth over 957 hours and BeREAL staff has logged over 421.5 hours. Through the program youth have received both

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monetary and non-monetary assistance (i.e. rent, utilities, transportation and groceries, tutors and mentoring, etc). Additionally, BeREAL has been one of the sponsors for the Orleans Youth Transition Day for two years providing door prizes, a full continental breakfast, manning a booth, and in 2010 they also provided entertainment. BeREAL has collaborated with the Louisiana Foster and Adoptive Parents Association in New Orleans for several events, including the joint sponsorship of the annual Christmas celebration.

The BeREAL Program has proven to be quite successful in its early efforts to provide meaningful support to youth aging out of the foster care system. One hundred percent of the enrolled youth are involved in a post-secondary educational program and have an identified adult support person in their lives.

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

DCFS has developed a reciprocal relationship with the Louisiana Community & Technical College System. Representatives from both agencies meet annually with the Director of Educational Programs; Derrick Manns, PhD to discuss areas in which we can help our youth become more aware of this system and ways to better access services. This relationship has continued for several years.

DCFS and OJJ worked together in the past year to develop a joint YTP document, which the Supreme Court, Court Improvement Project (CIP) posted online at their website as well for ease of access to a multitude of stakeholders. (*PIP item PS 2, AS 3, BM 3.1*)

DCFS, OJJ, CASA, the CIP and several other state and community agency partners joined together along with the American Bar Association to develop greater understanding of issues impacting Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth and implications for youth development and effective organizational service delivery. National experts provided training to develop capacity among the state and community partners to spread the knowledge to other organizations around the state serving this unique population of youth. Presentations have been made in several different venues statewide including the 2012 Louisiana National Association of Social Workers Conference.

Other Federal and State Programs for Youth: Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974: DCFS continues to partner with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program to provide housing and other services to runaway homeless youth and former foster care youth. The Youth Oasis transitional living program provides housing and other support services to youth in foster care and those who have aged out of foster through a contractual arrangement with DCFS. DCFS staff served as a part of the alliance that resulted in the creation of Youth Oasis. Members of the now defunct alliance (including DCFS staff) now attend Youth Oasis board meetings as non-voting members. The previous Youth Oasis administration was active in the DCFS Performance and Quality Improvement (PQI) Stakeholder Committee. In FFY 2010 and 2011, DCFS made efforts to engage current Youth Oasis leadership's participation in the

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Consumer and Community Stakeholder Committee; however, these efforts were unsuccessful. Efforts to gain participation were made by telephone in the past. Future efforts will include letters and attempts to schedule personal meetings to discuss the committee if necessary.

Abstinence Programs: Independent Living Providers include sex education in their life skills groups. This phase of life skills development includes abstinence as an option, but DCFS does not partner with any programs devoted exclusively to abstinence.

Local Housing Program: Regional and parish DCFS offices and CFCIP providers coordinate with local parish housing authorities and other housing programs. Collaboration with local housing authorities has resulted in youth being placed in permanent supportive housing. Additional youth are currently on the waiting lists for such housing, and collaboration will continue toward moving youth into permanent supportive housing. Additionally, CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. Covenant House in New Orleans is a temporary shelter which is able to house youth for a short time basis if they have no suitable living arrangement once they are over the age of 18. DCFS CFCIP staff has partnered with the Louisiana Emergency Solutions Grant Program and Homeless Prevention and Rapid Re-housing program to provide short and medium term housing and utility assistance to youth exiting the foster care system. DCFS has coordinated access to the program providers in order to maximize resources for youth.

Programs for Disabled Youth: DCFS refers youth with special needs for employment in Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enroll and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. JobCorp and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the, DOE, OCDD, Department of Health and Hospitals (DHH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Post-Secondary Education and Other Services for Youth: Any youth who exits foster care at the age of 18 or enters guardianship or is adopted at the age of 16 or older is eligible for an ETV. Post-secondary institutions are aware of a youth's eligibility for ETV by completion of the free application for Federal Student Aid (FAFSA) which will indicate if a youth was a ward of the state. The LOSFA has also done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates

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an interest in a program that hasn't previously been available or utilized. The youth are referred by their educational institutions to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through DOE, the Louisiana Workforce Commission's Workforce Investment Programs, Big Brothers/Big Sisters and the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. Braveheart Children is another non-profit agency supporting the care of children in foster care, and this organization offers 3 scholarships annually for youth exiting foster care for a post-secondary education in medicine, engineering and education. Additional information about this organization can be accessed at braveheartchildren.org. Youth are provided information about these scholarship opportunities through their case managers. DCFS has a youth link on our internet which is disseminated routinely to youth when administering the NYTD survey to provide them information on education and other services to support the transition to adulthood. This link is at www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

Mental Health and Substance Abuse Services for Youth: DCFS coordinates with the DHH, Office of Behavioral Health (OBH), OJJ, DOE and a contract agency called Magellan to identify foster children who may be eligible for behavioral health services such as community outpatient, inpatient, residential care, group home care, substance abuse treatment and mental health rehabilitation services through the LBHP. As youth aging out of foster care retain their Medicaid coverage through age 21, youth may contact the LBHP customer service line at any time (24/7) to self refer for behavioral health issues to obtain assessment and referral for services billable to Medicaid. The DHH has instituted a managed care system for physical health care needs of Medicaid recipients with options for 5 different provider plans. Youth exiting foster care at age 18 retain their Medicaid coverage through age 21. Youth are allowed to select their own managed care provider for their ongoing health care needs annually. This system also covers treatment for specialized services such as dental care, vision care, and well baby care and pharmacy services/medications.

Youth exiting foster care also receive assistance from DCFS caseworkers and CFCIP providers in making necessary linkages to other economic support programs through DCFS when needed. Examples would include Child Care Assistance for any children of the youth and food stamps.

Update FFY 2012: The DCFS began work with the Louisiana Children's Code Committee to develop a joint youth transition plan for all youth age 15 and older in DCFS and OJJ custody. DCFS continued its participation in a new pilot task force in the New Orleans region on LGBTQ youth. The group is comprised of stakeholders including local judges, court advocates, DCFS staff, attorneys and others and is focused on identifying the special needs of these youth and strategizing methods to better serve them.

During October 1, 2010 to September 30, 2011, the collaboration with Lutheran Social Services continued. The BeREAL mentoring program served 30 youth between the ages of 13 and 21 during this time. BeREAL provided the following services: tutoring; mentoring; academic advising; education and career planning; assistance with taxes; recreational opportunities; computer access; financial scholarships to assist with housing, tuition, books, transportation, household expenses, cell and internet; financial incentives for academic achievement to include clothing shopping sprees, money for graduation budget and graduation, and outings with Transition Coach. Each youth goes out for a birthday dinner with their Transition Coach and

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receives a Christmas gift. BeREAL Staff Transition Coaches logged 1,506 visits with the youth. Volunteer mentors and tutors logged 741 hours with the youth. BeREAL is active on the DCFS PQI Stakeholders Committee and Jefferson Parish's Local Coordinating Council for their CSoC's Family Services Organization.

Of the youth served by BeREAL, 100% of our youth have at least one identified adult support person in their lives, and 100% of our youth are working towards post-secondary educational goals.

Update FFY 2013: As part of PIP work, CFS has assessed effective delivery of Casey assessments by the CFCIP providers to caseworkers and education of case workers on how to use these assessments in case planning. In State Fiscal Year (SFY) 2013, contracts were adjusted to clarify language related to this expectation. The Department continued its work to assess from the perspective of youth, foster caregivers, and staff and CFCIP providers how effective the current Youth Transition Plan (YTP) is in planning with youth for the transition to adulthood. Based on feedback from youth, DCFS is updating the YTP document to make it a more "youth-friendly" tool. In calendar year 2013, the Department has the YTP added into the Family Assessment Tracking System (FATS). This change will reduce duplication of efforts and ultimately lead to better case plans for our transitioning youth (ages 15-21). State office staff is planning additional staff training around the changes to the tool that reinforce the purpose and importance of youth planning to enhance the transition to adulthood. Next steps include the ongoing analysis of field staff progress and challenges to YTP utilization and change in level of engagement of youth in the planning process as well as continued education of staff in more effectively empowering youth to guide their own YTP development and progress. (*PIP Items – PS 2, AS 3, BM 3.1*)

The Department also continued support of the Louisiana LGBTQ Taskforce by assigning a Child Welfare Consultant to work with the taskforce. The consultant has presented at various conferences, including the 2012 Annual Together We Can Conference and the 2013 Louisiana National Association of Social Workers' Conference Master Session.

The Department will be making efforts in the coming year to guide regions implementing the Family Team Meeting (FTM) Process and use this process and the inherent skills to develop youth team meetings facilitated by the youth for YTP planning and development (*PS 2, AS 3, BM 3.4, 3.5*).

DCFS FC program managers reviewed Independent Living Skills (ILS) providers' contracts to assure youths' Casey Life Skills assessments are provided to DCFS workers. Program managers provided recommendations regarding any necessary changes to the contract language to clarify the actual Casey assessment result be provided to caseworkers as well as the individual learning plans developed based on the assessments. Each contract had slightly different language with some requiring the actual assessment and others requiring the learning plan be provided to the DCFS worker.

A Request for Proposals (RFP) was completed and grants were awarded for a three year period. Language was included in the contracts to require the actual Casey assessment results for each child be provided to the DCFS caseworker, that the DCFS caseworker be engaged in development of the individual learning plan for the youth, and that the contract providers follow

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up with the DCFS caseworker after providing the worker the assessment results to insure the worker understands the results and how to use them in case planning for the youth.

In order to ensure that DCFS staff were clear about expectations, a memorandum regarding potential of Casey and Youth Transition Plan (YTP) as case planning tools as well as DCFS expectations and guidelines for use of tools was issued effective 2/14/2012. The Department also conducted a video and teleconference with field staff statewide 2/01/2012 discussing policy and practice expectations related to YTP. State office staff also collected copies of recently completed YTPs for review and identified areas for field staff practice development. Subsequent to this work, the Department developed a workgroup of field staff, independent living providers, foster caregivers, and youth to revise the YTP form and develop training for field staff on more effective utilization of YTP form.

Foster Care and Transitioning Youth staff completed the review of YTPs and initiated the updates to the current YTP and YTPR to make the instrument user friendly. State office led a video-conference to discuss the summary of the survey completed by field staff across the state regarding staffs' knowledge of the Casey Assessments and their subsequent use of the plans when working with youth to develop their Foster Care/Adoptive Plans and their Young Adult Program Agreements. State Office also hosted an "YTP Live" Event which was broadcast statewide to DCFS staff on October 10, 2012. The "Live" event was a talk show moderated by a FC CW Consultant and the guests were a FC staff person, a youth, two foster parents, and an Independent Living provider. Questions were received from the field and program staff. Each guest was able to answer from their perspective. The event was taped and provided to the Louisiana Court Improvement Project for posting on the CLARO website, which can be accessed and viewed by all legal stakeholders, including CASA workers.

Update FFY 2014 and multi-year comparative analysis:

The DCFS continues to monitor ILS providers' contracts on a quarterly basis to ensure compliance with standards set forth by the Department. Providers are required to provide youth's life skills assessments to case workers to guide case planning with youth. The Department updated the Youth Transition Plan based on feedback received from staff, foster caregivers, ILS providers, and youth, to make the tool more "youth-friendly". Changes to the YTP are being added to Family Assessment Tracking System (FATS), the online case documentation system. As these changes are nearing completion, State Office staff will conduct training with field staff and foster caregivers to stress the importance of appropriate transition planning with youth in order to ensure that youth have the skills needed for successful independence. ILS providers will be a part of delivering this training. ILS providers meet with local DCFS staff on a regular basis to maintain an open line of communication.

The Department continues to contract with the Louisiana Office of Student Financial Assistance to assist in the distribution of ETVs. ILS providers help to ensure that youth are advised of the availability of these vouchers for post-secondary educational pursuits. Information about the ETV's is distributed by the ILS providers at the youth events/conferences organized by the ILS providers each year.

The Department continues to make efforts to implement the Family Team Meeting (FTM) model and use this process and the inherent skills to develop youth team meetings developed by the youth for YTP planning and development. This training on effective empowerment of youth

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included adaptation of the Family Teaming Process with youth work in the four implementing regions (Lafayette, Lake Charles, Monroe, and Shreveport). A part of the implementation of this process was developing awareness among the DCFS staff of the importance of including the ILS providers on the youth's team in planning for how to support the youth in the transition to adulthood and completion of the Youth Transition Plan.

The DCFS supports the work of the Louisiana LGBTQ Taskforce, which continues that groups' mission to educate and train CASA volunteers, community stakeholders, attorneys, and the DCFS staff. The Taskforce presented workshops at several conferences over the past year. The Taskforce is working toward developing sample policy to be used by agencies to include more specific language regarding non-discrimination in the treatment of youth and families (biological, foster, or adoptive) in service provision. This same language will be replicated as new contracts are developed with ILS providers in SFY 2015.

The DCFS collaborated with various entities during 2010 to 2014 to effectively serve youth transitioning from foster care to independence that included the following:

- BeREAL Lutheran Social Services has continued to provide mentors to youth ages 13 to 21 to assist in planning and obtaining concrete services. In FFY 2013, 24 youth were mentored.
- The DCFS contracted with regional CFCIP providers to offer independent living services to 2339 DCFS youth and 850 OJJ youth ages 14 to 21. Some programs continue to offer services to age 25. The DCFS expanded the program expectations for the contractors effective 2012 to include tracking of baseline and follow-up NYTD youth. In 2013, the contracts were again expanded to include enhanced case management services for youth ages 18 to 21.
- In 2013, the DCFS Secretary implemented the Faith in Families Initiative to ensure that all youth exiting foster care do so with at least one permanent, supportive connection.
- The DCFS continues to participate in the Louisiana LGBTQ Taskforce which identifies the special needs of these youth and develops methods to better serve them.
- ETVs continue to be administered through the Louisiana Office of Student Financial Assistance (LOSFA). This partnership allows for expedited processing of the requests, as students are able to apply through their campus financial aid office. 475 ETVs were awarded during this time period.
- The DCFS continues efforts to review transition planning with youth. A survey of departmental staff was conducted regarding life skills assessments and their use in youth transition planning. The YTP instrument was updated based on input from youth, CFCIP providers, and DCFS staff. Plans are in place to train DCFS staff, foster caregivers, and CFCIP providers in effective transition planning with older youth, beginning at age 15. DCFS' Continuous Quality Improvement (CQI) team is reviewing transition plans for youth to identify training needs of staff to enhance practice.

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Tribal Consultation and Collaboration:

Ongoing collaboration occurs with the 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 Tribes in Louisiana were consulted regarding the development of the state's 2010-2014 CFSP which includes CFCIP and ETV plans. The social service directors of all four Native American tribes in Louisiana were asked for their input and suggestions regarding the plans. Karen Matthews, Social Services Director of the Chitimacha Tribe of Louisiana, and Milton Hebert, Social Services Director of the Coushatta Tribe, attended the March 10, 2009 CFSP kickoff meeting and participated in workgroups to develop the plan. Jean Allen Wilson, Social Services Director of the Tunica Biloxi Tribe, and Milton Hebert participated in the 2010 Louisiana CFSP kickoff meeting. Milton Hebert, Karen Matthews and Mark Ford, Executive Director of the Governor's Office of Indian Affairs, participated in the 2010 CFSP on-site stakeholder interviews.

On May 19, 2010, August 2010 and April 20, 2011, DCFS staff participated in meetings with social service directors/staff of the four federally recognized Tribes in Louisiana arranged and attended by ACF Region VI staff. Tribal representatives included Milton Hebert of the Coushatta Tribe, Karen Matthews of the Chitimacha Tribe; Mona Maxwell of the Jena Band of Choctaws; and Babette Bordelon of the Tunica Biloxi Tribe. None of the Tribes indicated they currently have youth in foster care or in the custody of the Office of Juvenile Justice who are in the age range appropriate for CFCIP or ETV services. During the meeting in August 2010, DCFS staff was prepared to provide training on use of the Casey assessment; however, only one tribal leader was present at that time.

In all meetings, the Tribal Social Services Directors/staff were reminded that DCFS is willing and available to provide assistance should they decide now or at any point in the future to pursue a IV-E agreement, administration of the Chafee Foster Care Independence Program and/or the Education and Training Voucher Program. Chafee and ETV services are available to all youth who meet eligibility criteria, including Tribal youth. All youth are referred to the CFCIP and ETV programs by their departmental 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 DCFS state office staff prior to the meeting so that DCFS 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.

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

Update FFY 2012: At the state level DCFS began holding monthly teleconferences with all Louisiana tribal social service directors in January 2012 to insure they remain aware of updates

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to policy and programs as well as training opportunities. Availability of CFCIP services has been a discussion topic in these calls. However, the tribal leaders continue to indicate there are no youth in foster care currently from their tribes.

Update FFY 2013: During this period, DCFS has diligently worked toward building relationships, sharing information, and supporting the four tribes in the state. DCFS scheduled a phone conference with the tribes for December 5, 2012 to introduce the new tribal liaison. The phone conference was not attended by any tribal staff. Staff conducted visits with the Coushatta, Chitimacha, and Jena Band of Choctaw tribes in January and February 2013. The DCFS training supervisor conducted site visits with all four tribes to discuss child welfare training and even more specifically, share with tribes a newly developed computer-based course on family engagement. Tribal staff was invited to participate in Family Team Meeting (FTM) training in December 2012 and the AFCARS audit in March 2013. Other communication by DCFS with the tribes included dissemination of information regarding Behavioral Health Forums with Magellan, the Uninterrupted Scholars Act and the Leadership Academy for Supervisors. DCFS staff participated in webinars entitled “Indian Child Welfare Act: What Parents’ Attorneys Need to Know” and “Homelessness among American Indians”. FC CW Consultant participated in a conference offered by the National Indigenous Women’s Resource Center in Lafayette, LA on February 13 – 15, 2013. The conference was entitled “Embracing, Engaging, and Empowering Our Communities” and focused on the domestic violence epidemic in Native American populations. In February 2013, several DCFS staff conducted a staffing with Chitimacha Tribe Social Services Director to address the specific needs of a youth aging out of care. Representatives of DCFS also participated in the annual IV-B Meeting held on the Chitimacha Reservation on April 30, 2013. Family Team Meetings (FTM) and Advanced Safety Practice were discussed to advise the tribes of new practice models that DCFS is implementing across the state. Discussion also centered on procedures for obtaining annual credit reports for youth age 16 and older in foster care and requirements for NYTD. Information and materials were provided to the tribes regarding the Governor’s Program on Abstinence. Details and contact information about the Children’s Trust Fund Triple P Parenting Program was also provided. Tribes were invited to participate in the quarterly PQI Stakeholder Committee meeting held June 27, 2013 and the Independent Living Coalition meeting held May 21, 2013.

Update FFY 2014 and multi-year comparative analysis:

Monthly telephone conferences were scheduled between DCFS and tribes during 2014. Participation in the calls by the tribes is sporadic. Communication during the calls focused on child welfare involvement with the tribes and opportunities for increased collaboration. Some of the tribes continue to have minimal to little involvement with the child welfare system. One tribe has reported that the majority of their child welfare involvement is out-of-state. A site visit was conducted with the Tunica-Biloxi Tribe in Marksville, LA in September 2013. Training opportunities were shared with the tribes on a regular basis, including DCFS specific trainings and multi-disciplinary trainings. The state DCFS tribal liaison continues to participate in Indian Child Welfare Managers phone calls on a monthly basis to stay informed of the latest tribal child welfare issues. Updates to DCFS policy included guidance on more effective adherence to ICWA and specific actions to transfer custody of children from state courts to tribal courts. Karen Matthews, Director of Health and Human Services of the Chitimacha Tribe, has committed to co-presenting with Judge Simon of the Court Improvement Program at the Together We Can Conference in October 2014. The presentation will address the impact of ICWA on Native American tribes and how the law honors tribal cultures.

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- Collaboration with the four federally recognized tribes in Louisiana has continued throughout the past five years.
- DCFS participates in annual meetings with the social services directors of the four tribes and ACF Region VI staff.
- Regular contact is maintained with the tribes to build relationships, share information, and offer support to the tribes.

The DCFS tribal liaison continues to participate in Indian Child Welfare Managers phone calls to stay informed of the latest tribal child welfare issues.

SEVEN PURPOSE AREAS/GOALS:

PURPOSE/GOAL 1: HELP YOUTH TRANSITION TO SELF-SUFFICIENCY: DCFS assesses the needs of youth in their transition to self-sufficiency through the Assessment of Family Functioning/Case Plan, the YTP/ YTPR and the CSLA. Youth are encouraged to participate actively, and, in fact, lead the process of developing plans for transitioning to self-sufficiency.

CFCIP providers use the Casey Learning Plan as the basis for a relevant, current and consistent curriculum that allows youth to complete the plan despite geographic moves. Since July 1, 2010 new CFCIP provider contracts required a specific number of domain-related modules be completed rather than a specific number of hours of training. The process continues to include experiential learning opportunities. Life skills classes are best described as psycho-educational groups with emphasis on concrete life skills, identity development, self-control and motivation, and appropriate social interactions. All groups are on-going, provided in close proximity to the youth's residence and offered at times that do not interfere with school or extra-curricular activities. Youths' skill level is re-measured with the CLSA upon completion of the groups, and youth are encouraged to continue in the groups until necessary life skills have been mastered, frequently resulting in youth continuing beyond the minimum required hours.

OBJECTIVE 1.1: Assess and track youth preparation for independence in the domains of living arrangements/housing, health/medical, independent living skills, education/vocation, employment, financial, permanent contacts, documents and service resources through the YTP and YTPR.

Strategy 1: Train DCFS 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. (This strategy is not being carried over to FFY 2012.)

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Goal 1, Measurement 1:

Number of Staff Trained in Use of YTP and YTPR					
	Establish Baseline: FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
DCFS Staff	844	401	80	34	0
OJJ Staff	0	0	0	0	0

Goal 1, Measurement 2:

Percentage of youth 15 and older for whom YTP has been completed	
Baseline FFY 2009	FFY 2010
38%	25%

Update FFY 2010: Strategy 1: In 2009, a total of 844 DCFS staff were trained on the YTP/YTPR and other subjects including YAP policy, educational requirements of the Fostering Connections to Success Act, and how to develop permanent connections for youth. The first round of training began on March 31 and was completed on April 28, 2009. The training was presented live in one region and by video conference in the others. Live training was held in every region beginning in October 2009 and ending in January 2010. Implementation of the YTP began in each region upon completion of the 2009 training sessions. A key component of the training was emphasis on the youth's involvement in development of the plan. Efforts have been made to provide the training for OJJ staff, but management changes at OJJ have impeded those efforts.

Strategy 2: Completed YTP and YTPR forms have been reviewed by first and second line supervisors and then forwarded to the Foster Care and Transitioning Youth Unit in state office for further review and analysis. YTPs had been completed for 38% of youth aged 15 and older.

Update FFY 2011: Strategy 1: In 2010, a total of 401 DCFS staff were trained on the YTP/YTPR and other subjects including YAP policy, educational requirements of the Fostering Connections to Success Act, and how to develop permanent connections for youth.

Strategy 2: As of September 30, 2010, there was documentation of 25% completed Youth Transition Plans on youth 15 and older. The decline can be attributed to the reorganization of the department and a decline in the number of field staff forwarding copies of the completed YTP to state office staff where these numbers are counted. Since the reorganization of DCFS, YTP data monitoring is no longer practiced due to lack of staff; therefore, this strategy will not be carried over to FFY 2012.

Update FFY 2012: A Keeping in Touch (KIT) conference was provided to staff statewide on February 1, 2012 in relation to P.L. 112-34, and included a segment on the YTP, 80 staff members statewide participated. An YTP review instrument has been developed and a sample of YTPs was pulled from around the state for review by program staff to identify problem issues and guide change efforts. (*PIP Items – PS 2, AS 3, BM 3.3, 3.4, 3.5*)

Update FFY 2013: In order to address the need for statewide training for DCFS staff a memorandum regarding potential of Casey YTP as case planning tools as well as DCFS expectations and guidelines for use of tools was issued effective 2/14/2012. Video and teleconferences were held with field staff statewide. The training covered policy and practice

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expectations related to YTP as well as the requirements of federal P.L. 110-351; the need for an updated plan within 90 days prior to youth turning 18; department policy to initiate YTP planning with youth within 30 days of the first Family Team Conference (FTC) occurring after the child's 15th birthday or at the initial FTC if the youth enters foster care after age 15; the policy requirement to review the YTP with youth and update documentation at a minimum of every 6 months after initial plan; location of policy references to YTP, health care power of attorney, important documents to provide to youth preparing to exit foster care, NYTD surveys, and other targeted youth transition information; importance of involvement of the youth as the guiding force in plan development; provision of YTPs to Independent Living Skills providers to coordinate work efforts with youth, and; practice of using the YTP form as a tool to guide case planning with youth.

Further, state office staff clarified policy and practice expectations and guidelines via multiple forms of media to enhance staff understanding and collected copies of recently completed YTPs for review and identification of areas for field staff practice development. Currently staff are planning and developing a workgroup of field staff, independent living providers, foster caregivers, and youth to revise YTP form and develop training for field staff on more effective utilization of YTP form.

Foster Care Program staff developed and disseminated the YTP review instrument to program staff and collected a sample of YTPs from each region across the state. Utilizing an YTP instrument, the sample of collected YTP instruments was review and staff developed regional and statewide reports on findings from the instrument review. Each region was contacted and staff arranged teleconferences with regional management staff and the supervisors and workers who had YTPs reviewed. Using a tool to guide discussion with field and for field to document youth feedback state office staff discussed the following during the teleconferences:

1. the tool used to complete the YTP reviews
2. regional review findings
3. consistency with statewide findings
4. evidence of successful application of policy
5. opportunities noted in review for development
6. consideration of effectiveness of YTP process in preparing youth for transition to adulthood
7. usefulness of YTP in case planning with youth, caregivers and families
8. recommendations for change/improvement
9. request for field staff to consult with youth in their caseload during their April home visits regarding what youth feel could be done to help them prepare better for leaving foster care and living independently
10. Developed report on results of feedback calls and youth consultation efforts

Update FFY 2014 and multi-year comparative analysis:

The DCFS collaborated with foster parents, staff, and youth to develop training regarding working with youth as they transition out of foster care. During multiple contacts, the DCFS engaged CFCIP providers, CASA, youth, and foster parents in planning and presentation for the training. This work is ongoing through the completion of training later in 2014. The YTP was revised in 2013 based on feedback from staff and youth. Additional revisions are planned for summer 2014 based on continued feedback. The YTP has also been added to the online case plan system for easier access for workers to document the plan, utilize as the case plan for older

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youth and for enhanced ongoing progress reviews. The Secretary of DCFS instituted the Faith in Families Initiative to ensure that all youth who exit foster care have at least one permanent connection. In December 2013, Sue Badeau, a national consultant on transition planning with older youth, trained key staff from each region on how to more effectively plan with older youth. This consultation provided the foundation for more extensive work with staff to reach the goal of more effective transition planning with youth. Several regions are developing specialized youth workers to support youth in the transition to adulthood.

CFCIP providers continue to utilize the Casey Life Skills Learning Plan as the basis for a relevant, current, and consistent curriculum. The process continues to include experiential learning opportunities to address concrete life skills, identity development, self-control and motivation, and appropriate social interactions. DCFS has invested resources in training staff on the Youth Transition Plan and emphasizes the importance of youth’s involvement in the development of the plan. Policy and practice expectations were outlined to enhance staff understanding of the transition planning process. DCFS incorporated feedback from these trainings to further modify the Youth Transition Plan.

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

Strategy 1: Contract with 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 -Casey Life Skills Assessment. (Years 1-5)

Strategy 3: CFCIP providers will assess youth’s needs based on CLSA; 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.

Goal 1, Measurement 3:

Number of CLSA Trainees					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
16	14	4	0	0	0

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Goal 1, Measurement 4:

Average CLSA Scores						
Provider	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
QASSA		13%	12% - subcontracted with Catholic Charities	89 % CCANO	72% CCANO	89% CCANO
FCA	19%	30%	59%	75.45%	Unavailable Contract Terminated 06/30/2012	N/A
VOANLA**		41%	N/A- ended contract			N/A
MCH-R	46%	230%	82%	86.1%		81%
GCTFS-H	2.5%	12%	Unavailable – ended contract/Catholic Charities took over	53.2% CCANO	83% CCANO	97% CCANO
CCANO	68%	609%	315%	79.72%	71% (ACLSA) 4.3% (CLSA)	95%
GCTFS – Lafayette	19%	8%	11%	80.9%	77%	79.1%
GCTFS – Lake Charles			Started new contract, took over from YS	57.7%	64%	87.8%
SLU		unavailable	29.53%	80.7%	66%	90%
YS ***	20%	60%	Unavailable – ended contract			N/A
Goodwill*	N/A	N/A	Unavailable – took over from VOANLA	75.8%	20% (ACLSA) -11% (CLSA)	62.1% (Shreveport) 69.7% (Alexandria)

*New provider; baseline to be established 2010; ** contract ended 6/30/2010; ***contract ended 12/31/2010; 2009 and 2010 data appear to have been a report on the change in performance of youth between the pre-test and post-test; 2011 data is being reported as the average score of youth on the CLSA post-test. New contracts were signed with the CILS (Chafee Independent Living Skills) providers effective July 1, 2012 through June 30, 2015. The current providers and their respective regions are: Catholic Charities Archdiocese of New Orleans (Baton Rouge, New Orleans, and Thibodaux); Southeastern Louisiana University (Covington); Goodwill of North Louisiana (Alexandria & Shreveport); Gulf Coast Teaching Family Services (Lafayette & Lake Charles) and Louisiana Methodist Children’s Home (Monroe).*

Update FFY 2010: Strategy 1: DCFS contracted with a CFCIP provider in each region 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.

Strategy 2: The following steps were taken to help foster parents, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living. Fourteen CFCIP staff was trained on the CLSA at Southeastern Louisiana University in Hammond, LA. DCFS staff also provided books and other materials to DCFS field staff in all nine regions for their resource libraries.

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Strategy 3: CFCIP providers used the CLSA to identify training needs and develop individualized learning plans for youth and reassess the youth using the same instrument following completion of life skills training. The percentage of improvement on assessment scores varied widely between providers, with a high of 609% improvement and a low of 8% improvement. Further analysis revealed that the providers with the highest level of improvement had extremely low “pre” scores, and that the difference in scores (with the lowest provider average at 66% and the highest provider average at 86%) was drastically reduced upon completion of the life skills groups. The provider with the lowest average score also had the fewest youth (10) completing the post-test.

Strategy 4: DCFS Transitional Living Services staff visited each CFCIP provider at least quarterly to monitor the appropriateness of training and testing by reviewing case records and observing groups. Observation of the groups revealed that some youth (most notably at the provider with the greatest differences in scores) appeared to lack motivation at the onset of life skills groups and motivation increased dramatically through the group process and facilitation. In other groups, the level of youth motivation remained fairly constant throughout the learning process.

Update FFY 2011: Strategy 1: Maintained contracts with 6 CFCIP providers to provide Chafee independent living skills services.

Strategy 2: Presentations were made on the purpose and use of the YTP at the Together We Can Conference in October 2010 and the Annual Foster Parent Conference in February 2011.

Strategy 3: All contract providers continue to use the CLSA pre and post tests. Individual plans are developed for each youth based on needed identified in these assessments.

Strategy 4: All contract providers are required to submit quarterly reports as well as annual reports to included results of CLSA scores. Program Managers periodically observe independent living classes and interview youth to determine if their needs are being addressed. Quarterly site visits are conducted by state office state and case records are reviewed randomly.

Update FFY 2012: DCFS continues to maintain contracts with 6 providers for CFCIP services statewide. They all use the CLSA prior to initiating services with youth and their caregivers as well as after completion of the life skill program by the youth. DCFS State Office continues to monitor these contracts through quarterly onsite visits; review of provider programmatic, fiscal and client records; and, quarterly attendance at a life skills class by each provider. (*PIP Item – PS 2, AS 3, BM 3.1*) Tribal youth in foster care are always welcome to participate in the training events.

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FFY 2011 Youth served by CFCIP providers			
Provider/Region	Number of DCFS youth served	Number of OJJ youth served	Other youth served
CCANO/Orleans	71	14	2
CC BR/Baton Rouge	33	0	n/a
CC Thib/Thibodaux	63	0	n/a
GCTFS/Lafayette	109	24	n/a
GCTFS/Lake Charles	14	6	n/a
LMCH/Monroe	218	233	n/a
SELU/Covington	75	0	n/a
FCA/Alexandria	20	0	n/a
Goodwill/Shreveport	27	12	n/a

FFY 2012 Youth served by CFCIP providers			
Provider/Region	Number of DCFS youth served	Number of OJJ youth served	Other youth served
CCANO/Orleans	263	21	n/a
CC BR/Baton Rouge	122	0	n/a
CC Thib/Thibodaux	94	0	n/a
GCTFS/Lafayette	122	5	n/a
GCTFS/Lake Charles	70	7	n/a
LMCH/Monroe	218	233	n/a
SELU/Covington	73	0	n/a
FCA/Alexandria	Unavailable	Unavailable	Unavailable
Goodwill/Shreveport	44	12	2

Update FFY 2013: Training on effective youth transition planning and assessment practice was provided in two separate Keeping in Touch (KIT) videoconference sessions to DCFS staff. The initial training on June 25, 2012 oriented staff to policy and practice guidelines. The follow up training was a panel presentation including a field worker, foster parent, independent living contract provider and a youth talking about effective utilization of the Youth Transition Plan (YTP) for helping a youth transition into adulthood. Originally scheduled for August 29, 2012, the event had to be rescheduled due to the arrival of Hurricane Isaac on that date. The follow-up panel presentation was held on October 25, 2012. A DVD of both sessions of the training was mailed to each regional training coordinator in the first part of November 2012 for review by any field staff as needed. Both sessions of the training were posted on the Children’s Law Advocacy Resources On-line (CLARO) website for access by staff and stakeholders on 11/28/12. The videos (submitted on CD with other EOC) can also be seen at the following link. <http://www.clarola.org/training/training-videos/284-clear-training-opportunities>

The work was accomplished through joint planning with youth, local/regional staff, contract independent living service providers and foster caregivers. It was a challenge helping staff at all levels to view the YTP document as a tool for recording the outcome of the actual interaction with the youth in discussing and planning for how the youth can achieve their personal life goals, but developing staff and stakeholders’ knowledge regarding effective youth engagement and empowerment in case decision making, personal needs assessment and permanency planning will help to insure youth are able to successfully transition to adulthood and independent living. *(PIP Items – PS 2, AS 3, BM 3.3, 3.4, 3.5)*

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Update FFY 2014 and multi-year comparative analysis:

The DCFS collaborated with foster parents, staff, and youth to develop training regarding working with youth as they transition out of foster care. The CQI case review process includes review of Youth Transition Plans on a sample of youth each quarter. Second-level reviews are being conducted of those Youth Transition Plan reviews by Transitioning Youth Program Consultants to assess the appropriateness of plans and youth involvement in the development of the transition plan. The Family Team Meeting Process has been implemented in four regions across the state and field staff is encouraged to use this engagement process with older youth for planning and development of a supportive team to assist the youth in his/her transition planning for independence. The Department has developed a process to identify those youth who are involved with both DCFS and the Office of Juvenile Justice to support integrated planning with those youth. A pilot program has been initiated in Lafayette and St. Tammany Parishes to develop joint case planning between the two agencies.

The CLSA is utilized by the CFCIP providers to identify training needs and develop individualized learning plans for youth. DCFS staff visited each CFCIP provider at least quarterly to monitor the appropriateness of training and testing by reviewing case records and observing group sessions. Contract providers are required to submit quarterly reports, as well as annual reports, that include results of CLSA scores. The department's new CQI process is being used to analyze the development of youth transition plans with youth input and facilitation. New programs are being piloted to enhance collaborative service delivery and youth transition planning.

OBJECTIVE 1.3: Develop mechanism to track youth into young adulthood to meet NYTD requirements.

Strategy 1: Collaborate with National Resource Center for Child Welfare Data and Technology (NRCCWDT) and DCFS Information Technology staff to develop tracking mechanism. (Years 1 and 2)

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

Update FFY 2010: **Strategy 1:** DCFS has collaborated with the DCFS Information Technology (IT) staff and with the NRCCWDT in order to develop a data collection and tracking system. This collaboration has not yet resulted in the development of tracking mechanisms. A number tracking mechanisms and data collection systems have been explored, but a firm decision on methodology has not yet been reached. At this point, the most likely providers for tracking youth outcomes and collecting data will be Chris Downs, LLC for data collection and LSU Manship School of Business for surveying youth.

Update FFY 2011: **Strategy 1:** DCFS consulted with the NRC for guidance while program manager, Christy Tate began the internal tracking system for the NYTD project. NRCYD was also consulted for resources throughout the development of the internal system and a technical assistance was requested to help implement the technical aspects of the project.

Strategy 2: Since October 1, 2010, field staff has been completing NYTD surveys on former foster youth and OJJ youth who are eligible for Independent Living services. The completed

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surveys are forwarded to DCFS State Office where the information is being compiled for future research and evaluation to determine how to better serve these youth in the future.

Update FFY 2012: Two NYTD reunions were held in Monroe on June 7, 2011 and New Orleans on June 14, 2011. Staff was able to get updated information on approximately 70 youth in order to track youth and offer additional services to them. NYTD data collection has continued through the Department’s initially developed system for the current reporting period. In spring 2012 the Department launched a more sophisticated NYTD system developed by DCFS IT staff. The enhanced system allows greater ease in data collection and reporting. NYTD reunion events were held in FFY 2011 and FFY 2012. At all events there was a drawing for Notebook computers to encourage youth participation. The computers can also be used by the youth recipient to support educational/vocational efforts. Information was provided on a range of resources available to youth to provide ongoing support to these baseline population alumni.

Update FFY 2013: NYTD reunion events held with youth and DCFS staff. Information and activities provided related to living independently (in person presentation of information by experts on each topic as well as handouts)

- March 27, 2012, 10AM to 2PM, Shreveport, Louisiana (LA) - Shreveport Region
- April 4, 2012, 10AM to 2PM, Hammond, LA – Covington, Baton Rouge Regions and Ascension Parish
- April 5, 2012, 10AM to 2PM, Lafayette, LA – Lafayette, Lake Charles and Alexandria Regions
- May 29, 2012, 10AM to 2PM, Ruston, LA - Monroe Region
- May 31, 2012, 10AM to 2PM, Jefferson, LA – Orleans and Thibodaux Regions

DCFS also held several events to educate staff of resources and services available to older youth. The locations and dates are detailed below:

Region	Date	Location
Lake Charles and Lafayette	June 10, 2013	Lafayette
Monroe	June 11, 2013	Monroe
New Orleans and Thibodaux	June 6, 2013	New Orleans
Shreveport and Alexandria	May 28, 2013	Natchitoches
Baton Rouge and Covington	June 4, 2013	Hammond

Update FFY 2014 and multi-year comparative analysis:

NYTD Events/Youth Conferences are scheduled for June 2014 in five central locations across the state to foster increased attendance. Youth in foster care ages 15-17, all youth served by CFCIP providers, “NYTD Follow-Up youth”, any youth under age 23 that received a baseline NYTD survey, the DCFS and OJJ staff that work with youth and/or programs that serve youth, and any foster caregivers that serve youth are invited to the NYTD Event/Youth Conference. Presentations on NYTD, services available to youth, information to assist in independence, vocational/educational programs, empowerment, and best practices to apply when working with youth are topics of sessions during the events. Youth in foster care or who aged out of foster care developed and will participate in the worker/caregiver training provided during the NYTD Event/Youth Conference. Training by Program Consultants to provide local office staff with updated information on the Youth Transition Plans is being developed and will be implemented later this year. The DCFS continues to implement a contact plan with NYTD Baseline youth

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through the CFCIP providers that began in 2012. This plan includes a minimum of bi-monthly contact with these youth utilizing multiple methods of communication. During these contacts, CFCIP providers are able to update the youth's contact information and continue to offer support, resources, and services.

The DCFS developed an internal tracking system for the NYTD project, with collaboration of DCFS Information Technology (IT) staff and NRCCWDT. Departmental staff have been completing NYTD surveys on former foster youth and the OJJ youth who are eligible for Independent Living Services since October 1, 2010. The NYTD Event/Youth Conferences have increased to multiple sites throughout the state to reach more youth, staff, and caregivers. Presentations on NYTD, services available to youth, information to assist in independence, vocational/educational programs, empowerment, and best practices to apply when working with youth are topics of sessions during the events. DCFS has implemented a contact plan with NYTD Baseline youth through CFCIP providers that includes a minimum of bi-monthly contact with these youth over multiple methods of communication. During these contacts, CFCIP providers are able to update the youth's contact information and continue to offer support, resources, and services.

PURPOSE/GOAL 2: HELP YOUTH RECEIVE THE EDUCATION, TRAINING, AND SERVICES NEEDED TO OBTAIN EMPLOYMENT:

The DCFS assists youth to receive education, training and services needed to obtain employment by providing room and board costs, education/training program costs and providing other supportive services. These include, the skills for obtaining employment and remaining employed in the life skills curriculum, collaborating with the Louisiana Workforce Commission (LWC) [formerly known as the Louisiana Department of Labor (LDOL)] and Louisiana Rehabilitation Services (LRS) to improve youths' access to vocational assessment, job preparation, job placement and continuing vocational support services, offering educational and employment forums where local businesses provide information about employment opportunities and educational institutions provide information on admission and financial aid through CFCIP providers, providing two Youth Conferences annually (one in the northern and one in the southern part of the state), providing a brochure on state employment opportunities for current and former foster youth to older youth through CFCIP providers.

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

Goal 2, Measurement 1:

Number of Youth Assisted with room & board, education/training costs and other Expenses					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320	347	297	269	254	133

Update FFY 2010: A crisis in funding for room and board, education/training programs, and other needed support for youth 18-21 was experienced when all funding for the Young Adult Program (YAP) was removed from the state budget in July 2009 by using Supplemental Social Services Block Grant (SSSBG) funding to fill the gap for one year. From October 1, 2010 to present, state general funds have been used to support the program.

The cost of room and board for youth in YAP was provided as follows:

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- Youth who were attending college and living in dormitories received \$119 per month for personal expenses in addition to the room and board fees that considered a part of educational expenses.
- Youth living in transitional living apartments received the usual daily board rate (paid directly to the provider) in accordance with the contracted rate. The payment included food, room, furniture, linens, utilities including telephone, and a cash allowance for the youth.
- Youth in any other living arrangement (except with biological or adoptive parents) received the regular foster care board rate for an adolescent. The youth elected whether the payment went to the foster parent or to the youth.
- Youth living with adoptive or biological parents were not eligible for room and board.

Utility assistance through the Louisiana Low Income Home Energy Assistance Program (LIHEAP) is no longer available to DCFS clients.

Funding sources for education were determined by age status of the youth as follows:

- Title XX, Title IV-B, Title IV-E, and state general funds were used for secondary training/education and grants, scholarships and the ETV program were used for post-secondary education for youth under age 18.
- SSSBG funds (supplemented by CFCIP funds as available) were used for room and board, and SSSBG funds were used to pay secondary educational/vocational costs, and ETV funds were used to pay post secondary education costs not covered by other sources for youth ages 18 to 21 and participating in YAP.
- ETV funds were used to supplement post secondary educational costs not covered by other sources for young adults ages 21-23, who were receiving ETV funds at age 21 and who remained eligible for ETV.

Additional services provided to assist youth in achieving employment included providing up to \$500.00 or up to \$300.00 (for diploma or certificate, respectively) in graduation fees. Some CFCIP providers used 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. (Use of this instrument is not mandatory.) Further, local businesses and educational institutions provided information about employment and educational opportunities at forums provided by CFCIP providers. Youth had an opportunity to interact with presenters and have their questions answered about careers and/or schools of interest.

Update FFY 2011: SSSBG funds were expended by September 30, 2010 and this funding source is no longer available. Funding for room and board continues to be supported by state general funds.

Update FFY 2012: DCFS continues to assist youth with costs of room and board, education/training program costs and any other support services. Funding for room and board continues to be supported by state general funds.

The cost of room and board for youth in YAP was provided as follows:

- Youth who were attending college and living in dormitories received \$119 per month for personal expenses in addition to the room and board fees that were considered a part of their educational expenses.

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- Youth living in transitional living apartments received the usual daily board rate (paid directly to the provider) in accordance with the contracted rate. The payment included food, room, furniture, linens, utilities including telephone, and a cash allowance for the youth.
- Youth in any other living arrangement (except with biological or adoptive parents) received the regular foster care board rate for an adolescent. If the youth remained in a foster home the youth elected whether the payment went to the foster parent or to the youth.
- Youth returning to live with adoptive or biological parents after attaining age 18 were not eligible for room and board in most circumstances.

Funding sources for education were determined by age of the youth as follows:

- Title XX, Title IV-B, Title IV-E, and state general funds were used for secondary training/education and grants, scholarships and the ETV program were used for post-secondary education for youth under age 18.
- State general funds were used for room and board and ETV funds were used to pay post secondary education costs not covered by other sources for youth ages 18 to 21 and participating in YAP.
- ETV funds were also used to supplement post secondary educational costs for youth ages 18 to 21 not participating in YAP and for young adults ages 21-23, who were receiving ETV funds at age 21 and remained eligible for ETV with post secondary educational costs not covered by other sources.

Additional services provided to assist youth under age 18 or ages 18 to 21 and participating in the YAP in achieving employment included providing up to \$500.00 or up to \$300.00 (for high school diploma or certificate, respectively) in graduation fees. Further, local businesses and educational institutions provided information about employment and educational opportunities to youth at forums provided by CFCIP providers. Youth had an opportunity to interact with presenters and have their questions answered about careers and/or schools of interest.

Update FFY 2013: DCFS hosted events for older youth to connect youth and identify available resources and services. Experiential learning youth conferences held with youth and DCFS staff included learning activities and booths with information from community stakeholders such as local community colleges and technical skills programs. (ex. experiential activities like budgeting, completion of an apartment rental agreement, and booths with experts and handouts on topics such as technical school programs, financial aid, etc.) (*PIP Items – PS 3, AS 2, BM 2.1*)

- Reality Town 2012 “The Experience of a Lifetime” June 14, 2012, 10AM to 2PM, Hammond, LA - Baton Rouge, Covington, Orleans, Thibodaux, Lafayette and Lake Charles Regions
- Reality City 2012 June 19, 2012, 9:00AM to 3PM, Shreveport, LA – Shreveport, Monroe and Alexandria Regions
- 2012 National Pathways Conference (Training Medium – Seminars by national experts with handouts, slide shows, etc. on topics related to supporting youth in the transition to adulthood.) 29 participants that included youth, foster caregivers, field staff, state office program managers and child welfare director.

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- Keeping In Touch web/tele/video conferences (Training Medium – Information provided via webcasts, teleconference and/or videoconference regarding issues related to supporting youth in the transition to adulthood.)
 - 2/1/12 Staff tele and video conference on federal law P.L. 112-34 with emphasis on completing credit clearances for youth
 - 3/7/12 Webcast to staff on homelessness resources for youth in the education system
 - 6/25/12 Staff tele and video conference on Youth Transition Plans
 - 7/11/12 Webcast to staff on Lesbian, Gay, Bisexual, Transgender and Questioning issues impacting youth
 - 8/1/12 Staff tele and video conference on Louisiana 2012 Legislative session including revisions to state law on Youth Transition Plans

Update FFY 2014 and multi-year comparative analysis:

Because the Young Adult Program (YAP) was dissolved in July of 2013 due to budgetary constraints, the Department sought to maximize its use of the (CFCIP) Chafee Foster Care Independence Program. For additional information on YAP, please refer to **GOAL 5.1** of this section. CFCIP providers incorporated experiential learning opportunities into their curriculum which includes education and employment experiences. Each program does something slightly different. Examples of exercises used in the past are holding mock job interview with youth, videotaping the interview, and then during playback allowing youth to critique one another and offer guidance on improvement, visiting potential jobsites to practice completing job applications, and visiting college and vocational school sites for campus tours. Each CFCIP provider has a former foster youth employed by their respective agency to assist with program development and carrying out services. CFCIP providers partnered with the DCFS, Louisiana Community and Technical College System, Baton Rouge Community College and Louisiana State University during the past year to offer targeted recruitment opportunities to youth exiting foster care, and develop plans for supportive service through the campuses to youth identified as previous foster youth to insure success in post-secondary educational pursuits on these campuses. CFCIP providers consistently inform youth of the availability of ETVs to assist with post-secondary educational/vocational programs.

For youth over age 18, CFCIP providers continued to work with youth and assist in the application process when appropriate. The DCFS implemented the Youth in Transition Program in July 2013 to offer short-term financial assistance to youth aging out of foster care that had not completed their chosen secondary educational program, but had the potential to achieve completion prior to the youth's 19th birthday. The Department formed a partnership with the Louisiana Housing Corporation to allot a certain number of tenant based housing vouchers to youth who age out of foster care. The Department collaborates with the Department of Health and Hospitals and the Office for Citizens with Developmental Disabilities to provide supportive services for those youth in foster care who meet eligibility criteria for programs such as ongoing Medicaid coverage and Medicaid Waiver services.

Local businesses and educational institutions provide information about employment and educational opportunities at forums facilitated by CFCIP providers. The DCFS hosts annual NYTD Event/Youth Conference to inform youth about employment and educational opportunities. Initially, compensation for room and board expenses was provided by monthly payments to eligible youth ages 18-21. DCFS is no longer able to offer these funds to youth, but

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has instituted a new program to assist those youth who are actively working toward completion of a secondary educational program briefly through an independence stipend. Educational Training Vouchers continue to be offered to all youth who age out of foster care, or who entered into a guardianship or adoption after reaching age 16. Currently, CFCIP providers are able to assist with case management for youth ages 18-21.

OBJECTIVE 2.2 Make youth aware of educational and vocational options.

Strategy 1: Present information related to youth educational/vocational opportunities in at least one conference per year.

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

Strategy 3: Collaborate with the Louisiana Workforce Commission (LWC), formerly Louisiana Department of Labor, to refer youth for employment and training opportunities (years 1-5).

Strategy 4: Continue to support and educate youth through LYLAC.

Goal 2, Measurement 2:

Number of Youth Attending Youth Conferences					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
135	112	214	267	181	191

Goal 2, Measurement 3:

Number of Youth Attending Together We Can Youth Summit					
FFY 2008	FFY 2009	Baseline: FFY 2010	FFY 2011	FFY 2012	FFY 2013
NA	N/A	17	N/A	1	N/A

(This is shown as N/A in 2008 because it was only added to the planning in 2009, and the summit will only be held every other year.)

Update FFY 2010: Strategy 1: Youth conferences were held in Hammond in June 2010 and in Ruston in July 2010 to make youth aware of educational and vocational options. An important component of the Youth Conferences was a virtual city that provided information about educational and vocational choices and a “reality check” on life choices that result in insufficient income to meet basic needs and desires. As noted in the table on page 116, the number of youth attending the conferences increased from 2009. The increase was attributed to an increase in marketing of the events and additional notices to DCFS staff. In addition to the youth conferences provided by DCFS, the Citizen’s Review Panel (CRP) in Monroe Region sponsored a Life Skills Camp for youth about to age out of care. The camp occurred October 30 through November 1, 2009 for youth ages 16 to 18 from northeast Louisiana.

Strategy 2: The Youth Summit will continue to be a part of the Together We Can Conference held during even years (the next being held in October 2011). Educational and vocational opportunities were presented in this venue along with leadership skills training.

Strategy 3: Collaboration has continued with LWC and LRS to refer youth for employment and training opportunities. Through an Interdepartmental Agreement, referrals from DCFS were

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accepted simultaneously by both agencies. This helped avoid delays in service provision for youth who did not meet the criteria of one department, as they were immediately considered by the other. Youth were referred to career centers for job services and participation in summer employment, and were eligible to receive job readiness services, employment assistance, job placement, tutoring, mentoring and support services.

Update FFY 2011: Strategy 1: Presentations were made by transitioning youth staff at both the Together We Can Conference in October 2010 and the Louisiana Foster Parent Association Annual Conference in February 2011.

Strategy 2: The Youth Summit was held in October 2009 and is scheduled to be held again in October 2011.

Strategy 3: Youth have continued to be referred to LWC for support.

Strategy 4: Information regarding available services including educational services, housing, medical care, etc. have been provided to youth through LYLAC. DCFS staff also assists youth in coordinating their quarterly meetings. Youth are also provided policy changes that may impact them and that material is discussed in their meetings.

Update FFY 2012: DCFS offered several youth and field staff, working primarily with youth, the opportunity to attend the National Pathways to Adulthood Convening” held in New Orleans, Louisiana on June 27-29, 2012. The convention was sponsored by the NRCYD.

Additional Louisiana Youth Activities for the past year included:

- 85 youth attended Reality City South
- 105 youth attended Reality City North
- Approximately 70 youth attended the NYTD Reunion events in North and South LA
- 2 youth attended and presented at Together We Can in October
- 1 youth attended and presented at CSoc FSO coalition Planning Meeting in Alexandria
- 1 youth attended and presented at CIP training/conference on Transitioning Youth in Houma
- 1 youth attended and presented at the State Foster Parent conference
- 1 youth attended and presented at the national NYTD conference 1 youth attended and presented at the Policy to Practice Forum in Washington, D.C.
- 9 youth also helped plan the NYTD Reunion events for the coming year.

Update FFY 2013: Language was included in the current contract cycle and it requires the CFCIP providers to coordinate the local LYLAC groups. DCFS will continue to support LYLAC and its initiatives to engage and empower youth. (*PIP Items – PS 3, AS 2, BM 2.1-2.3*)

Update FFY 2014 and multi-year comparative analysis:

Youth in foster care or who aged out of foster care developed and will participate in multiple training sessions provided to youth, case workers, and caregivers during the NYTD Event/Youth Conference.

Educational and vocational options for youth have been communicated through many different methods during the past five years. CFCIP providers routinely inform youth of these options, along with departmental foster care workers. There is a session during each NYTD Event/Youth

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Conference which addresses these options. LYLAC works with youth to convey the same opportunities to youth. The DCFS has begun collaboration with Louisiana Workforce Commission to determine how foster youth can be better prepared for the workforce by utilizing some of their existing programs. The Department also offers the “Youth Link”, which is a dedicated site on the DCFS internet for youth aging out of foster care to find resources to assist with potential needs.

OBJECTIVE 2.3 and the related strategies were deleted as the Department does not have the resources to monitor referrals and aggregate the data.

PURPOSE/GOAL 3: HELP YOUTH PREPARE FOR AND ENTER POST SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS:

The YTP and Learning Plan were completed to assist the youth in determining an educational or vocational goal and an action plan for achieving it. Some CFCIP providers administered the Self-Directed Search (vocational interest assessment) and all offered educational and vocational forums where representatives of various educational institutions provided information about educational choices and curricula.

Youth in foster care and foster care alumni were provided educational and vocational services including tutoring, costs of education or vocational training, books, supplies, fees, GED tests, college admission tests, and any other service needed to gain admission for post secondary education or training. CFCIP contractors provided assistance to youth in completing the federal financial aid application and other applications needed to attend college or vocational training programs. CFCIP providers coordinated with post secondary institutions in the State to coordinate admission, funding and ETV grants. Funding from various sources paid for the cost of post secondary education and training. If grants and ETV did not cover the cost of higher education, then DCFS paid the remainder of costs for youth under the age of 18 to the extent funds were available.

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)

Goal 3, Measurement 1:

Percentage of Youth with Identified Career or Education Path reflected on YTP				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
100%	100%	Not available	Not available	Not Available

Update FFY 2010: The YTP and YTPR have been developed and implemented. Workers have been trained on the use of the form in FFY 2008 and 2009, and completed YTP forms have begun being forwarded to state office where they have been reviewed and analyzed.

Update FFY 2011: Due to staff turnover and the consolidation of the Transitioning Youth Unit with the Foster Care Unit, YTP training for staff did not occur in 2010. YTP/YTPR’s continued to be required on all youth age 15 and older. Due to multiple position changes, DCFS State Office staff was unable to maintain the responsibility of consistently monitoring and tracking the YTP/YTPRs submitted by the field staff. Nevertheless, of those submitted and reviewed, 100% continue to reflect an identified career or educational path. Going forward, data collection and tracking is not possible and will therefore, no longer be required at the State Office level.

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Update FFY 2012: DCFS staff developed a process for initial and ongoing assessment of quality of YTP planning with youth by both caseworkers and CFCIP providers. Statewide training for caseworkers, CFCIP providers, and foster caregivers on the potential for improving planning efforts with youth through more effective use of the YTP tool was organized to engage them and youth in reflecting on the YTP tool and identifying improvements that would make the tool more useful for them. (*PIP Items – PS 2, AS 3, BM 3.1-3.5*)

Update FFY 2013: The current format of the YTP has undergone a strenuous review and comparison to other states’ models for the YTP. The Department surveyed staff, youth, and independent living providers in the process. The revised YTP was released in May 2013.

Update FFY 2014 and multi-year comparative analysis:

The Department developed a training that stressed the importance of effective, appropriate planning for youth aging out of foster care and the importance of youth being part of the planning process through effective engagement techniques. CFCIP providers, youth, and foster parents each presented their perspective on planning for older youth. A video was developed with former foster youth offering their perspective on planning and support systems. Training for staff was initially scheduled for the end of 2013, but was delayed due to other departmental required training. The training is now scheduled for summer 2014.

Initially, post-secondary educational goals of youth were monitored by the DCFS state office staff. However, due to changes in department structure, it is no longer feasible to collect this data manually, and there is no electronic method for doing so. The YTP instrument has undergone review and revision as well during this time, hopefully enhancing the quality of the document for youth utilization.

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)

Goal 3, Measurement 2:

Number of Youth Receiving Educational/Vocational Services					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320	347	297	Not available.	Not available	Not Available

Update FFY 2010: DCFS has continued to 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.

Update FFY 2011: Youth continued to be provided with educational assistance through completion of applications, testing, fees for supplies or other costs, ETV, scholarship and grant information, vocational training and other educational supports.

Update FFY 2012: DCFS has continued to provide educational/vocational services including costs of education or vocational training, books, supplies, fees, GED tests, college admission

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tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 through the end of 2011. For youth 18 and older they were assisted in completing the FAFSA, connected to the financial aid office at their post-secondary institution of choice, and provided information on LOSFA and ETVs. Information was also provided on the state foster parent association and Braveheart scholarships available for youth exiting foster care and pursuing a post-secondary educational/vocational program.

Update FFY 2013: DCFS continues to 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. For youth over age 18, DCFS assists youth with the completion of their FAFSA, links youth to community resources and to the financial aid office of their respective post-secondary institution of choice and provided information on LOSFA and ETV's. Information was also provided on the state foster parent association scholarships available for youth exiting foster care and pursuing a post-secondary educational/vocational program. (*PIP Items – PS 3, AS 2, BM 2.1*)

Update FFY 2014 and multi-year comparative analysis:

Prior to age 18, each youth is served by departmental staff or the Office of Juvenile Justice (OJJ) staff who assists in completing the FAFSA, connecting youth to the financial assistance office at their post-secondary institution of choice, and providing information on LOSFA and ETVs. The DCFS continues to support the educational/vocational pursuits of youth through independent stipends to complete secondary educational programs up to age 19 when the youth is performing well and interested in receiving the stipend. Youth ages 18-21 receive ongoing case management support and assistance from the CFCIP providers. ETVs are available to qualifying youth ages 18-21 that have aged out of foster care upon their 18th birthday, youth who were adopted from foster care after their 16th birthday, or youth who entered into a guardianship arrangement after their 16th birthday. Eligibility for ETVs can be extended to a youth's 23rd birthday if the youth was receiving an ETV on their 21st birthday and remained continuously enrolled in an educational or vocational program, performing satisfactorily and receiving an ETV. In July 2013, eligibility for ETV funds expanded to include those youth who are dually-enrolled in both a secondary and a post-secondary educational/vocational program. Information on educational pursuits and financial assistance is provided to youth ages 15-21 at the annual NYTD Event/Youth Conference. Information is also available on the DCFS and LOSFA websites.

The DCFS continues to 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. For youth 18 and older, CFCIP providers are able to assist with the completion of the FAFSA, connect them to the financial aid office at their post-secondary institution of choice, and provide information on LOSFA and ETVs. Fees related to post-secondary educational/vocational training are compensated by ETVs for youth over age 18.

OBJECTIVE 3.3 and related strategies were deleted because they duplicated Objective 2.2 and the related strategies.

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PURPOSE/GOAL 4: PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS:

The DCFS and OJJ workers and CFCIP staff were available to provide support for youth in foster care and in the Young Adult Program (YAP). Aftercare services were available to assist all youth transitioning to independence who are in emotional crises. Connections for Permanency, a technique for locating and engaging adults who are meaningful in the lives of youth, were used to locate relatives and other persons important to youth. The DCFS began collaboration with Lutheran Social Services of the South (LSSS) to develop and evaluate a mentoring program.

The DCFS contracted (effective March 2010) with West Government Services for Consolidated Lead Evaluation and Reporting (CLEAR), a service that provides “searches of last resort” in cases where permanent connections have been very difficult to locate.

OBJECTIVE 4.1: All department staff will have the skills to 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: Combined with Strategy 2.

Strategy 2: On-going training in Connections for Permanency will be provided to DCFS front-line workers, supervisors and managers and will be offered to foster parents, ILP providers and tribal leaders. (Years 2-5)

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

Strategy 4: DCFS, CASA and CIP will jointly apply for a grant to enhance the Connections for Permanency initiative. (Completed in FFY 2010)

Strategy 5: CLEAR will be used to locate permanent connections in cases where other efforts have not been successful.

Strategy 6: DCFS will collaborate with LSSS in the development and evaluation of a mentoring program for youth.

Goal 4, Measurement 1:

Connections for Permanency Trainees - Number of Staff trained in family finding and engagement				
FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
844	401	0	0	297

Goal 4, Measurement 2:

Total Number of CASA Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	baseline 4	0	0

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Goal 4, Measurement 3:

Number of CASA Successful Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	baseline 2	0	0

Goal 4, Measurement 4:

Number of successful CLEAR Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	Baseline 23	46	86

Update FFY 2010: Strategy 1 & 2: Refresher training in Connections for Permanency was provided as a part of the YTP training that was provided for foster care/adoption workers, first line supervisors and district managers in March and April 2009 and again in October 2009 through January 2010. The first round of training was by video conference in all regions except Baton Rouge where it was presented live. The second round of training presented live in every region. Efforts behind Connections for Permanency are designed to assure that each youth leaves foster care with a positive relationship with at least one caring and responsible adult.

Strategy 3: CASA staff has assisted in searching for permanent connections. A grant to provide additional funding to expand training and search efforts was not received (see strategy 4).

Strategy 4: DCFS, CASA and the Court Improvement Project jointly applied for a grant to enhance the Connections for Permanency initiative, but the application was not approved; therefore, this strategy was not carried over to FFY 2012.

Strategy 5: The CLEAR contract to locate relatives was approved and use of the CLEAR system began July 1, 2010.

Strategy 6: DCFS provided referrals and assisted as requested in the LSSS mentoring program. The NRCYD has also been involved in the development of this program. The BeREAL program has proven to be very successful as shown in the positive educational outcomes of the youth served as well as the connections made with positive adults identified the youth's support networks.

Update FFY 2011: Strategy 3: The Louisiana CASA association assisted the Department with efforts to locate permanent families for children. During the period from 10/1/09 through 10/1/10, 8 connections have been identified for children through CASA. Two of these connections have resulted in permanent placements.

Strategy 5 CLEAR policy was developed and the program was implemented effective July 1, 2010. It has been a successful tool in locating absent parents and other relatives and family friends. The search engine has resulted in 23 permanency connections for children since July 1, 2010. A presentation was made to all regional administrators regarding the use of CLEAR, the referral process, forms and monthly tracking procedures. The administrator's passed this information along to their staff. Individual training on the use of the CLEAR search engine was provided to the assigned CLEAR users and is provided to new users as they are assigned due to reallocations.

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Update FFY 2012: DCFS state office staff has been working with regional office staff to guide in development of volunteer; community based mentoring programs in every area of the state to connect youth with positive, caring adult role models. CASA collaboration to identify permanent connections has continued. CLEAR has been presented as a tool available to staff any time needed to locate resources for connections for youth, and not just as a “tool of last resort”. For the most recent federal fiscal year, 336 CLEAR searches for connections were completed by DCFS staff. *(PIP items – PS 1, AS 2, BM 2.2)*

Additionally, the Department has worked with Casey Family Programs in the Orleans Region, Lafayette Region, and Lake Charles Region to conduct “Cold Case Reviews” on cases for older youth to determine how the cases could have been handled differently and identify areas for improvement in practice. Follow-up mentoring sessions were held in the Orleans region with field staff to have intensive discussions around the findings in the cases reviewed in that region facilitated by objective, experienced child welfare contract consultants through Casey. DCFS will use the report from Casey to guide program improvements statewide through the state level program staff. *(PIP items – PS 1, AS 2, BM 2.2; PS 2, AS 3, BM 3.6)*

Update FFY 2013: References and web blinks to supporting policies on the Consolidated Lead Evaluation And Reporting (CLEAR) web search tool, diligent efforts by workers to visit parents, and establishing connections for permanency were completed. Procedures for collecting information on relatives have been enhanced to reinforce the importance of this work. The process for identifying and searching for fathers and non-custodial parents has been clarified to help staff understand their responsibilities more fully. The policy revisions were presented to staff statewide via video and teleconference on 5/2/2012 and 5/24/2012. Staff has also been provided the policy updates online and educated on policy and procedural expectations. Linkages of the policy to other areas of policy with additional information and tools related to searching for parents and relatives and maintaining contact will help staff more effectively locate policy guidance to inform their practice. *(PIP Items PS 1, AS 2, BM 2.1)*

Between the summer of 2011 and early 2012 cold case reviews were completed on a sample of Child in Need of Care (CINC) cases in Orleans Parish, Calcasieu Parish, and the Louisiana PIP transformation zone, which is made up of the parishes served by the 16th Judicial District Court – St. Mary, St. Martin and Iberia Parishes. The report on the findings of this review was completed August 2012.

Casey Family Programs in collaboration with the Louisiana Court Improvement Program (CIP) and the DCFS selected cases of youth most in danger of reaching the age of majority without attaining legal permanency. Cases included older youth with a goal of adoption but without an identified adoptive resource and children with a goal of “alternative permanent living arrangement”. A total of 10 specially trained reviewers were utilized to complete the review process in these cases. A total of 69 cases were reviewed, 26 in Orleans Parish and the 16th JDC, and 17 in Calcasieu Parish.

Findings resulted in the following areas of improvement:

- Search for and contacts with extended family and fictive kin
- Timeliness and appropriateness of behavioral and mental health services to meet children’s needs
- Quality and appropriateness of children’s placements

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- Complete, organized case records.

Recommendations included:

- More prompt, complete and ongoing diligent searches for relatives and fictive kin as resources for children
- Limitation of the use of APLA as a case goal and development of more meaningful YTPs
- Address fears of youth resisting adoption
- Provision of more oversight of clinical services to ensure meaningful treatment resulting in reduced problematic behaviors
- Examine number and type of foster homes available and inquire about views of foster care workers and home development workers in supporting foster families and overseeing the care of the child in foster care
- Examine case record documentation processes identifying factors responsible for problems

Changes made/underway include:

- Updates to policy related to more effective and consistent efforts at relative search
- Statewide video and teleconference training regarding relative searches provided 5/24/12
- Development of Louisiana Behavioral Health Partnership in collaboration with the Department of Health and Hospitals, Department of Education and Office of Juvenile Justice to more effectively manage delivery of behavioral and mental health services implemented March 2012.
- Ongoing assessment of current foster home availability and development of additional foster home resources occurs daily. Partnership entered with Louisiana Baptist Ministries to develop foster home resources.
- Policy regarding case records of children in foster care and their families was updated to require all documentation be maintained in one case record with only one copy of all documents. Online database application for documenting tracking case worker contacts in a case was also developed.

Update FFY 2014 and multi-year comparative analysis:

The Department through the support of Casey Family Programs consulted with Sue Badeau, a national trainer on transition planning with older youth, in December 2013. Ms. Badeau conducted two trainings with key staff from across the state on more effective transition planning with older youth. The DCFS Secretary implemented the Faith in Families Initiative which mandates that every child exits foster care with at least one permanent connection. Some regions have developed specialized youth workers in order to have staff that are able to better meet the needs of older youth.

Through the Faith in Families initiative, the Department strived to locate at least one permanent person to offer continued support to each child who leaves the foster care system. Since 2010, the Department has consistently increased the use of CLEAR searches to locate absent parents and other relatives to be resources for children in foster care. The DCFS partnered with several volunteer and community based programs to connect youth with positive, caring adult role models. Also, CASA collaboration to identify permanent connections has continued.

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OBJECTIVE 4.2: The DCFS 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, Measurement 4:

Number of calls CFCIP staff receive requesting affective and/or concrete assistance from youth who have aged out of foster care.					
Provider	FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
CCANO (Includes Orleans, Baton Rouge & Thibodaux Regions)	35	53	None documented	25	
GCTFS-Lafayette	13	10	None documented	44	
GCTFS – Lake Charles			None documented	1	
FCA***	6	4	None documented	Unavailable	
LMCH-R	10	0	None documented	6	
SLU	2	0	None documented	2	
VOANLA** Shreveport Region	6	No data – ended contract			
Goodwill Industries*(Shreveport Region)	N/A	No data – began contract	None documented	4	

* Contract began 7/1/10; ** Contract ended 6/30/10; *** Contract ended 06/30/2012

Update FFY 2010: Supportive services have been provided to assist youth in locating needed services, including counseling for emotional crises, as requested by the youth, have been provided by CFCIP contractors and DCFS staff. The table below indicates the number of requests for assistance received by each CFCIP provider from youth who were no longer in the child welfare system. Although the specific type of requests has not been tracked, the number of requests for housing assistance seems to have increased. DCFS transitional living staff has collaborated with the DCFS Emergency Shelter Grant Coordinator who provides information on housing opportunities and advocates for youth who have aged out of foster care when low-cost housing is available.

Update FFY 2011: Services were ongoing throughout this period. See chart above for numbers served.

Update FFY 2012: Supportive services have been provided by CFCIP providers to youth after completion of the independent living skills program in the following areas over the past year: referral for mental health services, parenting skills training, food, clothing, household and personal care items, gift cards, assistance coping with homelessness, job search assistance, apartment finding assistance, moving assistance, counseling, assistance coping with issues like domestic violence and gang activity and social opportunities.

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Update FFY 2013: Supportive services have been provided by CFCIP providers to youth after completion of the independent living skills program in the following areas over the past year: referral for mental health services, parenting skills training, food, clothing, household and personal care items, gift cards, assistance coping with homelessness, job search assistance, apartment finding assistance, moving assistance, counseling, assistance coping with issues like domestic violence and gang activity and social opportunities.

Update FFY 2014 and multi-year comparative analysis:

The Department and the Louisiana Housing Corporation established a Memorandum of Understanding that allots a specified number of tenants based on housing vouchers to youth who have aged out of foster care. CFCIP providers and the DCFS staff also continue to refer youth to local housing authorities for housing and utility assistance. After youth age out of foster care, CFCIP providers are available to assist them with utilizing resources to meet their needs. The DCFS collaborated with Louisiana Youth for Excellence of the Office of the Governor, on the “Choose the Best” curricula which addresses healthier relationship skills and sexual choices to provide CFCIP providers information to inform ongoing curricula development for their programs.

Supportive services were provided to assist youth in locating needed services, including mental health services, parenting skills training, food, clothing, household and personal care items, gift cards, assistance coping with homelessness, job search assistance, location of housing, moving assistance, counseling, assistance coping with issues like domestic violence and gang activity, and social opportunities. Both DCFS and CFCIP providers collaborated with several outside agencies to offer services to youth who are in foster care or who have aged out of foster care.

OBJECTIVE 4.3: Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC). (Years 1-5)

Goal 4, Measurement 5

Statewide LYLAC Participation and Activities - The average number of attendees at Statewide LYLAC board meetings						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Average number attending State LYLAC board meetings	14	14	13	3	7	7
Average number attending in-state and out-of-state conferences per occurrence	2	14	0	1	2	0
Average number of invitations sent to elected and appointed officials to attend LYLAC meetings	2	3	2	0	0	0
Average number of appearances before legislators and local governing bodies.	3	0	0	0	0	0

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Goal 4, Measurement 6

Regional LYLAC Participation and Activities						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Number of regional boards established	1	4	0	3	9	9
Number of times members attend conferences	N/A	1	0	6	4	1
Number of times members present at conferences	N/A	1	0	6	4	0
Number of times members represent LYLAC on local or state matters including interacting with elected and appointed officials	N/A	10	2	1	1	0
Number of invitations of members to sit as stakeholders on various boards	N/A	10	2	4	3	0
Number of opportunities to appear as witnesses on matters before the state legislature or local governing bodies.	N/A	0	0	0	0	0

Update FFY 2010: DCFS has established four regional LYLAC boards in addition to the Greater New Orleans Regional board which was established in FFY 2008. The additional boards are located in Alexandria, Lafayette and Monroe and Thibodaux Regions.

Update FFY 2011: DCFS has continued to support the LYLAC. LYLAC is comprised of four youth from the Greater New Orleans Region and two youth from each of the other regions. LYLAC meets quarterly when a quorum can be present at varying locations to enhance participation of youth from various areas of the state. LYLAC provides opportunities to learn leadership skills and provides a voice for youth in department decisions affecting them.

The DCFS LYLAC liaison, Carmen Spooner, maintains regular contact with the youth leaders for LYLAC through phone calls and e-mail to keep them apprised of policy changes which may affect them, as well as events or opportunities which may interest them. Additionally, Ms. Spooner continues to assist the youth with organizing the quarterly meetings which are now held by video/teleconference rather than in person, due to travel constraints. The development and progress of the activities of the regional boards have been monitored.

Update FFY 2012: DCFS has made multiple efforts to engage youth in planning committees around the development of the LBHP over the past year. Youth have been invited to participate in multiple state and national conferences. LYLAC participation is usually a requirement to demonstrate leadership initiative in reaching out to youth to engage in these planning and conference activities. Progress with local LYLAC groups has been monitored through quarterly monitoring of CFCIP contracts. There is a designated State Office level LYLAC liaison to assist contract providers in developing the local LYLAC groups and to facilitate organization of the monthly state level LYLAC meetings. State level LYLAC meetings have been held both by interactive webinar and in person in a centralized location to offer a variety of opportunities for youth participation. Meals and transportation are offered to state level, in person meetings to support participation. *(PIP Items – PS 3, AS 2, BM 2.1-2.3)*

Update FFY 2013: The ongoing collaboration with LYLAC participants continued to encourage active participation and to identify opportunities for improving youth participation. In

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the current contract cycle (SFY 2012-2015), each CFCIP provider is responsible for the support of the regional LYLAC groups. (*PIP Items – PS 3, AS 2, BM 2.1*)

Update FFY 2014 and multi-year comparative analysis:

Regional LYLAC groups were established in nine locations throughout the state, with CFCIP providers assisting with facilitation of the local groups. Monthly phone contact is held between the CFCIP providers and the State Office level LYLAC liaison to assess the progress of local boards, discuss methods to encourage youth participation in the program, and possible activities. The state-wide LYLAC board meets in-person once a quarter in conjunction with the CFCIP providers meeting in order to alleviate some transportation issues for the youth. A weekend retreat was held in February 2014 at the Outdoor Wilderness Lodge in Ruston, LA, where the group made plans for future LYLAC activities, assisted in planning for the annual NYTD Event/Youth Conference, and established plans for monthly phone contact in months when in-person meetings do not occur. The group provided input on several departmental policies and procedures and is very eager to begin planning events to increase participation and awareness.

LYLAC meets quarterly on a statewide level and more frequently on a regional level. CFCIP providers assist with facilitation of regional LYLAC groups. LYLAC provides opportunities for youth to learn leadership skills and provides a voice for youth in Department's decisions that impact them. Ongoing collaboration continues between LYLAC youth, the DCFS, and CFCIP providers to encourage active participation and to identify opportunities for improving youth participation.

PURPOSE/GOAL 5: PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION, AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN 18 AND 21 YEARS OF AGE.

The primary mechanism for serving youth between the ages of 18 and 21 is the Young Adult Program (YAP). YAP has been funded through state general fund dollars which were not available in SFY 2009. Supplemental Social Services Block Grant (SSSBG) funds were used for funding beginning July 1, 2009 and were available until September 30, 2010. YAP funding was included in the proposed state budget for SFY 2010.

YAP is a voluntary program, based on eligibility criteria. YAP participants must be foster care alumni who were in foster care immediately prior to their 18th birthday and be 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 age out of foster care are eligible to participate in YAP. However, youth who do not meet the educational and employment criteria receive non-monetary services only. In the past, youth who did not immediately begin YAP participation or those who dropped out had a six month time frame to enter or re-enter YAP after case closure. Current policy provides that former foster youth who were in custody immediately prior to their 18th birthday and did not enter YAP, and former YAP clients who left the program may request to enter YAP at any time up to age 21 if they meet eligibility criteria. Youth with developmental disabilities preventing educational pursuits are referred to the OCDD and other programs that are better equipped to meet their developmental needs for transitional and ongoing services.

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Room and board: Please refer to Purpose/Goal 2, Objective 2.1 for details regarding room and board payments for youth in YAP. Some CFCIP providers offer household items including furniture and personal items for youth in their programs through community donations.

The DCFS 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 18-21: DCFS provides Medicaid services only for youth ages 18 to 21 in YAP. Also, DHH provides Medicaid or Alternative Health Care under the Chafee option for all youth up to age 21 who have aged out of foster care regardless of whether the youth elects to continue in the YAP program. Youth in need of mental health treatment are referred to community mental health centers or providers who accept Medicaid payment for ongoing treatment and for short term crisis oriented treatment for youth in the YAP. Private psychiatric therapy, psychological therapy, and LCSW therapy are available to young adults when the private provider accepts Medicaid or when the youth is able to pay for the services themselves.

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

Goal 5, Measurement 1:

Grant Applications for YAP Funding- The number of grants applied for and the results of those applications will be monitored.					
Funding Source	Application Date	Maximum Grant Award	Response Date	Approval (Yes/No)	Amount Funded
ACF	2009	NA	2009	No	0
None	2010				
None	2011				
	2012	0			
	2013	0			

Update FFY 2010: DCFS has searched for and reviewed funding opportunities for grants. One proposal was submitted for grant to expand CASA involvement in Connections for Permanency training. DCFS did not receive this funding.

Update FFY 2011: During this time period the Department did not submit any grant proposals with regard to YAP funding.

Update FFY 2012: There have been no efforts at grant application.

Update FFY 2013: No grants were applied for during the past fiscal year.

Update FFY 2014 and multi-year comparative analysis:

The Young Adult Program (YAP), which served youth ages 18-21, was discontinued on July 31, 2013. The DCFS implemented the Youth in Transition Program in July 2013 to offer short-term financial assistance to those youth who were aging out of foster care that did not complete their chosen secondary educational program. Eligibility criteria for the program included completion of the secondary educational program within one year of the youth's 18th birthday and

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satisfactory progress toward program completion. Case management services for youth ages 18-21 was transferred to the CFCIP providers at that time. Medicaid is currently available to youth residing in Louisiana who have aged out of foster care at age 18 until they reach age 26.

The Department extended room and board coverage for the first few years of this reporting period through supplemental SSBG funds available to the state as the result of natural disasters and State General funds. As these funding streams became less accessible, the Department was able to utilize regular SSBG funds to provide emergency independence stipends to youth aging out of foster care for continued support in preventing homelessness and the completion of the youth's educational program through the Youth in Transition program. The Louisiana Department of Health and Hospitals worked with the Department throughout this reporting period to offer ongoing medical coverage to youth aging out of care to the greatest degree possible through federal funding sources and in accordance with federal guidelines.

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)

Goal 5, Measurement 2:

Number of Youth in YAP					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
332	347	297	269	254	Data no longer captured

Update FFY 2010: Promotion of the YAP program is ongoing through DCFS staff and CFCIP providers. Youth who participate in YAP are provided with services such as room and board, educational services, clothing and other services within available funding limits from sources such as CFCIP funding, ETV funding, Braveheart Foundation, etc.

Update FFY 2011: The YAP program has continued to be funded in order to provide support and transitional services to youth aging out of the foster care system. Youth have continued to be educated about the program and encouraged to access the services offered.

Update FFY 2012: All previous activities have continued.

Update FFY 2013: The Foster Care & Transitioning Unit Program staff has continued to stress the importance of the participation of eligible youth. (*PIP Items – PS 3, AS 2, BM 2.1*)

Update FFY 2014 and multi-year comparative analysis:

The Young Adult Program (YAP), which served youth ages 18-21, was discontinued on July 31, 2013. The DCFS implemented the Youth in Transition Program in August 2013 to offer short-term financial assistance to those youth who were aging out of foster care but had not completed their chosen secondary educational program. Eligibility criteria for the program included completion of the secondary educational program within one year of the youth's 18th birthday and satisfactory progress toward program completion. Case management of youth ages 18-21 was transferred to the CFCIP providers at that time. The providers assisted with accessing resources and services to meet the needs of the youth.

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The DCFS caseworkers and CFCIP providers encouraged youth to participate in the YAP program in order to supplement their income and provide financial support and case management while completing a post-secondary educational/vocational program. The YAP program was discontinued on July 31, 2013. The DCFS now offers eligible youth the opportunity to participate in the Youth in Transition Program which offers short-term financial assistance to those youth who are working toward successful completion of a secondary educational program, achievable within a year, when they turn 18.

OBJECTIVE 5.3: Maintain or expand the number of transitional/supervised apartment beds available for youth up to age 21. (Years 1-5)

Goal 5, Measurement 3:

CFCIP Funds Used for Housing for Youth over 18- Amount and percentage of CFCIP funds used to provide funding for supervised apartment living		
Year	\$ Amount	% of CFCIP Total
Baseline: FFY 2008	72,927	5.36%
FFY 2009	492,253.81	28%
FFY 2010	458,282.63	31%
FFY 2011	688,965.03	39%
FFY 2012	601,693.55	40%
FFY 2013	Data no longer captured	

**Data no longer captured due to YAP closure*

Goal 5, Measurement 4:

Available Transitional/Supervised Apartment Beds- Number of Transitional/Supervised Apartment beds available for youth over age 18.					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
42	45	51	46	51	Data no longer captured

**Data no longer captured due to YAP closure*

Update FFY 2010: DCFS is currently developing new licensing regulations which will include Independent Living Services (Independent Living beds were previously licensed separately) as a part of a continuum of placement options for children in and youth in foster care and YAP. A RFP is being developed and is expected to be published in April 2010. The Independent Living Services placement options will be available to youth ages 16 to 21 and will allow the freedom to make mistakes in a safe environment. The Independent Living Services providers will be required to use the CLSA and provide ongoing counseling and other services for the youth being served. Proposals for approximately 60 beds with some located in each region of the state are being requested, resulting in increased availability and accessibility.

Update FFY 2011: The number of beds available to transitional youth over the age of eighteen has not only been maintained, but has been increased by six.

Update FFY 2012: DCFS encouraged two non-contracted, but licensed providers to contract to provide services in the coming year. Staff also had additional providers express interest in developing transitional apartment programs for the upcoming year. The Department worked to clarify contractual expectations with current contract providers to guide improvements to services and establish performance expectations.

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Update FFY 2013: The DCFS continued to make efforts to improve availability in each region.

Update FFY 2014 and multi-year comparative analysis:

No RFP for transitional living apartments was developed during FFY 2014 due to the closure of the YAP program in July 2013, which also ended the Transitional Living Program for 18 to 21 year olds. The Department continues to utilize the minimal transitional living housing options which remain for 16 and 17 year olds, when appropriate.

Recent changes to the YAP program had a drastic impact on the Transitional Living Programs across the state. The Department currently has two transitional living programs in the state that are placement resources for 16 and 17 year olds.

PURPOSE 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)

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. 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 department records. Youth are eligible to continue in the ETV program up to age 23 if they are participating and making satisfactory educational progress at age 21. Eligible youth receive ETV assistance in the amount of the student's need, not to exceed the smaller of \$5,000 per year or the actual cost of attendance. The ETV coordinator reports the amount of the ETV assistance to the post secondary institution to avoid duplication of benefits; however, the youth's earned or unearned income does not reduce eligibility for ETV funds.

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 and other funds assist with some educational costs. ETV supplements the costs of education not covered by other sources.

Youth receiving ETV are required to apply for all financial aid and scholarships for which they might qualify. 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 DCFS 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. With the centralization of the ETV program, planning conferences will be conducted by phone, and will include the same participants and serve the same purpose.

Periodic review of the youth's progress will continue to occur to assure that the youth receives the services to meet educational or training needs and achieve educational goals. Each participant

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is required to submit grades each semester or quarter to the ETV coordinator, the LOSFA beginning July 1, 2010, 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.

Departmental staff and providers market the ETV program to youth and encourage them to participate. Post-secondary educational institutions provide brochures regarding the ETV program. Outreach efforts are made to educate foster parents and child care 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. The LOSFA enjoys a close working relationship with post-secondary educational institutions throughout the state and has a website that is used to market the ETV program

OBJECTIVES 6.2, 6.3 and 6.4 were redundant and combined into OBJECTIVE 6.1 below.

OBJECTIVE 6.1: Manage the ETV program to ensure eligible youth apply for the ETV program.

Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or YAP or OJJ custody, who are no longer in YAP, but maintain relationships with foster/adoptive parents and/or who are in post secondary institutions at the time they reach 21 years of age) and notify them of their potential ETV eligibility. (Years 1-5)

Strategy 2: Eligibility for the ETV Program will be managed by LOSFA.

Strategy 3: DCFS case managers will periodically review grades to evaluate youth's progress and performance.

Goal 6, Measurement 1:

Number of ETV Applications					
FFY 2008	FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Not Available	75	88	*69	135	116

*Number of applications received by LOSFA from 12/2010 through 9/2011.

Goal 6, Measurement 2:

Number of Education and Training Vouchers Issued- The total number of ETV vouchers awarded each year and the number of new vouchers awarded each year						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Total Vouchers	132	129	88	138	151	98
New Vouchers	65	55	37	23	56	36

Update FFY 2010: ETV outreach efforts are ongoing. Youth who are attending post-secondary educational institutions when they reach age 21 are notified by DCFS workers and CFCIP providers of their continuing eligibility for the ETV Program up to age 23. DCFS workers have been trained to provide information about the youth to CFCIP providers as part of the YTP and Connections for Permanency training. Young adults who are not in YAP but maintain contact

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with CFCIP providers, foster care providers and foster care workers are notified of their eligibility for the ETV program. ETV brochures are placed in post-secondary educational institutions and requests made that financial aid counselors inform any youth whose free application for Financial Aid (FAFSA) indicates previous foster care status of their potential eligibility for the ETV program. Youth who were adopted or entered guardianship after attaining age 16 are identified through TIPS and notified of their potential eligibility for the ETV program. Youth in foster care are informed of their eligibility for ETV and are referred to the regional ETV coordinator. OJJ staff identifies youth in custody and notifies the regional ETV coordinator who determines their eligibility for the program.

Eligibility for the ETV program continues to be determined by current or previous foster care status as determined by a review of the TIPS data system and need for financial assistance as determined by the youth's completion of FAFSA to establish cost of attendance as defined in section 472 of the Higher Education Act. Financial need is calculated by the financial aid administrator at the post secondary institution by subtracting Pell Grant aid and aid from all other sources such as scholarships from the cost of attendance. Youth provide documentation of cost of attendance and financial need as determined by the financial aid administrator to the ETV provider, and receive an ETV in the amount of the student's need, not to exceed the lesser of \$5000.00 per year or the actual cost of attendance to the extent ETV funds are available. The ETV annual amount is divided so that the youth receives half of the year's total each semester unless the youth will turn 23 during the year. In that case, the entire payment is made at one time. The ETV coordinator reports the amount of ETV assistance to the post secondary institution to avoid duplication of benefits. Periodic reviews of the youth's progress are made to assure that the youth receives the services necessary to achieve educational goals. Youth submit grades to the ETV coordinator and case manager at the end of each semester or quarter, and the ETV coordinator and case manager review the grades to evaluate the youth's progress and performance to determine justification for continued expenditure of funds.

Update FFY 2011: DCFS continue to refer youth to the ETV program and explored options to determine the most effective way to administer the ETV program and made the decision to enter into an inter-departmental agreement with the LOSFA. The LOSFA office began managing the ETV services in November 2010. Youth's grades are still submitted to case managers to review the youth's progress and performance.

Update FFY 2012: Collaboration with LOSFA and provision of information via the Youth Link and at the NYTD reunion events increased youth applications for ETV funds. In previous years, DCFS has struggled to expend the full ETV allotment provided to the state. This past year it was necessary to consult with the Budget Division to identify ways to access additional funds to support the number of ETV's requested. Collaboration with LOSFA also increased linkages of the youth with other funding sources to support their post-secondary education pursuits, such as the state funded "Go Grants". The collaboration also helped in overcoming challenges to youth participation in post-secondary education programs (such as processing ETV payments with historically difficult financial aid offices at institutions such as the online colleges).

Update FFY 2013: DCFS has continued its cooperative agreement with LOSFA to administer the ETV program with the assistance of the financial aid departments at the post-secondary educational/vocational program. DCFS continues to work with our staff and our CFCIP

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providers to identify and support the transition to independence through education at the vocational and college level.

Update FFY 2014 and multi-year comparative analysis:

Youth are informed of the ETV program by their DCFS case managers and by CFCIP providers. When youth complete the FAFSA and indicate they were a ward of the state, their application for financial assistance is forwarded to the Louisiana Office of Student Financial Assistance (LOFSA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds. Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs were included as eligible recipients of ETV during 2014.

The DCFS and CFCIP providers market the ETV program to youth and encourage them to participate. DCFS entered into an inter-departmental agreement with Louisiana Office of Student Financial Assistance (LOSFA) in 2010. LOSFA manages ETV services throughout the state, as they have a close working relationship with post-secondary educational institutions.

Purpose 7: Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption:

Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care. TIPS is being used to identify such youth as DCFS develops a specialized tracking system for these youth. Additionally, with the transfer of ETV management to the LOSFA, all youth who indicate former foster care status on the federal financial aid application will be screened for ETV eligibility.

OBJECTIVE 7.1: Ensure youth who leave foster care for adoption or kinship guardianship, are informed of their rights to Chafee and ETV Services.

Strategy 1: Revise policy to require that workers inform youth who leave foster care for adoption or Kinship Guardianship at age 16 or older of their right to continue CFCIP life skills participation and of potential ETV eligibility.

Strategy 2: Assure that CFCIP Providers continue to provide services to youth who have left foster care for adoption or kinship guardianship at age 16 or older.

Update FFY 2010: The Louisiana Guardianship Assistance Program was implemented in April 2010. Youth were informed upon leaving care for Adoption at age 16 or older of their continued eligibility for Chafee and ETV services. To date, no youth have left foster care for kinship guardianship.

Update FFY 2011: Staff has continued to be advised to inform youth exiting care for adoption or guardianship of their right to Chafee and ETV services. This information also continues to be included in ETV flyers as well as websites for DCFS and the LOSFA. CFCIP providers continue to serve youth who have exited the foster care system at the age of 16 or older through adoption or kinship guardianship.

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Update FFY 2012: This is an area that is noted in the available resources to the family in Guardianship Subsidy agreements.

Update FFY 2013: Staff continued internal collaboration with the Adoption Program to improve information provision to adoptive parents regarding availability of ETVs. The Department also collaborated with OJJ to improve information to eligible OJJ youth regarding ETVs. Further, the revised YTP clarifies the importance of ETV and the eligibility requirements.

Update FFY 2014 and multi-year comparative analysis

The DCFS and CFCIP providers distribute information on CFCIP services and ETV availability for youth who are in foster care, youth who age out of foster care at age 18, and those who enter an adoption or guardianship agreement after the age of 16. Information is distributed to youth at the annual NYTD Event/Youth Conference and information is updated on the Department's Youth Link webpage.

Information on the availability of CFCIP and ETV services for youth who have aged out of foster care and for youth who entered an adoption or guardianship agreement after the age of 16 continues to be distributed by CFCIP providers, DCFS, and LOSFA. Information is updated on the Youth Link page of the DCFS website, as well as the LOSFA website. Written information is distributed to youth at the annual NYTD Event/Youth Conference. The information is shared as an available resource to those families that enter into a guardianship agreement with older youth.

Goal 8 and related objectives and strategies were deleted because they are now addressed in Goal 4.

Youth Involvement in Plan and Other State Department Efforts: 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 members have numerous opportunities to develop leadership skills including attending national conferences, appearing before the legislature to advocate for themselves, and participating in department policy development both generally and as it relates to specifically to issues of transitioning youth.

Representatives of LYLAC attended a kick-off meeting when development of the CFSP began. A copy of the CFCIP/YAP/ETV plan has been mailed to LYLAC board members and two members attended the PQI Stakeholder Committee meeting on June 18, 2009 where the CFSP was discussed. Those who were not able to attend the meeting were offered the opportunity to make written comments. Three youth attended the Child and Family Services Review (CFSR) kickoff in June 2009, served on a panel discussion during the meeting, and served on committees and focus groups to prepare for the CFSR and participated in CFSR on-site. Two youth participated in the CFSR on-site debriefing and exit on March 12, 2010.

The DCFS was reaccredited for four more years (through 2014), and LYLAC members participated in stakeholder groups in several regions during the accreditation process to provide feedback on the services they receive.

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In FFY 2008, one regional LYLAC group was formed in the Greater New Orleans Region. In FFY 2009, four additional regional LYLAC groups were formed in Alexandria, Monroe, Thibodaux and Lafayette Regions. Regional LYLAC groups will continue to be implemented until there is one in each region of the state. There is not a minimum age requirement for the regional groups.

The DCFS hired a youth advocate who was in foster care. The youth worked for the DCFS part time while attending Southern University. Her duties include serving on the inter-departmental Coordinated Systems of Care (CSoc) workgroup; participating in policy development; and surveying DCFS staff, providers and youth. Her part-time duties ended in August 2010.

Update on Youth Involvement in Plan and Other State Department Efforts FFY 2011:

LYLAC members were allowed to participate in stakeholders meetings in order to express their opinions about the services they have received. Additionally, some youth were able to participate in CFSR reviews and panel discussions. The 2011 APSR was also distributed to the LYLAC board to obtain feedback. Feedback was received from one youth and those comments are being incorporated into practice/procedures.

Update on Youth Involvement in Plan and Other State Department Efforts: FFY 2012:

DCFS staff worked with youth to obtain input in the development of the 2012 APSR.

Youth Involvement Activities Planned FFY 2013:

DCFS will continue engaging LYLAC youth in reviewing plans to collect their ideas on additional activities to improve service delivery.

Update FFY 2014 and multi-year comparative analysis:

The Department consulted with LYLAC youth to gain their input into policy, procedures, and service delivery. A former foster youth will be participating in an event in May 2014 that is part of the Secretary's Faith In Families Initiative to support permanency through adoption of children from foster care.

The DCFS continues to consult with LYLAC youth to understand what they feel is needed during the foster care/transition to adulthood. Youth are asked to participate in stakeholders meetings, conferences, and appearing before the legislature, as appropriate. LYLAC boards continue to grow across the state and the boards' feedback is incorporated into practice and procedures.

Training: Two Youth Independent Living Conferences (one in North Louisiana and one in South Louisiana) were held in FFY 2010. The conference for the northern part of the state was held in June 2010 at the Methodist Children's Home in Ruston, LA. The conference for the southern part of the state was also held in June 2010 and it was held at QUAD Area in Hammond, LA. The Youth Advisory Boards, CFCIP providers and DCFS staff work jointly to develop and present the conferences which are presented in a "Reality City" format offering youth the opportunity to make important life decisions in a safe environment and provide information on educational and career opportunities. These conferences will continue to be held annually.

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During FFY 2010, DCFS staff attended the Together We Can conference in Louisiana. The DCFS Independent Living/Transitional Services Program Coordinator has participated in quarterly conference calls coordinated by ACF Region VI for CFCIP Coordinators in Region VI. CFCIP providers attended several National Conferences including Daniel Memorial and Pathways to Independence.

CLSA training was provided jointly by DCFS staff and Southeastern Louisiana University staff for new staff in their Chafee Independent Living program.

In order to assure that permanent connections are developed as early as possible in a child's foster care experience, Louisiana Connections for Permanency was expanded by providing DCFS Child Protection Investigation and Family Services workers and supervisors training in searching for family connections during October 2009 through February 2010. Foster Care and Adoptions workers and supervisors who had received this training in the past participated as refresher training.

The DCFS continues to utilize technical assistance through the NRCYD to determine best practices for the management of ETV funds. DCFS staff and NRCYD staff met in January 2010. Part of the meeting concerned working with Lutheran Social Services of the South to develop a mentoring program for youth and evaluation of the program.

Training Update FFY 2011: DCFS staff and certified foster/adoptive parents from each region were afforded training on working with youth toward independence at the annual foster parent conference held in Baton Rouge, LA in February 2010.

Training on YTP and availability of ETV funds has occurred via teleconferencing as well as refresher discussions with staff regarding connections for permanency.

Training Update FFY 2012: The Department has continued to utilize less costly methods for training (ex. KIT conferences, WebEx, and teleconferencing). The Department also worked with NRCYD to provide several youth, field staff and state office program staff an opportunity to attend the National Pathways to Adulthood Convening" held in New Orleans, Louisiana June 27-June 29, 2012.

Training Update FFY 2013: Trainings on topics ranging from ICWA Medicaid changes, YTP importance, Louisiana Rehabilitation Services, court letter preparation, paternity testing, etc. have been presented to staff and CFCIP providers in multiple formats, such as video-conferencing and WebEx. Keeping in Touch (KIT) conferences were held monthly. Topics were determined based on the needs of field staff, legislative updates and programmatic changes. All trainings are to increase staff knowledge which leads to better service provision.

Update FFY 2014 and multi-year comparative analysis:

During FFY 2014, the Department conducted training throughout the state on Advanced Safety Focused Practice, and the practice has been implemented statewide. Training on the revised YTP was delayed, but is scheduled for summer 2014. Mentoring of supervisors will begin in August 2014 and will focus on decision making during the life of a foster care case and highlight practice in Advanced Safety Focused Practice model, working with youth, and the Family Team Meeting Process. Monthly KIT conferences will continue.

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The Department utilizes many methods to train staff on pertinent information. Topics of training are determined based on the needs of field staff, legislative updates, and programmatic changes. The trainings are held in-person, by WebEx, and Keeping in Touch (KIT) conferences.

Trust Funds:

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

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EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):

The actual final expenditure for the ETV allocation for FFY 2010 was \$200, 978.11. The actual final expenditure for ETV allocation for FFY 2011 was \$283,004.00. The actual final expenditure for ETV allocation for FFY 2012 was \$362,001.19. The actual expenditure FFY 2013 was \$314,353.80.

Continuing and New ETVs by Year		
FFY	Total Vouchers	New Vouchers
2007	129	62
2008	132	65
2009	147	55
School Year 2010	88	37
School Year 2011	138	23
School Year 2012	151	56
School Year 2013	103	33

Note: The Louisiana State Fiscal Year (SFY) tracks most school years in the state; therefore, for reporting purposes the school year is viewed as being the same time period as the state fiscal year. During school year 2011 DCFS took over management of the ETVs from the CFCIP providers for a few months and then LOSFA took over from DCFS. Multiple tracking systems were used during that time.

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II:

The state is not revising its use of Title IV-B, subpart 2 funds based on changes to allowable purposes as amended by P.L. 112-34. The Department of Children and Family Services (DCFS) plans to continue using funds for the same activities as used in previous years including programmatic staff expenditures. State and local share spending for Title IV-B, Subpart 2 for FFY 2009 for comparison with the 1992 base year amount indicates \$11,362,732 was spent, \$8,522,049 of which was federal funds and \$2,840,683 was state general funds. The 1992 base year amount was \$2,772,015. The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (PSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)
- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child’s home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 to add peer-to-peer mentoring and support groups for parents and primary caretakers as an allowable purpose.)
- Adoption Promotion and Support Services (APSS) – 20% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

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

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

2.) Service/Program Description: Infant team/Infant mental health services: (PSS, FP, TLR) Infant mental health services are provided by three infant teams in the state. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a

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variety of evidence based assessments that are used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad is asked to complete an interaction assessment and parent perception interview.

Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

Population served: The target population is children age 0-60 months that have experienced maltreatment in their families. There are three infant teams in the state. The team in New Orleans receives referrals from the 0-3 Court Team Program when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Jefferson infant team receives referrals for children 0-5 who enter foster care in that parish and also serve children from St. Bernard, Orleans and Plaquemines Parishes by arrangement. One of the goals of these teams is to assist the Department in developing a treatment plan aimed at achieving permanency as quickly as possible. The infant team in Baton Rouge (the Infant Child and Family Center – ICFC) serves clients in Baton Rouge and the surrounding parishes including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville, and Pointe Coupee. Services are provided to children and their families who are either involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol.

Update FFY 2010: 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 District staff.

In addition to the three programs that provide specialized assessment and treatment for very young abused and neglected children and their immediate caregivers, the Infant Mental Health consultation project (Supportive Enhancement of Care-giving Responsiveness, Lafayette DCFS {SECRLCDIFS}) continues in the Lafayette Region. Through a contract with Tulane University, specialized training in infant mental health has been completed with DCFS 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

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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. This project provides consultation to four foster care units in Lafayette Parish, one unit in St. Martin and one unit in St. Mary Parish. Dr. Zeanah continues monthly phone consultation with the District Managers from each parish and Tulane consultants provide weekly consultation meetings with foster care workers. In-person consultation to observe visits between biological parents and their children is also provided. Consultants assist with visitation and home visit planning. Foster parents receive consultation regarding the children in their home. A total of 41 DCFS staff members currently receive the infant mental health consultation.

Data continues to be collected regarding foster care workers attitudes towards childrearing, as well as burnout and stress, in order to assess the impact of the consultation on these factors. Data is also collected with 35 foster parents regarding the impact of the SECRDLCFS project on their attitudes towards childrearing, feelings and commitment towards the children in their home, parenting stress, and the development and attachment behaviors of the children in their home. The Regional Program Specialist is assisting with data collection efforts, as the project has been unable to hire an additional research consultant.

The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model. For the first half of 2008, DCFS has contributed funding to this collaborative project. An initial special focus of the program has been upon substance exposed infants. In SFY 2008-2009, 54 referrals were received. Approximately 10% of the cases were no shows for scheduled appointments. Approximately 60% of referrals completed neurodevelopmental evaluations. The wait time from referral to intake was on average one week to three weeks, with the majority seen within one week of being contacted. The wait time from the referral to a neurodevelopmental evaluation was one week to three weeks after the initial referral. A total of 34 referrals were from Foster Care (FC), two from Adoptions (AD), five from Child Protection Investigations (CPI), and 13 were from the Family Services (FS) Program.

The Department continued to work closely with the Tulane/JPHSA Infant Team to collaborate with the Team through referrals to substance abuse, adult psychiatry services, child psychiatry services, vocational and housing assistance services for families, and other emergency services.

Infant Mental Health Training: Tulane/JPHSA Infant Team: In addition to weekly staffings at the Infant Team Clinic, in which Jefferson Foster Care case Managers and supervisors attended case conferences and ongoing "curbside consults" with workers and supervisors, the Infant Team also was invited to train all staff in the Jefferson region in infant mental health in general and the Infant Team activities in particular. This training was conducted in January 2008. The team served primarily children and families in Jefferson Parish, but also from St. Bernard and Plaquemines Parishes on selected cases. The Infant Team also served as an important training site for mental health professionals from around the state. This past year 14 different mental

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health professionals from East Carroll (1), Desoto (3), Baton Rouge (2), Lafayette (1), Orleans (1), Ouachita (2), St. Tammany (2), Terrebonne (1), and Jefferson (1) Parishes were trained through a combination of onsite and distance learning approaches. In addition to these OMH trainees, the Infant Team also provided didactic training via distance learning to DCFS Quality Start Mental Health Consultants in each region of the state.

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.

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

Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child's safety and well-being call DCFS to report their concerns. If the report contains sufficient evidence of possible abuse or neglect, an investigation is initiated. Recent federal Child Abuse Prevention and Treatment Act amendments and related state legislation have expanded the expected intervention of DCFS to include substance affected infants. State law mandating the reporting of infants exposed to controlled dangerous substances was amended in 2007 to add children exposed to severe and chronic alcohol exposure. These infants and their families often have mental health needs as well.

Additional gaps in the SECRLDCFS project are due to budget limitations and the inability to have face to face consultation and the lack of access to up to date technology and web-conferencing capabilities.

Update FFY 2011: Infant Child and Family Center (ICFC) – Baton Rouge -ICFC received 134 referrals from DCFS. Referrals were received from East Baton Rouge, Pointe Coupee, Iberville, East Feliciana, West Jefferson and Livingston Parishes. The referrals from West Jefferson and Livingston were accepted because the children reside in East Baton Rouge Parish. Referrals were received from all programs Foster Care (FC), FS, CPI, Alternate Response Family Assessment (ARFA) and AD but the highest number of cases that received services were from Foster Care. ICFC successfully engaged 69 clients in treatment of the 134 referrals (51.5%). This is considered a high rate of engagement when working with high risk populations. The majority

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(62.7%) of the children referred by DCFS was known to have prenatal substance exposure, 19.4% had unknown history of substance exposure and 17.9% were reported not to have substance exposure. The majority of children known to have exposures was exposed to marijuana (35%), followed by cocaine/crack (15.7%) and opiates and methamphetamines (16.4%) Alcohol and cigarette use is believed to be primary drugs of exposure based on clinical interviews. ICFC provided services for 69 children during the year. All services are linked to the child although caregivers are also provided services. A typical case involves 2 or 3 care givers per child.

ICFC also provided Infant Mental Health training to foster care staff in the Baton Rouge Region. The training was comprised of 2 sections: a didactic and a collaborative/consultative portion. After the didactic portion, workers presented cases that had been referred to ICFC for assessment and treatment. This allowed the opportunity for workers/supervisors to apply the information presented in the first portion of the training directly to their cases. The training involved 4 workers and 3 supervisors.

ICFC led an initiative to develop a court team that would focus on the timely and appropriate coordination of care for children age 0-3 who are involved with DCFS. ICFC researched the best practices among similar projects, identified and contacted community partners, and organized and led several meetings to begin the formation of a team for East Baton Rouge Parish. Although interest in the project was high and the value seems promising, there are several barriers to moving forward on this project.

The Orleans Infant Team:

The Orleans Infant Team has provided services to 151 children over the course of their last 3 year contract. In their work with these children, they work with biological parents as well as all caregivers and are working on collecting data in many areas, including biological parents. The following are areas identified and being tracked as area of improvement that will positively impact these children's lives. In addition to maintaining sobriety, factors such as stability of residence, mental health through steady engagement in psychiatric treatment, understanding of their role in providing safety for their children, ability to read and respond to children's cues in order to meet their physical and emotional needs. The parent's capacity for empathy for their children, the parent's support system, and their involvement in non violent relationships are additional areas that are being tracked as significant for positive outcomes for children. These factors, among others are being gathered so that this data can be further analyzed. The infant team participates in monthly staffings with the "Zero to Three" Court Team which includes all agencies involved with that particular child and family. The permanency outcomes for the children in "Zero to Three" show that permanency for these children are reached with-in the first 12 months of the court involvement.

The Orleans Infant Team/LSUHSC sponsored an Infant Mental Health workshop for DCFS staff and community providers on the role and importance of Infant Mental Health with all children and especially those who have experienced maltreatment in their homes and with their caregivers. The presenter was Dr. Brenda Jones Harden, a recognized expert in the field of infant mental health and child welfare. The team also provides informal training to workers in the Orleans Region as they work closely with them on their cases.

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There are ongoing efforts in the collection of meaningful data regarding the population, progress in treatment and measurable outcomes for all three centers.

Infant Mental Health Consultation Project/SECRLOCS: The Infant Mental Health Consultation Project concluded in September of 2010. The project began with didactic training of DCFS staff and was followed by regular consultation. Tulane faculty provided consultation to four foster care units in Lafayette Parish, one unit in St. Martin Parish, and one unit in St. Mary Parish. Dr. Zeanah held some phone consultation meetings with the district managers from each parish for approximately 6 months. A total of 38 DCFS staff received the infant mental health consultation. Phone consultation with workers occurred on a weekly basis. Workers were able to present their cases and were assisted in the areas of visitation planning, transition planning, child placement and case planning decision making. The project addressed the needs of all children, under the age of 6, (171 children in 2008), in foster care in Lafayette, St. Martin, and St. Mary parishes by educating and consulting with DCFS child protective services workers. One of the goals of the project was to have workers utilize knowledge gained through this project to address the needs of children and families with whom they work with in the future.

Population Served	Number Served
OCS Staff Trained	Approximately 130
Worker Consultation	38
Child Cases-Consultation	Approximately 171
Families Seen-Research	50

A wrap up of the project was presented to the Lafayette staff in September 2010 but the final data from the research component has not been received yet.

Update FFY 2012: The Infant Mental Health Consultation Project concluded in September of 2010 and a presentation of the findings was conducted at the Together We Can Conference in October 2011.

The work by the three infant teams has continued. Efforts are underway with all three infant teams to standardize the way information is reported to the Department. A report format has been developed for monthly reporting, which will capture the number of assessments completed, types of persons involved in each assessment, number of families in treatment, and number of persons in treatment. Additional activities the team may be involved in such as court, consultation, etc will also be captured. Several outcome measures are being considered and developed in order to look at progress related to treatment, along with the current permanency outcomes. An internal database has been developed to include client demographic information that will lend to the development/reporting of additional outcomes, such as repeat maltreatment.

The following includes a synopsis of the work of the Infant Teams during the last state fiscal year:

Tulane Infant Team (services provided through Jefferson Parish Human Services Authority):
In SFY 2010-2011 the infant team worked with 87 children.

- 37 children were continuing in services from the previous year and 48 children were new referrals during the year

For 40 of these children, a permanent placement was implemented

- 17 children returned to biological parents

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- 4 children had custody transferred to a relative
 - 19 children were freed for adoption
- 28 families were assessed during the year including 48 children.
- each child received a comprehensive developmental; and behavioral assessment
 - evaluation of their current placement and caregivers

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

In SFY 2010-2011 the infant team worked with 62 children.

- these children represented 40 families.
- 25 parents participated in the evaluation process
- 18 parents participated in some treatment
- 87 additional adults worked with the team as relative or non-relative potential caregivers

For 30 of these children permanent placement was achieved

- 9 children were reunified with at least one of their biological parents
- 9 children were adopted by relatives
- 32 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Update FFY 2013: During the fiscal year, Tulane Parenting Education Program of Greater New Orleans was added as new FRC. They began providing services in January 2013. The Department currently enjoys a long partnership with this entity through their work in Infant Mental Health. This FRC has been established to not only provide services from the FRC core service array, but to also provide clinical consultation to the other FRCs. This consultation will place a greater focus on the visit coach component of the FRC service array.

The total numbers of people served by the three infant teams included 206 children from 123 families. Monthly reports were submitted by each infant team and discussion continued on how to capture numbers served and services provided as each team's data systems are different. DCFS was able to capture actual clients in order to input in a database so that repeat maltreatment occurrences can be tracked. Full assessments continue to be completed on families, treatment offered to families, children and foster parents and relative caregivers to improve the care and nurturing environments for these children. All teams meet with the local office staff to help inform decision making and provide overall cohesiveness of approach and unify recommendations to the courts. Staff continues to explore the best way to measure outcomes while focusing time used for evaluation and treatment. The infant team staff continues to provide extensive evaluation reports, court reports that include progress and recommendations, and court testimony when needed.

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

Tulane Infant Team (services are no longer provided through Jefferson Parish Human Services Authority; services provided through Tulane University)

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

- 45 children were continuing in services from the previous year and 27 children were new referrals during the year

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

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

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

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

Update FFY 2010: Due to a decline in state and federal revenues to support child welfare services, funding to support regional FRC was cut by 37% in SFY 2008-2009. Beginning July 1, 2009, changes occurred in the FRC contracted services. Respite services will no longer be provided through the FRC contracts and as of June 30, 2009. Traditionally, respite has been a service provided by many FRC whether through recreational activities for children in foster care or through arranging a respite caregiver for a child when a foster/adoptive parent needed relief from the care-giving responsibilities for a child in foster care. Staff is exploring community resources for other available recreational activities. FRC will provide three (3) CORE services: Parenting, Visit Coaching and Mentoring.

Regional Prevention Specialist and state office staff assisted workers in making transition plans for their clients who were receiving services by the FRC which were not one of the three core services. New referral forms were available on July 1, 2009.

Due to budget constraints, nine (9) FRC are contracted with to provide services in designated areas of the state rather than eleven (11) as in previous years. The three FRC that were eliminated include 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.

The current FRC in existence include VOA in North Louisiana and VOA in Greater New Orleans, Nicholls State University Department of Family & Consumer Science in Thibodaux, The Extra Mile, Inc. in Lafayette, Community Support Programs and Project Celebration in Shreveport, ULM-Family Matters in Monroe, Southeastern Louisiana University (Discovery) in Baton Rouge and a newest FRC in Covington, Renew. This FRC is under the same parent agency as Discovery in Baton Rouge (Southeastern) and will provide services to the Covington Region.

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Gaps in Services: Transportation continues to be an issue for families accessing services through the resource centers. FRC 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.

Update FFY 2011: Fall of 2011 marks the third and final year of a three year contract which began in 2008. Request for Proposals (RFP's) will go out prior to the end of the contract period for provision of FRC services for 2011-2014. Beginning FY 2010 the Family Skill Building intervention has been expanded to cover a wide array of subject area. This change was implemented so that families could receive intervention into any area of skill requiring improvement.

With administrative reorganization, Regional Program Specialists are no longer available to assist the resource centers and act as liaisons between the centers and local offices. Effective FY 2010 the centers are monitored by two State Office level Program Managers. DCFS 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 previously reviewed and approved invoices, assisted in addressing budget matters, and facilitated regular meetings between DCFS local staff and family resource center staff. Additionally, they discussed pertinent DCFS policy with family resource center staff, invited family resource center staff to DCFS trainings and meetings, and address issues identified by family resource center staff and/or DCFS staff. These duties will be handled by the state office contract monitors.

Regions around the state received in-service training by the FRC on the expanded Family Skills Building. FRC forms were reviewed for effectiveness and to streamline the overall process. The use of the title Family Skills Training is being changed to Family Skills Building as this title reflects the intent of the intervention; to build skills in areas of family functioning.

Gaps in Services: Transportation continues to be an issue for families accessing services through the resource centers. FRC 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.

Update FFY 2012: Fall of 2011 marked the third and final year of a three year contract which began in 2008. The Department did not initiate a RFP and decided to renew the contracts with the existing network centers. It was determined that a Solicitation for Offers would be used to assess the availability of a new FRC for the Monroe Region, as prior to the ending of 2011 contract year that center terminated its contract with the Department. The process was not initiated and a contract was entered into with an independent provider to provide the NPP until further plans could be assessed for a long term solution for the region.

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FRC prioritized and screened referrals for acceptance and continued the full service array (visit coaching, family skills building and parenting education). The FRC are currently monitored by two State Office Program Managers. Their duties include administrative and fiscal monitoring of the contracts. The FRC are required to submit monthly reports detailing their referrals, services, and any identified barriers to services. At the end of each contract year, a yearly report is completed, summarizing their services and submitted to State Office.

Gaps in Services: Transportation continues to be major issue for families accessing services through the FRC. The FRC are required to assist families in the development of a transportation plan when rendering services.

Additionally, the Monroe Region is currently without an FRC. Nurturing Parenting is being provided in the interim by an independent provider in an effort to meet some of the needs of DCFS families in that region. Most recently, Project Celebration terminated their FRC contract with the Department. They were located in the heart of several rural and needy communities where there are few resources.

Update FFY 2013: During this time period, staff worked with the National Resource Center for In-Home Services (NRCIHS) to develop a strategy to promote the efficient and effective delivery of family support services statewide. Identified services include current Family Resource Center (FRC) services: Parent Education, Visit Coaching and Family Skill Building. DCFS developed workgroups to review FRC processes and develop procedures to achieve consistency among service delivery/providers. NRCIHS also worked with the state to identify measurements and expectations that can be standardized across all centers. Further, DCFS field staff was identified to serve as liaisons to the FRCs. In this role, they provide support to the FRCs and work with the state office FS program manager, and FRC staff to discuss referrals and any issues with service delivery.

Note: Tulane University is now operating a FRC for the Orleans Region as well as providing consultation to other FRCs in the implementation of Visit Coaching.

In an effort to promote efficient and effective delivery of FRC services, FS program staff engaged in a number of activities with FRCs to provide support to staff around practice issues, such as the accurate completion of safety and risk assessment [i.e. Structured Decision Making (SDM) too), the Assessment of Family Functioning (AFF), and the case plan]. The following presents descriptions of some of those efforts:

- Provided 2 hours of training to the Family Resource Center (FRC) staff in the Lake Charles and Lafayette regions on “DCFS Child Welfare Decision Making Tools”. The training took participants through DCFS decision making points and the accompanying tools from intake (accepting a report) to investigation or Alternate Response Family Assessment (ARFA) and on to FS and Foster Care (FC).
 - The Safety, Risk, Assessment and Case Planning tools and systems (Family Assessment Tracking System -FATS, SDM) were shared.
 - Allowed participants to understand the agency’s rationale regarding decisions/actions taken with families, which could lead to better partnerships between DCFS staff and the FRC.

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- Allowed the FRC staff to understand the research based tools used and gave them a better understanding of “our language” and what to discuss in joint case staffings, such as “What are the identified safety threats?”,
- “What is the risk level?” “How does the case plan address the identified needs of the family?” etc.

Additionally, FRC regional liaisons were identified by each region to work with along with program staff to ensure service continuity and usage. The expectation is that each month, following the submission of the FRC’s monthly report, a call or face to face is held between the FRC director, the FRC liaison, and program staff to review and discuss the report and resolve any issues that may have come up. This approach has produced some increase in the use of FRC services by our field staff.

Gaps in Services: Tulane is a new FRC that began services in January 2013. The Department currently enjoys a long partnership with this entity through their work in Infant Mental Health. This FRC has been established to not only provide services from the FRC core service array, but to also provide clinical consultation to the other FRCs. This consultation will place a greater focus and consistency on the visit coach component of the FRC service array. Program staff continues to join in with the FRC to ensure fidelity across the entire FRC continuum and centers.

3.) Service/Program Description:

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

Parent Education: Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting

Visit Coaching: This service primarily targets children in foster care, but can benefit in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child’s needs. For families in the Nurturing Parenting Program (NPP) program, the “family time” component will be expanded to accommodate this service and will serve as that parent’s visit.

Family Skills Building: The Family Skills Building (FSB) service provided through the FRC provides customized support, mentoring, guidance, and teaching on identified needs that are not readily addressed by other services, such as parenting education or visit coaching. FSB targets

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areas of family skills identified as areas of concern or problem in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.

Update FFY 2014 and multi-year comparative analysis:

There are nine (9) FRC that are contracted with to provide services. The current FRC are: 1) Volunteers of America – Greater New Orleans, 2) Discovery FRC – Southeastern University, Baton Rouge, 3) Renew Family Resource Project– Southeastern University, Hammond, 4) Nicholls State University Family Service Center, Thibodaux, 5) The Extra Mile, Lafayette Family Resource Center, 6) Educational and Treatment Council, Inc. (ETC), Lake Charles, 7) Volunteers Of America – Alexandria, 8) Community Support Programs (Portals), Shreveport, 9) Tulane Parenting Education Program, Orleans Region. Each FRC provides services to parishes in their geographic area so that services are available throughout the state.

Family Resource Centers:

The Family Resource Centers (FRC) is in the third and final year of a three year contract which began in 2011. We have continued to maintain the FRC's in eight of the nine regions throughout the state. There are 10 FRCs with Orleans and Shreveport regions each having two centers. It was recently determined that the Orleans region would be reduced to only one resource center. We are in the final closeout process with Volunteers of America-Orleans as they will no longer be a FRC provider. Tulane Parenting Education Program will service the entire Orleans/Jefferson area.

Monroe region continues to be the only region without a fully functional FRC. We are in the process of completing a Request for Proposals (RFP) which will be released shortly. It is the plan that the region will have a fully functional resource center by the start of the new FFY. To ensure the region receives services during this time we have expanded the service area for one of our FRCs in a neighboring region to assist temporarily. We are also working on completing a contract with an independent provider to reduce the services gaps.

Program Staff continue to monitor the resource centers with the assistance of regional liaisons. Through monthly phone conferences and quarterly visits to the facilities staff monitors service delivery and any barriers associated with it. In a collaborative effort program staff, FRC staff and the regional liaison develop strategies to enhance service delivery and eliminate barriers to service delivery. One of the most common themes seen throughout this FFY is the underutilization of the resource centers by staff. We have attempted to address this on an individual center level through in-services, the distribution of monthly newsletters and reminders to make referrals by the regional liaison. Going forward our plan is to address it on a statewide basis through Keeping In Touch (KIT) conferences and Web-ex presentations about the resources provided by the centers.

Work was initiated to ensure fidelity of services being provided by all of the resource centers. Work groups were developed comprised of departmental program staff and FRC Directors to develop service guidelines for each of the 3 core services administered by the FRC. One of the work groups focused on improving our Monthly Monitoring Report which is completed monthly by FRC staff. The document gives information regarding utilization, client demographics and services provided. The changes made to this document will help us easily identify the source of

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referrals, the total clients being seen in any given month and the services being provided to each of these families.

FRC staff continues to receive consultation from Sheri Hogg with Prevent Child Abuse Louisiana in the Nurturing Parent Program curriculum. Mrs. Hogg continues to provide training to FRC staff, monitors the delivery of services to ensure they are being provided as intended and provides feedback and consultation about their practice.

The Tulane Parenting Education Program also provides consultation to the FRCs twice per month. Consultation services include on-going training, support and guidance to FRC staff (workers and supervisors) in implementing parenting programs for clients, including Visit Coaching. Consultation is aimed at assuring the efficacious delivery of parenting programs and deepening the staff's understanding of the challenges affecting the families they serve. The consultation provides clinical guidance and support to the FRC teams for the broad range of services that are provided including Nurturing Parent Program, Strengthening Families, Visit Coaching, etc.

In an effort to help the FRCs continue to stay abreast on changing practice within the agency some of the FRC staff was trained on the agency's Advanced Safety Focused Practice which rolled out statewide last year. This training helped them understand some of the "new" language being used by staff and the concepts that will drive our evaluation of safety and risk in the families we serve.

There were incremental improvements to the FRC during the last five years to strengthen their core services and facilitate the needs of our child welfare population. Moving forward we will be entering into a contract with Prevent Child Abuse Louisiana (PCAL) to improve model fidelity, create and implement a data collection and utilization plan, and develop an internal FRC Network peer review process.

Tulane Infant Team:

There continues to be three Infant Teams providing services to children 0-5 in the state. Only two of them are PSSF funded, the third team has a different funding source and will not be reported about in detail in this section.

The Tulane Infant Team serves high risk children ages 0-5 years (including those prenatally exposed to substances) who have been placed in foster care due to maltreatment in their homes. The team works collaboratively with a variety of systems, including legal, child welfare, education, healthcare, and mental healthcare, to coordinate and integrate appropriate services for families. Families who are referred must have at least one child who is the victim of validated (substantiated) abuse or neglect who is less than 60 months of age. The team provides comprehensive assessment and treatment for these high-risk children and families, and makes recommendations to the Child Protective Services staff and the Juvenile Court regarding what is necessary to be able to return children to their biological families, or if that is not possible, to achieve permanency in another home. The work of the team serves multiple functions, including increasing continuity in high-quality foster care placements, informing permanency planning decisions, increasing available treatment and continuity of care for families, and facilitating serving the best interests of the child.

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Children up to age 5 years receive a comprehensive assessment, including Infant Mental Health Assessments, occupational therapy assessment and treatment, psychological/developmental assessments, neurodevelopmental evaluations and medical evaluation. Tulane Infant Team provides mental health treatment as indicated with the child and caregivers and works with Early Steps. In addition to providing the evaluation and treatment services, Tulane Infant Team staff is available to staff cases with DCFS, participate in the Family Team Conference (FTC) and case planning process, testify in court and provide thorough written reports.

The majority of families served by the Tulane Infant Team live in Jefferson Parish, though case by case families are sometimes accepted from Plaquemines, St. Bernard or Orleans Parishes. There was a total of 69 children in foster care were evaluated and treated during the year. This number includes 37 new cases and represents 28 new families. Of the 69 children, 28 were in permanent placements, 12 were returned to the biological parents, 3 were placed with relatives, and 11 were freed for adoption. Each child and their caregivers receive services from the Infant Teams that assist in achieving permanency and enhancing the well-being of these children. The infant team also provided consultation to the DCFS on specific cases and training to foster parents and CASA.

Orleans Infant Team (LSUHSC)

The Orleans Infant Team, through LSUHSC, serves high risk children ages 0-6 years who have been placed in foster care due to maltreatment in their homes. Services: Children up to age 6 years receive a comprehensive assessment, including Infant Mental Health Assessments, and caregiver assessments. The Orleans Infant Team provides mental health treatment as indicated with the child and caregivers and also works with Early Steps. Some cases received by the Orleans Infant Team are also involved with the Zero to Three Court Team program. This offers the opportunity to work closely with the court and DCFS in assessing these families and providing permanency recommendations. In addition to providing the evaluation and treatment services, Infant Team staff is available to staff cases with DCFS, participate in the FTC and case planning process, testify in court and provide thorough written reports.

During the year, the Orleans Infant Team saw 41 children and their caregivers which represented 27 families. Of these children, 21 of their biological parents actively participated in their evaluation with the Infant Team and 17 parents attended at least some treatment. During the year, 51 additional adults worked with the team as relative or non-relative potential caregivers which do not include the biological parents listed above.

Of these 41 children, 19 children were reunified with at least one of their biological parents, 3 additional children were adopted by relatives by June 30, 2013. Eighteen of these children remained open cases where permanency has not yet been established. Four children were adopted by the foster parents. During this year, team members testified in 15 cases, often more than once in each case or more than one team member testified in the case. Thorough forensic reports were prepared before each court hearing. Since the inception of the New Orleans 0 to 3 funded Court Team, Infant Team members have needed to prepare monthly court reports, which occurred with 8 cases and attend monthly staffings on each Court Team case this year.

The emphasis for the Orleans Infant team is to assist in promoting permanency for children in foster care through evaluation and treatment of young children and their caretakers. The service was provided and was very valuable to those who were involved. The contract requires that 24

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children are evaluated and treated, however the Orleans Infant Team provided this service to 41 children. The outcomes in terms of permanency are described above.

The three Infant Teams submit monthly reports that include a list of clients served that are entered into a data base from which repeat maltreatment reports can be run. This feature becomes more valuable over time in order to report on the long term outcomes for these families in relation to repeat maltreatment. Work is continuing on outcome measures shared by all three teams.

Currently, the DCFS is working on a model that integrates the infant team work with the Family Resource centers. This model will allow for increased communication regarding service options for each family, will hopefully increase the target population to include more Family Services clients and also serve to better inform and educate FRC staff about infant mental health concepts, practices and assessments.

The Infant Teams currently serve clients in the Orleans and Baton Rouge Regions, with the Baton Rouge Team also including one parish from the Covington region. At this time other regions in the state do not have these services available for clients.

Gaps in Service:

Transportation continues to be an issue for families accessing services through the FRC. The Family Resource Centers are required to assist families in the development of a transportation plan when rendering services.

Nurturing Parent Program

Facilitator training was provided for new and tenured Family Resource Center (FRC) staff in the southern and northern areas of the state, in order to accommodate FRC staff statewide and address the specialized needs of each center. The FRC's continue to provide core services to children and families including Nurturing Parenting, Family Skill Building and Visit Coaching. Facilitator training and consultation was provided by Sheri Hogg, Nurturing Parenting Trainer Consultant. Ms. Hogg worked with Dr. Bavolek and other recognized Nurturing Parenting Program (NPP) Trainer Consultants to develop standards for program implementation for Nurturing Parenting Programs. These standards continue to assist sites in honoring fidelity to the model while ensuring consistent implementation of Nurturing Parenting Programs. The NPP Consultant introduced the FRC staff to fidelity standards during scheduled Family Resource Center site visits. There continued to be technical support and consultation to FRC staff during site visits, telephone and email contact as necessary. Consultation also included assistance in the areas of data entry, family assessment, and outcome measurement. Reports were discussed and reviewed with Family Resource Center staff during site visits including information relative to identified strengths and areas of need. This partnership with this contractor, who is now with Prevent Child Abuse Louisiana (PCAL), has served to ensure the success of the NPP program within our FRC's. It is the most utilized of the FRC service array. Plans are underway to expand this partnership to improve model fidelity for all FRC services for the coming year.

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TRAINING PLAN:

The Department of Children and Family Services (DCFS) supports staff development and provides training that supports the goals and objectives of the 2010-2014 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives that reflect the ever changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from employees, university partners, foster parents, adoptive parents, and other stakeholders. In addition, this plan also addresses the Program Improvement Plan (PIP) and the identified training needs.

This training plan is supported by the use of child welfare trainers, regional trainers, university partners, the Louisiana Child Welfare Workforce Development Project (LCWCWP) and other stakeholders. The Department utilizes Titles IV-E, IV-B funding and Title XX-Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. Full implementation of this plan is contingent up funding and resources.

Training Needs Assessment: To assist in determining specific training needs, a needs assessment will be conducted statewide in FFY 2013 with staff, federally recognized tribal partners, foster parents, adoptive parents, and other stakeholders. DCFS will seek information in order to develop a comprehensive training plan. The data collection will assist in the development of curricula, as well as, the training delivery process (i.e. computer-based courses, Modular Object-Oriented Dynamic Learning Environment (MOODLE), duration of training, etc.). The information from the training needs assessment will be captured in an Excel spreadsheet each fiscal year and utilized by the Child Welfare Training Unit in the development of specialized training curricula. A plan will be developed to meet the training needs once identified. The training staff and/or Child Welfare Training Academy will partner with the LCWCWP, the Court Improvement Project (CIP), university partners and utilize other resources to respond to the needs identified. At this time, training staff envisions the administration of a needs assessment every two to three years.

Statewide Training: The Department offers various training opportunities to staff throughout the year and provides a competency-based child welfare curricula. The Department implemented a 24-week new worker training model which encompasses basic and specialized training content. In the past this training was offered 4-6 times per year depending on the need. Beginning in July 2013, this training was offered monthly to ensure new employees received training timely and prior to receiving case assignments. Other opportunities for training are provided through conference and workshop participation which also creates opportunities for staff to collaborate with other service providers.

The DCFS is in the process of developing a Child Welfare Training Academy. This Child Welfare Training Academy is a partnership between the Louisiana Department of Children and Family Services; Southeastern Louisiana University, School of Social Work; and the Pelican Center for Excellence. The Child Welfare Training Academy will provide educational and training opportunities to child welfare professionals, foster/adoptive parents, and others to effectively provide services and support for children and families involved with the child welfare system. Services provided through the Child Welfare Training Academy will include Pre-Services Training for Child Welfare Professions, In-Services Training for Child Welfare Professionals, Training Resources for Foster/Adoptive Parents, and other stakeholders.

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Regional Training: Regional training needs, such as social work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff. Beginning in FFY 2014, many of these training opportunities will be offered through the Child Welfare Training Academy in partnership with the Court Improvement Project, university partners, and the Pelican Center for Excellence.

Training and Staff Development: The DCFS Child Welfare Training Unit worked on curriculum development and service delivery for new workers. Prior to the initiation of this work, the Child Welfare Training Manager and Director visited the Tennessee Center for Child Welfare in May of 2011. This visit provided in-depth information with regards to developing a layered child welfare training system, similar to that provided by Tennessee which would enhance the training system as well as service delivery. Training, in collaboration with the LCWCWP, worked to develop a competency-based training system. Training staff continue to update, modify and make changes to the existing curriculum. The competency-based training provides clarity, purpose and consistency for trainers. In addition, it provides an opportunity for program staff involvement in the overall process of developing of child welfare curricula.

As the Department continues to update and modify the new Child Welfare Competency Based Training Model, the Department's goal is to provide new child welfare employees with a more intense, focused training experience designed to increase/enhance transfer of learning thus providing better outcomes for children and families. This new training model includes instructor-led training; computer based courses, structured activities, independent study assignments, and provides additional supports such as the development of a core Child Welfare Training Team, an on-the-job training component, and Child Welfare Coaches. The Professional Development Plan and the Learner Portfolio, as well as, the use of Action Plans for the application of skills following the training experience are also part of the new model.

Components of the New Worker Training Model

- Twenty-four weeks or six months during which the new worker is in "Trainee" status
- The new worker is tracked closely by the Child Welfare Training Unit with regards to participation in courses, webinars, and teleconferences to extend the transfer or learning experience.
- A minimum or reduced caseload which is monitored by Field Operations staff.
- The new model is governed by a core training team which consists of: A Child Welfare Coach, Child Welfare Trainers, Regional Trainers, Field Operations representative, and Supervisors.
- On-the-job training component which is strengths-based and utilizes the role of the coach to enhance transfer of learning and provide additional support for new employees.
- A layered format addressing training needs for new workers, experienced workers, and Title IV-E students who intern with DCFS.

Update FFY 2013: During this period DCFS utilized the 24-week competency based training model to train all new employees statewide. Trainees were assigned coaches to assist them in developing professionally and to facilitate the successful transfer of learning from the classroom experience. The Child Welfare Training Unit, LCWCWP, and program staff worked together in establishing the advanced training competencies to assist in curricula development of specialized child welfare courses.

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Family Engagement Training: During this time period training staff worked with the National Resource Center for Permanency and Family Connections (NRCPPFC) to develop a course focused on family engagement. With the assistance of Joan Morse, training staff developed the course and piloted the training in the Alexandria Region in March 2012. The training was well received by staff and revised based on the pilot. This training has been incorporated into the new worker training model.

Update FFY 2013: After an assessment of the DCFS child welfare training curriculum, findings prompted the Child Welfare Training Unit to develop a two and a half day classroom course on family engagement (*PS 1, AS 10, BM 10.1 & 10.2*). Thus far, one hundred seventy nine DCFS employees attending New Worker Orientation received this training in a total of eight sessions held between October 23, 2012 and May 1, 2013.

DCFS training staff and consultants from the National Resource Center for Family Centered Practice and Permanency (NRCFCPP) completed a content analysis of how family engagement was trained throughout the child welfare curriculum. The following chart represents the different courses and the segments for which family engagement is interwoven. (*PIP Items – PS 1, AS 10, BM 10.1, 10.2*)

Title of Training	Family Engagement Content
New Worker Orientation Training – 3 week training curriculum which addresses specific subject matter surrounding child maltreatment.	Intake and Screening – 1.0 hours Basic Interviewing – 6.0 hours Working with the Family – 3.0 hours Assessment and Case planning – 6.0 hours Building Family Engagement Skills – 15.0 hours
Foster Care Specialized Training – 1 week specialized in-service training which addresses subject matter directly related to foster care.	Understanding the assessment process with emphasis on engagement and working with the family – 24.0 hours
CPI/FS/ARFA Fundamentals – 1 week of specialized in-service training which addresses specific subject matter related to Child Protection Investigations, Working with non-custodial families and the Alternative Response Program.	Working with families during the investigative process – 10 hours Engagement and Service Delivery in working with non-custodial children and families – 10 hours

Though family engagement was covered in various training courses, DCFS and the NRCFCPP developed a stand-alone course on family engagement utilizing various sources in the development of the course.

The Lawrence Shulman Interactional Helping Skills model was mined from the Pennsylvania Child Welfare Training Institute. Pennsylvania had an established child welfare curriculum which addresses family engagement through the use of the Shulman Model. This was used as a resource. In addition to the Shulman Model, the Solution Focused Model founded by Insoo Kim Berg and Steven de Shazer provided a consistent foundation for the use of solution focused techniques. The solution focused techniques were engrained to some degree in child welfare training and were built out in this curriculum using case studies to practice specific skills.

This course is now a part of the 24 week competency based new worker training model and is offered to new staff statewide. The engagement techniques and the models utilized in this training have provided a platform for present and future child welfare training sessions.

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Advanced Safety Focused Practice: During this time period, Child Welfare Training was involved in the implementation of Advanced Safety training for child welfare workers, supervisors and administrative staff in the Monroe Region, Alexandria Region, Baton Rouge Region, and State Office. In collaboration with LCWCWP, DCFS developed safety competencies, and is structuring the training to compliment child welfare practice in Louisiana. The Child Welfare Training Unit Manager and a lead trainer participated in training sessions with the National Resource Center for Child Protective Services (NRCCPS), Action for Child Protection.

Update FFY 2013: A plan was developed by the Child Welfare Program Section and the Child Welfare Training Unit for the statewide roll out of the Advanced Safety Focused Practice Model. The plan is for child welfare staff, as well as child welfare trainers, to conduct Advanced Safety Focused Practice training statewide across the child welfare continuum. Thus far, training has rolled out in the Child Protection Investigations (CPI) in the Monroe, Alexandria, and Baton Rouge Regions (Family Services (FS) staff also participated in the training with CPI staff) (*PS 1, AS 4*).

The new worker orientation curriculum is being updated and revised to include the core concepts of Advanced Safety Focused Practice and the Child Welfare Training Unit is working closely with CPI program staff to insure all new workers statewide receive Advanced Safety Focused Practice as a part of New Worker Orientation (*PS 1, AS 4, BM 4.3*). In addition, the training unit is working with child welfare program staff to complete the roll out of Advanced Safety Focused Practice statewide across the entire child welfare continuum.

Baton Rouge Region had a significant number of new Child Protection Investigation (CPI) workers during the period of October 2012-January 2013, and the newly hired workers required Advanced Safety Focused Practice training. Using an adapted version of the Action for Child Protection curriculum, two sessions of the training were provided by DCFS staff Willene P. Griffin and Shannon Matthews on February 13-14 and March 3-7, 2013.

Family Services Program Specific Training: Based on findings from the Child and Family Services Review, DCFS developed a Program Improvement Plan (PIP) benchmark that requires all Family Services (FS) staff to participate in Assessment and Case Planning training. The work was initiated and feedback from FS staff was obtained. Based on the feedback, it was determined that FS staff would benefit from a FS program specific training. To that end, training and program staff have collaborated on the development of competencies for the course. In the interim, FS staff will attend the Advanced Safety Model training as well as Assessment and Case Planning training. (*PIP Items – PS 1, AS 6, BM 6.1 – 6.4*)

Update FFY 2013: Family Services (FS) Specialists completed the Assessment and Case Planning training in May 2013 and additional assessment and case planning training was offered to FS staff on June 10-14, 2013; June 17-21, 2013; and June 24-28, 2013. In addition to the safety training thirty-two FS staff attended the Infant Mental Health training. The Infant Mental Health Training for FS was developed through a partnership between program staff from FS and the Department of Health & Hospitals (DHH). The focus of this training was to improve practice and service delivery for in-home families and encourage participants to consider the roles of natural helpers, caregivers and professionals. This training also focused on how each of the roles impact the lives of children and caregivers. The training focused on children between

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the ages of 0-5 and those born drug and/or alcohol exposed. DCFS program staff believes the specialized training and tools will result in more effective assessment, case planning, service coordination, and service delivery to these families. The training was offered in a three part series beginning April 17, 2013, with two day increments for the first two sessions and three days for the last session.

Ongoing Supervisory Training: Child welfare supervisors in all program areas participate in specialized training when they are promoted to supervisor or when they are assigned to another program for which they have no prior experience.

Update FFY 2013: DCFS continues to participate in quarterly information calls with other states implementing the LAS training. All supervisors employed by DCFS were encouraged to participate in the Computer Based Training (CBT) “Leaderships Styles, Elements, and Skills”. As of May 1, 2013, six hundred fifty-two DCFS staff completed this CBT.

The DCFS Training Section developed and trained the course, “Tools for Effective Supervision” to all DCFS supervisors. Sessions of the nine hour course were held May 1-2, 2013, May 6-7, 2013; May 8-9, 2013; May 16-17, 2013; May 20-21, 2013, May 23-24, 2013; May 30-31, 2013, June 6-7, 2013, and June 13-14, 2013.

The DCFS Child Welfare Training is currently working with Marsha Salas, to offer a 12-day course titled “Mastering the Art of Child Welfare Supervision Training for New Child Welfare Supervisors”. The training program will consist of six, 2-day modules which will be delivered once a month for six months. The conceptual framework around which the curriculum was developed is based on following courses: Effective Leadership, Building the Foundation for Unit Performance, Building the Foundation for Staff Performance, Promoting the Growth and Development of Staff, Case Consultation and Clinical Supervision, and Managing Effectively in the Organization Supportive Supervision. The sub-contract proposal was developed in coordination with Southeastern Louisiana University.

Use of Technology to Implement the Training Plan: The Department utilizes a number of resources to support training and staff development. They include a learning management system, webinars, video conferencing and teleconferencing.

- **MOODLE** - The Department continues to use the Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS). Training staff continue to work with IT staff, consultants and DCFS staff to utilize MOODLE for the development, publishing, posting, and tracking of web-based training. Additional enhancements will be made to MOODLE based on the Department’s needs, funding and resources. The training staff continues to work closely with IT, vendors, and others to meet the computer based training needs of employees.
- **Web-Based Training**- In order to effectively meet the demands and needs of the Department for the developing, publishing, and tracking computer based training; DCFS has recently filled a full time position. This employee will coordinate, collaborate and work as a team member with the appropriate staff to develop computer-based courses to supplement classroom training. This employee will also managing the training webpage.

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- **Video Conferencing** - DCFS staff participate in video teleconferences sponsored by the National Child Advocacy Center. Due to the reduction in the travel budget, these types of trainings have increased in popularity. Video conferencing provides staff the convenience of participating in training which does not require travel. In FFY 2013, staff participated in the following teleconferences:

Date	Topic	Presenter	Participants
2/16/2012	Beyond Yes/No How to Elicit Details of Abuse Without Direct Questions	Tommy Lyons	29
2/15/2012	Women Who Molest Children: Offender Typologies	Bill Carson	54
3/15/2012	Preparing for and Testifying in Court: Learning to Love Being a Witness	Stephanie Smith	24
3/29/2012	Misunderstood Behaviors of Childhood	Randell Alexander	28
4/12/2012	Resiliency and Risk Factors for L/G/B/T/Q Youth Instructor	Al Killen Harvey, LCSW	15
5/10/2012	Triad: Animal Cruelty, Domestic Violence, and Child Maltreatment	Barbara Boat	22
6/28/2012	Conflicting Loyalties: Working with Families Where Sibling Incest Occurs	Kevin Wade	20
8/09/2012	Mobile/Cellular Devices and the Secrets they Hold	Amber Schroader	21
9/13/2012	How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide	Joy Shelton	6
10/11/2012	Maltreatment, Neglect and Poverty	Howard Dubowitz	20
11/29/2012	Child Sexual Abuse in the 21 st Century: What Do We Know and Why Do We Know It?	Lori Frasier	30

The Child Welfare Training Unit will continue working with the National Child Advocacy Center in presenting these teleconferences for child welfare staff. The schedule for video teleconferences begins on a state fiscal year which is July 1 – June 30 of the preceding year. The teleconferences vary in number from 10 –14 per fiscal year.

- **Webinars and Teleconferences** - The Child Welfare Training Unit continues to utilize the WebEx format and teleconferences to support the transfer of learning and enhance the learning experience. Trainers coordinate the scheduling of WebEx’s and teleconferences using a procedure and format documenting staff participation. The information is stored electronically by state fiscal year. These tools will continue to be utilized and feedback obtained from these transfer of learning activities will be documented. Future plans include the development of a mechanism in MOODLE to evaluate the effectiveness of webinars and teleconferences in the transfer of learning. Informally, the feedback from field staff, supervisors and managers has been positive.

The Department has instituted activities to enhance transfer of learning which include feedback to regional administrators on new workers’ performance and teleconferences with participants of the New Worker Orientation (NWO). At the conclusion of the NWO training, the trainers are required to provide feedback to the Regional Administrators with the expectation that the information will be forwarded to the supervisors on each trainee in regards to their participation in class, completion of assignments either in group activity or as independent work, support of group members, promptness, etc. This

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feedback alerts the supervisors to strengths as well as needs observed by the trainers that can be utilized as needed to further assist the workers in their professional development. Transfer of information is occurring because the Regional Administrators have confirmed that the feedback is passed on to the appropriate supervisors for each new worker and anecdotally feedback has been received from a few workers whose supervisors shared with them the content of trainers' feedback. Prospectively, the information will also be shared directly with each new worker's immediate supervisor and district manager.

Additionally, each cohort of new employees is asked to participate in two follow-up teleconferences approximately one month and two months following completion of the three-week NWO. Each trainee is given the opportunity to respond to three primary questions: (1) How many case assignments have you received (since completion of training) and what type of cases are they? (2) Have you been receiving the support you need from your supervisor and co-workers? (3) How have you been utilizing what you learned in Orientation training? What has been helpful? And, is there anything you could have used, that you did not receive during the NWO training?

Methods to Measure/Outcome Measures: Trainers are required to complete an evaluation summary after every training session and submit it along with the individual trainees' training evaluations. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs. Additionally, the Department is working to standardize an evaluation process that measures the knowledge of the trainee before and after the course. For many courses, pre and post tests are administered. This information is compiled and analyzed. The Department has also been utilizing Focus Groups, Transfer of Learning Webinars, and/or teleconferences to assist in analyzing transfer of learning from the classroom to practice.

The Department is exploring the ability to obtain and provide evaluation information regarding every course or training session through MOODLE. This ability to obtain detailed information is being explored and will be obtained based on the availability of resources and technical support.

Partnerships/Collaboration: The DCFS Child Welfare Training Unit works with a number of partners statewide to develop and maintain a training and staff development program that is comprehensive and responsive to the needs of staff and community partners as well as the children and families served throughout the state. These partnerships include state/public universities, LCWCWP, CASA, CIP, and federally recognized Native American tribes. The DCFS Training Academy will work in collaboration with these partners to develop future training and ensure the educational needs of all child welfare professionals are addressed.

A.) Universities Alliance: Work continues with all Louisiana state (public) universities in developing and enhancing the comprehensive system of training that serves prospective staff and current staff. DCFS contracts with Northwestern Louisiana University (NSU) in Natchitoches, Louisiana. NSU in turn contracts with the remaining state (public) universities to provide training to child welfare staff. The three year contract between NSU and DCFS (Louisiana Contract # 682436) was for three years in the amount of \$3,278,281. The contract was renewed in June 2012, for another three years and the new contract is for \$3,406,295. In Fiscal Year (FY) 2010, \$836,183.39 was billed for IV-E reimbursement. In FY 2011, \$1,013,289.89 was billed for IV-E reimbursement. Title IV-E is charged for educators' salaries, curricula

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development, training opportunities with IV-E allowable topics (i.e. conferences, workshops), recruitment/retention projects (focused on addressing the relationship with workers and foster/adoptive parents), and training supplies, etc. Forty-five percent of the costs associated with the universities are indirect costs.

Update FFY 2011: The Alliance developed a set of core competencies for BSW students and initiated work on a set of core competencies for MSW students. It is the expectation that this partnership will grow even stronger as we move forward to build a skilled and competent workforce in Louisiana.

Update FFY 2012 - The BSW competencies developed by the Alliance have been embedded into the new worker 24-week competency-based training model. The contract between the Department and Northwestern State University (NSU) continues to be monitored by the Child Welfare Training Unit. The multi-year contract, which ended June 30, 2012, has been renewed.

The Child Welfare Training Unit and Southern University in Baton Rouge (SUBR) have a DCFS unit training site in the social work department. The establishment of this training site has enhanced the working relationship, as well as, provided training with a permanent site to conduct and deliver training.

Update FFY 2013: The Child Welfare Training Unit utilized SUBR, SLU, and GSU as training sites and is establishing another training site at Northwestern University (NSU). Training continues to seek legal guidance regarding the incorporation and implementation of ACT 76 into the new Child Welfare Training Model for the Title IV-E Master of Social Work (MSW) graduates.

Training has shared information regarding the 24-week training model with university partners and will continue to work collaboratively with the universities regarding the Title IV-E program and training opportunities for DCFS staff.

The universities continue to work with DCFS on training and education of current and prospective staff through the IV-E stipend program. During the 2012/2013 school year educational stipends were awarded to thirty-two non-employees with the expectation that the individual agrees to work for DCFS after graduation. Contracts were developed between DCFS and the stipend recipients. The Department's training section and Field Operations section are currently working with students for job placement based on staffing needs in the allowable programs of FS and Foster Care. In FFY 2013, the stipend amount for the Bachelors of Social Work (BSW) student was \$6,500 for all universities. The stipend for the MSW student was \$8,500.

The training unit will continue to share information regarding the 24-week training model with university partners and will continue to work collaboratively with the universities regarding the Title IV-E program. Efforts toward building capacity in the partnership which would allow for training opportunities for DCFS staff will continue as well.

DCFS will continue to work on training and education of current and prospective staff through the IV-E stipend program. IV-E stipends can be made available to qualified DCFS employees

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each year contingent upon adequate funding. At this time, the Department is unable to award employee stipends for FFY 2014, due to budget cuts and hiring freezes.

Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. Upon graduation, the training section will work with DCFS Field Operations to place each student based on staffing needs in the allowable programs of FS, Foster Care and Adoption. In FFY 2014, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are administered through a contract with Northwestern Louisiana University who in turn contracts with the other six public/state universities.

Educational Stipends of Persons Preparing for Employment FFY 2009-2014

State (Public) University	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Southern Univ. @New Orleans (SUNO)	3-BSW 4-MSW	1 BSW 4 MSW	3 BSW 3MSW	2 BSW 6 MSW	0 BSW 6 MSW	3 BSW 5 MSW
Grambling State Univ. (GSU)	2-BSW 3-MSW	3 BSW 3 MSW	3 BSW 3 MSW	3 BSW 3 MSW	4 BSW 1 MSW	6 BSW 2 MSW
Southern Univ. Baton Rouge (SUBR)	6-BSW 0-MSW	0 MSW 6 BSW	3 BSW	5 BSW	4 BSW 0 MSW	3 BSW 0 MSW
Univ of La at Monroe (ULM)	2-BSW 0-MSW	0 MSW 5 BSW	0 MSW 4 BSW	5 BSW	5 BSW 0 MSW	5 BSW 0 MSW
Northwestern State Univ. (NSU)	4-BSW 0-MSW	0 MSW 4 BSW	0 MSW 3 BSW	3 BSW	4 BSW 0 MSW	2 BSW 0 MSW
Southeastern La Univ. (SLU)	6-BSW 0-MSW	0 MSW 6 BSW	0 MSW 5 BSW	5 BSW	5 BSW 0 MSW	6 BSW 0 MSW
Louisiana State Univ. (LSU)	4-MSW	5 MSW 0 BSW	4 MSW 0 BSW	5 MSW	0 BSW 3 MSW	0 BSW 2 MSW
Annual Total # BSW stipends/ Cost (\$5000 each)	23 Stipends/ \$115,000	25 Stipends \$5500 each \$137,500	21 Stipends \$6000 each \$126,000	23 BSW \$6,500 ea. \$149,500	22 BSW \$6,500 each \$143,000	25 BSW \$6,500 each \$162,500
Annual Total #MSW stipends /Cost (\$7000 each)	11 Stipends/ \$77,000	12 Stipends \$7500 each \$90,000	10 Stipends \$8000 each 80,000	14 MSW \$8,500 \$119,000	10 MSW \$8,500 each \$85,000	9 MSW \$8,500 each \$76,500

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Through the University Alliance with Louisiana's state universities, the Department of Children and Family Services has trained and provided direct practice internships to approximately 171, social work graduates. These internships have prepared students for employment in child welfare. This alliance has also help to develop an ongoing partnership between all universities that provide Social Work degrees and DCFS. This partnership has assist with ongoing training and education for child welfare professionals.

B.) The Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP)

The LSU School of Social Work, DCFS and the Louisiana University Child Welfare Alliance established the LCWCWP with funding from the Children's Bureau. The LCWCWP was a five year grant which began in 2008 and ending in 2013. The overall purpose of the LCWCWP was 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 LCWCCP served as a support for the Louisiana Child Welfare Training program. In addition, the LCWCCP has funded the Advanced Practice Certificate Training for Adoption and Foster Care workers and the Staff Development and Appreciation Day training events. (*PIP Items – PS2, AS 1, BM 1.1; PS 2, AS 3, BM 3.7*)

- **Child Welfare Competency-Based Training System**–In FFY 2012, LCWCWP and consultant Joan Morse, collaborated with the Child Welfare Training Unit in the development of a 24-week competency-based, new worker training model. In addition, LCWCWP and NRCPFC have assisted in the development of a two and one half day competency-based Family Engagement training. (*PIP Items – PS 1, AS 10, BM 10.1, 10.2*)

Update FFY 2013: Training worked with Joan Morse and the LCWCWP to provide updates to the 24-week competency-based new worker training model. The LCWCWP has established a temporary New Worker Orientation website (<http://lcwcp.com/nwo/>) to provide new workers, trainers, coaches, and supervisors with valuable resources needed within the first twelve weeks of employment. The LCWCWP and NRCPFC are assisting with the development of a Concurrent Planning Training for all child welfare staff. Joan Morse has assisted the DCFS Training section by providing staff development training for new and experienced trainers.

Gerald Mallon, DSW, Julia Lathrop, Professor of Child Welfare and Executive Director of the National Resource Center (NRC for Permanency and Family Connections at Hunter College School of Social Work provided an Advanced Practice Certificate program in Adoption and Foster Care Competency. The Advanced Practice Certificate Program provided non-credit advanced education and training to social services professionals, in collaboration with the Louisiana Chapter of the National Association of Social Work (NASW-LA). This 10 session program was provided to advanced level staff from February 2, 2012, through June 15, 2012.

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- **Family Engagement Training:** LCWCWP worked in concert with training staff to develop a course on family engagement. The training was piloted in March 2012 and subsequent to the pilot, changes were made to the course and the timeframe was expanded to two and one half days.
(PIP Items – PS 1, AS 10, BM 10.1, 10.2; PS 2, AS 1)

Update FFY 2012: The Child Welfare Training Section worked with a consultant from the National Resource Center for Permanency and Family Centered Practice (NRCPPFC) and the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) to review the 3 three week long New Worker Orientation training, the Foster Care Assessment and Case Planning in-service training and the CPI/FS/ARFA Decision-Making in-service training. The results from the assessment indicated family engagement is interwoven throughout the child welfare curricula with no consistent pattern or level of sufficiency. In order to address our inconsistency and enhance our level of sufficiency with regards to the Child Welfare training curricula, the Child Welfare training unit made a decision to develop a stand-alone family engagement training which would be provided to new and experienced child welfare workers.

The process for the development of the family engagement curriculum involved research and input from the field. With the assistance of LCWCWP, research was conducted utilizing different states to gain knowledge and insight on the standards of practice in relation to family engagement. Child Welfare training and the NRCPPFC/LCWCWP utilized the Pennsylvania state family engagement/assessment training as a resource in the development of the family engagement curriculum. Child Welfare training, in collaboration with NRC/LCWCWP, developed a competency-based family engagement training entitled “Building Skills for Meaningful Family Engagement”. The Lawrence Shulman Interactional Helping Skills Model and the Solution Focused Therapy model by founded by Insoo Kim Berg and Steve de Shazer are strength based models utilized throughout the family engagement curriculum. In addition, these models represent the foundation for family engagement in the development of future child welfare training curricula.

The training was piloted twice primarily with new workers from across the state. These staff provided suggestions regarding the flow of the material and the time allotted for practicing the engagement techniques. Child welfare training staff absorbed the feedback and made necessary modifications to family engagement curriculum. In May, 2012 the final draft of the curriculum was completed and trained as 2.5 day training. DCFS plans to update all DCFS child welfare courses with the information from this curriculum as the courses are revised and updated.

In addition to providing a 2.5 day family engagement classroom training, a transfer of learning (TOL) WebEx is conducted with new workers and their supervisors to discuss their action plans and elaborate on the content of the training and how it is being applied in terms of practice. Overall, the training has been well received by child welfare staff and feedback has been favorable with regards to the transfer of learning WebEx’s.

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There have been 3 sessions of the training held to date with a total of (47) forty-seven participants. Of this group, only 44 were included in the New Worker Training Model. The remaining 3 participants were experienced employees.

In addition, there have been three scheduled TOL WebEx's held for each group of trainees. The first TOL WebEx was held on May 3, 2012 with (3) three new workers participating. The second TOL WebEx was held on May 30, 2012 with (15) fifteen new workers participating and (6) six supervisors. The third TOL WebEx was held on July 21, 2012 with 3 new workers participating and 1 supervisor. The chart below reflects staff participation for Family Engagement training.

<u>Date of Training</u>	<u># Participants</u>	<u>Date of TOL Web EX</u>	<u># Participants</u>
March 7 – 8, 2012	19	5/3/2012	3
March 27 – 28, 2012	19	5/30/2012	15
May 15 – 17, 2012	9	7/21/2012	4
April 15 – 17, 2013	15	TBA	
April 22 – 14, 2013	20	TBA	

This training provides a valuable framework for family engagement as well as opportunities for staff to practice family engagement techniques and skills. It is a part of the newly developed 24 week New Worker Training Model and is offered 4-6 times per year. It is available to experienced DCFS child welfare staff as an introduction to family engagement.

- **Staff Development and Appreciation Days** – In FFY 2012, LCWCWP and Dr. Gary Mallon, Project Director sponsored an intense two day Staff Development and Appreciation Day Training to child welfare staff statewide. This year's theme is "Child Welfare Workers and the Court Process". Last year the theme was Meaningful Family Engagement. The event honors staff for their work and provides child welfare training relevant to practice. These events are well received by child welfare workers and management staff. (*PIP Item – PS 2, AS 1, BM 1.1*)

Update FFY 2013: Dr. Gerald Mallon, LCWCWP Project Director continues to sponsor Staff Development and Appreciation Day Trainings throughout the State. These trainings are well received by all levels of staff. In order to allow all staff the ability to participate, more than one training date is offered in each region.

- **Advance Practice Certificate in Adoption and Foster Care Competency** (*PIP Item – PS 2, AS 3, BM 2.7*) In FFY 2012, Dr. Gerald P. Mallon and Julia Lathrop, Professor of Child Welfare and Executive Director of the National Resource Center (NRC) for Permanency and Family Connections at the Hunter College of School of Social Work has again agreed to serve as lead faculty for the provision of an Advance Practice Certificate in Adoption and Foster Care Competency. The Advance Practice Certificate Program in Adoption and Foster Care Competency provided non-credit bearing advanced education and training for social service professionals. The course syllabus is approved by the Hunter College School of Social Work and the certificate will be jointly issued by Hunter College and the Louisiana Chapter of the National Association of Social Works (NASW-LA). The course was delivered in ten sessions as follows: February 2-3, 2012, February

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16-17, 2012, March 1-2, 2012, March 15-16, 2012, March 29-30, 2012, April 19-20, 2012, May 3-4, 2012, May 17-18, 2012, June 7-8, 2012 and June 14-15 2012. (*PIP Items – PS 2, AS 3, BM 3.7*)

C.) Court Improvement Program/Court Appointed Special Advocate (CIP/CASA): In 2009 Louisiana stakeholders met to begin decision-making for a Louisiana Center of Excellence. The discussions led to the following preliminary decisions: The Center of Excellence should include both the child welfare and juvenile justice systems and focus on prevention, early intervention, status offenders, and Child in Need of Care (CINC) cases. Activities for the Center of Excellence would include approving and coordinating training for some or all stakeholders; policy development and advisory role to local or state government; technical assistance to help local jurisdictions with special projects; disseminating evidence-based research and best practice information; and conducting evidence-based research, including demonstration projects.

The Child Welfare Training Manager has attended meetings and shared DCFS sponsored training opportunities with the various disciplines involved. The training manager also provided input into the development of training opportunities sponsored by the CIP and CASA and developed procedures for DCFS staffs' participation in these shared training opportunities. (*PIP Item – PS 2, AS 1, BM 1.3*) A report on the concept of a Pelican Center of Excellence was presented to the Chief Justice and to the Secretary of the Department. Subsequently, CIP and CASA staff met with DCFS and public university staff to identify training priorities.

Update FFY 2013: Child Welfare Training has continued to work with the CIP and the CASA to develop and provide feedback regarding child welfare and legal training to the DCFS staff, Juvenile Judges, Attorneys for children and parents, and CASA volunteers through the collaboration with the Pelican Center of Excellence. Stakeholders continue to meet quarterly to discuss the CPI Strategic Plan, the Pelican Center for Children and Families, and to provide updates for the CFSR and PIP. Issues and changes within the departments are also discussed. The CIP/CASA partners have assisted DCFS by publishing Computer Based Training (CBT) to their websites and providing technical assistance in developing CBTs.

Currently, training is being developed to educate each partner group on Concurrent Planning. An evaluation meeting was held on April 24 and 25, 2013, with representatives of DCFS, CASA, CIP, Judges, and Attorneys to review and provide input to each partner for the development of Concurrent Planning training. Conference calls were held on March 28, 2013, and April 23, 2013, to provide information to the university partners regarding the Pelican Center of Excellence and to explore the possibility of a partnership with the universities.

D.) Tribal Affiliation: In FFY 2012, training continued to send out announcements for new worker training to federally recognized tribal partners statewide.

Update FFY 2013: DCFS Child Welfare Training continued to have on-going telephone, email, and face-to-face contacts with Louisiana's federally recognized Tribes. The Child Welfare Training Manager and Director visited the Social Services Departments of the Jena Band of Choctaw Tribe and Tunica Biloxi Tribe on March 4, 2013. The Child Welfare Training Manager visited the Social Services Departments of the Chitimacha Tribe and Coushatta Tribe on March 26, 2013. During these visits the tribes were provided a DVD copy of the CBT on Engaging Families to Build Support, and Maintain Connection and information on upcoming trainings.

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Tribal representatives were given permission to post this training on their websites. On April 29, 2013, the DCFS Training Manager, IV-E Manager, and a Foster Care Program Manager attended the Title IV-B meeting hosted by the Chitimacha Tribe. During this meeting, DCFS provided updates to the tribes regarding Foster Care policy, a copy of the DCFS Training Calendar, and the tribes were able to ask questions regarding services provided by DCFS.

The DCFS continues to provide the tribes with information and announcements regarding DCFS sponsored trainings.

Update FFY 2014 and multi-year comparative analysis:

During this reporting period, the DCFS continued to utilize the 24-week competency based training model to train all new employees statewide. Trainees were assigned coaches to assist them in developing professionally, and to facilitate the successful transfer of learning from the classroom experience to the field. The Child Welfare Training Unit, coaches, and program staff worked together to establish advanced training competencies to assist in curricula development of specialized child welfare courses. The grant with LCWCWP ended in June 2013. The DCFS has continued to work toward updating the specialized child welfare training courses using the model and resources provided by LCWCWP.

Currently, the DCFS Child Welfare employees receive 24 weeks of New Worker Orientation training. This training includes four (4) weeks of in class training, self-guided structured activities, computer based trainings, webinars and coaching to ensure transfer of learning, and reading assignments. Title IV-E students who intern with the Department are provided an Orientation to DCFS that includes the “Foundations of Child Welfare Practice” training curricula. The “New Worker Orientation Week One” is attended by IV-E students and DCFS staff. They are also provided the opportunity to participate in structured activities, attend in-service trainings, and complete the computer based and reading assignments that new child welfare workers are required to complete prior to applying for employment.

Within the last five years, Child Welfare Training provided by DCFS evolved to provide new child welfare employees more competency based training to build on skills learned in the training environment by developing transfer of learning activities that assist with the development of on the job skills. New employees receive support on the job throughout the first six months of employment and beyond through the use of structured activities completed with their supervisor, coaching in the office and in the field, and ongoing support from trainers through webinars and reviews of Action Plans.

Family Engagement Training:

During this reporting period, Child Welfare training staff continued to include Family Engagement concepts and terms in many of the training curricula. Family Engagement was distributed throughout the new worker training model and was included in in-services trainings such as Advanced Safety Focused Practices. The two and a half day course is part of the 24 week competency based new worker training model. Engagement techniques and models utilized in this training are also utilized with Child Protection Investigations, Foster Care, and Family Services Specialized Week for new child welfare staff.

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Title of Training	Family Engagement Content
New Worker Orientation Training – 3 week training curriculum which addresses specific subject matter surrounding child maltreatment.	Intake and Screening – 1.0 hours Basic Interviewing – 6.0 hours Working with the Family – 3.0 hours Assessment and Case planning – 6.0 hours Building Family Engagement Skills – 15.0 hours
Foster Care Specialized Training – 1 week specialized in-service training which addresses subject matter directly related to foster care.	Understanding the assessment process with emphasis on engagement and working with the family – 24.0 hours
CPI Fundamentals – 1 week of specialized in-service training which addresses specific subject matter related to Child Protection Investigations, Working with non-custodial families and the Alternative Response Program.	Working with families during the investigative process – 10 hours
Family Services Specialized Training – 1 week of specialized in-service training which addresses specific subject matter related to working with non –custodial families.	Engagement and Service Delivery in working with non-custodial children and families – 10 hours.

Family Engagement Training began as section of child welfare training courses and was later developed into a two and a half day training course utilizing the Shulman Model. This course is now not only a stand-alone course, but a requirement of New Worker Orientation. The concepts used in the Shulman Model are now used in all child welfare training courses provided by the DCFS.

Advanced Safety Focused Practice Model Training:

The Advanced Safety Focused Practice Model was implemented statewide to all child welfare workers, supervisors, Program Operations Managers, and administrative staff. All child welfare staff in each program area received a two day training, Advanced Safety Focused Practice Foundations, which included an overview of the model, key concepts, definitions, information collection, and interviewing skill. Child Protection Investigators attended an additional half day of training focused on Family Engagement for child protection specific cases. Family Services, Foster Care, and Adoption staff attended an additional day and a half of training, Advanced Safety for Case Managers, which provided a review of engagement skill, assessment of families for safety and risk, and how to identify needs and strengths of the family for case planning. Implementation of Advanced Safety Practice was complete by February 21, 2014.

New child welfare staff will be receiving Advanced Safety Focused Practice within their second week of in class training for New Worker Orientation Training. New staff also receive program specific concepts from Advanced Safety Practice during their fourth in class training or “Specialized Week” for the program area they are assigned.

Child Welfare Training is involved with the implementation of phase two of Advanced Safety Practice. This phase will focus on coaching and mentoring to supervisors and direct staff to ensure the transfer of learning from training to direct practice.

Advanced Safety concepts and terms are no longer used by just the Child Protection Investigations section of DCFS. It is now provided to all DCFS Child Welfare employees to ensure safety of children in their homes and in out of home placements. DCFS will continue to provide child welfare employees ongoing support and training on safety planning, identifying safety risk to children, and working with the family to ensure safety. Transfer of learning

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provided to supervisors and staff will include mentoring, coaching, ongoing webinars of safety concepts and terms, and consultation with local offices.

Family Services Program Specific Training:

Based on feedback from the Family Services training provided June 10, through June 28, 2013, Child Welfare Training developed a Family Services Assessment and Case Planning Training for new Family Services Specialists. This training is being implemented as a part of “New Worker Orientation” and is the fourth week of in-class training for Family Services staff. Child Welfare training and the Family Services Program staff continue to collaborate to develop additional trainings with regard to safety planning and writing behavioral specific goals. In addition to Family Services specialized training, Infant Mental Health training was provided to staff in the northern areas of Louisiana on January 15-16, and February 18-19, 2014. This training for Family Services was developed through a partnership between the DCFS and the Department of Health & Hospitals (DHH). The focus of this training was to improve practice and service delivery for in-home families and encourage participants to consider the roles of natural helpers, caregivers and professionals and how each impacts the lives of children and caregivers. The training focused on children between the ages of 0-5 and those born drug and/or alcohol exposed.

Based on feedback from the Child and Family Review and Family Services employees, Child Welfare Training has developed a specialized training for employees assigned to the Family Services program. This course was provided to all staff in 2013, and is now part of New Worker Orientation. This specialized training for family services employees provides them details regarding the program, methods to working with the family, the importance of engaging fathers and all children in the household, interviewing and engagement skills, safety planning and monitoring, how to utilize their assessments of safety and risk in working with the family to develop behavioral case specific case plans.

Use of Technology to Implement Training Plan:

The Department continues its use of the learning management system, webinars, video conferencing, and teleconferencing to promote training opportunities to departmental staff. For FFY 2014, child welfare received announcements and had the opportunity to participate in Webinars presented by the Midwest Regional Children’s Advocacy Center. A list of the 2013, and 2014, EduNet Webinars are located at <http://www.mrcac.org/edunet/2014-edunet-webinars/>

Methods to Measure Outcomes:

The DCFS training unit focused its attention on providing quality training opportunities to staff, and assisting in the development of the upcoming Training Institute through the Pelican Center for Children and Families. Evaluations continue to be collected after trainings in order to assess feedback from participants, and to assess training needs. Pre and post tests are also administered in some cases to measure the knowledge of the trainee. The Department continued to utilize the MOODLE system to provide training opportunities and to allow tracking of training content and training hours.

Partnerships/Collaboration:

The Child Welfare Training Unit utilized SUBR and GSU as training sites. Child Welfare Training shared information regarding the 24-week training model with university partners, the Child Welfare Training Academy, and Child Welfare employees will continue to work

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collaboratively with the universities regarding the Title IV-E program and training opportunities for DCFS staff through the Child Welfare Training Academy.

The universities continue to work with DCFS on training and education of current and prospective staff through the IV-E stipend program. During the 2013/2014, school year educational stipends were awarded to thirty-four non-employees with the expectation that the individual agrees to work for the DCFS after graduation. Contracts were developed between the DCFS and the stipend recipients. The Department's training section and Field Operations section are currently working with students for job placement upon graduation in May 2014, based on staffing needs in the allowable programs of FS and Foster Care. Five of these students were hired by DCFS following graduation in December 2013. In FFY 2014, the stipend amount for the Bachelors of Social Work (BSW) student was \$6,500 for all universities. The stipend for the MSW student was \$8,500.

The DCFS will continue to work on training and education of current and prospective staff through the IV-E stipend program. IV-E stipends can be made available to qualified DCFS employees each year contingent upon adequate funding. DCFS continues to consider ways to offer additional educational opportunities for current employees.

Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for the DCFS after graduation. Upon graduation, the training section will work with DCFS Field Operations to place each student based on staffing needs in the allowable programs of Family Services and Foster Care. In FFY 2015, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are administered through a contract with Northwestern Louisiana University who in turn contracts with the other six public/state universities.

The Louisiana Child Welfare Comprehensive Workforce Project:

Child Welfare Trainings collaboration with the LCWCWP ended on June 30, 2013. The DCFS continues to use the resources and skill developed during the collaboration to develop and implement competency-based training to new workers and all child welfare staff. On March 11, 2014, a Team Building Training was conducted in Baton Rouge Region for all supervisors, managers, and directors. This training was adapted from the True Colors training model and included team-building skills. Additional team-building trainings will be facilitated in the future.

Court Improvement Program/Court Appointed Special Advocate (CIP/CASA):

The Child Welfare Training unit worked with the CIP and CASA to develop and provide feedback regarding child welfare and legal training to DCFS staff, Juvenile Judges, Attorneys for children and parents, and CASA volunteers through the collaboration with the Pelican Center of Excellence. Stakeholders met quarterly to discuss the CPI Strategic Plan, the Pelican Center for Children and Families, and to provide updates for the CFSR and PIP. The Pelican Center for Excellence is currently working with DCFS and Child Welfare Training and the university partners in the development of the Child Welfare Training Academy. Child Welfare Training and the Child Welfare Training Academy also participate in monthly meeting with the Pelican Center for Excellence in regards to the development of child welfare trainings for all child welfare professions.

Tribal Affiliation:

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The DCFS Child Welfare Training continued to have on-going telephone, email, and face-to-face contacts with Louisiana's federally recognized Tribes. The Department also continues to provide the tribes with information and announcements regarding DCFS sponsored training throughout the State. On May 1, 2014, the DCFS Training Manager, IV-E Manager, and a Foster Care Program Manager attended the Title IV-B meeting hosted by the Chitimacha Tribe. During this meeting, DCFS provided updates to the tribes regarding Foster Care policy, the DCFS Training transition to the Child Welfare Training Academy, updates on the development of computer based training on ICWA, and the tribes were able to ask questions regarding services provided by DCFS. During this meeting, the DCFS and the tribes also discussed goals for the next 5 years.

The DCFS established an ongoing relationship with the Louisiana federally recognized tribes. This relationship has allowed for ongoing communications within the local DCFS offices and has provided the tribal staff opportunities to participate in child welfare training provided to DCFS employees. This partnership is also working to develop additional training for child welfare professionals on the Indian Child Welfare Act (ICWA) and Cultural Competency.

Ongoing Supervisory Training:

The DCFS Training provides quarterly mandatory supervisor training to DCFS supervisors and managers. All supervisors employed by DCFS were required to participate in the Computer Based Training (CBT) "Communication Strategies" by September 30, 2013; "Time Management" by December 31, 2013; "Critical Thinking, Part One" by March 31, 2014; and "Critical Thinking, Part, Part Two" by June 30, 2014. Completion of these courses was tracked in the department's learning management system, MOODLE.

The DCFS Training Section continues providing, "Tools for Effective Supervision" to all DCFS supervisors. Sessions of the nine hour course were held May 15-16, 2014, and May 22-23, 2014. Beginning in July 2014, this training will be provided quarterly to all new DCFS supervisors.

The DCFS Training developed a survey and for supervisors to assist and identify the needs for training and education. This survey will be administered to staff in May 2014, and will be used to assess the training needs of all supervisors within the Department.

A 12-day course titled "Mastering the Art of Child Welfare Supervision Training for New Child Welfare Supervisors" was provided by Marsha Salas, MSW through the Child Welfare Training Academy and the DCFS Child Welfare Training unit. The training program consisted of six, 2-day modules. The modules were modified to be delivered to supervisors in Louisiana over a period of three days per month for four months. The conceptual framework around which the curriculum was developed is based on following courses: Effective Leadership, Building the Foundation for Unit Performance, Building the Foundation for Staff Performance, Promoting the Growth and Development of Staff, Case Consultation and Clinical Supervision, and Managing Effectively in the Organization Supportive Supervision. The contract proposal was approved through Southeastern Louisiana University. Training was provided to 20 child welfare supervisors from Baton Rouge, Covington, Lafayette, Orleans, and Thibodaux Regions. Training sessions were held April 1-3, 2014; April 29-May 1, 2014, May 20-22, 2014, and June 17-19, 2014. Training was also provided to the Program Operations Managers (POM) of each supervisor prior to each supervisor session to ensure a consistent message was provided and

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provide them knowledge and skill to ensure transfer of learning with the supervisor. The trainings with POMs was held on March 31, April 28, May 19, and June 16, 2014

Due to the need for ongoing training and education for child welfare supervisors, a workgroup was developed to review current training material, and develop a plan for initial, intermediate, and advanced training and educational opportunities for child welfare supervisors. This group met on March 31, April 28, May 19, and June 16, 2014. This group will continue to meet monthly to develop a training curriculum for child welfare supervisors and work in collaboration with the Pelican Center for Excellence, university partners, and the Child Welfare Training Academy.

The DCFS continues to assess the need for support and training to supervisors. Through an assessment of needs, the Department placed a focus on providing these supports to new supervisors and is developing advanced training for experienced supervisors. In addition quarterly supervisors' training is offered to all DCFS employees. Supervisors and Managers also can take advanced training through the Louisiana Comprehensive Public Training Program (CPTP).

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Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E, IV-B and XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100% time study conducted by all child welfare trainers. Each trainer accounts for all hours in the work week, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters that information into a database. The database, which was created to document and track training activities, contains all courses from the child welfare training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff. Training staff is working with the IT unit in the development of a new cost allocation database for training staff. This new database includes all of the child welfare courses. In addition, the database has the necessary features needed for the creation and maintenance of reports which emphasize the funding sources utilized by the Child Welfare Training Unit.

Random Moment Sampling (RMS) procedures are also in place and field staff is sampled on an ongoing basis. The process identifies activities that staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

During FFY 2010, DCFS expended \$7,556,598 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,563,003 was allocated for foster care training and \$326,148 for adoption training. In FFY 2011, DCFS expended \$7,769,211 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,682,695 was allocated for foster care training and \$469,869 for adoption training. In FFY 2012, the DCFS expended \$9,448,508 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,877,655 were allocated for foster care training and \$484,472 for adoption training. In FY 2013, the Department expended \$9,729,115 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds in the amount of \$1,921,500 were allocated for foster care training and \$510,779 for adoption training.

Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; cost of training space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

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Category of Expenditure	Actual FFY 2009	Actual FFY 2010	Actual FFY 2011	Actual FFY 2012	Actual FFY 2013
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$4,303,095	\$4,369,251	\$4,421,309	5,035,012	\$4,476,941
Travel	\$6,880	\$6,899	\$6,929	7,056	\$7,157
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc	\$37,455	\$38,183	\$37,822	41,062	\$38,968
Supplies	\$,7316	\$7,405	\$2,695	5,696	\$7,611
Acquisitions	0	0	0	0	0
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$3034,177	\$3,089,920	\$3,133,967	3,266,774	\$3,156,758
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$824,938	\$984,584	\$1,126,739	1,092,908	\$1,114,615
Total	\$8,213,862	\$8,496,242	\$8,729,461	9,448,508	\$8,802,050

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Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

In FY 2013, \$57,005,551 was billed for IV-E reimbursement. Title IV-E is charged for educators' salaries, curricula development, training opportunities with IV-E allowable topics (i.e. conferences, workshops), recruitment/retention projects (focused on addressing the relationship with workers and foster/adoptive parents), and office supplies, etc. Thirty seven percent of the indirect cost is associated with the universities.

Budgetary impact is a primary consideration for training so the location of most training sessions is generally held at the state office located in Baton Rouge, Louisiana but, if there is a cluster of trainees in a particular area of the state, the training is conducted there. Thus, less travel costs are incurred. Depending upon the training site, the average cost per person will vary based on variables such as lodging and meal allowances. Additionally, the majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below and in the chart on the following pages were developed using the formula below and is applied to all child welfare training courses conducted by child welfare training staff and/or contract trainers.

Travel Costs:

Lodging: Avg. \$104.00 (low for **Tier I** - \$77.00 – high for **Tier 2** - \$131.00 per night excluding taxes and surcharge)

Meals: Average of \$47 per day; (**Tier I** - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; **Tier II** (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)

Trainees' workbooks: average cost \$8 per workbook

DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.

Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)

Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

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Minimum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN # of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/ workbook = \$1590 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)

With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)

With Contract Trainer \$1900 = \$3490 (\$349/trainee)

Maximum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX # of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)

With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)

With Contract Trainer \$1900 = \$6193 (\$229/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

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CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN:

The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. These are coordinated, to the extent practicable, with the Child and Family Services Plan (CFSP).

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided to prevent, identify and treat child abuse and neglect situations and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs and the state will provide notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were used in Federal Fiscal Years 2010 through 2012 and how they will be used in FFY 2013 to address the purposes of the grant and achieve the objectives of the grant.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Out of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

A.) ALLOWABLE AREAS:

- Intake, assessment, screening, and investigation of reports of child abuse or neglect;
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

SERVICES PROVIDED:

A. Child Protective Services including:

1.) Common Access Front End: The Department is currently designing and working toward the implementation of a Common Access Front End (CAFÉ') that will interface with all DCFS information management systems including the Tracking, Information and Payment System (TIPS) and A Comprehensive Enterprise Social Services System (ACESS). TIPS is a computerized on-line, statewide information management and payment system for all child welfare programs. ACESS is the statewide system for intake of all reports of child abuse and neglect. It is also the electronic case record for all CPI cases.

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CAFÉ is planned in four releases. Release three will include child abuse and neglect reporting through the development of a customer and worker portals. CAFÉ' will enable the Department to more efficiently and effectively accept reports of abuse and neglect.

Update FFY 2012: Efforts of child welfare focused on participation in planning for the data sharing and data governance with CAFÉ. Beginning in May 2012, the Joint Application Design Sessions (JADS) initiated focus on the design for the Phase Three release involving child welfare.

Update FFY 2013: In August 2012, core CAFÉ team members, along with other Transformation and Program staff, reviewed functional detail design documents for the CAFÉ Release 2 and Release 3. The team also participated in the Master Client Index (MCI) Release 2 pre-JADS, along with representatives from LASES, RAS, TIPS, and ACCESS to review MCI Release 2 requirements. Then on January 14, 2013, the second of four releases of CAFÉ launched across the state. The second release features improved searching abilities and the introduction of tasks and alerts. Release 2 added a self-service feature which allows clients to link their accounts to their cases. Staff attended the Master Provider Index (MPI) functional pre-JAD session with program staff to discuss provider portal functionality and MCI in order to prepare for the upcoming JAD sessions. Child welfare is now scheduled for CAFÉ Release 4 which will launch at the beginning of calendar year 2013.

Update FFY 2014 and multi-year comparative analysis:

The Department remained committed to the implementation of quality, efficient, and effective new advances throughout this planning period. CAFÉ Release 1 was implemented in April of 2012 allowing Economic Stability (ES) customers to submit applications through the "Customer Portal" feature, and in January of 2013, CAFÉ release 2 was implemented statewide allowing customers to manage and update account information. In September of 2013 the Round Robin feature was added to the ES functionality, and in October 2013, CAFÉ release 3 was implemented allowing additional uploading and downloading features as well as document imaging, and account management features. The Round Robin feature assigns SNAP applications in CAFÉ throughout the state to DCFS staff, rather than it being limited only to the parish the application originated. This feature provides for a more timely response to ES applicants.

During the process of fine tuning the CAFÉ system, departmental staff had the opportunity to participate in several ongoing meetings that addressed specific questions/work items unique to each program. CAFÉ release 4 added child welfare functionality that includes the ability for providers to create and access their own accounts for updates and application submissions and renewals. CAFÉ release 4 also added to the Worker Portal functionality by allowing designated staff access to a Master Provider Index (MPI), a Resource Directory, the ability to manage provider accounts, and the ability to manage licensing activities. These functionalities are designed to be available to workers and providers on a continual basis through departmental approved account access.

Training for CAFÉ release 4 began in March, 2014 and was provided via computer and classroom. The training provided staff with an introduction to the knowledge they needed to possess in order to apply the CAFÉ system functions to their day to day job responsibilities.

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The Department continues to design and implement a Common Access Front End (CAFÉ') that will interface/interfaces with all DCFS "legacy systems". At this time, DCFS Economic Security (ES) is fully functional in CAFÉ and progress in Child Welfare functionalities continue with CAFÉ Release 4.

2.) Centralized Intake Service Description: A centralized intake was developed by DCFS in 2011. The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7).

2011 Update: A Structured Decision Making (SDM) screening and response tool was selected, piloted and implemented statewide. Prior to statewide implementation, the revised intake process was piloted in three sites: Calcasieu Parish, Ascension Parish and Baton Rouge Region. State Office staff was assigned the task of reviewing weekly intake calls, and providing consultation/feedback to staff identified to participate in the assessment and utilization of the SDM screening and response tool in each of the aforementioned sites. A sample of ten (10) cases was reviewed by all state office staff for the purpose of providing feedback to each pilot site group via weekly conference calls. Site groups were informed of the things they did well, and the things that needed improvement. Pilot groups in Calcasieu and Ascension parishes, and the Baton Rouge region were asked to identify challenges that resulted from the utilization of this tool. From this feedback, the Department developed training that was administered by CPI program staff to address those challenges. Pilot groups in these areas noted four (4) issues that they anticipated would apply statewide.

Update FFY 2012: The 24/7 Centralized Child Abuse Reporting Hotline was implemented July 11, 2011. The statewide campaign to notify mandated and permissive reporters of the hotline number was successful, and the hotline received 10,282 calls the first 19 days of implementation. From implementation through December 2011 a total of 59,427 calls were received by Centralized Intake (CI).

The Centralized Child Abuse Reporting Hotline telephone service is provided by Affiliated Computer Services (ACS). ACS also provides back-up services for the hotline. When all intake workers are busy, overflow calls are routed to an ACS agent who gives the caller the option to leave contact information for a return call from the first available intake worker or to hold for the next available intake worker. The Department's goal is for 90% of calls to go directly to an intake worker. Overflow calls are answered by an ACS agent when the call volume exceeds the capacity of intake staff; there is a connectivity problem with the ACS server or a DCFS Network problem.

The table below demonstrates the number and percentage of calls routed directly to an intake worker. These calls increased significantly after the first month of operation, and the goal of 90% of calls being routed directly to an intake worker has been exceeded every month since the second month of operation. The increase in calls routed to overflow in January and February resulted from changes in call trends, connectivity problems with networks, and intake worker vacancies.

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INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
07/11	10,282	6,439	62.6%	3,843
08/11	11,713	10,188	87.0%	1,525
09/11	10,906	10,357	95.0%	549
10/11	9,706	9,513	98.0%	193
11/11	8,972	8,866	98.8%	106
12/11	7,848	7,766	98.9%	82
01/12	9,321	9,014	96.7%	307
02/12	8,345	8,113	97.2%	232

Original estimates of staffing needs were inadequate as evidenced by the high number of calls routed to overflow in the first two months of operation. The level of staffing has been increased to meet the number of calls that were being received. The current Table of Organization (TO) for CI is compared with original staffing levels in the table below:

CENTRALIZED INTAKE STAFFING		
Position	Original Staff	Current TO
Intake Worker	25	39
Supervisor	5	9
Manager	1	3
Director	0	1
Administrative Support	3	3

The number of calls received does not translate directly into the number of reports of abuse and neglect received. Frequently more than one call is handled related to a single incident and sometimes multiple calls are necessary for clarification or to provide additional information. The table below provides a comparison of the number of reports during the first six months of implementation of CI with the number of reports received during the same period of the previous year. The number of reports increased each and every month, with the highest level of increase occurring in August, November and December.

REPORTS OF ABUSE/NEGLECT							
	July	August	September	October	November	December	January
2010	2995	3646	4020	3820	3288	2940	3663
2011	3420	4611	4680	4460	4240	3787	4433
Change	+12%	+21%	+14%	+14%	+22%	+22%	+17%

Accepted reports are referred to local parish offices for Child Protection Investigation (CPI) or for Alternate Response/Family Assessment (ARFA). The number of reports accepted for DCFS involvement increased from the same month in the previous year in every month since CI implementation as reflected in the table below.

INTAKE REPORTS ACCEPTED							
	July	August	September	October	November	December	January
2010	1669	2117	2297	2191	1846	1689	2343
2011	1872	2779	2635	2557	2377	2116	2520
Change	+11%	+24%	+13%	+14%	+22%	+20%	+7%

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The following three tables demonstrate the percentage of reports that were accepted for DCFS involvement. The first two tables show the percentage of reports that were accepted from July 2010 through January 2011 and from July 2011 through January 2012. The third table provides a comparison of the percentage of reports accepted for involvement prior to and after implementation of CI. The most significant change occurred between January 2011 and January 2012 with 7.11% fewer in 2012.

2010 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 11
Reports	2995	3646	4020	3820	3288	2940	3663
Accepted	1669	2117	2297	2191	1846	1689	2343
% Accepted	55.72%	58.06%	57.13%	57.36%	56.14%	57.45%	63.96%

2011 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan' 12
Reports	3420	4611	4680	4460	4240	3787	4433
Accepted	1872	2770	2635	2557	2377	2116	2520
% Accepted	54.74%	60.07%	56.30%	57.33%	56.06%	55.87%	56.85%

Possibly the most significant desired outcomes of CI were a higher level of accuracy and consistency in determining whether a report met criteria for investigation and in assigning priority level to accepted reports. A rigorous, multi-level quality assurance process has been put into place to assure achievement of these desired outcomes. Elements of this process include:

- Management oversight 24 hours a day, seven days a week, including daily live monitoring during high volume call periods to assess
 - Amount of time spent receiving a report of abuse or neglect
 - Amount of time required for entering data
 - Intake queue performance
 - Time lapse between report acceptance and notification to local office
 - Accuracy of information in reports and decision-making
- Immediate and ongoing feedback loop among CI workers, supervisors and managers through instant messaging chat conversations, e-mail, phone, and teleconferencing
 - Supervisors join interviews as a part of training and assessing interviewing skills
 - Mandatory morning and evening teleconference briefings
 - Required supervisory end of shift reports
 - Daily briefings including managers and director
- Rapid feedback loop between CI and local offices through an inquiry mailbox with 24 hour or shorter turnaround time
 - Parish offices request a management review of questioned approved intake
 - CI Manager reviews intake
 - CI Manager's response indicates the policy, rationale; and, professional judgement
- Immediate feedback loop for law enforcement and other reporters of imminent danger to a child
 - Supervisor and manager on each shift assigned to immediate danger situations

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- Supervisor coordinates and facilitates activities from intake to assignment to the local parish office
- Intake personnel advises the local office of current danger to a child, location of child, reporter contact information, and other pertinent information
- Local office immediately connects with law enforcement or other reporter with immediate need for child protection intervention and provide and estimated time of arrival to law enforcement

As a result of these efforts to assure accuracy and timeliness of response, a number of issues have been identified and resolved:

- **Long wait times**
 - Reduced the number of shifts
 - Increased number of staff assigned to shift times with high call volume
- **Call volume not aligned with assigned shift times**
 - Reviewed data to determine high call volume times and adjusted work schedules
- **Interview narratives inadequate for report acceptance or priority level decision**
 - Additional training of staff on creating intakes, interviewing skills, searches, policy, and decision-making
- **Safety Concern: Delay in communication with Law Enforcement**
 - Protocol established - local office receives immediate notification by an intake supervisor of immediate response needed
 - Intake supervisor obtains estimated time of arrival of field staff, point of contact and local office contact number
 - Intake supervisor communicates this information to the reporter.
- **Safety Concern: Delay in notification to local office of Immediate Response Priority Intake**
 - Protocol established - intake worker notifies supervisor of Immediate Priority case by instant message
 - Intake supervisor immediately notifies local office by phone.

Update FFY 2013: The current Table of Organization (TO) for CI is compared with original staffing levels in the table below:

CENTRALIZED INTAKE STAFFING		
Position	Original Staff	Current TO
Intake Worker	25	46
Supervisor	5	10
Manager	1	3
Director	0	1
Administrative Support	3	2

After resolving the implementation challenges previously outlined above, CI management staff focused on stabilization of the unit structure and establishment of daily operation protocols and processes focused on operating in real time. Processes were developed that supported efforts to improve competencies and identify training needs and/or policy changes in efforts to develop and maintain uniformity and consistency. This effort was consistent with Louisiana’s vision of developing a core group of staff with expertise in the disposition of reports of abuse/neglect in an accurate and consistent manner.

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Concurrently, because the unit was comprised of staff from different regions across the state, CI efforts continued to focus on establishing uniformity among supervisors and intake worker staff in the areas of consistency and accuracy in determining whether reports of child abuse and neglect met criteria for DCFS involvement. As the Department embarked on the second year of operation, staff recognized the need to re-evaluate the decision-making processes at intake. Around the same time, Louisiana adopted the Advanced Safety Decision Making Model (ASDM) for investigations and began piloting in Monroe Region in February 2012. The ASDM practice has been implemented in three regions. The plan is to phase in other regions by January 2014.

In June 2012, the director and a manager of CI attended an ASDM training session of train the trainer. In July 2012, the other two managers attended the training. The training reinforced the need for ASDM to begin at intake; Training for intake staff would support the entire system as intake is the point of entry for most cases. A consensus was that the use of consistent language around the concepts of safety intervention is important to ensure the safety and well-being of children and at the same time a structured information collection specific to intake would improve customer service, thus promoting partnerships with the community.

In July 2012 a preliminary discussion between DCFS and Action for Children Protection was held regarding training specific for intake. In preparation of the anticipated intake training, the CI management team began introducing ASDM key concepts and philosophy to intake staff in daily mandatory briefings and supplemented the briefings with written material. CI created and submitted a proposal September 2012 and partnered with CPI Programs for a formal evaluation process which included random review of intakes to develop a baseline regarding current information collection, which was conducted by Matthew Gephardt, Action for Child Protection Consultant.

The results indicated that application of ASDM at intake would provide a standardized intake assessment interviewing protocol that would improve the unit's competencies by providing a structure that would contribute to obtaining sufficient information from callers, improve decision-making, and provide a well-structured interview that would be more efficient and help process cases timely. Based on the results of the review, training was approved for all intake staff.

CI held ASDM training that was specific to intake during the first two weeks of December 2012. There were 4 sessions held in which all intake staff were trained. Representatives from local offices in each region were invited and attended. This was to assist in facilitation of implementation of ASDM in the intake process statewide. Each day and a half training session was followed by a debriefing with the Matt Gebhardt from Action for Child Protection, CI Management, CI Supervisors and lead workers. During this time, Mr. Gebhardt shared the results of the baseline review of intakes conducted in September and facilitated discussion regarding implementation at intake. Immediately following training the CI take management team met and developed a preliminary quality assurance and sustainability plan for intake. To that end, they developed a system supportive framework to improve competencies using case examples and the ADSM curriculum information at mandatory daily briefings. The process included a weekly schedule of topics and activities and each manager (on a weekly rotation plan) would work with supervisors on areas needing follow-up and supplemental reinforcement for

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continued learning and application of the structured information collection process and dispositions. The process continues today.

All efforts continue to be focused on incorporating the structured information collection process by using the ASDM review instrument in supervisory and management reviews. In addition, the call review instrument was revised and supervisors of intake workers conduct reviews of the information collection during phone calls from reporters. All reviews focus on the efforts of collection of sufficient information in the six (6) areas of assessment and apply the decision-making process of ASDM.

Training was the first step in this process and critical to sustainability. Preliminary results show it is evident that the six areas of assessment in the ASDM curriculum will lead intake to a consistent criteria-driven information collection process. Two months post training, an informal review of 29 intakes was completed with a focus on the efforts of sufficient information collection by intake workers. The results showed improvement in percentages. Anonymous reporting decreased by 12%, sufficient information collection for extent of maltreatment improved by 35%, circumstances of maltreatment increased by 12%, and increases in collection information of child functioning (32%), discipline practices ((21%), general parenting (38%), adult functioning (37%), and reporter information (58%). While these numbers are a rough estimate on fewer intakes than the initial baseline, the results give a snapshot on efforts of change.

A tentative plan for a formal follow-up evaluation by Action for Child Protection may include a 6 month post-training case review to evaluate decision-making and information collection improvement. Evaluation will consist of a single day intake case review of 50 screened-in and 50 screened-out intake assessments and a one day debriefing and identification of next steps.

Call Performance: Below is a table summarizing the first and second fiscal years regarding total number of calls and calls routed directly to an intake worker. The percentage fell below the 90% goal during 7/1/2012 – 3/31/2013. Contributory factors include Hurricane Isaac (August and September 2012), training of all intake staff (December 2012), six (6) staff transfers (June – November) resulting in vacancies, and staff on extended leave.

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
SFY	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
7/1/2011 – 6/30/2012	111,588	103,363	92.78	8,225
7/1/2012 – 3/31/2013	77,989	67,861	87.01	10,128

Below is a table showing month by month performance of calls routed directly to an intake worker. Averages regarding calls received July 2012 – March 2013 were 363 daily calls Monday – Friday. Calls received on Saturday and Sunday average 172 calls per weekend. **Note:** The number of calls received does not translate directly into the number of reports of abuse and neglect received. Frequently more than one call is handled related to a single incident, calls for information regarding abuse/neglect, and calls which are directed to other agencies. For instance, in September 2012 following Hurricane Isaac, the unit received 9,762 (August) and 10,123 (September) calls while the average per month from July 2012 – March 2013 during the other months averaged 8,301.

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INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
2012				
March	9,133	8,780	96.10%	353
April	8,401	8,143	96.90%	258
May	9,241	8,678	93.90%	563
June	7,720	7,506	97.20%	214
July	8,442	8,298	98.30%	144
August	9,762	9,415	96.40%	347
September	10,123	9,405	92.90%	780
October	9,421	8,474	90.00%	947
November	7,950	6,415	80.10%	1535
December	7,056	5,023	71.20%	2,033
2013				
January	8,907	7,410	83.19%	1,497
February	7,895	6,304	80.00%	1,595
March	8,367	7,117	85.06%	1,250

ASDM training has resulted in a shift of the unit's daily operations. As with all systemic changes, there is a period of time in which learning occurs. Since December, staff notes a trend for longer call duration, which has had some initial impact on immediate availability during peak call intervals. However, the quality of intakes has improved, and it is anticipated upon staff becoming more skilled, the percentage of calls going directly to an intake worker will increase during peak hour call intervals. Highest peak call time is between 10:00 AM and 11:00 AM. The highest peak time range is 10:00 a.m. to 3:30 p.m. The data shows call volume drops by 53% after 4:30 p.m. In March the intake worker's availability percentages increased 5% from February 2013, and this is expected to continue. It is important to note that the payroll structure of the unit allows flexibility to adjust times of shifts for intake workers and move their shift times to adjust to call volume trend changes.

During higher call volume time intervals, there is a cumulative affect. Management strategies of call distribution are used to reduce the impact of call volume to available shift workers for callers who choose to wait for the next available worker. This minimizes the impact of the peak hours by reducing the after call work time, if staff are not working on an immediate response priority or calling back a reporter. Once there is a decrease of calls in a 30 minute time interval, the immediate availability returns as the system catches up to the call flow and the unit stabilizes back to operating on real time again.

Intake Data: The table below provides a comparison of the number of reports prior to implementation of CI through March 2013. The number of reports increased each and every month during July 2011 – July 2012. The number of reports received by the agency remains higher than prior to implementation of the single statewide child abuse hotline number.

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REPORTS OF ABUSE/NEGLECT RECEIVED – July 2010 – March 2013													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
2010-11	2995	3646	4020	3820	3288	2940	3663	3584	4184	3824	3750	3104	42,818
2011-12	3420	4611	4680	4460	4240	3787	4433	4243	4699	4020	4293	3271	50,157
2012-13	3671	4083	4233	4686	3791	3510	4305	3901	4177	-----	-----	-----	36,357

Accepted reports are referred to local parish offices for assignments of CPI or for ARFA (Alternative Response). The number of reports accepted for DCFS involvement July 2010 - March 2013 is reflected in the table below.

INTAKE REPORTS ACCEPTED – July 2010 – March 2013													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
2010-11	1669	2117	2297	2191	1846	1689	2343	2336	2762	2365	2391	1942	25,948
2011-12	1872	2770	2635	2557	2377	2116	2520	2413	2503	2113	2226	1582	27,684
2012-13	1861	2066	2163	2687	2206	2051	2399	2189	2342	-----	-----	-----	19,964

Update FFY 2014 and multi-year comparative analysis:

The DCFS plans to request the post training evaluation to finish a comparison to the baseline evaluation and staff will continue to build the system framework around ASDM and continue with the sustainability plan.

3.) Structured Decision Making Service Description: The SDM® model incorporates a set of evidence-based assessment tools and decision making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM® model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision making points that range from intake to reunification. The SDM® model also utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Update FFY 2012: SDM is fully incorporated into policy and practice in CI, CPI, ARFA (Louisiana differential response to reports of abuse/neglect), Family Services (FS) and Foster Care (FC). The SDM process for intake was developed in collaboration with the Children’s Research Center in late 2009 and early 2010 to assist with statewide standardization of the report acceptance and departmental response of an investigation or family assessment with reports of child abuse and neglect. It was piloted and then implemented statewide with inclusion of the tool in ACESS in July 2010. The process continues to be used at intake by CI staff. The SDM Initial Risk Assessment, Risk Reassessment and Reunification Assessment continue to be used as tools with child welfare decision making for services to families and permanency for children.

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Update FFY 2013: During this time period, staff continued to utilize the SDM tool. Appropriate use of the tool was reinforced through the Family Services (FS) mentoring process completed in the Baton Rouge, Monroe and Alexandria Regions (*PIP Items – PS 1, AS 5, BM 5.1-5.5*). ASDM was rolled out (in the same regions as the FS mentoring process in both the CPI and Family Services (FS) programs. Also, DCFS staff worked with the CIP, the courts in the 16th JDC and the NRCLJ to improve workers’ clear articulation of safety and risk concerns and the courts’ understanding of the ASDM model. (*PIP Items – PS 1, AS 7 BM 7.3*)

Further, staff worked to address FS and Foster Care (FC) cases with high and very high risk on the SDM reunification assessment. There appears to be a significant challenge balancing the policy and procedural expectations with the assigned work load. In order to try and address this work load issue, a dashboard report for FC cases with high and very high SDM ratings was created so that staff can have an at-a-glance look at what is happening in their region. State office staff can also review the data to inform policy and practice decision making and monitor performance.

Data obtained from focus groups {conducted by the National Resource Center for In-Home Services (NRCIHS)}, case reviews and caseload data was used to assess implementation of SDM. One of the areas noted as impacting workload is an increase in families where a child is born prenatally exposed to one or more substances. As per DCFS policy, these cases receive a mandatory rating on the SDM risk assessment of “Very High”. Since 2008, DCFS has used the SDM tool to determine the number of visits with parents and children required each month in the FS program. SDM implementation has increased the number of visits with parents that FS workers are required to make from one per month to an average of three per month.

In response to this, FS program staff has written new policy to guide practice expectations that would provide clearer guidance to field staff in their work with families where substance abuse is an issue. This policy was reviewed by partners with the Department of Health and Hospital (DHH) for additional input around this topic. A meeting was held with DHH on December 13, 2012 to discuss this input, along with identifying a number of resources to assist with service delivery to the families. The policy was formally circulated within DCFS in December 2012. Once implemented, it is expected that staff will experience a decrease in the work load and challenges they face in working with these families, as they will no longer be required to conduct a mandatory override of “Very High” on the SDM risk assessment. The policy became effective on April 1, 2013. A web-ex is scheduled for May 22, 2013 to discuss the policy and practice expectations as it relates to serving these families.

Update FFY 2014 and multi-year comparative analysis:

Decision making is the primary activity that underlies child welfare intervention. The SDM model brings a greater degree of consistency, objectivity, validity to child welfare case decisions, and helps child welfare staff focus on cases at the highest levels of risk and need. It is the belief of the Children’s Research Center that there should be ongoing monitoring and evaluation of the SDM tool to determine the tool is functioning as intended. Since the implementation of the SDM, the tool was reviewed over the years for compliance and accuracy. The case reviews and case crisis reviews revealed that field staff was incorrectly completing the SDM risk assessment tool which led to inaccurate decision making regarding the level of risk for further maltreatment in families, incorrect services provisions, and returning children home safely. The reviews led to

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a decision by program staff to schedule and conduct further trainings on the SDM instruments. The SDM refresher trainings were held in all regions during the months of December 2013 through March 2014.

4.) ACCESS - Service Description: A Comprehensive Enterprise Social Services System (ACCESS) is the statewide system for intake of all reports of abuse and neglect. This information management system contains intake records that are assigned to both the Alternative Response Family Assessment (ARFA) program and the Child Protection Investigation (CPI) program. Additionally, it is the electronic case record for all CPI cases. ACCESS provides case management tools with enhancement capabilities to aid staff in obtaining timely information. It serves as the electronic case record for all CPI cases.

Update FFY 2011 & 2012: The major ACCESS enhancements included updating client and reporter notifications; changes to the electronic record for family investigations to include investigation information for safety assessments; and, additional enhancements to the Centralized Intake process with reports of child abuse/neglect, decision making about the reports and communication to local offices for the responsibility for the response (investigation or assessment) to the report.

Update FFY 2013: Programming for the integration of the Advanced Safety Decision Making (ASDM) Model for a present danger and an impending danger assessment was made into the CPI electronic case record during this time period.

Update FFY 2014 and multi-year comparative analysis:

Prior to the implementation of the ASFP model, the Department accepted fewer cases for investigation, as we moved away from former incident focused assessment processes. Assessing the family for impending and present danger tend to provide a more comprehensive view into family dynamics. This allows the DCFS staff to refer many families to the Family Services unit of Child Welfare for resource assistance in lieu of subscribing a validity rating to a family investigation. Since implementation of the ASFP model, the Department improved in the area of response priority as well as the quality of its investigations. The DCFS continues to update policies and procedures for children under the age of 5.

5.) Case Record Review Process - Service Description: This process is focused around key decision points in each program area including CPI, FS, ARFA, FC and Adoption (AD). Supervisors utilize review instruments developed to assess the quality of work done by each worker on assigned cases. Using the same instrument, Operation Managers review five (5) cases on each supervisor on a monthly basis, and may also assess the quality of supervision and guidance the worker received on each case.

The purpose of the reviews is to monitor the quality of services delivered by child welfare staff and to develop case review instruments around key decision points in each program {CPI, FS, FC, AD, and Home Development (HD)}. Subsequently, supervisors reviewed all cases utilizing the instrument to review the quality of work done by each CPI staff while Operation Managers utilized the same instrument to assess the quality of supervision and guidance the worker received from their supervisors. This ongoing case review process began in February, 2011.

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Update FFY 2012: The case review process described above continued until January 2012. The intention was to review quality at three levels: First-line supervisor, Operations Manager and State Office Program Manager. The purpose of the supervisory review was to assess the work of front line staff; the purpose of the managerial review was to assess work of the supervisor; and the purpose of the Program Manager review was to assess the work of the Operations Manager. Review instruments completed by the Operations Managers, the companion review instruments completed by supervisors and the log of all reviews completed by each supervisor were submitted monthly to the Division of Operations for distribution to Program Managers.

It was hoped that the qualitative data obtained from these reviews could be tracked in the Quality Assurance Tracking System (QATS) to provide a source of aggregate qualitative data.

Supervisory review requirements were based on specified by program as follows:

- CPI and ARFA – each case within 60 days of open date and in time for case to be closed within 60 days;
- FS – each case once per quarter;
- FC – each case within 30 days of child entering care and once each quarter thereafter;
- AD – Quarterly for child with identified permanent placement and signed permanent placement agreement; monthly for child over age one without identified permanent placement; weekly for child under age one without identified permanent placement;
- HD- all recertifications and all new certifications.

Cases reviewed by Operations Manager were randomly selected from the review logs maintained by supervisors. Operations Managers' reviews were based on a specified number of cases per month by program, as follows:

- CPI, ARFA, FS, and HD – five cases per supervisor per month;
- FC and AD – three cases per supervisor per month;
- Mixed Supervisory Caseloads – combination of cases to equal cases five per supervisor per month.

Regional Results: The level of acceptance of the review process among staff in the regions was mixed. Some supervisors and managers found value in the process. Others never embraced the process and continued to pose questions about the “technicalities” until the process ended. Both positive and negative responses occurred in every region, and the content of the review instruments was consistent with the attitude toward the process, with some thorough, thoughtful reviews and some superficial reviews.

State Office Results: Aside from CPI cases, which are almost completely accessible electronically, the third level review process held little value because of inaccessibility of case records for comparison with information on the review instruments.

The review instruments were not entered into the QATS system so that aggregate data could be obtained. However, CPI case reviews revealed a significant need for additional training on safety assessments and safety plans. It was not uncommon to find a safety assessment with several factors endorsed and the child deemed safe or with no factors endorsed and the child deemed unsafe. Factors endorsed or not endorsed were sometimes inconsistent with the facts of

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the investigation as reflected in the interview narratives, and some safety plans consisted of a statement that the perpetrator would change his or her behavior. The most egregious concerns were addressed immediately through telephone consultations by Program Managers with Operations Managers.

The findings from these reviews are consistent with Louisiana's CFSR Round 2 results. Three Indicators (Repeat Maltreatment, Services to Protect Children in the Home and Risk of Harm) were rated as Areas Needing Improvement. Each of these Indicators would be expected to have a positive correlation with inadequate safety assessment and planning.

The concern about safety assessment and safety planning is addressed in Louisiana's CFSR Program Improvement Plan (PIP). With the assistance of the National Resource Center for Child Protection and the Children's Research Center, training has been developed on safety and risk assessment, safety planning, and effective supervisory consultation and monitoring. To differentiate from other safety training, it is being called the "Advanced Safety Model".

Advanced Safety Decision Making (ASDM) Model training was held in Monroe Region in January and in Alexandria Region in March 2012. The training was well-received and bi-weekly follow-up calls are held with staff in regions that have completed the training. Consultation is provided on actual, in-progress cases. Worker, supervisor and manager for the case being discussed participate in the consultation and other regional staff and State Office Program and Operations staff listen in on the consultations. The most recent call indicates significant progress. With support from the Casey Family Foundation the Department is planning to implement the training statewide by 2013.

Centralized Intake (CI) (Goal – Safety): The area of focus is compliance with report acceptance and priority level policy. The supervisor will review all cases prior to assignment to the region to determine if intake meets criteria of report, if response priority is consistent with policy, and if cases are transferred to local offices timely. The CI reviews are consistent with CFSR Safety Outcome 1, Item 1, Timeliness of Investigations. Timeliness of Investigations was rated as an Area Needing Improvement in Louisiana' Round 2 CFSR. Although Item 1 is addressed in the PIP from the perspective of CPI, the investigation cannot be initiated timely if the report is not provided to the local office timely

The manager will review a sample of intakes to determine if the supervisor correctly assessed acceptance and priority level and to assure timely transfer to local office. The manager will also review all cases questioned by local office each day to determine the appropriateness of the resolution. Responses will be provided within 24 hours or earlier if the Priority Level is Immediate. A log of necessary changes will be maintained and used to develop appropriate training.

The director will review sample of cases reviewed by managers and of responses to local office inquiries to identify training needs.

Update for FFY 2013: In September 2012 an evaluation of random intakes was conducted to identify training needs. Then in December 2012 the intake unit attended training specific to intake decision-making with regards to acceptance decisions, response priorities, and information collection. This training was conducted by a consultant with Action for Child Protection.

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Processes were reviewed and adapted to include system support of the change in how information is collected and decisions are made based on Advanced Safety Decision Making Model (ASDM), definitions to identify the safety needs, danger threats to children, and response priority assignments consistent with the safety and danger threats.

Intake supervisors review and make a determination of response priority on all intakes received. Each intake supervisor forwards an intake summary case log to their manager showing disposition and response priority. In addition, for all immediate response priorities, a local office supervisor is notified immediately by phone. The intake supervisor notes in the comments section the individual notified at the local office and the time of the notification.

Supervisors are also required to review at a minimum five (5) intakes of their assigned intake workers a week and forward the completed ASDM Instrument to his/her assigned manager for their review and feedback to the supervisor regarding timeliness, rationale for decisions, and correct response priorities. The managers perform random reviews of these intakes and provide feedback to the supervisor and intake worker.

In addition, feedback is also provided in mandatory individual supervision, supervisory intake monthly unit meetings, manager unit meetings with supervisors, and director meetings. The director also conducts quarterly intake meetings for all levels and discusses unit trends, goals, accomplishments, and other significant information.

Supervisors are required to listen to one intake weekly of each of their assigned staff and complete a written call instrument regarding information collection and interviewing skills. The completed instruments are forwarded to his/her manager. Feedback is provided by supervisors in their individual sessions with assigned workers and in mandatory unit meetings.

The intake managers rotate on a weekly basis and monitor the inquiry mailbox. The mailbox reviews requested are approximately 60-75 monthly requests. This mailbox was developed so that local office supervisors and/or managers would have a process to request reviews about intake case acceptance decisions, response priority assignments, and other requests. The goal is to address these inquiries immediately but no later than 24 hours. The manager's log includes the case name, request, resolution of the request and the office. These logs are rolled up into a monthly report in which the director reviews and identifies training needs for information collection, decision-making on acceptance, assignment of response priority, and any time delays. Unit and individual trends are communicated to the managers so that a plan can be developed for resolution as needed.

The above process allows opportunities to provide written and verbal feedback to managers, supervisors, and intake workers noting individual skill development needs regarding information collection and intake decisions. Any unit trends or individual trends are communicated to the director to identify training needs. Unit trends are addressed through e-mails and direct communication during the mandatory daily briefings. For individuals a corrective action plan is used and tracked to correct ongoing trends.

The director reviews intakes daily and attends case crisis reviews with executive management, provides consultation to managers on intakes, and reviews all fatality reports and life threatening injuries that include current intake, previous intakes assigned or non-accepted intakes, response

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priority assignment, and information collection. Feedback and corrective action is communicated as applicable. In addition, the director and assigned intake manager reviews intakes regarding constituent complaints, executive management inquiries, and any other inquiry made. Feedback is provided to the person who made the inquiry and follow up with the supervisor and intake worker is completed.

Update FFY 2014 and multi-year comparative analysis:

CPI and ARFA (Goal – Safety): The area of focus was safety assessments and safety plans. The rationale for the focus was issues with safety assessments and plans identified in the previous case reviews. CPI reviews were consistent with CFSR Outcome 1, Item 1, Timeliness of Investigations; and Outcome 2, Item 3, Services to Protect Children in the Home; and Item 4, Risk of Harm. Each of these items was addressed in Louisiana’s CFSR PIP. As a part of the PIP, each region developed a corrective action plan to increase the percentage of children and caretakers seen timely. The data being used in those plans is purely quantitative. The case reviews provided a qualitative assessment of the meaningfulness of initial contact.

Two review instruments were used: one for regions that have participated in the Advanced Safety Model Training, and one for regions that had not yet had the training. As regions completed the Advanced Safety Model training, they moved from one review instrument to the other.

All ASDM/ASFP training was completed in February 2014; however, in regions that had not had the training CPI supervisors reviewed the Form 5 Safety Assessment and Instructions, the Form 5 SP Safety Plans and Instructions, and CPI Policy 4-516.

Following the review, the supervisor used a brief instrument to review safety assessment and the safety plan prior to closure of each CPI case. Supervisors were looking for consistency with the facts of case as documented in interviews, appropriateness of factors endorsed and safety decision, and whether or not the safety plan was monitored and assured the safety of child. Supervisors used the review findings to provide guidance to individual workers and additional training as needed.

In the coming year, managers will review at least three cases per month after each supervisor to assure the supervisor is providing appropriate feedback to workers relative to safety assessments and safety plans. The information will be used to identify supervisory skills and training needs.

Further, program managers at the state level will review random cases identified in a monthly report of cases where safety factor endorsement and safety decision do not match. This will be done in an effort to identify the causes of errors and provide feedback to the managers in the regions. They will also review a random sample of cases where assessment and safety of child match to determine whether the assessment is consistent with the facts of the case and that the safety plan assures safety of safety of child and is appropriately monitored.

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FS (Goal-Safety):

The focus of FS reviews is to assure that cases with an SDM risk level score of high or very high or with appropriate overrides remain open. This area of focus was identified for two reasons:

- As part of Louisiana's CFSR PIP, state office program managers have been providing mentoring to FS supervisors and have identified cases open in FS even though no immediate or impending danger to the child can be articulated. (*PIP Items-PS1, AS 5, BM 5.1-5.5*)
- The safety model of the National Resource Center for Child Protective Services recommends that referrals for ongoing services be based on the safety decision. Therefore, FS should be provided to families in which there is immediate and/or impending danger to the child.

The FS case reviews are consistent with the CFSR Safety Outcome 2, Item 3, Services to Children in the Home, and Item 4, Risk and Harm. Both items were rated as Areas Needing Improvement and are addressed in LA.'s PIP.

Supervisors will review the SDM risk level and override information at the 90 day staffing on each FS case. The supervisor and worker will jointly assess to assure the SDM scoring is accurate and appropriate overrides are applied. Workers will be instructed to work with the family and service providers to transition toward case closure with needed aftercare in place on cases with low to moderate SDM risk levels, and all children are assessed to be safe.

Managers will review three cases per month per supervisor following the 90 day staffing to determine accuracy of supervisor's assessment of case status. Identified problems will be addressed through individual case consultations or training depending on the extent of the problem.

Program managers at the state office level will randomly review a sample of FS cases in FATS to determine if documentation reflects that cases remaining open meet FS criteria.

Update for FFY 2013:

Each FS Program Manager in state office has been assigned supervisors in specific regions to whom they provide mentoring and support. The mentoring includes review of case in FATS to determine appropriateness of decision making and adequacy of documentation.

Update FFY 2014 and multi-year comparative analysis:

The Department through its Family Service (FS) unit continues to engage in the review process with the implementation of ASFP and its participation in the PIP process.

FC (Goals – Safety, Permanency and Well Being of Child; Improved Engagement Skills of Worker):

The focus of foster care case reviews for all children in foster care will be on caseworker visitation and documentation of privacy of the visit and engagement of the child (as developmentally appropriate). The focus of foster care case reviews for all children under age five will include caseworker visitation and engagement of the parent.

The rationale for the focus on caseworker visitation with the child is to assure compliance with federal caseworker visitation reporting requirements, to assure engagement of the child, on-going

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assessment of the safety and well being of the child in out-of-home placement, and appropriateness of placement and services. Supervisory review of caseworker visits with children under age five will support efforts to reduce the length of time those children are in foster care without a permanent family through early identification of needed services and provision of services to meet the individual developmental needs.

The rationale for the focus of caseworker visitation with the parent for children under age five is to assure engagement of the parent, ongoing assessment of parental protective capacities, case plan compliance, and parental behavioral changes related to the reasons the child entered foster care with the goal of early identification safety of the child upon return home or barriers to reunification so that a goal change can be considered to reduce the length of time these children spend in foster care without a permanent family.

The focus of foster care case reviews is consistent with the following CFSP Outcomes:

- Safety 1, Item 2 Repeat Maltreatment
- Safety 2, Item 4, Risk of Harm
- Permanency 1, Item 7 Permanency Goal for Child
- Well Being 1, Items 17, Needs/Services of Child, Parents and Foster Parents; Item 18, Child /Family Involvement in Case Planning; Item 19, Caseworker Visits with Child; and Item 20, Caseworker Visits with Parents
- Well Being 2, Item 21, Educational Needs of Child
- Well Being 3, Items 22. Physical Health of Child; and Item 23, Mental/Behavioral Health of Child

Each of the above Items except Well Being 3, Items 22, Physical Health of Child, was rated as an Area Needing Improvement in Louisiana's Round 2 CFSP. Well Being 1, Item 17, Needs and Services of the Parent and Item 20, Caseworker Visits with Parents apply primarily to the reviews of records for children under age five.

From May through November 2012, supervisors will review FC case records for each child whose case was closed on or after October 1, 2011. For cases that do not reflect a caseworker visit each and every month, the supervisor will review the family record to determine if child visits were recorded in the family record. When visits have been documented in the family record, supervisor will instruct worker to enter the documentation into child's record.

Each month beginning in May 2012, supervisors will review each open case to assure that each child was visited each month. The reviews will occur early enough in the month for the worker to make a visit before end of month, if necessary. The case review on currently open cases will include assessing whether the documentation clearly indicates that the visit was private and that the substance of the visit reflects engagement of the child and on-going assessment and good decision-making regarding the safety, permanency and well being of each child.

For children under age five, the review will include a determination of whether the caseworker visit with the parent reflects engagement of the parent and on-going assessment and good decision making regarding parental protective capacity, case plan compliance and necessary behavioral changes leading to reunification or counseling parents regarding steps that need to be taken and consequences of failure to make needed changes to assure the safety of the child.

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For children in out-of-state ICPC placements, supervisors will assure documentation of information from the receiving state regarding visits made with child is entered into the activity log with the “face-to-face” indicator, if the receiving state documented a face-to-face visit. The purpose of supervisory reviews is to identify workers’ needs for guidance and or training.

Managers will review three foster care records per month behind each supervisor to assure that visits occurred, that the documentation reflected quality visits, and the supervisor provided appropriate guidance to worker if appropriate documentation is not found. The review findings will be used to identify training needs.

Program Managers will review a random sample of FC documentation of visits in the FATS system monthly to determine if a caseworker visit with the child occurred each month and if the documentation reflected that the visit was private and that the child was significantly engaged. Program managers will provide feedback to regions as needed.

Update FFY 2013: Supervisory and manager reviews of foster care case records with a focus on caseworker visitation began in May 2012. Those reviews continued through November. Cases were randomly selected for review by the FC Section Administrator in State Office. Concerns were shared with the Executive Management Officer in Operations. The primary issues identified related to inadequate descriptions of what occurred during visits. These concerns were shared with supervisors and managers at the regional level through a Web Ex training focused on documenting caseworker visits in the FATS system.

Update FFY 2014 and multi-year comparative analysis:

The focus of foster care record reviews continues to support the assurance that caseworker visitation is documented in a manner that conveys the relationship between the worker and the child as meaningful. In addition to reviews by supervisors and managers, the CQI unit will be reviewing foster care case records to assure that children in foster care are moved toward permanency without unnecessary delay.

AD and HD (Goal: Permanency for Older Children and Youth):

The focus of reviews will be on efforts to locate permanent placements for children under age five and older children who have been freed for adoption but have no identified adoptive placement. The rationale for the focus is importance of permanency for all children, particularly those under age five, and the number of older children who have been freed for adoption but who have no identified permanent placement. As of April 13, 2012, Louisiana had 286 children who were free for adoption with no identified permanent placement. Of those children, nearly one-half (142) were ages 10 through 17. Sixty-one of those children were under age five.

The focus of AD and HD case reviews are consistent efforts to reduce the amount of time children under age five spend in foster care without a permanent home and with CFSSR Permanency Outcome 1, Item 8 Reunification, Guardianship and Placement with Relatives; Item 9, Adoption; and Item 10, Other Planned Living Arrangement.

Each AD supervisor will review each case monthly of children who are freed for adoption, have no identified permanent placement, and are ages 10 through 17 for documentation of diligent search efforts for prior caregivers, relatives or fictive kin who might be willing to adopt the child,

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and consideration of a goal change to guardianship to a relative or restoration of parental rights on behalf of children who are ages 15 through 17.

Each HD supervisor will review individualized recruitment efforts monthly for children who are freed for adoption, have no identified permanent placement agreement, and who are ages zero through five and 10 through 17.

Managers will review three AD cases per supervisor per month to assure diligent search efforts are adequate and that the supervisor has provided guidance to the worker, if efforts were not adequate. The Manager will review three recruitment plans and efforts per supervisor per month to assure adequacy of effort and appropriateness of supervisory guidance.

Program Managers in State Office will monitor dashboard data for a reduction in the number of children under age five and over the age of 10 who are freed for adoption and have no identified permanent placement.

The expectation is that the narrow focus of reviews will result in improvement in the areas being monitored and that the learning from those areas will transfer to other performance areas.

Update for FFY 2013: The focus of adoption case record reviews has been on assuring that children who are available for adoption are placed into permanent homes. Regions have been working on corrective action plans developed in PIP Quarter 2 to assure that children are adopted within 24 months, and the Department has established a goal of having 50% of children adopted within 24 months by the end of 2015.

Update FFY 2014 and multi-year comparative analysis:

Supervisory and manager reviews of adoption records will continue at the regional level, and the CQI unit will also review adoption records to identify barriers to achieving permanency and support the regions in overcoming those barriers.

Child Welfare Case Review Process:

Update FFY 2013: The case review process was developed as part of the state's Program Improvement Plan (PIP). Quarterly, identified staff in each region reviews a sample of cases. The statewide random sample is derived from cases served during a sampling period based on an assigned worker and the worker's location in the Department's Tracking and Information Payment System (TIPS). The sample includes cases from the Family Services (FS) In-Home and Foster Care (FC)/Adoption (AD) programs.

Staff uses the CFSR instrument to review cases. Reviewers complete all items on the instrument rolling up the data into the Department's Quality Assurance Tracking System (QATS). Interviews with case workers and/or supervisors are completed as needed to obtain additional information. Upon completion of the review and interviews, a second review is conducted by a "Second Level Reviewer." The purpose of this review is to ensure consistency of case ratings based on instructions and guidelines of the federal instrument.

Staff identified as case reviewers and second level reviewers have had no previous case involvement nor do they have any current case responsibility such as those of case workers and

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supervisors. The group of second level reviewers consists of retired child welfare staff that has extensive prior experience as CFSR Reviewers.

Quarterly case review findings are shared with leadership and PQI/Continuous Quality Improvement (CQI) teams at the regional and state levels. Exit conferences are held in each region between state office CQI staff and regional staff to provide information as to the specific needs of each region and to allow for open dialogue about each quarter's findings.

Update FFY 2014 and multi-year comparative analysis:

The DCFS successfully completed the Program Improvement Plan (PIP) in September of 2013. In June of 2013, the Department implemented an internal Continuous Quality Improvement (CQI) process where two to three case reviewers were hired in each region of the state to serve as case reviewers, trainers and coaches. The review team was part of the PIP case review process for the two quarters that followed the official start date of their new roles as CQI staff on July 1, 2013. As CQI case reviewers received support through the reviewing process, the three implementation specialists were trained and fully engaged in the educational, training, and implementation of the Advanced Safety Focus Practice Model. The Implementation Specialists were assigned the leading roles of "experts" on the training and staff support aspects of the Advanced Safety Focus Practice Model. To that end, they were lead trainers to child welfare staff statewide, and served as coaches in the regions where the model was being piloted and implemented.

After PIP completion, the CQI team was utilized to continue the PIP case review for the purpose of to strengthening their reviewing skills. During this time, the CQI team began training three existing reviewers to serve as second level reviewers on the child welfare cases. As the reviewers completed the quarter, a new process was being defined for 2014. For additional information on the CQI process, please refer to the Quality Assurance section of this document.

In the past five years, there has been a shift in program specific case reviews to include a more comprehensive continuous quality improvement process. Case reviews have become more global across programs and are more qualitatively focused. DCFS has more than two years of data items on the CFSR, and as a result, the Department was able to identify trends in practice. This data has afforded DCFS the ability to make more focused decisions regarding practice and policy changes. Implementation of the statewide CQI team will allow the department to identify statewide issues needing attention and will direct future practice.

B.) ALLOWABLE AREA:

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

SERVICES PROVIDED:

1.) Criminal Record Clearances: Foster/adoptive home applicants and all adult household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of DCFS Home Development policy requires that a criminal record clearance on foster and adoptive home applicants and all other members of the household 18 years of age or older shall

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be conducted prior to certifying a family to foster or adopt in accordance with R.S. 46:51.2 C. (This is also required of non-certified caregivers/ relatives or other individuals providing care to a child in foster care.) It is also required of all direct care staff in residential facilities.

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

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

Service Provided: Fingerprint-based national record clearances continue to be completed statewide on all potential caregivers by using the MORPHOTRAK (formerly PRINTACK) system through Motorola Livescan equipment. Arrangements for the person(s) to have fingerprints submitted to the State Police and Federal Bureau of Investigations (FBI) via MORPHOTRAK are made through each DCFS regional office. The regional office identifies a staff person in the region to conduct the clearances. In rare cases specific circumstances, the Department may not be able to: 1) obtain individual's fingerprints as a result of the individual's disability; or 2) obtain legible fingerprints due to low quality fingerprints, as a result of age, occupation or otherwise, thereby making it difficult to obtain results from national criminal information databases. In the aforementioned instances, the manual fingerprinting process is used for prospective caregivers and name clearances are requested along with the individual's social security number.

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

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

Update FFY 2011: During this time the Department continued to obtain criminal record clearances. The only change during this period was Motorola changed the name of its service from PRINTRACK to MORPHOTRAK.

Update FFY 2012: During this time the Department continued to obtain fingerprint based criminal record clearances on potential caregivers for children in foster care.

Update FFY 2013: The Department continued to obtain fingerprint based criminal record clearances on potential caregivers for children in foster care. In one instance, a federally

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recognized Louisiana tribe requested assistance from DCFS to obtain fingerprints on parents in order to facilitate the return home of a child in tribal custody.

Update FFY 2014 and multi-year comparative analysis:

During this time, the Department continued to obtain fingerprint based criminal record clearances through MORPHOTRAK on potential caregivers for children in foster care, and remained available to assist the tribes with fingerprinted if requested.

C.) ALLOWABLE AREAS:

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training including:
 - Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
 - Training regarding the legal duties of such individuals;
 - Personal safety training for case workers;
 - Training in early childhood, child, and adolescent development.

SERVICES PROVIDED:

1.) Nurturing Parent Program

Service Description: The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the Family Resource Centers (FRC) located in every region of the state. Technical assistance on implementation of the model is provided to the Family Resource Centers.

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

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

Update FFY 2010: In May 2009 an evaluation was conducted on the Statewide Implementation of a Parent Education Program and resulted in modifications to the program which included changing the required weekly follow up session in the home, to 2 or 3 in home sessions in the beginning of the program to support client engagement, another in home session in the middle of

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the program and one at the end. Feedback received from providers also indicated some concerns with aspects of the program's content, specifically regarding the use of touch as a tool to provide nurturing to children. Providers expressed concerns regarding the use of this method with the specific client population being served as the history of foster children is not always known and the use of touch could possibly be more traumatizing to a child. Dr. Steven Bavolek revamped the program to take this section out. He also made the program's material available on-line so that providers do not have to purchase materials. This allows providers to print out the materials they need, so if a client does not complete the program, they have not endured any additional expenses due to loss of the materials.

Update FFY 2011: The Department consulted with Steven Bavolek, developer of NPP, to restructure the curriculum and modify content to address specific concerns raised within the context of working with families who have had difficulty meeting the safety and well being needs of their children. A plan was also developed to reduce the number of follow-up sessions required during the NPP group by targeting when follow-up sessions were likely to have maximum benefit for the family. This resulted in the number of required follow-up sessions being reduced from 16 to 6 per family. During this time period technical assistance was provided to the FRCs on NPP model fidelity and Nurturing Parenting Facilitators trainings were held in April (Alexandria, Louisiana) and May (Baton Rouge, Louisiana) of 2010. Twenty-four (24) FRC staff was trained as a result of these trainings.

Update FFY 2012: The Family Resource Centers (FRC) continued to provide the NPP, which is the preferred parent education program, for child welfare families with children 0 to 5 years. The FRC have been successful in maintaining the NPP model fidelity. In October 2011, one day NPP training with Dr. Bavolek was offered to DCFS and FRC staff. In addition, DCFS contracted with consultant Sheri Hogg to provide technical assistance to the FRC around the NPP. She is assisting the FRC in making adjustments that will ensure model fidelity. Additionally, some of the FRC experienced problems with not having children in attendance on a regular basis, a critical component to success of the program. This is being addressed by assisting the FRC in developing strategies to ensure child participation along with any other identified barriers. Several FRC have been successful in utilizing volunteers to assist them in meeting the staffing needs of their programs. Those sites have been able to continue to provide the full range of services as contracted with DCFS.

Update FFY 2013: During this period, the FRCs continued to provide the program to families (with children zero to five years of age) involved in the child welfare system. DCFS worked to link the FRC Network with the Family Nurturing Center of Louisiana to train qualified staff at their program sites to become NPP trainers/consultants. The training allowed the opportunity for the network to train staff in house, recruit staff and volunteers in the community, increase staff expertise, ultimately building a stronger network of NPP.

Update for FFY 2014 and multi-year comparative analysis:

Facilitator training was provided for new and tenured Family Resource Center (FRC) staff in southern and northern areas of the state, in order to accommodate FRC staff statewide and address the specialized needs of each center. The FRC's continue to provide core services to children and families including Nurturing Parenting, Family Skill Building and Visit Coaching. Facilitator training and consultation was provided by Sheri Hogg, Nurturing Parenting Trainer Consultant. Ms. Hogg worked with Dr. Bavolek and other recognized Nurturing Parenting

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Program (NPP) Trainer Consultants to develop standards for program implementation for Nurturing Parenting Programs. These standards continue to assist sites in honoring fidelity to the model while ensuring consistent implementation of Nurturing Parenting Programs. The NPP Consultant introduced the FRC staff to fidelity standards during scheduled Family Resource Center site visits. There continued to be technical support and consultation to FRC staff during site visits, telephone and email contact as necessary. Consultation also included assistance in the areas of data entry, family assessment, and outcome measurement. Reports were discussed and reviewed with Family Resource Center staff during site visits including information relative to identified strengths and areas of need. This partnership with this contractor, who is now with Prevent Child Abuse Louisiana (PCAL), has served to ensure the success of the NPP program within our FRC's. It is the most utilized of the FRC service array. Plans are underway to expand this partnership to improve model fidelity for all FRC services for the coming year.

The Department participates in FRC quarterly meetings to provide service ideas based on the current need of the DCFS family consumers. Discussions range from budget issues to the utilization and fidelity of core services provided. The Department shares recent data reports with the group from Citizen Review Panels, CQI case reviews, and program improvement outcomes to assist FRC in shaping its services to match the current needs of the families and communities it serves. Currently, the Department's child welfare program staff are working with FRC groups to complete work on FRC fidelity measures. The current FRC are: 1) Volunteers of America – Greater New Orleans, 2) Discovery FRC – Southeastern University, Baton Rouge, 3) Renew Family Resource Project– Southeastern University, Hammond, 4) Nicholls State University Family Service Center, Thibodaux, 5) The Extra Mile, Lafayette Family Resource Center, 6) Educational and Treatment Council, Inc. (ETC), Lake Charles, 7) Volunteers Of America – Alexandria, 8) Community Support Programs (Portals), Shreveport, 9) Tulane Parent Education Program. Each FRC provides services to parishes in their geographic area so that services are available throughout the state.

2.) Training: The Department offers various training opportunities to staff throughout the year including a core child welfare curriculum (4-6 sessions of the core curriculum is offered annually). Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

Population Served: DCFS child welfare staff, federally recognized Louisiana tribes, foster/adoptive parents, CASA and Court Improvement Project (CIP) partners.

Update FFY 2010: The 24th Annual Prevent Child Abuse Louisiana Conference on Child Abuse and Neglect “Kids are Worth It” was held on March 1-3, 2010 in Baton Rouge, Louisiana. The conference offers various training workshops regarding child abuse and neglect. The conference offers professional development for those who work with children desiring to learn the latest in child abuse and neglect prevention. The conference was attended by DCFS staff.

The Louisiana Foster and Adoptive Parent Association sponsored the 34th Annual Foster Parent Conference on February 21-23, 2010 in Hammond, Louisiana. The theme for that conference was “Strengthening the Heroes among Us.” The annual conference offers DCFS staff members and foster parents attending the opportunity to increase knowledge, advocacy, and collaboration for improving safety, stability, permanency, and educational outcomes for children and youth in

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foster care. A total of 31 DCFS staff members and 220 certified foster parents attended the conference.

In 2009-2010, the National Child Advocacy Center offered nine teleconferences attended by DCFS staff from state office and all regions across the state. Topics included “Real Treatment with Real Kids”; “Talk to Me Like I’m Three”; “Child Sexual Exploitation”; “Trauma Related Cognitive Behavioral Therapy”, “Cultural Issues in Child Sexual Abuse and Domestic Violence”; “Seeing is Believing”; “Detecting Deception”, “Effects of Trauma on Child Development and Adult Functioning”; and “Real Treatment with Real Kids.”

Louisiana Adoption Advisory Board Conference for FFY 2009 was held December 10-12, 2008 in New Orleans, Louisiana. The conference was entitled “Adoption Gumbo” and provided sharing of different perspectives, common understanding, and promotion of initiatives that pertain to adoption. The conference was attended by regional staff members throughout the state.

The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held January 27-29, 2009 in Lafayette, Louisiana. A total of 125 DCFS staff members attended the conference. The conference provides an annual professional development opportunity to those serving Louisiana’s abused and neglected children. The TWC Steering Committee has set October 5-7, 2010 as the date for the next conference.

Louisiana Foundation against Sexual Assault sponsored the annual conference December 8-10, 2009 in Baton Rouge, Louisiana. This training provided information and training on the victims of sexual assault. A total of seven (7) slots were provided for DCFS staff members. Regional staff attend the annual conference of the Louisiana Foundation against Sexual Assault scheduled for December 2010.

Update FFY 2011: Despite structural changes which challenged Prevent Child Abuse Louisiana, the 25th Annual Prevent Child Abuse Louisiana Conference on Child Abuse and Neglect “Kids are Worth It” was held on January 19-21, 2011 in New Orleans, Louisiana. The conference offered professional development for those desiring to learn the latest in child abuse and neglect prevention. The conference featured presentations by speakers Cindy Christian, MD; Stephen Bavolek, PhD; Jim Hurovich and Victor Vieth, J.D. There were 25 breakout sessions and Institutes on The Strengths Perspective, Nurturing the Families of Louisiana, the Darkness to Light’s Steward of Children and Improving the Response to Child Victims with Disabilities. The conference was attended by DCFS staff.

The Louisiana Foster and Adoptive Parent Association sponsored the 35th Annual Foster Parent Conference February 13-15, 2011 in Baton Rouge, Louisiana. The theme for the conference was “Helping Everyone Receive Ongoing Support”. The annual conference offered DCFS staff members and foster parents the opportunity to increase knowledge, advocacy, and collaboration for improving safety, stability, permanency, and educational outcomes for children and youth in foster care. A total of 150 DCFS staff members and 33 certified foster parents attended the conference.

In 2011, the staff statewide took part in 4 teleconferences offered by the National Child Advocacy Center. They included: July 15, 2010 - Normal and Abnormal Sexualized behaviors in

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children; Presenter: Sandra Hewitt - 50 staff participated; January 27, 2011 - Interviewing the Autistic and Developmentally Disabled Child; Presenter: Scott Modell – 88 staff participated; March 14, 2011 - Child trauma Survivors and Mental Health Treatment; Presenter: Ernestine Briggs-King – 75 staff participated; March 24, 2011 - Trauma-Focused Cognitive-Behavioral Therapy: How Does This Therapy Help Maltreated Children? Presenter: Jennifer Wilgocki – 70 staff participated.

The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held October 5-7, 2010 in Lafayette, Louisiana. A total of 129 DCFS staff members attended the conference. The conference provided an annual professional development opportunity to those serving Louisiana’s abused and neglected children. The next conference was held October 17-19, 2012.

In collaboration with Hunter College the Department helped sponsor and plan the annual National Association of Social Work – Louisiana Conference in 2010 and 2011. In 2011, the conference focused on Family Engagement.

Update FFY 2012: The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held in October, 2011 in Baton Rouge, Louisiana. DCFS staff members attended the conference. The conference focused on family engagement, provided annual professional development opportunities to those serving Louisiana’s abused and neglected children. (*PIP Items – PS 1, AS 7, BM 7.2; PS 1, AS 9, BM 9.1 -9.2; PS 2, AS 1, BM 1.2, 1.5*)

The following video teleconferences were held for FFY 2012:

October 13: Child Interviewing Skills: Why Won’t They Tell? Working with the Reluctant Child Witness with Jody Byrnes

October 17: Psychodynamics of Abuse: How to Debrief and Handle Vicarious Trauma with Myra West

October 27: Falls in Children: It’s Not Just About Heads with Ken Feldman, MD

November 10: Seeing is Believing Part II with JanBays, MD

December 15: Grandparents in Distress: Supporting Grandparents who are Caretakers for their Victim Children with Kathleen Faller and Mary Ortega

February 15: Beyond Yes/No: How to Elicit Essential Details of Abuse without Direct Questions with Tom Lyon

February 16: Women Who Molest Children: Typologies with Bill Carson

March 15: Preparing for and Testifying in Court-Learning to Love Being a Witness with Stephanie Smith

March 29: Misunderstood Behaviors of childhood with Randell Alexander

April 12: Resiliency and Risk Factors for GLBT Youth and the Impact of Bullying with Al Killen-Harvey

May 10: Triad: Animal Cruelty, Domestic Violence and Child Maltreatment with Barbara Boat

June 28: Conflicting Loyalties: Working with Families where Sibling Incest Occurs with Kevin Wade

The following video teleconferences were planned for the remainder of FFY 2012:

August 9: Mobile/Cellular Devices and the Secrets They Hold with Amber Schroader

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September 13: How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide with Joy Shelton

Update FFY 2013: The Together We Can Conference sponsored by DCFS-Children's Justice Act, the Louisiana Supreme Court, Court Improvement Program and other Louisiana sponsors was held October 23-25, 2012 in Lafayette, Louisiana. The event was well attended by staff and individuals from various disciplines and included a focus on family engagement.

The following video and teleconferences were held: October 11: Maltreatment, Neglect and Poverty with Howard Dubowitz and; November 29: Child Sexual Abuse in the 21st Century: What Do We Know and Why Do We Know It? with Lori Frasier; August 8, 2012: Mobile/Cellular Devices and the Secrets they Hold, by Amber Schroader; September 13, 2012: How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide by Joy Shelton.

Update FFY 2014 and multi-year comparative analysis:

Moving the Margins (Train the Trainer) for Child Welfare Services with Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Out of Home Care sponsored by NASW, Louisiana CASA Association, and DCFS was held in Shreveport, LA on October 3, 2013. Training was provided for child welfare professionals, CASA, Attorneys, and Judges. Five DCFS staff attended this training.

The Together We Can Conference sponsored by DCFS – Children's Justice Act Task Force, the Louisiana Supreme Court - Court Improvement Program, Louisiana CASA Association, Louisiana Foundation Against Sexual Assault, NASW – LA Chapter, Children's Advocacy Center of Louisiana and the Louisiana Foster and Adoptive Parents Association was held October 28-30, 2013 in Lafayette, Louisiana. This event was attended by DCFS staff and individuals from various disciplines. The conference included workshops on Trauma-Informed Practice, Engagement of Children, Working with the Indian Child Welfare Act, and Achieving Better Outcomes for Children.

The Child and Family Institute: A Collaborative Effort between Hunter College School of Social Work and NASW was held in Baton Rouge, LA on January 17, February 14, April 11, May 9, and June 6, 2014; and in New Orleans, LA on January 31, February 28, April 25, May 23, and June 27, 2014. This training was offered to Adoption Supervisors and Adoption Workers who had not attended the Adoption Competency training provided by Dr. Gary Mallon previously. Ten employees from DCFS attended these workshops.

Integrating Trauma-Informed Practice in Child Welfare: Pursuing Better Outcomes and Fostering Resilience was hosted through the Title IV-E Child Welfare Training Program, Southeastern Louisiana University, Southern University at New Orleans, The Pelican Center for Children and Families, and the Louisiana Department of Children and Family Services. This two day conference was held in New Orleans Louisiana on February 5-6, 2014. This event was attended by DCFS staff, Title IV-E interns, child welfare students, foster/adoptive parents, and other child welfare professionals.

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D.) ALLOWABLE AREA:

- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

SERVICES PROVIDED:

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

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

Update FFY 2010: Debriefings, defusing, informational and one-to-one interventions were conducted during this time period by a fully operational CISM team with 43 members. A recruitment effort occurred and 10 new participants joined the team, however due to the inability to be fully trained, they are not currently functioning as active CISM providers. In FFY 2009, 102 staff received some form of CISM intervention and in FFY 2010 a total of 77 staff received some form of CISM intervention.

Update FFY 2011: The Department has continued to provide debriefings, defusing, informational and one-to-one interventions, but the team has not held meetings, conducted planning sessions or engaged in any critical incident trainings. A total of 50 staff received some form of CISM intervention.

Update FFY 2012: The CISM team continues to function and respond in the event of a critical incident and when assistance is requested. The team continues to be well-formed, solidly trained and able to assist staff when a critical incident occurs. Fifteen interventions were conducted last year, in various offices around the state, involving 45 staff members.

Update FFY 2013: The CISM team continues to function and respond in the event of a critical incident and when assistance is requested. The team has lost members due to retirements and resignations but it continues to be able to assist when a critical incident occurs. So far this year 10 staff has received some form of CISM intervention statewide. The team has not held any meetings, or conducted trainings but plans are currently underway to recruit new team members, and schedule team training.

Update FFY 2014 and multi-year comparative analysis:

The DCFS CISM team continues to function and respond in the event of a critical incident when assistance is requested. The team is trained and registered with the International Critical Incident

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Stress Foundation through January 27, 2015, and maintains the integrity of the critical incident model established by this trauma response organization. The team has lost members due to retirements and resignations but the recruitment of twenty (20) new members from all levels of the DCFS (CW, ES, and CSE) is underway and will be finalized by April 14, 2014. Once the twenty (20) new members are trained the CISM team will be comprised of forty-two (42) active members. The CISM team member application and intervention feedback survey has also been updated to reflect the DCFS acronym. The Budget Department approved funding for training and the Basic CISM training for all new members and refresher training for current members will occur between April and May of 2014. This will be the first training in three (3) years. During the last four years (2010-2014), one hundred and ninety four staff received some form of CISM intervention from across the state. The breakdown in years is as follows: 2010-seventy-seven (77); 2011-fifty (50); 2012-forty-five (45); 2013-twenty (20); 2014-two (2).

Activities Planned FFY 2015-2019: The CISM team will continue to provide pre-crisis preparation, crisis management, diffusing techniques, critical incident stress debriefing and individual crisis intervention to the DCFS employees when requested. Funding permitting, quarterly team meetings, recruitment efforts and yearly CISM trainings will continue for new and current members to keep abreast of current research, findings and theories of CISM and related topics. We will also look at creative ways to engage CISM team members in joint meetings and trainings without the use of state funds when the funding is not available through the use of webinar meetings and trainings using audio and visual materials. CISM handouts will also be revised to include the DCFS acronym. CISM activities, interventions and statistics will be documented and tracked by the Team Coordinator.

E.) ALLOWABLE AREA:

- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:
 - Existing social and health services;
 - Financial assistance;
 - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption;
 - The use of differential response in preventing child abuse and neglect.

SERVICES PROVIDED

1.) Substance Exposed Infants: In response to CAPTA, the 2005 Louisiana Legislature revised the Children’s Code, to include reports from health care providers involved in deliveries or care of newborns identified as affected by illegal use of controlled dangerous substances or withdrawal symptoms resulting from prenatal illegal drug exposure when the report is made within 30 days of birth. DCFS began accepting reports of prenatal illegal drug exposure or experiencing withdrawal for investigations of child neglect beginning March 1, 2006. In 2007, the Louisiana Legislature amended the prenatal drug exposure provisions in the Children’s Code to include the definition of a newborn; the “chronic or severe use of alcohol” within the definition of prenatal neglect; and, added the toxicology provisions for illegal drug exposure. The prenatal neglect provisions have not been amended since 2007.

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The Louisiana Children's Code, Article 603 (22) currently defines prenatal neglect as "exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning." A newborn is defined in Article 603 (17) as a child who is not more than thirty days old. A physician who has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance is required by Article 610 G. to order a toxicology test on the newborn to determine whether there is evidence of prenatal neglect. If the test is positive, the physician is required to report prenatal neglect. A physician is also required to report prenatal neglect, if there are symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning he believes is due to alcohol use by the mother during pregnancy.

Population Served: Newborns under the age of 30 days identified by a physician as having a positive toxicology test for a controlled dangerous substance, or symptoms of withdrawal in the newborn; and/or, symptoms of withdrawal or other observable and harmful effects in physical appearance or functioning due to chronic or severe use of alcohol by the mother during the pregnancy.

Services Provided: This statewide process consists of 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, FS, Intensive Home-Based Services (IHBS) (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 that the newborn is safe or unsafe, but with an in home safety plan that appears sufficient to reasonably assure the safety of the newborn, the requirement for a plan of safe care is met and out of home placement is not required. Medical services to meet the child's needs are determined by the child's physician. The newborn must be referred to an early intervention program. When the safety decision is that the newborn is unsafe and an in-home safety plan cannot control the safety threats, staff are expected to seek court action to assure the child's safety. Whenever the newborn remains in the home, the family is referred to the Family Services (FS) program. When service needs are identified during the Assessment of Family Functioning (AFF), the worker is expected to refer the family to community and/or DCFS services that may be available to meet the needs of the child and family.

Update FFY 2010: Brochures are provided to community and mandated reporters to assist in identifying situations that need to be brought to the Department's attention and to educate them on the Department's efforts. These brochures have been updated to include information regarding current state law.

Child Protection Investigation (CPI) policy (4-518) was revised to include conducting a mandatory override in cases with a substance exposed newborn to a very high risk level and revising the Appendix 4-F to reflect this change. FS policy (5-460) was developed to provide detailed instructions for providing services for substance exposed infants and their families. Foster Care (FC) policy (6-205) was also revised to inform staff that when substance exposed

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infants and their parents had needs identified prior to the transfer to FC, the FC worker is expected to include those in the initial AFF, or in the update to an AFF transferred from FS. The new policy includes services to consider for inclusion in the assessment when the foster child is a substance exposed infant. Additionally, FC policy was developed to prepare caregivers when the foster child is a substance exposed newborn/infant who needs specialized care. If a sibling may also have experienced prenatal alcohol/drug exposure, the preparation needs to include available information about the child's behavior related to their exposure as well as new policy that includes the information on caring for a substance exposed infant that shall be given the foster parents/caregivers at the time of placement.

One 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. Additionally, training on Substance Exposed Newborns and Relapse Prevention was held October 27, 2009. In FFY 2009, there were 695 cases reported for substance exposed newborns. Five hundred nineteen of the reported cases were closed as valid (justified).

Update FFY 2011: In FFY 2010 there were 836 reported allegations for substance exposed newborns. Of the reported cases 706 were closed as valid (justified).

The Training unit developed training around working with families where substance exposure to a new born was identified. An initial training was delivered on February 25, 2011 to program staff for feedback and input before delivering to field staff.

Update FFY 2012: In FFY 2011 there was a total of 935 alcohol and drug affected newborns in the state's count of alleged victims (4 of which were identified as alcohol affected and 931 of which were identified as drug affected). Of the reported cases, 3 were validated/substantiated for abuse/neglect due to alcohol affected newborn and 811 were validated/substantiated for abuse/neglect due to drug affected newborn.

The brochure for mandated reports of prenatal neglect was updated to include the Louisiana Child Protection Statewide Hotline process for reporting prenatal neglect. Efforts to revise the substance exposed newborn protocol for responding to reports and on-going services were initiated.

Update FFY 2013: DCFS is worked in collaboration with the Louisiana Department of Health and Hospitals (DHH) to develop and implement the new protocol. The substance exposed newborn protocol includes guidelines for how investigation staff determines whether to refer these families for ongoing services and, when they are referred, how staff will be required to work with these families. The focus of the work with these families was toward incorporating child safety decisions along with risk issues with factors in addition to the prenatal substance exposure to determine case decision making.

Update FFY 2014 and multi-year comparative analysis:

The Department created a substance exposed newborn policy which now requires multiple staffing's between Child Welfare Managers, Supervisors, as well as the Bureau of General Counsel to ensure that Present and Impending Danger are being assessed with these vulnerable children. The Department created measures which require these cases to be staffed within 72

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hours after the acceptance of the case. All parents who give birth to a substance exposed newborn must complete a substance abuse assessment within 30 days. Cases in which a family has had prior substance exposed newborn are staffed with the Bureau of General Counsel to ensure that protective measure including but not limited to removal of the child are completed. Cases in which an in-home safety plan is completed are required to be staffed into the Family Services Unit.

The Department has placed an emphasis on ensuring that these families are interviewed before they are discharged from the hospital which required all substance exposed newborn cases to have an immediate response priority. Staff are now required to talk with numerous collaterals which include the mother's obstetrics to ensure prenatal care for these children.

The Department will continue to work with DHH to implement guidelines and protocols for assessing substance exposed newborns and service provision for families. Staff will continue to work on assessing safety of these vulnerable infants by identifying safety threats and caretaker protective capacities.

F.) ALLOWABLE AREA:

- developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.

SERVICES PROVIDED:

1.) Media Campaigns/Community Education: Educational information regarding child abuse and neglect provided through various forms of media.

Population Served: Citizens statewide.

Update FFY 2010: The Department provided information to communities statewide by distributing brochures. The Department partnered with PCAL to conduct events during Child Abuse Prevention month in April to encourage community awareness throughout the state of Louisiana. Each year the Department 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 asks the Department 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 these materials as they make presentations to community organizations. These materials were also distributed at state and national conferences.

Update FFY 2011: Departmental staff worked with the Children's Advocacy Center in New Orleans to revise a mandated reporter training. Local office staff continued to provide in-services to local schools and community partners as needed and as requested.

Update FFY 2012: The Department has a Safe Sleep website that includes a video and resource materials. Three brochures are available for public downloading:

- Safe Sleep for your baby in the bed

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- Safe sleep for your grandbaby
- Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

The media campaign to reach mandated reporters included a presentation at the Together We Can Conference in October 2011. In addition, the Department has developed a mandated reporter training for the public. The mandated reports will be able to complete the training, download a certificate and receive three hours of continuing education training. The training should be available for public use by October 2012. The Department initiated the process to update the Mandated Reporter brochures to include the CI process. It is anticipated that the 2012 Louisiana legislators will amend state statute to incorporate the Governor's Executive Order (November 2011) to include all public technical or vocational school, community college, college, or university professors, administrators, coaches and other school employees as mandated reporters.

Update FFY 2013: Revisions to the mandated reporter brochures were finalized and on-line training has also been made available to mandated reporters. They now include the CI statewide toll free telephone number and additional persons as mandated reporters. They have been distributed throughout the state. The Department continued to provide information regarding Safe Sleep on the website.

Update FFY 2014 and multi-year comparative analysis:

The Department continues to provide information regarding Safe Sleep on the DCFS website and distributed brochures on the topic. Mandated reporting training also remains available on the DCFS website. For additional information refer to page 292.

2.) Safe Haven: 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 that meet the criteria for "Safe Haven Replenishment" as stated in Title XI of the Louisiana Children's Code.

Services Provided: Promotion of awareness of Safe Haven legislation and prevention of infant deaths as a result of an abandonment or homicide by providing a means by which an infant may be left in safe circumstances and the parent may anonymously abandon their responsibility for the infant without criminal consequences. DCFS website includes 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 DCFS parish offices and the option of printable posters and safe haven cards that can be provided to the community.

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Update FFY 2010: In February 2009, DCFS launched a Safe Haven Public Awareness Campaign to ensure newborn safety by providing information on legal custody relinquishment. This campaign included: A partnership with Lamar Advertising Company for billboards statewide, to provide information about Louisiana's Safe Haven Law; Informational brochures to be distributed around the state at such locations as all DCFS offices, hospitals, pregnancy clinics and child advocacy centers; A Web site, www.LouisianaSafeHaven.com, dedicated to providing information about the law and resources for parents in crisis; Public service announcements on radio and television; and an outdoor media campaign in partnership with Lamar Advertising Company. In July 2009, a television commercial promoting Louisiana's Safe Haven law began airing across the state on network and cable television stations. Also, the Louisiana Public Broadcasting (LPB) channel aired, "Louisiana: The State we're in" on Safe Haven Laws. Posters and confidential information cards were also distributed to DCFS offices, community partners and Safe Haven locations, as well as a yellow sticker to affix to the door to alert individuals that the building is a Safe Haven location. Facilities can request additional materials at www.DCFS.louisiana.gov/safehavenmaterials. Additionally, the Safe Haven website offers a training packet, genetic history information form, the Safe Haven Card for parents and posters to employees of designated emergency care facilities to download. Links have also been created on social networking sites such as Facebook and MySpace in order to get more people involved and join the cause. Currently, there are 866 members who have joined the cause of "Louisiana Safe Haven Education.

In April 2010, it was announced that the pair of commercials which aired in 2009, to publicize Louisiana's Safe Haven Law were awarded the Bronze Telly Award. Founded in 1978, the Telly Awards honor outstanding local, regional and cable television commercials and programs, video and film productions, and online film and video. Judges are from all regions of the United States and represent large and small organizations, including advertising agencies, television stations, production houses and corporate video departments. The Telly Awards receives over 13,000 entries annually from all 50 states and countries around the world. The entries do not compete against one another; rather, they are judged against a high standard of merit. Less than one quarter of entries are awarded bronze Telly Awards.

In FFY 2009, there were 7 Safe Haven incidents, however only 3 met the requirements of Louisiana's Safe Haven law. In FFY 2010 to date, there has been one safe haven incident, however this abandonment did not meet the requirements of Louisiana's safe haven law as this child was abandoned at a Safe Haven facility, but was not handed to an employee.

Update FFY 2011: Public Service Announcements (PSA) on Safe Haven continues to run on television stations throughout the state and the Department continues to distribute Safe Haven promotional materials to social service and health agencies. Safe Haven news releases were issued periodically throughout the year as well.

In FFY 2010 there were a total of 6 cases: Three (3) relinquishments safely occurred under the provision of the law; one (1) abandonment case did not meet the requirements of law, as this child was abandoned at a Safe Haven facility but was not handed to an employee; and there were 2 abandoned fatalities. There have been no new reported cases in this current federal fiscal year to date.

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Legislation passed during the 2010 Regular Session of the Louisiana Legislature, HB 504 Willmott, Act 471, became effective August 15, 2010. The legislation specified the duties of designated emergency care facilities (safe haven relinquishment sites) with regard to instructing facility employees on provisions of the state's safe haven law; specifies the means by which the DCFS shall make available safe haven training materials and notice to the public of the existence of designated emergency care facilities and the use of safe havens.

Update FFY 2012: As of March 2012, two abandonment cases have been reported to the Department. On January 2012, the Department published a newspaper article to re-inform the public about the Safe Haven Law after a mother was arrested for abandoning her newborn outside her home. The article reminded the public of the law and the procedures for relinquishing a child.

Update FFY 2013: During calendar year (CY) 2011 there was one safe haven case and during CY 2012 there were three safe haven cases.

The Department substantially revised the policy for child abuse and neglect intake to provide clarity and additional information regarding policy and procedures for safe haven relinquishments. A summary of the policy changes are listed below:

1. The requirement that the Department be immediately notified when an infant is relinquished to the safe haven facility
2. Specific protocol and screening procedures to be used when Child Protection Centralized Intake has received a report regarding safe haven relinquishments;
3. Definitions for a Designated Emergency Care Facility, Infant, and Relinquish or Relinquishment;
4. That when an infant is relinquished at a designated emergency care facility other than a hospital, the facility representative is required to immediately transfer the infant to a hospital;
5. Specific information regarding parental responsibilities regarding relinquishments and safe haven provider responsibilities.

Additionally, a new section of policy was created to address the effect of safe haven relinquishment on parental rights. This new section provides that the Department shall take custody of a relinquished infant within 12 hours of notice the infant is ready for discharge from the hospital. Policy now requires a hearing be held within three days of the infant's entry into custody and advises that no notice to parent or caretaker is required. It also outlines the requirement that within 30 days after the relinquishment the parent may seek to reclaim parental right by filing a motion declaring his or her intention to retain his or her parental rights. Further, if the court finds the parent fails to establish his parental rights, the court can declare the rights terminated. If the relinquishing parent has not sought to reclaim parental rights, the court upon a motion from the Department filed within 45 days of the relinquishment, renders a judgment declaring the rights of the parents terminated.

PSA continue to run around the state at the discretion of the station. DCFS does not get a report or any notice when stations run the PSA; however, in Lafayette, stations run the PSA on a regular basis. In the 2013 Louisiana Legislative Session legislation changed the Safe Haven timeframe from 30 to 60 days. DCFS will need to reprint materials before further distribution.

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Update FFY 2014 and multi-year comparative analysis for Media Campaigns and Safe Haven:

House Bill 173 (Act 186), introduced during the 2013 Legislative Session, became law on August 1, 2013. The new law increases the age that a child can be relinquished under the Safe Haven law to 60 days old. The law continues to require that the baby cannot be left unattended and must show no signs of abuse or neglect.

In Calendar Year (CY) 2013, nine (9) children were relinquished under the Safe Haven law and one was abandoned. The increase in Safe Haven relinquishments is attributed to hospital-based counselors advising families that Safe Haven is an alternative to traditional adoption, something DCFS does not support.

The DCFS redesigned its brochures and posters to reflect the increase to 60 days and to reinforce that Safe Haven should be treated as a last resort, not a simpler option for families who cannot care for their children. The posters and brochures, along with additional window clings and business cards, are being distributed to Safe Haven locations during March – April 2014. The training materials will also be updated to reflect the new age limit in FFY 2014 and distributed via www.louisianasagehaven.com. Materials have been mailed statewide to hospitals, law enforcement agencies, fire stations and more. The agency continued previous years' campaign to reach out to mandated reporters via press releases and mentions in interviews regarding child safety. The DCFS also presented information about mandatory reporters and how to report suspect child abuse or neglect to schools and school systems statewide.

The Department celebrated benchmarks in child welfare operations, like COA re-accreditation, completion of Program Improvement Plan, passage of Title IV-E review, and meeting foster child visitation benchmarks, with parties at Child Welfare offices in all nine DCFS regions, record breaking finalized adoptions, inviting media and sending out press releases for each region. The DCFS additionally publicized improvements in Louisiana's child welfare system and policies like the Continuous Quality Improvement team and implementation of Advanced Safety Focused Practices with press releases.

Throughout this reporting period, the Department made efforts to educate and inform the public regarding child abuse and neglect. This has included audience-specific presentations at conferences and continuing education events, as well as information targeting the general public. Moving forward, the DCFS would like to engage in additional communications targeting the general public, including a general child safety campaign that would cover topics including preventing abuse, safety in the home, on the internet and in school, and child health topics like safe sleep. The DCFS will continue its efforts to inform the public and stakeholders about mandatory reporter requirements and Safe Haven.

In FY 2010 saw a major push regarding our Safe Haven campaign. That campaign, including new promotional materials and a public service announcement continued for two years. In FY 2013 and 2014, the Department saw an uptick in Safe Haven publicity due to changes to the DCFS policy and to state legislative law. Overall, the DCFS believes the Safe Haven campaign to be successful because three times as many children have been safely relinquished through Safe Haven than have been abandoned since 2009. In the coming year, the Department will update and redistribute public service announcements and materials to comply with recent legislation.

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G.) ALLOWABLE AREAS:

- developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in
- investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;
- the provision of services that assist children exposed to domestic violence and that also support the care giving role of their non-abusing parents.

SERVICES PROVIDED:

1.) Early Intervention Services - When a child under age three (3) has been abused or neglected, the family must be referred to the early intervention program for cases with a valid or substantiated final finding, unless the child is already participating in such program. The early intervention services available on a statewide basis are provided by Early Steps. Early Steps is administered by the 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 Department of Health and Hospitals (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.

Update FFY 2010: While the Department requires that all children under the age of three (3) be referred to early intervention services, the Department does not track the number of children referred and therefore cannot provide outcome data.

Update FFY 2011: The Department continues to require that all children under the age of three (3) be referred to early intervention services; however, the number of children referred are not tracked. Staff participates on the state Interagency Coordination Council which oversees the coordination of services through the Early Steps Program and guidelines for development of the Individual Family Service Plans.

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Update FFY 2012: DCFS does not track the number of children that are referred to early intervention services; however, CPI and FS policy requires a referral of these children to Early Steps unless they are already participating in an early intervention program. Foster care has policy for medical exams and meeting the child's medical needs. DCFS is providing the unduplicated count of valid child victims under age three during FFY 2011 to show how many children were referred to early intervention services. The unduplicated count of valid/substantiated child victims under age 3 who were alleged victims of child abuse/neglect was 2,877.

Staff continued to comply with policy to refer children under age three to early intervention services. The Department also continued to serve on the state Interagency Coordination Council.

Update FFY 2013: As reported last year, the DCFS does not track the number of children that are referred to early intervention services; however, it is the policy and practice of the Department to refer all children under age 3 to services. The state submits the unduplicated count of valid/substantiated child victims under age 3 who were alleged victims of child abuse/neglect was 2,734.

Staff continued to comply with policy to refer children under age three to early intervention services. The Department also continued to serve on the State Interagency Coordination Council.

Update FFY 2014 and multi-year comparative analysis:

Over the last five years, staff continued to refer all children under age three to early intervention services provided by the DHH. At this time, there are no known changes as it relates to service delivery.

H.) ALLOWABLE AREAS:

- developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs
- to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or
- supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;

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SERVICES PROVIDED:

1.) Interagency Collaboration: Consultation with Physicians:

The Department 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 with their first tooth or age one year and older whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the DCFS worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based on a physician's recommendations.

Population Served: Children and youth in the DCFS Foster Care Program statewide and youth aging out of Foster Care at age 18 up to 21.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well being of foster children. Also to provide necessary treatment 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 treatment provider when indicated. The Department has a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody. This process was contracted to a private company named Magellan, effective March 1, 2012 as part of the collaboration between the DHH; Office of Behavioral Health (OBH); Office of Juvenile Justice (OJJ); DCFS, Child Welfare Program; and Department of Education (DOE). The collaboration is referred to as the Louisiana Behavioral Health Partnership (LBHP). All behavioral health services supported through these four governmental agencies will be provided through this partnership. The purposes are to maximize funding streams; provide consistent, quality services statewide; and, insure availability of specialized services through a Coordinated Systems of Care (CSoC) to meet the needs of the most behaviorally challenged children to stabilize them in their family setting.

Referrals for treatment are made on the basis of medical necessity, treatment needs of the child and reduction of risk in the home of origin. Medical necessity refers to those services required to identify and/or treat a client's psychiatric/behavioral disorder.

Recommendations by medical professionals in assessing the well being of foster children are often times essential to the development of a case plan to work with the child and the family. In

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some cases, it is used to assess the progress with the case plan or prepare for court involvement. All treatment provided to DCFS clients, is to be addressed in the case plan for the family and child.

The Department 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 needs.

Update FFY 2010: The Department continuously utilized medical professionals in assessing the health and well being of foster children and in determining appropriate medical or mental health treatment.

Update FFY 2011: DCFS continued to utilize appropriate medical professionals in order to assess the health and well being of foster children and to determine appropriate medical and mental health treatment.

Update FFY 2012: The DHH initiated a managed care system through contract with the Bayou Health System with five options for provider agencies for all Medicaid recipients in the state. This includes children in foster care, children in IV-E adoption or guardianship subsidies, and youth exiting foster care at age 18 up to age 21. These managed care systems serve the physical health care needs of Medicaid recipients as well as specialized needs such as dental care, vision care, well-child care, pregnancy services, and pharmacy services. The LBHP along with the specialized behavioral health services of the CSoC through contract with Magellan was launched March 1, 2012.

Update FFY 2013: Since March 1, 2012, DHH has maintained a managed care system contract with the Bayou Health System for all Medicaid recipients in the state including children in foster care, children in IV-E adoption or guardianship subsidies, and youth exiting foster care at age 18 up to age 21. The partnership also continues to include CSoC which provides specialized behavioral health services.

Update FFY 2014 and multi-year comparative analysis:

During this five year period the way medical and behavioral health services are provided to Louisiana's children and families has changed. Initially, the Department contracted with individual providers to provide the services needed but began working toward the development of the Louisiana Behavioral Health Partnership (LBHP) and a Coordinated System of Care (CSoC) for at risk youth.

Currently, the Bayou Health system for managed medical care services and the Louisiana Behavioral Health Partnership are in place to serve the medical and behavioral health care needs of children in foster care. On January 1, 2014, the DHH expanded Medicaid coverage to age 26 for youth aging out of foster care as long as they reside in Louisiana in accordance with the federal Affordable Care Act.

2.) Interagency Collaboration: Louisiana Behavioral Health Partnership/Coordinated Systems of Care: Louisiana developed a statewide Louisiana Behavioral Health Partnership (LBHP). This partnership between the DCFS, the OJJ and the DHH was developed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how

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services are delivered. Coordinated Systems of Care (CSoC) is a part of LBHP and includes services targeted to at risk children and youth with significant behavioral health challenges or co-occurring disorders.

The CSoC is an evidence-based model that is part of a national movement to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system. The goals of CSoC is to reduce the number of targeted children and youth in detention and residential settings; to reduce the state's cost of providing services by leveraging Medicaid and other funding sources; and, to improve the overall outcomes of these children and their caretakers.

Population Served: At-risk youth statewide – i.e. young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system. During the first six months of implementation 1,200 young people are expected to be served and in the first full year a total of 2,400 young people are expected to be served. The initial targeted-population includes 1,200 youth currently in residential treatment facilities, secure care facilities, psychiatric hospitals, addiction facilities, alternative schools, detentions, developmental disabilities facilities, and homeless children. Another 42,000 children with behavioral health needs in the state will be able to benefit from enhanced coordinated care through this system.

Services Provided: Through a number of entry points, all young people eligible for the CSoC will be referred by the Management Organization to a "local wraparound agency." Services within a wraparound agency will include around the clock behavioral health screenings, crisis stabilization, parent educational support and training, independent living and skills building, short-term care and peer support. Once the system is accessed by a young person, they are immediately eligible for community-based programs. The local wraparound agency works with a licensed mental health professional to develop an assessment of the youth's needs, and establishes a "Child and Family Team" to care for them. Next, a "Plan of Care" will be developed with input from the child's family and community partners like teachers, clergy, church leaders, coaches or other community organizations to ensure the needs of the individual child are met. The Child and Family Team is involved as the Plan of Care is executed with intensive case management until the youth is ready to be transitioned out of the CSoC. Additionally, a Family Support Organization supports the family and provides peer support to those participating in CSoC.

Update FFY 2011: DCFS staff worked closely with other state agencies, youth advocates, judges, local officials and parents to develop CSoC and identify what services are needed to care for kids already in out-of-home facilities and those who are at risk of entering them. Beginning January 2011, stakeholders attended an initial planning session and a wide scope of collaboration continued through countless stakeholder meetings, focus groups, and regional meetings.

Update FFY 2012: The Request for Proposal (RFP) for the LBHP was submitted in 2011 and Magellan Health Services was the selected provider to serve as the Statewide Management Organization (SMO). The contract with Magellan Health Services and the DHH, OBH was finalized in early 2012. Magellan is responsible for managing all behavioral health services through the LBHP and subsystem, CSoC. The LBHP system kicked off on the targeted start up date of March 1, 2012. Magellan has offices located in Baton Rouge and Shreveport. LBHP services are available statewide and CSoC services are available in five regions. The 5 CSoC

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regions include: Monroe, Alexandria, Baton Rouge, Shreveport, and Jefferson Parish. These regions all currently have active Wrap Around Agencies and Family Service Organizations.

Magellan continues work to transition providers of therapeutic and residential services to the new system and the Department is working closely with them on this process. Magellan is responsible for network development, care management and utilization management. The Department is transitioning providers of behavioral/residential services to Magellan. Where there are gaps in services, Magellan will recruit and certify new providers. To date, approximately 44,000 individuals are being serviced through LBHP and 50 DCFS families are enrolled in CSoC services. (*PIP Item – PS 3, AS 1, BM 1.3 – 1.4*)

Update FFY 2013: Magellan began management of the LBHP on March 1, 2012. Most of the activities in the first year focused on transitioning existing DCFS/OJJ/OBH and private providers of behavioral health, residential and therapeutic foster care services to the LBHP network. Once all existing DCFS/OJJ residential and TFC providers were fully contracted with Magellan, management and payment of residential/TFC services were transitioned to Magellan on January 1, 2013. DCFS has continued to work closely with Magellan to identify gaps in service delivery so that they can be addressed in recruitment efforts. Magellan has developed a recruitment plan to address the needs for specific levels of care in the residential placement spectrum and also for therapeutic providers who specialize in trauma informed care and sexual behavior disorders. In addition, DCFS has continued to work diligently to identify children in need of CSoC services. Currently, 116 DCFS families are enrolled in CSoC services throughout the five implementing regions. (*PIP Item – PS 3, AS 1, BM 1.3-1.4*)

Update FFY 2014 and multi-year comparative analysis:

Magellan and the DCFS, along with DHH and OJJ, continued to partner together to strengthen the LBHP. The residential network now has four defined levels of care: Psychiatric Residential Treatment Facility (PRTF), Therapeutic Group Home (TGH), Non Medical Group Home (NMGH), and Therapeutic foster care (TFC). The system has 2 providers (4 locations) of PRTF facilities, 2 providers for TGH services, NMGH providers and providers of TFC services. All recruitment services at this time are focused on TGH and TFC services. In addition, Magellan has developed a robust network of providers for all behavioral health services to include: outpatient treatment, Homebuilders, Functional Family Therapy, Multi-systemic Therapy, and substance abuse treatment. Recruitment efforts in this area are focused on trauma informed treatment and sexual treatment providers. Currently, 94 children are enrolled in CSoC and 439 have been served in CSoC since 3/12. Ongoing goals are to increase the number of TGH and TFC beds and to continue to strengthen the outpatient treatment provider list statewide.

The DCFS joined the DHH, the OJJ, and the LDE to implement the Louisiana Behavioral Partnership in March 2012. Over the past two years, many accomplishments have occurred. DCFS staff statewide have been trained and guided through the implementation of this complex system. Staff are engaged in a new referral protocol and placement process and continue to familiarize themselves with the dynamics of the managed care process. The success of this implementation required assistance from all levels of DCFS staff. Through ongoing planning and consultation, the Department successfully transitioned the management of all behavioral health services to Magellan Health Services oversight. The partnership began in March 2012 with the transition of behavioral health services and was followed up with the transition of residential services in July 2013. DCFS has worked closely with leadership from DHH, OJJ, DOE and

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Magellan to address implementation issues as they occurred. Many efforts over the multi year timeframe have focused on reporting, invoicing, tracking, and network improvements. Ongoing work will continue to address network provider gaps so that the partnership can have a robust service array and transfer into the positive outcomes for children and families the Department anticipated.

3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities: Section 106(b)(2)(B)(x) of CAPTA requires states to assure that the state will provide for the public disclosure of findings or information about a case of child abuse or neglect which results in a child fatality or near fatality. In compliance with this requirement, the Department included the following information in changes to its Administrative Policy, Chapter 1, Section 530 G regarding release of information to the media in cases involving child fatalities and near fatalities:

- the cause of and circumstances regarding the fatality or near fatality;
- the age and gender of the child
- information describing any previous reports of child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality
- the result of any such investigations
- the services provided by and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality

The CAPTA legislation also provides for the allowance of exceptions to the release of information in order to ensure the safety and well-being of the child, parents and family or when releasing the information would jeopardize a criminal investigation, interfere with the protection of those who report child abuse or neglect or harm the child or the child's family. The Department's existing policy on disclosure provides for the exception of the release of this information when the district attorney requests that the information not be released due to its potential to compromise a criminal investigation, criminal prosecution or when the agency thinks a release may compromise the agency investigation.

4.) Citizen Review Panel 2011 Annual Report/Departmental Response

The CAPTA state grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. The 1996 CAPTA amendments required states to establish at least three Citizen's Review Panels (CRP) composed of voluntary community representatives. The panels examine the policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services. In particular, the panels 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
- Other criteria, which the panels consider important to ensure the protection of children, include the coordination of child protection with foster care and adoption services, and the state's review process for child fatalities and near fatalities.

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Citizen Review Panels established in Louisiana include:

- Beauregard Parish CRP
- Lafayette Region CRP
- Monroe Region CRP

Role of Citizen Review Panels

- Meet quarterly
- Discuss issues regarding the state's child protection system
- Serve as the community regarding child protective services

DCFS Responsibility to Citizen Review Panels

- Offer support to CRP
- Provide technical assistance regarding the organization, the service delivery system and various grant opportunities
- Submit available CRP annual reports to the Administration for Children & Families by December 31st
- Include CRP reports in the Annual Progress and Service Report (APSR) submitted to ACF on or before June 30th of each year.
- Review CRP recommendations
- Address panel concerns
- Implement recommendations whenever possible
- Respond to CRP recommendations in writing

Introduction: As a result, the need to have a multi-year strategic plan developed by the current CRP members, the DCFS staff statewide and potential CRP members was highlighted. The strategic plan should include specifics on recruitment and retention, building productive relationships, and contain performance measures.

In 2012 Louisiana faced many struggles including Hurricane Isaac. The Department implemented many changes to better serve children and continued to develop qualitative and quantitative measures in fulfilling the Department's mission. Over past years, panels have had difficulty maintaining membership as well as momentum with their membership. As a result, the need to have a multi-year strategic plan developed by the CRPs, DCFS staff statewide and potential CRP members was highlighted. In the coming year, work will be focused on the development of a strategic plan that will include specifics on recruitment and retention, building productive relationships, and contain performance measures.

The existing panels' goal is to continue the examination of policies, procedures, and where appropriate, specific cases handled by the state and local agencies that provides child protective services. In order to be successful in meeting that goal one panel chose to research information on recruiting and retaining members so that they could obtain a fully functional CRP.

Services Provided: Panels meet at least every 3 months to review and discuss specific policies and procedures, review specific cases of both state and local agencies (where applicable) and prepare an annual report.

Population Served: Louisiana had four CRPs that were located in various areas of the state. However, the Baton Rouge Region panel disbanded leaving only (3) active panels. The

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Beauregard Panel is parish based and located in the southeastern quadrant of the state within the Lake Charles Region. The remaining two panels are based in the regions of Lafayette and Monroe, which both consist of multiple parishes.

Goals and Objectives: The goal of the panel is to provide an opportunity for citizens to commit in promoting and creating positive change for the overall well-being and safety of children.

2012 Annual Citizen Review Panels' Reports, Activities and Recommendations:

Lafayette Region CRP: **Members include:** Joan Lasseigne, Foster/Adoptive Parent – Chairperson,
Andrysheroes Lasseigne, Foster/Adoptive Parent, Courtney Lanclos, CASA Executive Director – Co-Chair,
Linda Boudreaux, Family Resource Center Director, Katy Bajat, LCSW, Special Needs Parent, David Yarbrough, Dean of Community Services, ULL, Ambert Hebert, Lafayette Sheriff Deputy, Kristy Suire, LCSW, Jacob Corbell, Lafayette Drug Court, Madeline Rosette, St. Landry CASA, Executive Director,
Vickie Romero, 16th JDC CASA, Melissa Vidrine, LMSW, DCFS Child Welfare (CW) Consultant, Lafayette Region

Introduction: The Lafayette Region CRP held meetings on the following dates: August 21, 2012, October 9, 2012, and November 7, 2012. The panel members began a recruitment process for new members in June 2012 and were able to host the first meeting during the year on August 21, 2012. There were five members present including the Regional CW Consultant. During this meeting, a discussion was held about reaching out to others for membership. In addition, another discussion was held regarding the need for an available neutral meeting place in the community to host panel meetings. The objectives and the purpose of the CRP were also discussed. Each member present signed the confidentiality agreement to be adhered to while reviewing case information. The CW Consultant discussed the current Program Improvement Plan (PIP) regarding “Time to Adoption” and “Time for Victim and Parent Contact” with the members. The current regional foster care case statistics were also discussed. Information revealed that Lafayette Region had a combined total of 523 children in foster care. At that time, the current numbers for each parish were as follows: Acadia (46); Iberia (36); Lafayette (147); St. Landry/Evangeline, (83); St. Martin, (26); St. Mary, (32); Vermilion, (39); and Lafayette Region, (114). The CW Consultant also held discussions regarding the statistics involving the number of open investigations for July 2012 (162) and the current number of investigation open in August 2012 (95). The Child Welfare Consultant informed the members about the number of deaths in the region for the current calendar year.

The members began discussions regarding the programs that they would like more information about such as Foster Care (FC), Adoptions, Child Protection Investigation (CPI), and Home Development (HD). Members were informed that training opportunities would be provided and forwarded to them on an as needed basis. The members suggested waiting until they assigned the chair and the vice-chair for the CRP. The CW Consultant suggested that the panel consider meeting more than the required quarterly timeline if possible. The next scheduled meeting was held on Tuesday, October 9, 2012 at 9:00 a.m. The members were informed that they should be prepared for a two-hour meeting once cases were reviewed. Copies of the confidentiality statement and names/e-mail addresses/phone numbers were given to each member. The minutes

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were sent to all participating members including a request to recruit other community stakeholders for participation. Courtney Lanclos, Co-Chair, was able to recruit the following new members: Amber Hebert, Kristy Suire, and Jacob Corbell. A meeting was scheduled for October 9, 2012, but rescheduled due to poor turnout since only three members attended. The meeting was rescheduled for November 7, 2012.

The November 7, 2012 meeting was held and ten members actively participated including the CW Consultant. The panel members discussed the Child and Family Service Review (CFSR) along with some of the issues related to the PIP involving safety, permanency, and well-being. The panel conversed about the 8 key issues of practice improvement. The purpose of PIP was discussed and a handout related to the CFSR and the “Timeliness to Adoption” PIP item for Lafayette region. We briefly discussed the need to select a chair and co-chair. Joan Lasseigne volunteered to be the Chair and Courtney Lanclos volunteered for the position of Co-Chair. CW workers came from Family Services, CPI/ Alternative Response Family Assessment (ARFA), FC, Young Adult Program (YAP), and HD. A discussion was held about the Structured Decision Making (SDM) risk assessment process and other timelines related to case management. There was further discussion about Centralized Intake procedures and the difference between ARFA and CPI. The members contemplated on an area of interest involving these programs that they may desire to be reviewed. There was an interest in the areas of child specific placements and the need for recruitment. The members also discussed issues related to the need to improve the timeline for children to be placed with relatives along with finding family members. In addition, CASA advised that they are working on a recruitment plan and requested assistance in that area. Confidentiality agreements were signed by all members present for the first time. The next meeting was scheduled for January 16, 2012. The meetings will be held at the Women’s Foundation classroom in Lafayette when available.

Training: The continued need to educate existing members was viewed as an extremely important task for our CRP Region. Rose Sam, DCFS State Office CRP Representative, was able to send multiple training information of interest to our Regional Child Welfare Consultant. This information was disseminated to members of interest. The panel also discussed the possibility of having the National CRP Representative, Dr. Blake Jones, travel to Louisiana and to provide training and technical assistance in January 2013 for all CRP regions.

Recommendations: Membership for the Lafayette regional CRP has increased to eleven members with an additional member joining in January 2013. There was a discussion at the November meeting regarding a need for the Department to place children with relatives as soon as possible. There is a concern that the timeline for placement with relative caregivers and the home study process are taking too long.

DCFS Response: Federal laws require the Department to consider relatives when seeking placement for a child who cannot return home. The Fostering Connections to Success and Increasing Adoptions Act of 2008 gave states the option to use federal Title IV-E funds for kinship guardianship assistance. The placing of children with their relatives is the first choice of the Department when this is an option. However, in order to safeguard both the child and the parties involved in the child’s placement, the laws of every state require that prospective placements participate in a home study process. Depending on the location of the home of the interested party, this process may be a lengthy process. The time it takes to conduct a home study varies, but most often, the process take about three months or more to complete. It entails

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many factors such as, how many social workers are assigned to conduct home studies; what other duties the social workers have; how many other people applied to the Department at the same time to request a home study; and when any mandatory training is offered that interferes in a timely submission. If the paperwork for a home study is thoroughly completed that may speed the process.

“The Child Welfare Information Gateway” and “The California Evidence-Based Clearinghouse for Child Welfare (CEBC)” websites are resources your panel may want to review for further assistance in the specific area of placements or home study your choose to examine. These two resources offer statistical information and scientific rating scales on how selected child welfare related programs are reviewed.

Beauregard Parish CRP: Members Include: Chair – Tommy Edwards, Director of Court Appointed Special Advocates for Children CASA, DCFS Liaison – Donna McCullough, CWS 4, DCFS, Regional – Patricia McClinton, CWS 5, Alba Dubois, Counselor, Grace Church, David Burton, District Attorney of the 36th Judicial District, Carol Williams, Victim Assistant Coordinator, District Attorney Office, Natha Gantt, Director of Beauregard Parish Behavioral Health Center, Alexas Heflin, Regional Director of the State of Louisiana, Office of Youth Development (OJJ), Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board, Kim Haynes, Beauregard Parish School Board, Annette Duplechin, Executive Director, BeauCARE, Patty Doyle, Administrative Assistant, June Jenkins Women’s Shelter, Deputy Robert Butler, FINS Intake Officer, Beauregard Parish Sheriff’s Office, Lt. Christopher Rudy, DeRidder Police Department, Myrna Cooley, TASC Supervisor (Truancy), Tamisha Ashworth, Beauregard Director Big Brothers Big Sisters.

Introduction: The Beauregard Parish CRP continues to meet with all the community panels/boards including the Children and Youth Planning Board, Families in Need of Services (FINS), and Truancy Assessment Center and Court Appointed Special Advocates for Children (CASA). The panel members reviewed the services provided through Beauregard Parish DCFS and agreed that the Department is able to meet the needs of the families served. A rave review was submitted recognizing the panels’ strong commitment in enhancing services in Beauregard Parish.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments: The group met on September 6, 2012 and December 6, 2012. During these meetings, updates were submitted regarding each panel’s activities. Since the resignation of the chairperson of the panel, there have been no new activities reported. Donna McCullough recruited a possible candidate to fill the role as chair and has since consulted with them.

Identified trends/findings/concerns: The panel is in the process of reorganizing their panel. There is an interest in determining ways of re-engaging the community in order to build that stronger and better Beauregard Parish CRP.

Recommendations: Once the Beauregard CRP panel is reorganized, there is a strong interest in addressing the issues with teen-age children aging out of foster care and their ability to meet their own needs.

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DCFS Response: The Department suggests the panel consider reviewing various resources on this issue as well as statistics involving youth aging out of care. The information would provide assistance in targeting a more specific area of youth transitioning. One resource to consider is the Louisiana Youth Leadership Advisory Council (LYLAC). This Council is a yearly-appointed, statewide youth group of students that address issues affecting the youth of Louisiana. The youth council facilitates the communication between youth and the legislature, which allows the youth to become involved in the change and/or creation of policy. The youth council reviews and presents on issues such as education, substance abuse, and youth employment to the legislature in hopes to motivate the youth to participate in their community.

The National Youth Transitional Database (NYTD) provides data collected regarding information on each youth who receives independent living services paid for or provided by the state department that administers Chafee Foster Care Independence Programs (CFCIP). They also collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. This information is then provided to the Administration for Children and Families (ACF) to track independent living services states provide and assess the collective outcomes of youth.

At the 2010 “Together We Can Conference,” Karen Grant, MSW, LCSW, and Carmen E. Spooner, MSW, GSW, conducted a presentation on “Youth Transitioning from Foster Care-Realistic Expectation.” The presentation was targeted at increasing awareness of available programs and resources for youth who are transitioning out of foster care. Statistical information was also provided. A copy of this information will be provided to the panel for review.

Monroe Region CRP: Members Include: Michael Cappel, Chair, University of Louisiana, School of Social Work, Angie Thomas, Vice-Chair, Louisiana Methodist Children’s Home, Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions, Patty Newman, OYD, Regional Administrator, Tammie Slawson, Seeker Springs, Gatha Green, Children’s Coalition for NELA, Jane Brandon, Big Brothers/Big Sisters of NELA, Elizabeth Green, Louisiana Baptist Children’s Home, Laura Nettles, Families Helping Families, Ella Nimmers, Our House for Teens, Marion Carraway, Louisiana MENTOR, Belinda Palm, DCFS Regional Placement Specialist, Cindy Murphy, DCFS Regional Administrator, Ellen Hammon, DCFS Area Director

Introduction: In 2012 the Monroe Region CRP Panel continued to demonstrate and fulfill its mission as mandated by CAPTA and the panel remains in compliance with the general guidelines. The panel plans to persist in the review and evaluation of local and state child welfare departments and make suggestions and recommendations to improve and enhance the delivery of quality child welfare services. The panel, along with DCFS, will continue to demonstrate an exceptional and cooperative relationship in meeting mandated goals.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments: The Monroe Region CRP met five times during 2012, which exceeded the mandated one meeting each quarter. The panel continues to have a good number of members who actively attend. Meetings focused on the on-going Life Skills Camp for youth in FC which involves preparation for youth transition from state care to independent living; discussions involving the national Youth in Transition Data Base (NYTD); the Coordinated System of Care (CSoc) programs; and the interest in

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having Dr. Blake Jones offer his knowledge and skills in providing technical support to the panel.

Monroe's Life Skills Camp continues to be of interest to youth. The camp now has an online registration for foster parents and caretakers to register youths for camp. A Christmas Camp was held in conjunction with Peggy Kirby, Fair Visions, on December 7, 2012 through December 8, 2012. Approximately 20 youths or more participated and enjoyed the activities provided during this event. The panel is very fortunate to have men and women who devote their time and effort to serve as camp volunteers and the panel is very appreciative of them. The Life Skills Camp is scheduled April 26 – 28, 2013 with online registration available. Panel members are making plans to contact local celebrities and sponsors for this camp. The University of Louisiana Monroe (ULM) Social Work Department has agreed to contribute towards the camp.

Rose Sam, DCFS Program Manager and State Coordinator of the Louisiana CRPs, visited with the panel on July 18, 2012. Ms. Sam explored the panel's interests and initiated plans to pursue hosting a National CRP Conference in April 2014. It was later determined that it would not be feasible for Louisiana to host the national conference; however, the panel holds a continued interest in hosting a national conference in the near future. The panel also has a continued interest in having Dr. Blake Jones provide technical assistance. Panel members were also provided information by Ms. Sam to participate in webinars involving various topics on child maltreatment throughout the year.

The CRP met on November 28, 2012 to elect a chairperson for the following term. Michael Cappel, who had been the chairperson for the past two years declined to continue in this position as he is retiring from ULM. His plans are to remain active on the panel. The panel and DCFS are truly appreciative of Mr. Cappel's diligent and dedicated services over the past two years. Nominations were submitted for his position and the voting process was held. The newly elected chairperson is Ms. Tammie Slawson of Seekers Springs Ministries. The co-chair is Ms. Jane Brandon from the local Big Brother and Big Sister organization.

The Monroe Region DCFS CW offices are truly grateful for the services provided for this panel and to the children of Monroe Region DCFS by dedicated members.

Recommendations: None

Updates/Accomplishments in 2012: Despite numerous challenges, DCFS was able to work with communities to maintain CRP's and support the panels' commitment to ensuring compliance with federal and state child protection standards. Large numbers of DCFS retirements impacted panels when key positions were held by DCFS staff. The Louisiana CRPs continued active engagement with meetings throughout the year focusing on the safety and well-being of children. The Lafayette Panel was successful with their recruitment process increasing their membership to eleven stakeholders while the Monroe CRP continued focus on their ongoing Life Skills Camp for youth. The Beauregard Panel is presently recruiting new members in hopes to increase their membership with members who are diligent and willing to work for the needs of our children.

Activities Planned in 2013: As a result of re-organization, retirements, relocations, etc., panels were forced into low membership and/or disbanded. Since it has been hard to develop panels

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and/or keep them fully functional in the most recent years, the DCFS plans to develop a multi-year strategic plan with current CRP members, DCFS staff statewide and potential CRP members. The strategic plan would include specifics on recruitment and retention, building productive relationships and performance measures. Louisiana's CRP's would also like to explore the possibility of hosting a future National Citizen Review Conference.

2013 Annual Citizen Review Panels' Reports, Activities and Recommendations:

Lafayette Region CRP Members

The Lafayette Region Citizen Review Panel members include Chairperson, Joan Lasseigne-Foster/Adoptive Parent, Courtney Lanclos, CASA Executive Director-Co-Chair, Andy Lasseigne-Foster/Adoptive Parent, Linda Boudreaux, Family Resource Center Director, Katy Bajat, LCSW, Special Needs Parent, David Yarbrough, Dean of Community Services, ULL, Kennis Metoyer, Lafayette Sheriff's Deputy, Darce Byrd, Lafayette Drug Court, Madeline Rosette, St. Landry CASA, Executive Director, Lavonya Malveaux, Opelousas City Court representative, Melissa Thompson, LCSW-BACS, Area Director Lafayette Region.

Introduction:

The Lafayette Region DCFS Citizen Review Panel scheduled and conducted meetings on the following dates: January 16, 2013, March 14, 2013, May 9, 2013, July 10, 2013, October 3, 2013, and December 5, 2013. Lafayette CRP members continue to solicit new membership in hopes of building a stronger panel. The panel held six meetings, but rescheduled the final two meetings (Oct. 3, 2013 & Dec. 5, 2013) because of low attendance due to scheduling conflicts and unavailability of its members. The Women's Foundation allowed the group to host its quarterly meetings in classrooms located at their Lafayette site free of charge.

Summary of Panel's Yearly Activities/Projects/Accomplishments

During the meeting held on January 23, 2013, several discussions were held with regard to the Children and Family Services Review (CFSR) that the Department is currently addressing involving safety, permanency, and well-being outcomes of the children and families served. The panel also discussed areas that needed to improve within the Child Welfare System. One of the areas the panel discussed was the need for improvement in the timeframe involved from the foster care entry of a child to the placement of that child with relatives. Further, the panel made plans to create a mission statement during the scheduled meeting in March of 2013. There was also a discussion about improving the work relationship between the Department of Children and Family Services (DCFS) and the Court Appointed Special Advocate (CASA) staff. In addition, the participants proposed the development of a workgroup to produce a survey that would focus on worker improvement, worker satisfaction and/or staff development issues.

The panel conducted a meeting on March 14, 2013 and produced a mission statement for the Lafayette Region CRP panel that states, "To make recommendations to the Department of Children and Family Services for continuous improvement that will help ensure the safety, well-being, and permanency for children in Acadian." The panel was also given information on training that would be available to workers through June 30, 2013. The members continued collaborating to further develop the surveys discussed in the January meeting, as their goal was to have them distributed to DCFS staff workers as soon as possible.

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On May 9, 2013, there was some discussion on membership recruitment toward a more diverse panel. Members decided to attempt to recruit a social worker from the Lafayette Parish School Board and a person from the faith based community to participate. The workgroup for the implementation of the survey was not present for this meeting so no updates were available regarding the progress on the survey. The DCFS CRP State Coordinator, Rose Sam, was present at the meeting and available to discuss the importance of panel participation, and contacting their legislators to promote their goals, when deemed necessary. Ms. Sam also provided the panel members with samples of past worker satisfaction surveys for review.

A scheduled meeting was held on July 10, 2013. Discussions about the desire to increase membership and the need for a school board representative to join the panel took place. The panel tabled the discussion on worker/supervisor needs assessment since the members who were working on the survey's content was not present. The Child Welfare Consultant briefly discussed the implementation of Advanced Safety Focused Practice training in the region.

The meeting that was initially scheduled for August 15, 2013 was rescheduled for October 3, 2013. Katie Mitchell, DCFS Child Welfare Manager, gave a presentation on Advanced Safety Focused Practice to committee members in attendance at the meeting. The members appeared extremely interested in the new approach when handling investigations and working with families. Plans for the panel to conduct case reviews and provide feedback on Child Protective Investigation files that utilized the Advanced Safety approach was made for the upcoming meeting in December. However, as stated earlier, this meeting was set for rescheduling due to member schedule conflict.

Several members have expressed an interest in participating in a workshop with CRP members from panels throughout the state to develop a specific strategy and approach for the upcoming 2014 year. The workshop was scheduled on January 15, 2014 in the Lake Charles region and the panel discussed strategies in recruiting additional panel members. The agency will again submit a request to utilize the Women's Foundation classroom for meetings and notify panel members of the scheduled dates for 2014.

Identified trends/findings/concerns:

Membership for the Lafayette regional CRP is currently at 10 members, but six of the members are not fully engaged in the process. The plans for 2014 are to review CPI cases utilizing the Advanced Safety Focused Practice model and to have a discussion about strategies to improve data/information collection on families upon initial contact. The panel endeavors to draw from the information derived from the surveys it remains in the process of creating for the Lafayette region, and to continue the process of assessing the Lafayette region's child welfare system to identify additional areas in need of improvement.

Recommendations:

The committee will develop a survey on a regional or state level to assess staff knowledge, and training needs of child welfare workers that specifically address child safety, permanency and well-being.

DCFS Response: None

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Monroe Region CRP Members

Members of the 2013 Monroe CRP include Angie Thomas, Vice-Chair, Louisiana Methodist Children's Home, Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions, Patty Newman, OYD Regional Administrator, Tammie Slawson, Seeker Spring Gatha Green, Children's Coalition of NELA, Jane Brandon, Big Brothers/Big Sisters of NELA, Well Springs, Laura Nettles, Families Helping Families, Ella Nimmers, Our House for Teens, Marion Carraway, Louisiana Mentor, Becky Brown, DHH/OPH, Carol Andrews, 4th JDC, Tracy Hanspard, CASA, Jacquiela Wright, Big Brothers Big Sisters, The Wellspring, Kim White, Morehouse Parish School Board, Olin Hall, Beth Green- La. Baptist Children's Home (replaced by Susan Nolan mid year), Cindy Murphy, Regional Administrator, DCFS Liaison, Ellen Hammons, Area Director, DCFS Liaison, Katie Herring, Regional Placement Specialist, DCFS Liaison.

Introduction:

The year 2013 was a period of many changes as the Department (DCFS) underwent significant new initiatives, reorganization of staff, job descriptions, administrative changes and new initiatives that affected Child Welfare programs to better improve qualitative and quantitative measures in fulfilling its mission. The members of the Monroe Region Citizen Review Panel continue to demonstrate and fulfill its mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Region IX Citizen Review Panel remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The Panel and DCFS continue to demonstrate an exceptional and cooperative relationship in meeting its mandated goals.

Summary of Panel's Yearly Activities/Projects/Accomplishments

The Monroe Region DCFS Panel members conducted CRP meetings on January 16, 2013, February 20, 2013, April 10, 2013, June 19, 2013, and September 18, 2013. The meetings exceeded the mandated requirement of one meeting per quarter, as this group actively participates and appears motivated to provide feedback and have thoughtful discussion about the Department's direction. Our meetings focused on the Department's Annual Life Skills Camp for youth in foster care in preparation for their transition from state care to independent living, the addition of a Christmas Camp to serve as respite time for foster parents during the Christmas season, increased involvement of panel members in an already established Sibling Camp for siblings separated by placement locations, obtaining information on other states' CRP initiatives, goals and accomplishments, and the ongoing discussion of the Integrated Case Management system associated with the Governor's Coordinated Systems of Care (CSoc) initiative. Also discussed was the impact of recently closed residential group homes on older foster youth that previously benefited from those placement care settings. During these meetings, the panel began the planning stages of an appreciation luncheon for the DCFS foster care and child protective investigation staff for the purposes of inducing staff morale and staff retention.

The panel's "Life Skills Camp" continues to be of interest and active in providing life skills to youth in foster care. The 4th Life Skills Camp was held April 26-28, 2013 with over 30 teens and 75 volunteers in attendance. Panel members are making plans to contact local celebrities and sponsors for next year's camp that was scheduled for May 2-4, 2013. The University of Louisiana at Monroe (ULM) Social Work Department, FAIR Visions (a service through the statewide foster parent association), St. Francis Medical Center and many others agreed to

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contribute their services to enhance the camp's success. A second annual Christmas Camp was held in conjunction with Fair Visions, on December 6-8, 2013. The Panel expressed great gratitude for those that volunteered their time and energy to assure the camp's success.

Rose Sam, the DCFS Program Manager and State Coordinator of the Louisiana CRP, continues to keep the panel informed of state and national meetings. The Panel was interested in having Dr. Blake Jones visit Louisiana and provide technical assistance for our panel members, but was unable to do so because of state budget restraints. Panel members were also provided information by Ms. Sam to participate in webinars involving various topics on child maltreatment throughout the year. Also, several panel members attended a Domestic Violence Conference that focused on the impact domestic violence has on children and their well-being. The members were able to attend another conference that focused on the Post Separation Violence Act.

The Citizen Review Panel met on December 4, 2013 to elect a chairperson for the next term. Ms. Tammie Slawson, of Seekers Springs Ministries, agreed to continue as chair. Our co-chair for 2014 is Ms. Angie Thomas.

Identified trends/findings/concerns:

The Monroe panel is in full force and progressing to meet its goals. Currently, there are no concerns. Trends and findings will be reported as received after cases are distributed for review by the Department. The Monroe Region DCFS Child Welfare offices and foster youth of the Monroe region are truly grateful for the services of this Citizen Review Panel.

Recommendations:

None

Beauregard Parish CRP Members

Beauregard Parish Citizen Review Panel members include Chairperson, Tommy Edwards, Director of Court Appointed Special Advocates for Children (CASA), DCFS Liaison- Donna McCullough, CWS 4, DCFS Liaison- Patricia McClinton, CWS 5, Alba Dubois, Counselor, Grace Church, Natha Gnatt, Retired, Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board, Kim Haynes, Beauregard Parish School Board, Annette Duplechin, Executive, BeauCare, Patty Doyle, Administrative Assistance, June Jenkins Women Shelter, Lt Christopher Rudy, DeRidder Police Department, Myrna Cooley, TASC Supervisor (Truancy).

Introduction

The Beauregard Parish CRP currently meets along with the Parish Children's Advocacy Panel quarterly. The last meeting was held on December 5, 2013 at which time an update of the Panel's activities were given and CRP Workshop "Save the Date" fliers were distributed. Members in attendance were informed regarding the workshop/training session that was scheduled on January 15, 2014. The workshop/training was held in DeRidder, Louisiana.

Summary of the Panel's Yearly Activities/Project/Accomplishments

During the last six months, the Liaison Coordinator and Chair have been engaged in reconnecting the current members of the panel, as well as, removing individuals from the list who are no longer available to participate on the panel or have relocated. There have been

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several telephone conferences and planning sessions over the past six months regarding this matter.

Identify Trends/Finding/Concerns

A letter has been composed and will be copied and distributed to all panel members who are currently active in order to provide an updated status list of all members. The panel has a continued concern regarding the ability and knowledge foster children possess to be self-sufficient once they transition out of care.

Recommendation

During the next 3 months, the panel will review data provided by the Department with regard to former foster care youth who aged out of care over the past 12 months. The Panel will focus on the Youth Transition Program (YTP) goals and continue to engage the children at the earliest point possible to provide information and resources to promote a successful transition.

DCFS Response: None

UPDATES TO ACCOMPLISHMENTS FFY 2012-2013:

The panels continued to maintain commitment in carrying through its goal to ensure that our State complies with the Child Protection Standards under federal and state laws. The Louisiana Citizen Review Panels (CRP) continued to actively engage its members and participants with meetings throughout the year as we focused on the safety and well-being of foster children and youth. The State Coordinator was afforded the opportunity to attend the 2013 National Citizen Review Panel Conference held in the Teton Mountains of Jackson Hole, Wyoming. The overall conference provided a wealth of information that was shared with our Louisiana panels to encourage continued diligent work along with strategic planning for guiding their group decisions and evaluating their progress. Recommendations, suggestions, and ideas were presented during the conference, which was also shared with panels for possible projects. At the same time, panel members were reminded of the importance of conducting a needs assessment within the community of Louisiana's Child Welfare System in order to remain focused and on task in addressing one issue/project at a time.

Update/Summary of Panel's Activities/Projects/accomplishments 2010-2014:

The State of Louisiana will carry on with their strategic plan to include specifics on continued recruitment and retention of CRP members, building productive relationships and focusing on the improvement of performance measures and outcomes in Louisiana's child welfare system. Louisiana hosted a CRP workshop on January 15, 2014 with the goal to recruit new panel members, maintain experienced panel members, and to restart the panel in our Baton Rouge Region. We also utilized the workshop meeting time to encourage our New Orleans Region to consider forming a new panel of new members in the metropolitan area of our state. The topics presented covered information on CAPTA Funding, and the new Child Welfare Continuous Quality Improvement (CQI) team's role in partnership with CRP members. The Parenting Partners Program was also presented which focused on how to get more formal consumers involved with CRP panels. The key elements needed to form and maintain a successful Citizen Review Panel was also shared at the workshop. The attendance was good and consisted of a diverse audience with representatives from law enforcement, the parish school board, military retiree, and resource centers. The presenters did an excellent job presenting information, as it was evident by the interaction and reaction of the participants. The attendees were also given the

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opportunity to network during breaks. All attendees were encouraged to attend the 2014 National Annual Citizen Review Conference that will be hosted in Atlanta, Georgia May 19-21, 2014.

In 2013, the CRP group along with the assistance of the Department's Communication Unit, created CRP "push cards" to hand out at events and to share with members to take back to their communities.

Summary of Panel's 2015-2019 Planned Activities:

The CRP panels will engage and involve new CQI staff in the quarterly meetings and utilize their expertise in assisting the group to measure outcomes with regard to the improvement of child safety and well-being outcomes as well as family engagement outcomes. The Lafayette group will continue its effort to complete worker satisfaction surveys and disseminate them for use in the upcoming reporting cycle. The CRP group will utilize the CQI team in getting these surveys distributed as well as interpreting the data in terms of identified areas in need of improvement. The CRP will utilize this survey as a pilot survey and encourage the other regions to develop a similar effort to identify regional strengths and needs. The CRP group will utilize the information from the surveys to provide recommendations to the Department.

The CRP group also endeavors to set a case load standard for the group to review cases that are utilizing the new practice models and tools such as the SDM, the ASFP, and the YTP. The group endeavors to prepare a report of this limited number of cases particularly chosen from the areas of the state where active CRP panels exist.

Finally, the CRP panels will research the activities involved in hosting the Annual Citizen Review conference in the state of Louisiana. The group will utilize this opportunity to promote additional membership. CRP will utilize the Department's communication team to assist in helping the group to begin a media recruitment tool to also bolster membership by posting information about the group and its scheduled meetings online along with a simple sign up form.

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ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]: The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed on the DCFS website at the following address:
<https://stellent.dss.state.la.us/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>.

Refer to pages 2-19 for the following information:

- Services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect:
- Training to be provided to support staff in report taking, screening assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:
- Training to be provided for individuals required to report suspected cases of child abuse and neglect:

Policies/procedures on involvement of families in decision making pertaining to children who experienced child abuse or neglect: In every child welfare program area policies require staff to involve children and families in making decisions related to their case. For example, DCFS foster care policy 6-205 addresses the Assessment of Family Functioning (AFF) which is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The AFF tool is used to engage families in order to gather information about the child and family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems that led to the abuse and/or neglect of a child.

Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc: Throughout all program areas, departmental policies and procedures require thorough assessments which include the domains of Substance Abuse, Mental Illness and Domestic Violence. Staff also screen parents/caretakers, adolescents or children under age 12 for mental illness, substance abuse and domestic violence. In some instances specific tools, such as the GAIN-Short Screener, are used by staff. When indicated by the assessment/screening, the parent/caretaker, adolescent or child under age 12 is referred for a mental health and/or substance abuse assessment. In cases where domestic violence is present staff refer the parent to domestic violence services for domestic violence safety planning.

To this end, the Department collaborates with domestic violence service agencies, substance abuse treatment agencies, and other agencies in the delivery of services and treatment to children and families. Child Welfare Performance and Quality Improvement (PQI) policies and procedures outline requirements for collaboration and the Department has developed several Memoranda of Understanding (MOU) and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families.

Additionally, one of the largest collaborative efforts to date is the partnership between four key state departments; DHH, DCFS, DOE, and OJJ. The result of their combined efforts and the

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participation of community partners statewide is the CSoC. This partnership has been formed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. Implementation in several areas of the state is scheduled for October 2011.

Policies and procedures regarding the use of differential response: In Louisiana, differential response is referred to as (Alternative Response Family Assessment) ARFA. Article 612 A. (1) of the Louisiana Children’s Code states that DCFS “shall promptly assign a level of risk to the child based on information provided by the reporter”. Article 612 A. (3) states that “in lieu of an investigation, reports of low levels of risk may be assessed promptly through interviews with the family to identify needs and available match to community resources”.

DCFS Policy, Chapter 4, Part 6, ARFA, contains policies/procedures for family assessment as an alternative response to an investigation of a report of child abuse/neglect. It is a safety-focused, family centered and strength-based approach to addressing reports. A family assessment is completed to determine the safety of the children; the risk of future abuse/neglect; identify the family needs and strengths; provide direct services as needed and appropriate; and/or, connect the family to resources in the community. As a strength-based intervention, it draws on the strengths and resources of the family members to address safety and/or risk issues. The process seeks to discover periods of successful family functioning, understanding the factors that made those periods possible, and work to recreate those factors. It assumes that people are best understood within the context of their own environment and when they are allowed to define their own circumstances and capacities. Also, it assumes that families who are supported by kin and community are the most likely to have positive outcomes. A family assessment is a less adversarial approach to a family than an investigation. It focuses more on establishing a partnership with the family and less on the incident based fact finding determination of child abuse/neglect. The intent is to encourage the family to participate in addressing any safety/risk concerns and to link directly with service planning and provision. It is designed to identify the strengths and needs of the whole family and requires the participation of the family, as a unit, to the degree practical.

The ARFA process includes four key decision points; however, the initiation of services may occur at any point in the process:

- Intake with the decision that the information is a report of child abuse/neglect and the response will be an Alternative Response Family Assessment.
- An initial assessment that includes contacting the reporter; one or more face to face contacts with the parent/caretaker and children; a safety assessment; and, a determination to terminate the assessment or proceed with completion of the assessment.
- The family assessment of strengths and needs that includes an SDM initial risk assessment, identification of service needs and potential providers is completed within 30 days of the receipt of the report.
- Once the assessment of strengths and needs is completed, the focus of the case is for the provision of services. These are to address the identified needs related to family functioning to assure child safety and reduce risk of future abuse/neglect. DCFS

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involvement with the family may continue for another 30 to 60 days (for a total of 90 days), as needed, to provide services and/or to assist the family to access and engage in services.

SUBSTANTIVE CHANGES IN STATE LAW:

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

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STATE DATA REPORT

WORKFORCE INFORMATION:

I. Introduction

The Department of Children and Family Services (DCFS) has been reviewing and comparing turnover rates in child welfare for several years. During 2013, some of the job titles and qualification requirements within child welfare were changed. The current job titles of child welfare positions at the regional level are Child Welfare Trainee, Child Welfare Specialists 1-3, Child Welfare Supervisor, Child Welfare Consultant and Child Welfare Manager 1. Additionally, the titles of two regional leadership positions were changed to DCFS Area Director and DCFS Regional Administrator.

Workforce data from State Fiscal Year 2009-2010 through 2009-10 was provided for all child welfare staff, including state office. Workforce issues related specifically to Division of Operations staff working in the regional and parish offices became a priority focus of the Department. As a result, workforce data provided for Calendar Years 2012 and 2013 focused on child welfare staff in the field at the practice levels of Child Welfare Trainee, Child Welfare Specialists 1, 2 and 3; Child Welfare Supervisors and Child Welfare Managers 1.

II. Staff Turnover

The table below provides turnover data for the Child Welfare Series from SFY 2005-2006 through 2009-2010 for each region, state office, and totals. The statewide average turnover for those five years was 16.04%. In SFY 2005-2006 and 2006-2007, Baton Rouge Region had the highest turnover rates of 25.86% and 27.93%. The highest turnover during the five-year period occurred in Lake Charles Region during SFY 2007-2008 at 30.49%. Lake Charles continued to have the highest turnover during SFY 2008-2009 and 2009-2010. Alexandria Region had the lowest turnover rates in SFY 2005-2006 and 2007-2008. Monroe Region had the lowest turnover at in 2006-2007; Lafayette had the lowest turnover rate in 2008-2009; and Orleans had the lowest turnover rate in 2009-2010 at only five percent. SFY 2009-2010 was the only year during the five year period in which any region had turnover below 10%, and both Orleans and Thibodaux Regions had turnover rates of less than 10% during that year.

DCFS Turnover					
Region	SFY 2005-2006	SFY 2006-2007	SFY 2007-2008	SFY 2008-2009	SFY 2009-2010
Orleans	14.29%	12.68%	11.94%	16.95%	5.00%
Baton Rouge	25.86%	27.93%	18.02%	17.43%	17.00%
Covington	15.48%	19.66%	14.97%	15.54%	10.38%
Thibodaux	24.64%	22.67%	18.29%	23.75%	6.41%
Lafayette	10.76%	18.63%	17.47%	11.24%	10.50%
Lake Charles	23.29%	19.74%	30.49%	28.24%	24.27%
Alexandria	10.57%	17.24%	10.40%	19.01%	11.40%
Shreveport	14.86%	14.94%	14.11%	13.92%	12.80%
Monroe	13.27%	10.10%	13.76%	14.91%	14.29%
State Office	4.23%	15.28%	9.59%	5.00%	15.38%
Statewide	16.10%	19.00%	16.39%	15.99%	12.76%

Turnover rates for Calendar Years 2012 and 2013 are provided in the table below. In 2012, the lowest turnover rate was 11.76% in Lafayette Region and the highest turnover rate was 24.04%

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in Monroe Region. Four of the nine regions had a turnover rate higher than 20%. The statewide average turnover rate was 19.32%.

In 2013, Lafayette Region again had the lowest turnover rate at 11.18%, and Thibodaux region had the largest decrease in turnover rate from 2012 to 2013. Baton Rouge Region had the highest turnover rate at 44.29% followed by Orleans Region at 34.51%. The number of regions with a turnover rate greater than 20% increased from four to six, and seven of the nine regions had a higher turnover rate in 2013 than in 2012. The statewide average turnover rate for 2013 was 23.32%, an increase of 4% from 2012.

Child Welfare Turnover			
Region	CY 2012	CY 2013	Difference
Orleans	23.33%	34.51%	+11.18%
Baton Rouge	20.33%	44.29%	+23.96%
Covington	18.90%	25.52%	+6.62%
Thibodaux	19.75%	13.16%	-6.59%
Lafayette	11.76%	11.18%	-0.58%
Lake Charles	21.18%	24.05%	+2.87%
Alexandria	14.74%	17.98%	+3.24%
Shreveport	17.21%	25.23%	+8.02%
Monroe	24.04%	26.00%	+1.96%
Statewide	19.32%	23.32%	+4.00%

The Louisiana Department of Civil Service report of Non-Temporary Classified Employee Turnover for State Fiscal Year (SFY) 2010/2011 reflected a statewide Voluntary Turnover Rate of 12.94% for all of Louisiana state government. In SFY 2011/2012, the overall voluntary turnover rate for the same group increased to 13.35%. In SFY 2012/2013, the overall voluntary turnover rate for the same group increased to 18.89%, an increase of 5.54% from SFY 2011/2012. The average statewide child welfare turnover rate for Calendar Years 2012 and 2013 was 21.32%, and exceeded the statewide turnover rate by 2.34%.

Division of Operations staff held exit interviews during FFY 2013 with departing child welfare workers. The responses were consistent over time, and the practice was discontinued after the most frequent reasons for departure had been established. The four most frequently cited reasons for resignations included pay, workload, supervision and training. Each of these concerns has merit as indicated by the data provided below.

A. Pay: No performance pay adjustments were provided for several consecutive years. In SFY 2013, the Department capitalized on efficiencies such as improved technology, maximized federal dollars and incentive awards, and worked collaboratively with other state agencies and partners. These efforts resulted in DCFS being able to provide four percent increases for performance pay adjustments to all DCFS team members who met the criteria of the Performance Evaluation System (PES). The performance pay adjustments were effective October 1, 2013.

Additionally, the time for promotion from the Child Welfare Specialist 1 to Child Welfare Specialist 2 position was reduced from two years to one year. This change resulted in 7% pay increases for front line staff early in their careers. The third change made to resolve the pay issue was an increase in the number of Child Welfare Specialist 3 positions. The increase in

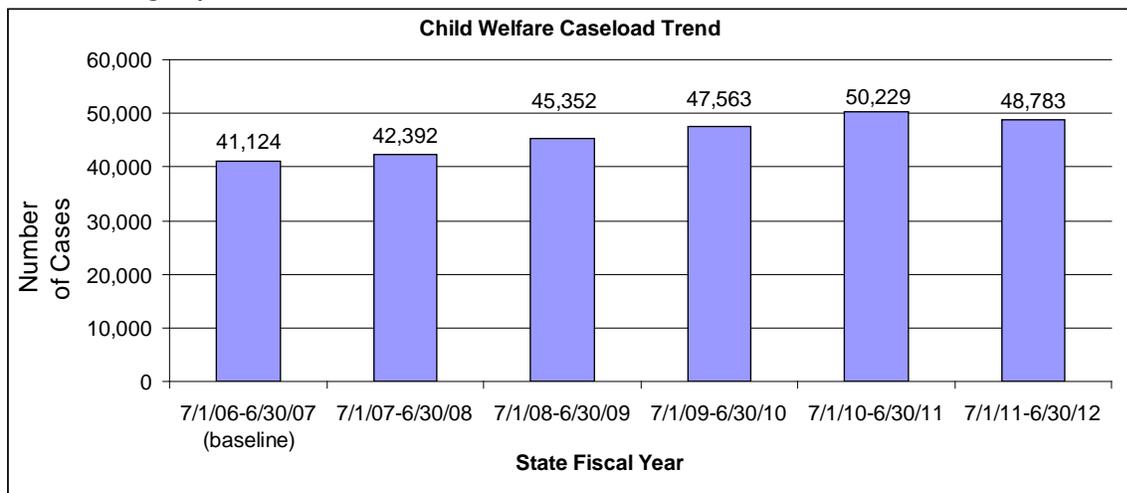
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number of available Specialist 3 positions resulted in promotions and pay increases for staff who were promoted.

B. Workload: Increased workload for direct service staff is the result of several factors including staffing levels, caseload size, staff turnover, reassignment of duties, higher expectations, use of Family Medical Leave and overtime. Each is discussed below.

1. Staffing Levels: DCFS has made every effort to maintain child welfare caseloads at the caseload standard. The number of child welfare workers increased each year until 2011 and in that year the number of filled positions declined as a result of fiscal necessity; the decline in staff on board continued in 2012 and 2013. In 2012, the average number of child welfare staff in the field was 1064, and that number declined to 918 in 2013.

2. Caseload Size: The table below demonstrates that the total child welfare caseload including all program areas increased consistently from SFY 2006-2007 through 2010-2011, and then declined slightly in 2011-2012.



The two tables below provide the average caseload size for Child Protection Investigations, Family Services, Foster Care and Adoptions in each region and statewide during FFY 2012 and 2013. The caseload increased from 2012 to 2013 for Child Protection Investigations and Family services. Caseloads decreased for Foster Care and Adoptions from 2012 to 2013.

A caseload standard was not established for Home Development (HD) until 2012. In calendar year 2011, DCFS had an average of 42 HD workers statewide. Six hundred twenty-two families were newly certified as foster parents and the average number of active foster and adoptive families was 2116 per month. For the 42 HD workers, the average number of new certifications was 1.2 per month and the average caseload of active cases was 4.1 per worker, resulting in an average monthly caseload of 4.2 cases. This number of cases is not reflective of the work of home development staff. In addition to completing home studies, certifications and re-certifications, HD workers engage in recruitment efforts and provide initial and ongoing foster and adoptive parent training.

The caseload standard of 55 cases was established for HD workers in 2012. This caseload standard includes actions on certified foster and adoptive homes and new certifications. HD

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workers continue to engage in recruitment and training efforts in addition to certification, recertification and case maintenance activities. The caseload table for FFY 2013 provides average caseload by region and statewide in the Home Development program. There are wide variations in caseload size from region-to-region and from month-to-month within regions as a result of temporary vacancies. The HD caseload in Shreveport Region varied from a high of 131.7 in October 2012 to a low of 57.5 in January 2013. The impact of a single vacancy is significant in programs with a large caseload standard.

Average Caseload Size by Region and Statewide FFY 2012 (October 2011 through September 2012)				
Region	CPI Standard = 10	FS Standard = 15	FC Standard = 10	AD Standard = 15
Orleans	13.08	16.59	10.91	15.03
Baton Rouge	11.57	10.72	10.29	13.43
Covington	11.12	13.71	15.57	14.25
Thibodaux	9.61	15.69	10.20	23.07
Lafayette	10.43	13.42	9.81	13.06
Lake Charles	9.14	13.69	12.48	16.16
Alexandria	9.50	11.18	10.89	18.46
Shreveport	9.69	11.61	11.41	26.17
Monroe	9.72	9.98	11.69	16.05
Statewide Average	10.42	9.71	11.47	17.29

Average Caseload Size by Region and Statewide FFY 2013 (October 2012 through September 2013)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	12.96	17.14	11.36	21.28	77.8
Baton Rouge	13.21	14.65	10.82	16.26	72.1
Covington	11.38	13.86	11.36	14.84	64.6
Thibodaux	12.38	13.34	10.50	17.77	42.2
Lafayette	9.58	12.99	8.56	11.43	42.1
Lake Charles	11.31	11.15	10.82	18.72	63.9
Alexandria	11.80	16.24	13.38	12.31	49.7
Shreveport	10.53	10.39	12.79	18.48	86.3
Monroe	9.56	12.51	11.04	22.45	53.7
Statewide Average	11.41	13.58	11.18	17.06	61.37

3. Extended New Worker Training: The average caseload size indicated in the tables above is calculated by dividing the number of cases by the number of workers. This does not accurately reflect the caseload size of experienced workers. DCFS has implemented an extended training program for new workers requiring a smaller caseload during the first six months of employment. The caseloads for experienced and new workers are shown in the table below:

Child Welfare Caseload Standards		
Program	Caseload Standard for Experienced Workers	Maximum Caseload for Workers with Less than Six Months Experience
CPI	10	7

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

**DCFS requires that experienced workers carry Adoptions and Home Development caseloads.*

The turnover data provided earlier in this report relates to all child welfare staff in the field from front line worker through Child Welfare Manager. However, as indicated in the table below, the 43.12% of employees who separate from the Department do so when they have three years or less of experience. Promotion to supervisor requires four years of experience, indicating that all staff with three years or less of experience are at the front-line worker level. Therefore, new workers hired to replace departing workers are not able to carry a full caseload for six months which increases the caseloads of experienced workers.

Child Welfare Separations Calendar Year 2013		
Years of Service	Staff Separations	Percentage of Separating Staff
Less than One Year	42	19.27
One to Three Years	52	23.85
Three to Five Years	27	12.39%
Five to Ten Years	32	14.68%
More than Ten Years	65	29.82%
Total Separations	218	99.7%

4. Reassignment of Staff: In addition to losing experienced workers as a result of turnover, several important initiatives have resulted in some of the ‘brightest and best’ workers and supervisors being reassigned to other duties. Each of these initiatives will result in long-term gain for the department. Centralized Intake was established to assure inter-rater reliability in intake decision-making, and removed the responsibility of receiving and screening reports of suspected abuse and neglect from local child welfare offices, but resulted in reassignment of experienced staff that were usually replaced with inexperienced workers. DCSF has established a Transformation Team to work with the contractors developing the Common Access Front End (CAFÉ) system. These workers will return to the field upon completion of this project, but the temporary loss of these workers is a significant factor. Most recently, the state level Continuous Quality Improvement unit has resulted in the loss of experienced and highly competent field staff.

5. Higher Expectations for Performance and Quality: Close monitoring of a number of performance measures have resulted in a significant improvement in timely initial contact and closure of CPI cases. Caseworker, supervisor and manager duties have increased as the result of a focus on evidenced-based practices to improve outcomes of safety, well-being and permanency. These changes include expansion of Structured Decision Making practice into additional child welfare programs and implementation of advanced safety-focused practice and Family Team Meetings (FTM).

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6. Family Medical Leave: The number of filled positions and the number of employees using FMLA did not change significantly in fiscal years 2008 and 2009. In fiscal years 2010 and 2011, the number of filled positions has dropped each year. While the number of employees using FMLA in 2011 decreased compared to 2010, the percentage of employees using FMLA increased each year. Further, the number of hours of FMLA used in 2011 was almost equal to the number of hours used in 2008 even though there were nearly a thousand fewer employees. The table below provides the number of filled DCFS positions each year, the number of employees using FMLA, the percentage of employees using FMLA during fiscal years 2007 through 2011.

FMLA USAGE BY DCFS STAFF				
Fiscal Year	Filled Positions	# Employees using FMLA	% Employees Using FMLA	FMLA Hours
2007 – 2008	4885	925	18.94%	178,719.00
2008 - 2009	4971	905	18.21%	173,066.46
2009 – 2010	4269	960	22.49%	189,867.88
2010 - 2011	3939	896	22.75%	175,434.28

Comparison with prior years is difficult, because the information presented previously included all staff of the Department. Data regarding FMLA usage below is based on professional child welfare staff in the field at levels of Child Welfare Trainee through Child Welfare Manager. The data is provided by quarter for Federal Fiscal Year (FFY) 2012. Data is provided in segments of two bi-weekly pay periods (approximately one month) for FFY 2013. In order to compare FMLA use per employee, the per pay period data for 2013 was multiplied by three to approximate a calendar quarter. As the tables below indicate, there was a slight decline in the number of FMLA hours used per employee from 2012 to 2013.

FMLA Usage by DCFS Child Welfare Field Staff per Quarter during FFY 2012			
Quarter	Staff on Board	Hours of FMLA Used	Hours of FMLA per Employee
10/11 – 12/11	998	12,471	12.49
1/12 – 3/12	998	13,837	13.86
4/12 – 6/12	947	12,208	12.89
7/12 – 9/12	1313	11,364	8.65
Total	1064	49,880	11.97 (average)

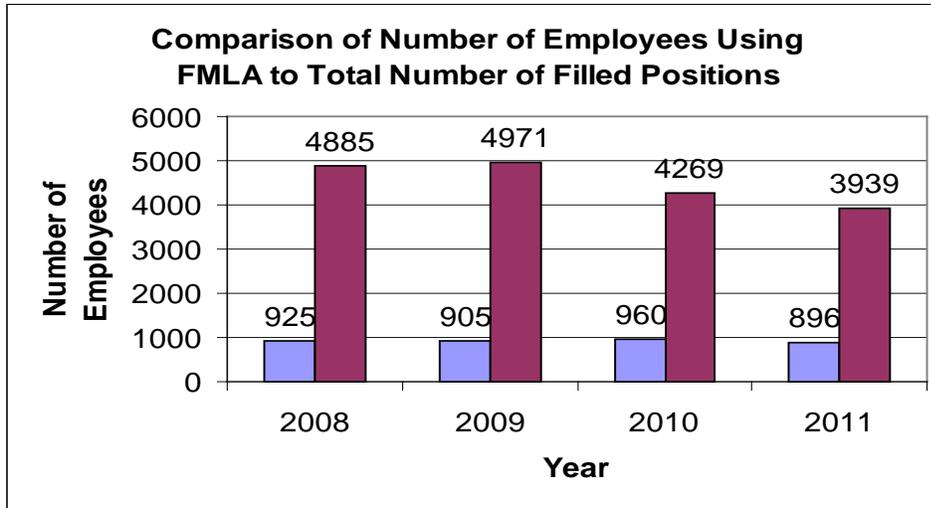
FMLA Usage by DCFS Child Welfare Field Staff per Two Pay Periods during FFY 2013*			
Two-Pay Period Segment of Year	Staff on Board	Hours of FMLA Used	Hours of FMLA per Employee
11/26/12 - 12/23/12	919	2405.75	2.6
12/24/12 - 1/20/13	935	2204.25	2.35
1/21/13 – 2/17/13	940	2607.00	2.77
2/18/13 – 3/17/13	945	4546.00	4.81
3/18/13 – 4/14/13	934	4336.75	4.64
4/15/13 – 5/12/13	919	3173.75	3.45
5/13/13 – 6/9/13	910	2533.50	2.78
6/10/13 – 7/7/13	890	2376.00	2.66
7/8/13 – 8/4/13	898	3500.75	3.89
8/5 – 9/1/13	908	4115.65	4.53
9/2/13 – 9/29/13	907	3192.75	3.52
Total	10,105	34,992.25	38

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FMLA Usage by DCFS Child Welfare Field Staff per Two Pay Periods during FFY 2013*			
Two-Pay Period Segment of Year	Staff on Board	Hours of FMLA Used	Hours of FMLA per Employee
Average	918	3181.10	3.45X3=10.35

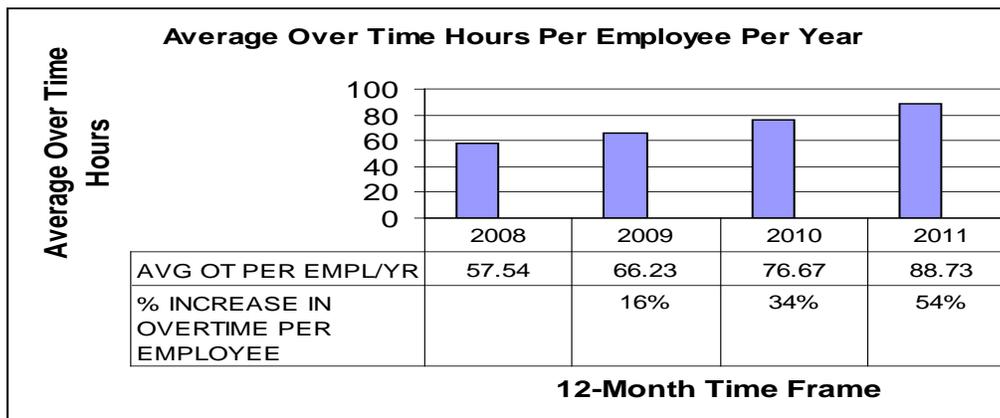
*Data does not include October 1, 2012 through November 26, 2012 because of a change in data structure.

The graph below demonstrates that while the number of filled positions has fallen fairly significantly, the number of employees using FMLA used has remained nearly constant. The data below was not available for years four and five of the Child and Family Services Plan for the 2013 or 2014 APSR.



7. Overtime: Overtime worked by front-line caseworkers is counterproductive because funds are not available for paid overtime and the workers are compensated with one and one-half hours of leave for each hour of overtime worked.

Increased workload and vacancies have also resulted in an increase in the amount of overtime earned by DCFS staff. The average number of overtime hours worked has increased during the past four years. In 2008 the average overtime per employee was 57.54 hours; in 2009 it was 66.23 hours; in 2010, it was 76.67 hours; and in 2011 through November it was 88.73 hours. This represented a 54% increase in three years. The increase in overtime for that period is demonstrated in the graph below, and applies to all DCFS staff.



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The data for FFY 2012 and FFY 2013 applies only to child welfare staff in the field. The average number of hours overtime per employee is lower than in past years and this reduction results from the change in data collection and reporting only Child Welfare Specialist Trainee through Child Welfare Manager. The table below provides the number of hours of overtime worked and the number of hours of overtime per employee for FFY 2012.

Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2012			
Quarter	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
10/11 – 12/11	998	32,416	32.48
1/12 – 3/12	998	31,401	31.46
4/12 – 6/12	947	29,412	31.05
7/12 – 9/12	1313	26,722	20.35
Total	4256	119,951	28.18

The table below demonstrates that the number of overtime hours per employee at the levels of Child Welfare Specialist Trainee through Child Welfare Manager in the field increased from FFY 2012 to FFY 2013. The average hours per employee is multiplied by three to account for the change in data collection from calendar quarter to two bi-weekly pay periods (approximately one month).

Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2013*			
Two-Pay Period Segment of Year	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
11/26/12 - 12/23/12	919	10,268.15	11.17
12/24/12 - 1/20/13	935	7,734.71	8.27
1/21/13 - 2/17/13	940	10,203.31	10.85
2/18/13 - 3/17/13	945	11,206.45	11.85
3/18/13 – 4/14/13	934	9,751.04	10.44
4/15/13 – 5/12/13	919	9,572.80	10.41
5/13/13 – 6/9/13	910	8,481.35	9.32
6/10/13 – 7/7/13	890	8,834.95	9.92
7/8/13 – 8/4/13	898	9,150.95	10.19
8/5 – 9/1/13	908	9,508.30	10.46
9/2/13 – 9/29/13	907	9,544.75	10.52
Total	10,105	94,556.76	113.40
Average	918	8,596.07	10.30
			10.30 x 3=30.90

*Data does not include October 1, 2012 through November 26, 2012 because of a change in data structure.

Efforts to streamline the hiring process have reduced the time between when one employee leaves and a replacement is hired. A number of other steps have been taken to resolve workload issues and increase employee job satisfaction. In SFY 2013, field staff were asked to submit ideas for streamlining the workload. A number of suggestions have been or are being implemented or studied for possible implementation. Additionally, development of the CAFÉ system for child welfare is nearing completion. This system will result in a number of time-saving changes such as pre-population of a number of forms and documents, single sign-on for

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workers in some child welfare programs, and quicker access from one system to another (i.e., from a client record to the policy management system or the tracking and payment information system). Plans were also made during SFY 2013 to provide upgraded computer equipment for all staff and smart phones for Child Protection Investigations staff.

C. Supervision: Increasing the knowledge level of supervisors with limited supervisory experience is a priority of the Department. Excluding Centralized Intake, DCFS had 71 front-line supervisors as of February 2013. As indicated in the table below, less than one-third of all front-line supervisors had more than five years of supervisory experience, and nearly 50% (46.3%) of supervisors had less than three years of supervisory experience.

Supervisory Experience		
Experience	Number of Supervisors	Percent of Supervisors
Less than One Year	19	26.7%
One Year but Less than Two	10	14.0%
Two Years	4	5.6%
Three Years	8	11.2%
Four Years	6	8.4%
Five Years	1	1.4%
More than Five Years	23	32.3%
Total	71	

The lack of experience among supervisory staff is being mitigated through quarterly supervisory training and support from Casey Family Programs to identify needed training and support for supervisors. Additionally, the Department has engaged Marsha Salus, a nationally recognized expert in supervisory training to provide training for supervisors and assist the Department through train-the-trainer sessions to develop a self-sustaining supervisory training. (Refer to the Training section of this document.)

D. Training: Formal classroom training is important, but on-the-job training is equally or more important to staff development. The number of inexperienced supervisors is a barrier to meaningful on-the-job training in many instances. DCFS is working to resolve the issue of training for workers during the coming years through additional training for supervisors and implementation of a Child Welfare Training Academy. (Refer to the Training section of this document.)

III. How Staff is Recruited and Selected

As a Louisiana state agency the DCFS is required to follow the rules set forth by the Department of Civil Service in accordance with Article X, Section 7 of the Louisiana Constitution. Employment practices are to be based on “merit, efficiency, fitness and length of service”.

In an effort to recruit interested and qualified applicants for vacancies, we intermittently contact job placement offices and/or attend college/university Career Fairs and State Agency Career Days. On an as needed basis, the Department may broadcast job opportunities on radio stations, post flyers at job service offices, place job vacancy advertisements in the newspaper, or place job vacancy advertisements on websites (i.e., Monster.com, Career Builders, or BetterBatonRougejob.com, etc.).

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As required, the Department posts vacant positions to the Civil Service LA Careers on-line system, interested individuals apply, and, from these applications, a certificate of eligible candidates that meet the qualification requirements for the job is developed and provided to hiring managers. At times throughout the year preference is given to hiring Title IV-E stipend students into Child Welfare Specialist jobs upon graduation. The IV-E stipend students provide a benefit to DCFS in that they have demonstrated an interest in careers in child welfare and have received social work education with an emphasis on child welfare issues.

Hiring managers utilize “best practice” techniques to interview and evaluate candidates in order to select the best qualified individuals for employment. Reference checks as well as legally required background checks and drug testing is completed on all selected individuals before making any final employment offers. Once hired, new employees must complete a probationary or “working test” period for a minimum of twelve months during which performance of duties is closely monitored and evaluated to ensure at least satisfactory performance.

IV. Education and Experience Requirements for Child Welfare Workers and Other Professionals Responsible for the Management of Cases and Child Welfare Staff

B. Classified Social Services Positions Specific to Child Welfare:

Social Services Analyst positions are used in IV-E Eligibility Determination Units:

Social Services Analyst 1 (SS410)

- Bachelor’s degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

Social Services Analyst 2 (SS411)

- Bachelor’s degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience
- Bachelor’s degree in social work may be substituted for one year of the required experience
- Master’s degree in social work or related field may be substituted for all of the required experience

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Social Services Analyst 3 (SS413)

- Bachelor's degree plus two years of professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Counselor Positions are used in the Adoption Petitions Program.

Social Services Counselor 1 (SS410)

- Bachelor's degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

Social Services Counselor 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

- Bachelor's degree in social work may be substituted for one year of the required experience
- Graduate credit in social work or related field may be substituted for the required professional social services experience on the basis of thirty semester hours for one year of experience

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Child Welfare Specialist positions are used in front-line service for Child Protection Investigations, Family Services, Foster Care, Adoptions and Home Development Programs:

Child Welfare Specialist Trainee (SS411)

- Bachelor's degree in social work or related field
- Bachelor's degree in unrelated field with one year professional social services work
- Master's degree in unrelated field
- Participation in Title IV-E Child Welfare Training and Curriculum Development Project and graduation with a baccalaureate degree in Social Work

Child Welfare Specialist 1 (SS412)

- Bachelor's degree in social work or related field plus one year professional social services experience
- Bachelor's degree in unrelated field with two years professional social services experience
- Master's degree in social work or related field
- Master's degree in unrelated field plus one year professional social services experience

Child Welfare Specialist 2 (SS414)

- Bachelor's degree in social work or related field plus three years of professional social service experience, two years of which must have been in child welfare
- Bachelor's degree in unrelated field plus four years professional social services experience, two years of which must have been in child welfare
- Master's degree in social work or related field plus two years of professional child welfare experience
- Master's degree in unrelated field plus three years professional social services experience, two years of which must have been in child welfare

Child Welfare Specialist 3 (SS415)

- Bachelor's degree in social work or related field plus four years of professional social services, three years of which must have been in child welfare
- Bachelor's degree in an unrelated field plus five years professional social services experience, three years of which must have been in child welfare
- Master's degree in social work or related field plus three years professional child welfare experience
- Master's degree in non-related field plus four years professional social services experience, three years of which must have been in child welfare

Effective June 21, 2013, the name of the Child Welfare Specialist 4 position was changed to Child Welfare Supervisor (SS417). Incumbents in this position supervise units of professional child welfare staff including IV-E Analysts and may supervise some clerical staff. Along with the change in position title, the total years of required experience was reduced while the number of years of child welfare experience was increased for most educational levels.

- Bachelor's degree in social work or related field plus four years of professional social services experience, four years of which must have been in child welfare.
- Bachelor's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare, including three years of the child welfare experience at the journeyman level

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- Master's degree in social work or related field plus three years of professional child welfare experience
- Master's degree in unrelated field plus four years of professional social services experience, three years of which must have been in child welfare.

Effective June 21, 2013, the name of the Child Welfare Specialist 5A position was changed to Child Welfare Consultant (SS418). Incumbents in this position serve as regional consultants and placement specialists in the field. At the state level, incumbents serve program consultants, child welfare trainers and data consultants in the systems unit. Qualifications have changed to reduce the number of years of required child welfare experience.

- Master's degree in social work plus three years of professional child welfare experience
- Master's degree in related field plus three years of professional child welfare experience
- Bachelor's degree in social work plus four years of professional social services experience, three years of which must have been in child welfare

Effective June 21, 2013, the name of the Child Welfare Specialist 6 (SS420) and Family Support Parish Manager (SS419) positions were changed to Child Welfare Manager 1 (SS420). Incumbents in this position serve as state level program, contract, eligibility and training managers and as regional level operations managers, supervising Child Welfare Supervisors. Qualifications changes include reducing the total social services experience required while increasing the required child welfare experience. Prior supervisory experience and substitutions for college degrees were removed from the qualifications.

- Bachelor's degree in social work or related field plus five years of professional social services experience, four years of which must have been in child welfare
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare
- Master's degree in social work or related field plus four years of professional child welfare experience, two years of which must have been at the supervisory level
- Master's degree in unrelated field plus five years of professional social service experience, four years of which must have been in child welfare

The Family Support Regional Administrator title was changed to DCFS Area Director (SS421) effective June 21, 2013. Two to three Area Directors are responsible for all DCFS programs including child welfare in distinct geographical areas within each region. Changes in qualifications include reduction in the number of years of general and child welfare social services experience and increase in the number of hours of college credit required to substitute for experience.

- Bachelor's degree plus six years professional level social services experience, including three years at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience

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- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.
- A Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

The Family Support Program Executive Director position was changed to DCFS Regional Administrator (SS 423) effective June 21, 2013. The incumbent in this position is responsible for all DCFS programs and administrative functions in a defined geographical are of the state. Changes in qualifications included increasing the number of semester hours required as a substitution for experience.

- Bachelor's degree plus seven years professional level social services experience, four years of which must have been at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability Programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.
- A Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

Effective June 21, 2013, the name of the Child Welfare Executive Manager position was changed to Child Welfare Manager 2 (SS422). Incumbents in this position are responsible for several child welfare programs at the state level and supervise the Child Welfare Manager 1 position. Changes in qualifications include reduction of the number of years of general and child welfare social services experience and removal of the requirement for prior supervisory experience.

- Bachelor's degree in social work or related field plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare.

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- Master's degree in social work or related field plus four years of professional child welfare social services experience.
- Master's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare.

The Child Welfare Administrator position was changed to Child Welfare Director (SS423) prior to submission of the 2012 Annual Progress and Services Review, but the title change was not noted in that document. The incumbent in this position serves as the statewide director of all child welfare programs. Qualifications have been changed to include the following:

- Bachelor's degree in social work or related field plus six years professional experience in social services, five years of which must have been in child welfare including two years at the supervisory level.
- Bachelor's degree in an unrelated field plus seven years of professional social services experience, five years of which must have been in child welfare including two years at the supervisory level.
- Master's degree in social work or a related field plus five years of professional child welfare experience, two years of which must have been at the supervisory level.
- Master's degree in an unrelated field plus six years of professional level experience in social services, five years of which must have been in child welfare including two years at the supervisory level.

C. Classified Administrative Services Positions that Support Child Welfare:

- The Program Specialist-Social Services now has job-specific sub-categories of Economic Stability, Disability Determinations and Child Support Enforcement. The pay classification was changed from administrative (AS 615) to social services (SS417). This position is no longer used in child welfare or to support child welfare.

The Executive Staff Officer (AS616) position had minor changes in qualifications as noted below.

- Bachelor's degree plus three years professional level experience in business Administration, government, law, public administration, planning, or social services. Three years of the experience must have been at the advanced journeyman level.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Program Coordinator –Social Services (AS618) position was changed to the Program Consultant – Social Services (SS417), and the pay classification was changed from administrative to social services. Qualifications have changed to reduce the number of years of required child welfare experience.

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- Master's degree in social work plus three years of professional child welfare experience
- Master's degree in related field plus three years of professional child welfare experience
- Bachelor's degree in social work plus four years of professional social services experience, three years of which must have been in child welfare

The Program Manager position has been expanded to include Program Manager 1 through 4 positions, and the pay scale has been changed from Administrative Services (AS) to Social Services (SS). These positions are used for various levels of management functions throughout the Department. Qualifications for the Program Manager 1 – Social Services (SS419) have changed as follows:

- Bachelor's degree plus four years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; one year of the experience must have been at the advanced level or above.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience
- Graduate training will not substitute for more than three years of the general experience.

Qualifications for the Program Manager 2 – Social Services (SS421), Program Manager 3 – Social Services (SS422), Program Manager 4 – Social Services (SS423) are the same as the Program Manager 1 except that five years of professional experience are required.

Attorney 2 (AS618)

- Possession of a license to practice law in the state of Louisiana plus two years of experience as a practicing attorney

Attorney 3 (AS620)

- Possession of a license to practice law in the state of Louisiana, plus three years of experience as a practicing attorney

Attorney Supervisor (AS622)

- Possession of a license to practice law in the state of Louisiana, plus five years of experience as a practicing attorney

Deputy General Counsel 2 (AS 624)

- Possession of a license to practice law in Louisiana, plus six years of experience as a practicing attorney

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Executive Management Officer 3 (AS622)

- Bachelor's degree plus five years professional level experience in business administration, government, law, public administration, planning, or social services. Two years of the experience must have been at the advanced journeyman level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Family Support Program Executive Director (AS 624) position is no longer used and has been replaced in most instances by the Program Manager 4 – Social Services (SS423) described above.

Deputy Assistant Secretary 3 (AS 626)

- Three years of experience which involved the second line supervision of professionals, the supervision of professionals functioning as consultants or resource persons to an agency/company or the management or direction of a section or of a division program.
- As these positions are with agencies that have different functions and goals which call for specialized areas of knowledge, selective certification will be considered when filling these positions.

D. Unclassified Positions

Deputy Secretary of Operations

- Unclassified Position – No minimum qualifications

Deputy Secretary of Programs

- Unclassified Position – No minimum qualifications

Executive Counsel

- Unclassified Position – No minimum qualifications

Undersecretary

- Unclassified Position – No minimum qualifications

Secretary

- Unclassified Position – No minimum qualifications

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V. Certifications Required for Child Welfare Workers and other Professionals Responsible for the Management of Cases and Child Welfare Staff:

The Louisiana Social Work Practice Act requires that any individual with a degree in social work at the undergraduate or graduate level who is practicing social work in Louisiana must be credentialed by the Louisiana State Board of Social Work Examiners.

Social work practice is defined in the Act as the professional application of social work values, theories, and interventions to one or more of the following: enhancing the development, problem-solving, and coping capacities of people; promoting the effective and humane operations of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; developing and improving social policy; and engaging in research related to the professional activities. The practice of social work includes but is not limited to clinical social work, planning and community organization, policy and administration, research, and social work education.

All professional level employees of the DCFS who hold a degree in Social Work must be credentialed at one of five levels:

- Registered Social Workers (RSW) are persons who hold a Bachelor's or Master's degree from a social work program accredited by the Council on Social Work Education (CSWE).
- Certified Social Workers (CSW) are persons who hold a Master's Degree in Social Work and apply to become LMSW's. They are credentialed as CSW's upon approval of their application to become LMSW's and retain Certified Social Worker credential until they pass the LMSW exam and become licensed.
- Licensed Master Social Workers (LMSW) are persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.
- Licensed Clinical Social Workers (LCSW) are persons who hold a Master's degree in Social Work from a CSWE accredited university, have completed at least 5760 hours of postgraduate social work practice, of which at least 3840 hours was completed under the supervision of board-approved clinical supervisor, and have passed an exam approved by the Louisiana Board of Social Work Examiners.
- Board Approved Clinical Supervisors (BACS) are persons who hold a Master's degree in Social Work from a CSWE accredited university, hold the LCSW license, have completed at least three years of full-time social work experience at the LCSW level, and have participated in a board approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure.

All staff that holds a Bachelor's degree in Social Work holds an RSW, the only credential available to Bachelor's level social workers. The percentage of staff holding a master's degree in Social Work by license type is shown in the table below. The percentage of master's level staff who are Registered Social Workers has increased while the percentage of those who are Licensed Clinical Social Workers has declined. The number of Board Approved Clinical Supervisors has increased slightly since 2012, but has declined significantly since 2011.

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PERCENTAGE OF MSW STAFF BY CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LCSW W/BACS
2011	20%	10%	50%	20%	37%
2012	14%	8%	28%	7%	3%
2013	32%	19%	40%	9%	4%

VI. Demographic Information on Current Staff and Recent Hires

A. Education

The tables below provide the percentage of staff with master's degrees and with bachelor's degrees for 2011, 2012 and 2013. The tables also reflect the percentage of those in each degree type with a degree in social work. The percentage of those with a master's degree whose degree was in social work increased slightly from 2011 to 2012, but declined in 2013 to a level below that of 2011. The percentage of child welfare staff with a bachelor's degree whose degree is in social work declined from 2011 to 2012, but increased in 2013 to the highest level in the three years.

EDUCATIONAL ATTAINMENT FOR CW STAFF – 2011				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
38.20%		57.47%		4.33%
MSW	Other	BSW	Other	
74.44%	25.52%	31.17%	68.83%	

EDUCATIONAL ATTAINMENT FOR CW STAFF – 2012				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
37.10%		62.90%		0.00%
MSW	Other	BSW	Other	
76.38%	23.62%	30.80%	69.20%	

EDUCATIONAL ATTAINMENT FOR CW STAFF – 2013				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
36.47%		63.56%		0.00%
MSW	Other	BSW	Other	
67.17%	32.83%	31.41%	68.59%	

B. Educational Support

Of child welfare staff on board in April 2013, approximately 34% of child welfare staff received educational support through IV-E Stipends. Additionally, approximately 15.75% of child welfare staff with a Master's Degree in Social Work received a stipend of 75% of salary while attending graduate school full time.

As noted in the tables below, approximately 38% of child welfare staff on board in April 2014 with a bachelor's degree in social work received IV-E support. Approximately 46% of those with a Master's degree in social work received IV-E support.

Region	Total BSW	IV-E Support	% w/IV-E support
Orleans	15	8	53%
Baton Rouge	20	10	50%
Covington	41	12	29%
Thibodaux	9	3	33%

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Region	Total BSW	IV-E Support	% w/IV-E support
Lafayette	6	1	16%
Lake Charles	6	2	33%
Alexandria	28	9	32%
Shreveport	8	4	50%
Monroe	33	15	45%
Total	166	64	38%

Region	Total MSW	IV-E Support	% w/IV-E support
Orleans	63	24	38%
Baton Rouge	28	12	42%
Covington	32	12	37%
Thibodaux	13	6	46%
Lafayette	27	10	37%
Lake Charles	6	5	83%
Alexandria	18	10	55%
Shreveport	20	10	50%
Monroe	21	17	80%
Total	228	106	46%

VII. Update FFY 2014 and multi-year comparative analysis:

A. Data Collection and Analysis

During the past five years, the DCFS has changed the way that data is pulled and reviewed based upon specific needs of the Department. Although this change in data collection and reporting presents challenges in analyzing the data over a five year period, the Department made the decision to focus on the most compelling issues such as turnover at the regional and parish level.

A. Staff Turnover

Staff turnover has continued to be a major concern of the Department. The turnover rate has continued to grow, especially in Orleans and Baton Rouge Regions. These two regions are large labor markets where there is much competition for experienced workers with experience in social services. DCFS believes that efforts to increase pay, streamline the workload of front-line staff, provide improved technology and improve supervision and training will be significant factors in reducing turnover.

B. Recruiting and Selecting Staff

The Department is required to and does follow state Civil Service and all federal fair hiring practices. Efforts are made to hire staff with the education and experience necessary to fulfill the mission of the Department.

C. Education and Experience Requirements

Changes have been made in minimum qualifications for a number of job titles. For the most part, these changes have reduced the number of years of experience required for hiring and for promotion. These changes are expected to support staff retention as workers will be eligible for promotion earlier in their careers.

D. Required Certifications

The Louisiana State Board of Social Work Examiners requires that all persons with either a bachelor's or master's degree in social work be licensed. Bachelor's level social workers are

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classified as Registered Social Workers (RSW). Master's level social workers have five levels of licensing. The RSW license has the lowest level of qualifications, and the percentage of master's level social workers with this level of license has increase significantly while the percentage of Licensed Clinical Social Workers (LCSW), the highest level of license, has declined. Part of the reason for this decline is the drastic reduction in the percentage of LCSW social workers who were Board Approved Clinical Supervisors (BACS) that occurred in SFY 2011. In many regions, there are no BACS social workers to provide the supervision necessary for master's level social workers to acquire the LCSW credential.

E. Education

The percentage of staff with master's degrees has declined while the percentage of staff with bachelor's degrees has increased. The percentage of employees whose master's degree is in social work rather than another field is significantly higher than the percentage of employees whose bachelor's degree is in social work rather than another field.

Employees with a master's degree were also more likely to have received IV-E support for their education. Approximately 46% of those with a master's degree in social work received IV-E assistance while only 38% of those with a bachelor's degree in social work received such support.

F. Summary

As noted in the Department's new plan, the primary focus related to workforce will be staff retention. A stable and experienced workforce is essential to meeting the Department's goals for the safety, well being and permanency of children who have been or are at risk for abuse and neglect.

2.) JUVENILE JUSTICE TRANSFERS:

Number of Children Under the Care of the State Child Protection System Transferred into the Custody of the State Juvenile Justice System

Update FFY 2011: In 2010 Louisiana a total of 7 youth were under the care of the state child protection system and were transferred into the custody of the state juvenile justice system.

Update FFY 2012: A total of 21 youth in the care (custody) of the DCFS were transferred to the supervision (custody) of the state OJJ.

Update FFY 2013: During this time period, a total of 13 youth in the care (custody) of the DCFS were transferred to the supervision (custody) of the state OJJ.

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

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Update FFY 2014 and multi-year comparative analysis:

Within the state fiscal year of 2014, the DCFS and the OJJ entered into a partnership to assess cases where the two agencies either shared case responsibility or the cases transferred between agencies. Part of the planning process comprised of joint case planning that involved both agencies to include a coordinated case closure effort when one agency was no longer responsible for the case. Policy was developed for joint service delivery in both in-home/prevention cases and foster care cases. Joint case planning is currently piloted in the Lafayette and St. Tammany parishes.

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