



**THE
CHILD WELFARE
POLICY & PRACTICE GROUP**

**A Review of Child Welfare
The Louisiana Department of Children
and Family Services
January 5, 2016**

Conducted by: The Child Welfare Policy and Practice Group

Supported by: Casey Family Programs



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The Child Welfare Policy and Practice Group is a non-profit technical assistance organization focused on improving child and family outcomes by improving front-line practice. Information about the organization can be seen at www.childwelfaregroup.org.

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Executive Summary

The Secretary of the Louisiana Department of Child and Family Services requested an independent study of the Department's strengths and challenges to inform elected officials, stakeholders and the citizens of Louisiana of the status of child welfare in the state. The Child Welfare Policy and Practice Group (CWG), a nonprofit technical assistance organization, was asked to conduct the study. The study was conducted between September and December, 2015 and involved four primary means of evaluation. These included a review of DCFS policies, procedures, standards, and guidelines, review of DCFS data on system performance and outcomes, review of federal and internal reports prepared by the Department, and stakeholder interviews with individuals and groups both within and external to DCFS.

Overall, the data on DCFS performance reflects strong performance in a number of areas. As budget and staff reductions have occurred in the past years, DCFS has been able to sustain its performance in these critical categories. However, in the past two years it has become evident that because of high staff turnover and high caseloads, budget pressures and the resultant effects on the front-line environment, performance has faltered in some areas. Sustainability is at risk and initiatives to improve child and family outcomes are struggling to produce intended change. It is difficult to see how the Department can achieve the standards set by itself and the federal Children's Bureau unless additional resources are made available.

The findings of this review highlight four key characteristics of the Louisiana child welfare system. First, Louisiana has maintained a high level of performance in achieving permanency for children in past years and currently is ranked first among states in adoption performance according to federal standards. The Department continues to implement efforts to improve the system through innovative practice and programmatic initiatives.

Second, the child welfare system has experienced years of budgetary restrictions due to the State's budgetary shortfalls. These financial constraints have negatively affected the work force, service providers, organizational capacity and increasingly risk significantly affecting child, and family outcomes.

Third, the workforce environment at the front-line is constrained by high caseloads, much of which is caused by high turnover and increasing administrative duties and barriers that compromise time spent with children and families.

Last, the stresses within the system are at risk of causing poorer outcomes for some children and families. The recent falling outcome trends in some of the areas that have been an agency strength in the past are early warnings of future challenges.

Agency Strengths

DCFS is constantly seeking to improve its performance and there are many initiatives and successes that reflect this ethic. The Department was invited to submit areas of performance that it considers its strengths and some of them are listed with others identified in the review. Both are included below.

- DCFS has consistently won federal financial incentives for its high level of adoption performance. In 2015 it was one of ten national honorees to be awarded the DHHS 2015 Adoption Excellence Award. Louisiana was the only state to receive the Adoption Excellence Award for Child Welfare Systemic Change.
- DCFS has a history of relatively high performance in achieving permanency for children, although performance based on Federal Measures declined in 2013 and 2014.
- DCFS places comparatively few children in congregate settings and maintains most children in family-based settings, often with relatives. DCFS outperforms most states in this area.
- DCFS is improving its performance in timeliness of child protection investigations.
- DCFS has significantly improved the percentage of monthly caseworker visits with children in foster care. Monthly visits improved from 55% in 2008 to 95.86% in 2014.
- The Department credits its Faith in Families initiative with increasing adoptions occurring within 24 months by 16% and increasing the timeliness to reunification of children returning home within 12 months from 72.1% in 2012 to 72.71% in 2013.
- The Department implemented a Centralized Intake process to receive all calls reporting alleged child abuse and neglect in 2011.
- DCFS established a Guardianship Subsidy Program in 2010 and has issued 122 subsidies.
- DCFS received a one-million dollar Human Trafficking Grant in collaboration with HP Serve.
- The DCFS Secretary conducts annual listening tours in local offices to receive front-line feedback.
- DCFS has recently been re-accredited by the Council on Accreditation.
- DCFS has established a 1/5 supervisor to worker ratio.

- DCFS and the Louisiana Supreme Court have worked closely together on Court Improvement Projects, focusing intensively on permanency initiatives.
- DCFS and the Louisiana Child Welfare Trauma Project, overseen by the Tulane Department of Psychology and Behavioral Sciences, are working together to strengthen the State's trauma response capacity and identify children with unmet trauma needs.
- DCFS has added four full time adoption recruiters with the support of a federal funding grant.
- DCFS is working on a plan to replace its obsolete child welfare information system by 2020, funding permitting.
- The Department's federal partners consider the DCFS quality assurance system a significant system strength.
- DCFS is implementing an improved process for child safety called the Advanced Safety Focused Practice Model.
- DCFS is implementing a process to improve family engagement and involvement, case planning and coordination, using the Family Team Meeting model.
- DCFS has made a major financial commitment to maintaining Family Resource Centers in each region.
- The Department is working with national and local partners to develop a Parent Partners Program.
- Despite financial limitations, DCFS has maintained its educational leave program.

The Workforce Environment

High caseworker turnover, nationally and in Louisiana, is a significant challenge for the child welfare system and it is certainly a factor affecting system performance. The following chart shows front-line turnover in each region.

Turnover

Region	CY 2012	CY 2013	CY 2014
Orleans	23.33%	34.51%	38.05%
Baton Rouge	20.33%	44.29%	37.68%
Covington	18.90%	25.52%	17.45%
Thibodaux	19.75%	13.16%	12.00%
Lafayette	11.76%	11.18%	21.99%
Lake Charles	21.18%	24.05%	20.55%
Alexandria	14.74%	17.98%	25.26%
Shreveport	17.21%	25.23%	23.64%
Monroe	24.04%	26.00%	24.18%
Statewide	19.32%	23.32%	24.26%

DCFS has implemented several retention initiatives over the past few years which have resulted in improvements in some regions, however turnover remains a significant problem. Front-line caseworkers and supervisors consistently point to high workloads and administrative barriers and rules that limit their ability to work directly with families as major contributors to the high turnover rate.

As this report discusses in detail, there is considerable discontent at the front-line with what is perceived as a high level of central office oversight. Issues identified by staff include case level decision-making that requires central office concurrence, administrative processes considered to be unnecessary that consume caseworker time, and new initiatives that do not consider the front-line time required to implement them. Some of the oversight is a response to an inexperienced work force, so solutions may lie in finding a greater balance between autonomy and oversight. A major source of local frustration is the Department's inefficient and obsolete case management information system, which both central office and front-line staff want to replace.

Agency Challenges in Improving Child and Family Outcomes.

While they are not the only measure of system performance to be considered, the Department's performance compared to federal standards on key outcome indicators provides an additional appraisal of DCFS operations.

Absence of Maltreatment Recurrence – Standard 94.6%

Period	2008	2009	2010	2011	2012	2013	2014
State Performance	93.5	94.0%	95.4	94.8	94.7	93.5	94.2

The state met federal standards in 2010, 2011 and 2012, but not in the other years listed. The goal of this indicator is to assess and intervene in families with sufficient effectiveness that maltreatment does not recur. Louisiana is performing near the national median. According to the most recent federal Maltreatment Report 2013, 51.9% of states met this standard.

Absence of Child Abuse and/or Neglect in Foster Care –Standard 99.68%, National Median 99.5%

Period	2009	2010	2011	2012	2013	2014
State Performance	99.29	99.52	99.28	99.56	99.78	99.7

DCFS met the national standard in 2013 and 2014.

Timeliness and Permanency of Reunification

Period	FFT2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Timeliness and Permanency of Reunification (standard: 122.6 or higher)	State Score =123.6	State Score = 121.1	State Score = 121.6	State Score = 126.6	State Score = 123.1	State Score = 120.8	State Score = 113.5
National Ranking	10	13 of 47	12 of 47	10 of 47	11 of 47	15 of 47	23 of 47

State performance and ranking have declined in past years, especially since 2012. The Department is not currently meeting the standard.

Timeliness of Adoption

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Timeliness of Adoptions (standard: 106.4 or higher)	State Score =108.2	State Score = 128.1	State Score = 137.1	State Score = 144.8	State Score = 145.8	State Score = 153.5	State Score = 154.3
National Ranking	14 of 47	3 of 47	2 of 47	1 of 47	1 of 47	1 of 47	1 of 47

Relative to federal measures, DCFS performance is stellar. DCFS performance has been ranked first in the nation since 2011, for which DCFS has been consistently awarded federal financial incentives.

Permanency for Children and Youth in Foster Care for Long Periods of Time

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Permanency for Children and Youth in Foster Care for Long Periods of Time (standard: 121.7 or higher)	State Score =97.1	State Score = 91.2	State Score = 115.4	State Score = 107.7	State Score = 107.8	State Score = 109.3	State Score = 138.9
National Ranking	42 of 51	45 of 51	27 of 51	35 of 51	35 of 51	34 of 51	3 of 51

DCFS performance was poor from 2009 to 2013, resulting in an inability to meet the federal standard. In 2014, DCFS performance met the federal standard and went from being 34th nationally to 3rd. The DCFS executive team attributes this improvement to its Faith in Families initiative. Additional factors could be the number of youth aging out of care, which would lower the universe. It will be useful to track this trend over time to assess whether this improvement is sustained.

Placement Stability

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Placement Stability (standard: 101.5 or higher)	State Score =86.4	State Score = 84.5	State Score = 82.1	State Score = 88.7	State Score = 91.6	State Score = 92.4	State Score = 92.4
National Ranking	35	37 of 51	40 of 51	33 of 51	31 of 51	29 of 51	29 of 51

There has been some improvement in performance since 2008; however DCFS has not met the federal standard for placement stability in any of the periods reviewed and now is ranked 29 of 51 states. Nationally, high placement instability usually occurs because of lack of supportive resources for caregivers, insufficient matching of children with caregivers, poor case planning, and high workloads.

Timeliness of Child Protection Investigations

State Fiscal Year	% of CPI Investigations Closed*	% of CPI Investigations Closed Timely	% of Alleged Victims Seen Timely	% of Parent/Caretakers Seen Timely**
SFY 2008	99.92%	45.69%	67.07%	67.40%
SFY 2009	99.98%	41.41%	68.87%	69.18%
SFY 2010	100.00%	42.96%	70.41%	70.46%
SFY 2011	100.00%	46.76%	71.37%	72.03%

SFY 2012	100.00%	54.72%	78.37%	79.14%
SFY 2013	100.00%	56.17%	80.80%	82.65%
SFY 2014	100.00%	58.85%	77.81%	80.34%
SFY 2015	100.00%	66.72%	81.51%	84.52%

* Please note that the % of CPI Investigations Closed is as of the date the data was last updated which is December 10, 2015.

**This measures the first parent/caretaker seen in the investigation case

DCFS has demonstrated significant improvement in investigative timeliness.

Internal Quality Assurance Data

DCFS regularly monitors child welfare performance through its Continuous Quality Assurance system. In an examination of key casework practice issues DCFS is seeking to improve, reviews identified the following:

- In approximately two-thirds of the cases reviewed, services to protect children in their own homes were considered adequate.
- Concerted efforts to involve parents and children in case planning occurred in about half the cases.
- Needs were appropriately assessed and services provided in a little more than half the cases.
- Caseworker visits with children were considered of sufficient frequency and quality in about two-thirds of the cases.
- Child visits with siblings and parents were considered adequate in somewhat more than half the cases.
- Caseworker visits with the mother and father of the child were of sufficient frequency and quality in approximately a third of the cases.
- Concerted efforts were made to ensure youth are prepared to make the transition to adulthood in approximately two-thirds of the cases. (However these data, shown later in the report, are in sharp contrast with another study of preparation for adulthood, where performance was low. The lower performance data, shown in the following table, are much more consistent with stakeholder input about the status of this population.)

Considerable improvement is needed in these areas of practice.

Another review involved plans for Transitional Youth (youth approaching emancipation at age 18) and found the following:

Assessment of Youth Transitional Plans	Percent Yes 4th QTR FY 2015
Does Youth Transition Plan address the needs and desires of the youth in a realistic manner?	31%%
Does it appear that the youth had input or guided the development of the Youth Transitional Plan?	38%
Does the youth have individuals in their life to provide continued connection and support after DCFS involvement?	58%
Are the services in the plan adequate to prepare the youth for independence?	27%
Does the plan provide for the youth to have opportunities to demonstrate capacity for success at independent living prior to aging out?	25%

This review consisted of a relatively small number of cases, so the percentages may not be precise predictors of statewide performance. However, DCFS provided the study to the federal Children's Bureau in 2015 as an element of its program improvement efforts. The data show that the majority of youth are not well prepared to leave the system and function successfully in the community at age 18.

Recommendations

The report includes 11 recommendations, which are listed below.

1. Consolidate the Child Welfare Management Structure in a Single Entity – This recommends integrating the major central office child welfare functions into a single unit and going forward, ensuring that child welfare is fully represented in the executive team.
2. Develop Strategies to Improve the Front-Line Work Environment – This is directed at reducing administrative barriers and processes.
3. Implement Selective Staff Recruitment Strategies – This is directed at increasing the percentage of staff with social work educational backgrounds and providing incentives for retention.
4. Replace the Department's Inefficient Information System – This addresses funding for system replacement.
5. Strengthen Practice – This addresses strategies to improve the quality of practice.

6. Improve Programmatic Implementation – This suggests strategies to strengthen the Department’s capacity to fully implement practice improvement efforts.
7. Increase Resources for Transition Age Youth – This recommends strengthening support for older youth, including expanding funding to permit youth to remain in custody from age 18 to 21 under certain circumstances.
8. Strengthen Resources Committed to Child Protection Intake – This recommends additional staff.
9. Strengthen the Continuous Quality Improvement Process – This proposes including youth and parent interviews in the case review process.
10. Make a Peer Technical Assistance Visit – This recommendation suggests that a group of DCFS staff visit the Utah child welfare agency, which uses Family Team Meetings statewide and has a quality assurance system that includes extensive child, youth, and family interviews.
11. Commit Additional Resources to Reduce the Caseload and Workload – This recommends increasing the number of front-line staff.

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I. Introduction

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II. Methodology

The study was conducted between September and December, 2015 and involved four primary means of evaluation. These included a review of DCFS policies, procedures, standards and guidelines, review of DCFS data on system performance and outcomes, review of federal and internal reports prepared by the Department and stakeholder interviews with individuals and groups both within and external to DCFS. Supplementing the facts gathered in this review, the experience of CWG staff who have been providing training and coaching to Louisiana's front-line staff contributes additional information about system strengths and challenges. In its training and coaching role, CWG has had numerous first-hand opportunities to observe the daily work of Louisiana staff with families and children in multiple regions. The results of the review are summarized below.

III. System Overview

The following is a summary of key child and family characteristics and system operations that provide a profile of DCFS operations over the past eight years.

Period	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Reports of Maltreatment	40,691	40,407	41,982	42,824	50,185	48,643	49,965	50,885
Substantiation Rate	31.45%	31.37%	32.20%	37.62%	35.30%	35.25%	34.95%	33.26%

Number of Children Placed Out-of-Home*	5,024	4,800	4,471	4,560	4,029	3,974	4,129	4,447
Number of Children in In-Home Cases*	736++	2,081	2,247	2,598	2,041	2,166	3,062	2,787
Percent of Children Placed with Relatives (Includes children in an adoptive placement with a relative or fictive kin)	22.15%	32.42%	31.98%	33.49%	34.12%	36.99%	38.06%	39.75%
Percent of Children Placed in Guardianship Settings - <i>Guardianship not captured as a distinct placement setting by DCFS</i>								
Number of Children placed with Siblings – <i>DCFS does not track siblings placed together</i>								

Children Free for Adoption*	915	831	761	926	836	781	624	674
# of Finalized Adoptions (including relative adoptions)	530	614	624	628	677	660	732	578
Total Family Foster Homes*	2062	2038	2050	2030	1,990	1,915	2,008	2,147
Number of Children in Congregate Emergency Shelter*	58	58	50	46	34	36	38	29
Number of Children in Group Homes/Residential Treatment*	400	353	321	273	223	192	162	197
Number of Children in In-Patient Psychiatric Settings*	30	32	22	24	17	33	35	23
Number of Children in Treatment Foster Care*	122	122	128	135	136	143	149	135
Number/Percent of Children Placed Outside of Removal Parish*	2,837/ 56.47%	2,676/ 55.75%	2,478/ 55.42%	2,505/ 54.93%	2,266/ 56.24%	2,164/ 54.45%	2,092/ 50.67%	2,243/5 0.51%

Number of Children Placed Out of State for Specialized Treatment/Placement Purposes*	0	0	0	0	1	2	2	4
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*Data as of last day of FY

**Lower number reflects changes in how and when adoptive placements are tracked

DCFS reports that it does not regularly track siblings placed together; however, current point in time December 2015 data show the following:

- 4,485 children in foster care
- 1,073 sibling groups
- 2,205 children are members of a sibling group
- 1,663 members of sibling groups are placed with one or more siblings
- 839 members of sibling groups are not placed with a sibling

Given the importance of family connections, it would be useful for DCFS to add placement of siblings together to the indicators regularly tracked.

Number of Children Entering/Exiting Foster Care Annually

State Fiscal Year	Number Entering	Number Exiting
2008	3436	3480
2009	3313	3537
2010	3263	3592
2011	3570	3481
2012	3179	3710
2013	3305	3360
2014	3898	3741
2015	4077	3767

One hundred fifty-seven more children entered care than exited in 2014 and 310 more children entered care than exited in 2015.

The previous tables reflect the following:

- Reports of abuse and neglect increased markedly after centralized intake was implemented in 2011, declined somewhat from 2012 to 2013, but have grown by approximately 1,000 per year for the past two years.
- The number of children placed out-of-home was reduced but is now growing modestly.
- The number of children entering care is exceeding the number exiting care, which is why the foster care population is growing.
- The number of children served in their own homes has declined since 2014.
- DCFS places a high number of children with relatives, a number which has grown steadily since 2008.
- The number of children waiting for adoption is declining, reflecting success in placing children for adoption.
- DCFS places a large number of children in adoptive homes.
- The number of family foster homes has grown somewhat, but not at the same rate as children in out-of-home care.
- The number of children who are placed in congregate shelters, as opposed to family-based settings, is declining. Louisiana has a commendably small number of children in congregate shelters.
- The number of children placed in group homes, residential treatment and psychiatric settings has grown, but the number is lower than the highest use of these settings in 2008. According to the Annie E. Casey Foundation's *Every Child Needs a Home* publication, in 2013 only 10 states had a higher percentage of children in family-based placements than Louisiana.
- The number of children placed in treatment foster care is relatively stable.
- The number of children placed outside of their home Parish has decreased, but still exceeds 50%.
- The number of children placed out-of-state for specialized treatment purposes is extremely low.

DCFS Budget Trends

Annual DCFS Child Welfare Budget

FY 2007-2008 \$297,152,653
FY 2008-2009 \$293,791,556
FY 2009-2010 \$329,612,678
FY 2010-2011 \$224,101,864
FY 2011-2012 \$329,898,275
FY 2012-2013 \$358,819,034
FY 2013-2014 \$242,533,586
FY 2014-2015 \$240,167,152

Child Welfare Workload, Caseload and Workforce Characteristics

Total Child Welfare Staff Positions Filled

Year	July 2007	July 2008	July 2009	July 2010	July 2011	July 2012	July 2013	July 2014	July 2015
Positions Filled	1,342	1,348	1,389	1,323	1,114	922	1,042	1,122	1,125

There are 217 fewer child welfare positions filled than in 2008.

Caseload Standards

Period	CPI Standard 10	Family Services Standard 15	Foster Care Standard 10	Adoption Standard 15	Home Development Standard 55
FFY 2012 CASELOAD AVERAGE	10.42	9.71	11.47	17.29	No Standard for this SFY
FFY 2013 CASELOAD AVERAGE	11.41	13.58	11.18	17.06	61.37
FFY 2014 CASELOAD AVERAGE	11.22	14.80	11.89	12.48	53.79
FFY 2015 CASELOAD AVERAGE	9.78	14.22	11.86	14.06	58.40

(DCFS reports that the table above reflects allocated staff, which DCFS states is close to the actual staff on board as a result of processes to rapidly replace staff.)

The data above suggest that average caseloads are actually near standards, however they do not show the effect of lower caseloads assigned to new staff. An analysis of foster care caseloads in one region provides useful information about the effect of new caseworkers on seasoned staff. New caseworkers carry reduced caseloads initially and because they have smaller caseloads, experienced staff carry additional cases. Interview respondents report that turnover in many parishes is constant, providing a continuous stream of new and inexperienced staff. Based on a report provided by the field, among foster care staff in that region, 19 staff had 1-5 cases, 19 had 6-10 cases, 34 had 11-15 cases, 40 had 16-20 cases and 9 had 21 + cases. Of the 121 foster care staff, 68% had caseloads exceeding the standard set by the state. If turnover were lower, fewer staff would be exceeding the caseload standard. DCFS states that it cannot verify this report and was unable to provide such reports for all its regions. However, the effect of turnover at any rate would be to raise the workload of experienced staff. Current turnover rates are displayed below.

Staff Turnover Rates

Region	CY 2012	CY 2013	CY 2014
Orleans	23.33%	34.51%	38.05%
Baton Rouge	20.33%	44.29%	37.68%
Covington	18.90%	25.52%	17.45%
Thibodaux	19.75%	13.16%	12.00%
Lafayette	11.76%	11.18%	21.99%
Lake Charles	21.18%	24.05%	20.55%
Alexandria	14.74%	17.98%	25.26%
Shreveport	17.21%	25.23%	23.64%
Monroe	24.04%	26.00%	24.18%
Statewide	19.32%	23.32%	24.26%

As the table above illustrates, staff turnover rates for most regions are high, with two regions approaching 40% turnover and 5 regions with over 20 % turnover. The average turnover rates have grown from 19% in 2012 to 24% in 2014. High child welfare turnover rates at the front-line are a challenge in many states, but are not inevitable. Systems around the country have achieved and maintained much lower turnover rates through thoughtful strategies that improve the workplace culture and support ambitions for good practice. Examples include:

- Buncombe County, NC achieved a reduction in turnover from 39% to 7.4% by implementing its Resilient Workforce Initiative with guidance from the Jordan Center for Families at UNC Chapel Hill (Source: Angie Pittman, Director of Social Services, Buncombe County)
- New Jersey's turnover now stands at 7.25% due to workforce supports initiated by the current administration and its partnership with the School of Social Work at Rutgers University (See report at http://nj.gov/dcf/childdata/orgdev/NJ.DCF.Workforce.Report_2015.pdf)
- Delaware has consistently maintained a turnover rate of < 10% over the past several years through a combination of selection, training, in-service supports, and creation of a career ladder that provides opportunities for advancement in direct service delivery (Source: Shirley Roberts, Deputy Director, Delaware Children's Department).
- Carver County, MN reports a stable workforce of child protective services staff with many having tenure of from 8 to 10 years in conducting child protection investigations. This is attributed to (1) ability to hire staff who are largely degreed social workers; (2) premium pay; (3) the use of a clear, consistent, practice framework; and (4) consistent monitoring and evaluation of practice and outcomes that instill a sense of pride and confidence in the work (Source: Dan Koziolk, Director).
- Boulder County, CO consistently maintains a turnover rate below 10% (anticipated to be at or near 0% for 2015) through a combination of selection, staff supports, equitable pay, and community work that provides a strong service array and generates positive regard for child welfare work. (Source: Frank Alexander, Director).

Front-Line Social Work/Related Academic Field Education

The following tables show the educational background and experience for several layers of front-line staff.

Child Welfare Supervisors with Master's Degree in Social Work or Related Field

Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	18	12	2	14	77.78%
Baton Rouge	13	6	1	7	53.85%
Covington	26	10	5	15	57.69%
Thibodaux	13	5	0	5	38.46%
Lafayette	16	12	N/R	12	75.00%
Lake Charles	13	1	1	2	15.38%
Alexandria	18	4	1	5	27.78%
Shreveport	18	6	3	9	50.00%
Monroe	15	4	4	8	53.33%

Child Welfare Managers with Bachelor's Degree in Social Work or Related Field

Region	# of CW Managers	# BSW	# Related Bachelors	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	5	2	0	2	40.00%
Baton Rouge	3	2	1	3	100.00%
Covington	5	3	2	5	100.00%
Thibodaux	3	0	1	1	33.33%
Lafayette	5	N/R	N/R	0	0.00%
Lake Charles	2	1	1	2	100.00%
Alexandria	3	1	0	1	33.33%
Shreveport	3	0	1	1	33.33%
Monroe	4	2	1	3	75.00%

Supervisors are the foundation of child welfare practice. They demonstrate and communicate the front-line practice caseworkers are to engage in, set expectations and provide performance feedback, mentoring and work management supports to the staff who work directly with children and families. Currently, of 150 front-line supervisors, 60% do not have a BSW, the preferred degree for child welfare practice.

DCFS is attempting to support the professional education of its work force by maintaining its MSW educational leave program, even with continuing financial limitations. Because turnover among caseworkers is so high, the Department has given priority to providing MSW stipends to supervisors, who are less likely to leave. The Department also provides a special entrance pay rate to staff with social work backgrounds.

Front-Line Experience

Supervisory and Management Experience

As of November/December 2014

Region	Average Years of Supervisory Experience for First Line CW Supervisors	Average Years of Management Experience for CW Managers
Orleans	3.94	3.00
Baton Rouge	3.87	1.00
Covington	5.32	5.40
Thibodaux	2.80	2.50
Lafayette	7.60	5.74
Lake Charles	4.67	4.75
Alexandria	4.43	6.50
Shreveport	3.35	1.00
Monroe	3.78	5.87

Child Welfare Specialist Trainee, 1, 2, and 3 Caseworker Staff as of 11/18/2015

Years of Experience	# of EE's on board	% of EE
Less than one year of experience	163	21.34%
1-2 years of experience	128	16.75%
2-3 Years of experience	77	10.08%
3-5 Years of experience	76	9.95%
5-10 Years of experience	167	21.86%
10 or More years of experience	153	20.03%
Total	764	

As this table shows, one-fifth of front-line caseworkers have less than one year of experience and over a third have two years or less. This level of inexperience heightens the necessity of having a competent, experienced and resilient supervisory work force.

IV. System Strengths

DCFS is constantly seeking to improve its performance and there are many initiatives and successes that reflect this ethic. The Department was invited to submit areas of performance that it considers its strengths and they are listed below along with others identified in the review.

- DCFS has consistently won federal financial incentives for its high level of adoption performance. In 2015 it was one of ten national honorees to be awarded the DHHS 2015 Adoption Excellence Award. It was the only state to receive the Adoption

Excellence Award for Child Welfare Systemic Change. The table below reflects the Department's adoption performance.

Finalized Adoptions by SFY	
SFY	Number of Foster Children Adopted
2008	530
2009	615
2010	624
2011	628
2012	677
2013	660
2014	732

- DCFS has a history of relatively high performance in achieving permanency for children, although performance based on Federal Measures declined in 2013 and 2014.
- DCFS places comparatively few children in congregate settings and maintains most children in family-based settings, often with relatives. DCFS out performs most states in this area.
- DCFS is improving its performance in timeliness of child protection investigations, as demonstrated by the following table.

CPS Contact and Validity Decisions				
Year	# of Accepted Reports	% of Alleged Child Victims Seen Timely	% of Parent/Caretakers Seen Timely	% of Validity Decisions Made Timely
2008	17,215	67.24%	67.12%	34.93%
2009	21,697	70.05%	70.34%	37.02%
2010	17,322	70.51%	71.23%	40.01%
2011	18,377	74.22%	74.89%	49.26%
2012	16,893	81.28%	82.11%	57.71%
2013	21,563	79.47%	81.64%	58.14%
2014	23,695	78.25%	81.28%	75.74%
2015	13,010	84.19%	86.31%	77.20%

- DCFS has significantly improved the percentage of monthly caseworker visits with children in foster care. Monthly visits improved from 55% in 2008 to 95.86% in 2014.
- The Department credits its Faith in Families initiative with increasing adoptions occurring within 24 months by 16% and increasing the timeliness to reunification from 72.1% in 2012 of children returning home within 12 months to 72.71% in 2013.
- The Department implemented a Centralized Intake process in 2011 to receive all calls reporting alleged child abuse and neglect.
- DCFS established a Guardianship Subsidy Program in 2010 and has issued 122 subsidies.
- DCFS received a one million dollar Human Trafficking Grant in collaboration with HP Serve.
- The DCFS Secretary conducts annual listening tours in local offices to receive front-line feedback.
- DCFS has recently been re-accredited by the Council on Accreditation.

- DCFS and the Louisiana Supreme Court have worked closely together on Court Improvement Projects, focusing intensively on permanency initiatives.
- DCFS and the Louisiana Child Welfare Trauma Project, overseen by the Tulane Department of Psychology and Behavioral Sciences, are working together to strengthen the State's trauma response capacity and identify children with unmet trauma needs.
- DCFS has added four full time adoption recruiters with the support of a federal funding grant.
- DCFS is working on a plan to replace its obsolete child welfare information system by 2020.
- The Department's federal partners consider the DCFS quality assurance system a significant system strength.
- DCFS is implementing an improved process for child safety called the Advanced Safety Focused Practice Model.
- DCFS is implementing a process to improve family engagement and involvement, case planning, and coordination, using the Family Team Meeting model.
- DCFS has made a major financial commitment to maintaining Family Resource Centers in each region.
- The Department is working with national and local partners to develop a Parent Partners Program.
- Despite financial limitations, DCFS has maintained its educational leave program.

V. DCFS Performance and Outcome Measures

One of the primary means of federal accountability in child welfare is through a process called the Child and Family Service Reviews (CFSR). This process examines a variety of state performance issues, including child and family outcomes. The following tables show DCFS child welfare outcome data from 2008-2014 and include the state's aggregate score relative to federal standards and its ranking against other states. The measures include Absence of Maltreatment Recurrence, Maltreatment in Foster

Care, Timeliness and Permanency of Reunification, Timeliness of Adoption, Permanency for Children and Youth in Care for Long Periods of Time, and Placement Stability. Some of these federal measures include sub-measures, on some of which systems may perform better than the aggregate score. For reasons of simplicity, DCFS performance on individual sub-measures are not presented. DCFS is able to provide them if requested. Casey Family Programs has provided tables showing a national profile of the CFSR performance of all states, which is found in the Appendix.

Absence of Maltreatment Recurrence – Standard 94.6%

Period	2008	2009	2010	2011	2012	2013	2014
State Performance	93.5	94.0%	95.4	94.8	94.7	93.5	94.2

The state met federal standards in 2010, 2011, and 2012, but not in the other years listed. The goal of this indicator is to assess and intervene in families with sufficient effectiveness that maltreatment does not recur. Louisiana is performing near the national median.

Absence of Child Abuse and/or Neglect in Foster Care –Standard 99.68%, National Median 99.5%

Period	2009	2010	2011	2012	2013	2014
State Performance	99.29	99.52	99.28	99.56	99.78	99.7

DCFS met the national standard in 2013 and 2014.

Timeliness and Permanency of Reunification

Period	FFT2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Timeliness and Permanency of Reunification (standard: 122.6 or higher)	State Score =123.6	State Score = 121.1	State Score = 121.6	State Score = 126.6	State Score = 123.1	State Score = 120.8	State Score = 113.5
National Ranking	10	13 of 47	12 of 47	10 of 47	11 of 47	15 of 47	23 of 47

State performance and ranking have declined in past years, especially since 2012. The Department is not currently meeting the standard.

Timeliness of Adoption

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Timeliness of Adoptions (standard: 106.4 or higher)	State Score =108.2	State Score = 128.1	State Score = 137.1	State Score = 144.8	State Score = 145.8	State Score = 153.5	State Score = 154.3
National Ranking	14 of 47	3 of 47	2 of 47	1 of 47	1 of 47	1 of 47	1 of 47

Relative to federal measures, DCFS performance is stellar. DCFS performance has been ranked the first in the nation since 2011, for which DCFS has been consistently awarded federal financial incentives.

Permanency for Children and Youth in Foster Care for Long Periods of Time

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Permanency for Children and Youth in Foster Care for Long Periods of Time (standard: 121.7 or higher)	State Score =97.1	State Score = 91.2	State Score = 115.4	State Score = 107.7	State Score = 107.8	State Score = 109.3	State Score = 138.9
National Ranking	42 of 51	45 of 51	27 of 51	35 of 51	35 of 51	34 of 51	3 of 51

DCFS performance was poor from 2009 to 2013, resulting in an inability to meet the federal standard. In 2014, DCFS performance met the federal standard and went from being 24th nationally to 3rd. The DCFS executive team attributes this improvement to its Faith in Families initiative and other staff suggested it could also be influenced by a group of youth aging out of the system, changing the universe of cases. Both could be a factor. It would be useful to track this trend over time to assess whether this improvement is sustained.

Placement Stability

	FFY 2008	FFY 2009	FFY 2010	FFY2011	FFY2012	FFY2013	FFY2014
Placement Stability (standard: 101.5 or higher)	State Score =86.4	State Score = 84.5	State Score = 82.1	State Score = 88.7	State Score = 91.6	State Score = 92.4	State Score = 92.4
National Ranking	35	37 of 51	40 of 51	33 of 51	31 of 51	29 of 51	29 of 51

There has been some improvement in performance since 2008; however DCFS has not met the federal standard for placement stability in any of the periods reviewed and now is ranked 29 of 51 states. Nationally, high placement instability usually occurs because of lack of supportive resources for caregivers, insufficient matching of children with caregivers, poor case planning and high workloads.

CQI Case Review Data

The following Continuous Quality Improvement data are based on internal reviews that were used to improve service provision in 2014. Comparative data for past periods were not available. While these data were submitted by DCFS to the federal Children's Bureau as part of its program improvement reporting and also used to require local improvement plans, DCFS has suggested that the reviewer judgements can be impacted by subjectivity of CQI reviewers, raising a question of validity. Qualitative reviews always contain some subjectivity, but the data were considered by The Child Welfare Group to have relevance. The data show the following:

- There has been a meaningful improvement in the timeliness of investigation practices.
- In approximately two-thirds of the cases reviewed, services to protect children in their own homes were considered adequate.
- Concerted efforts to involve parents and children in case planning occurred in about half the cases.
- Needs were appropriately assessed and services provided in a little more than half the cases.
- Caseworker visits with children were of sufficient frequency and quality in about two-thirds of the cases.
- Child visits with siblings and parents were considered adequate in somewhat more than half the cases.
- Caseworker visits with the mother and father of the child were of sufficient frequency and quality in approximately a third of the cases.
- Concerted efforts were made to ensure youth are prepared to make the transition to adulthood in approximately two-thirds of the cases. (However these data are in sharp contrast with another study of preparation for adulthood, where performance was low. Those data are found later in this report. The lower performance data are much more consistent with stakeholder input.)

Child Protection Investigation Timeliness

State Fiscal Year	% of CPI Investigations Closed*	% of CPI Investigations Closed Timely	% of Alleged Victims Seen Timely	% of Parent/Caretakers Seen Timely**
SFY 2008	99.92%	45.69%	67.07%	67.40%
SFY 2009	99.98%	41.41%	68.87%	69.18%
SFY 2010	100.00%	42.96%	70.41%	70.46%
SFY 2011	100.00%	46.76%	71.37%	72.03%
SFY 2012	100.00%	54.72%	78.37%	79.14%
SFY 2013	100.00%	56.17%	80.80%	82.65%

SFY 2014	100.00%	58.85%	77.81%	80.34%
SFY 2015	100.00%	66.72%	81.51%	84.52%

* Please note that the % of CPI Investigations Closed is as of the date the data was last updated which is December 10, 2015.

**This measures the first parent/caretaker seen in the investigation case

Services Provided to Protect Children in their Own Homes and Prevent Removal or Re-entry

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as Yes	73%	61%	63%	69%

Concerted Efforts Made to Involve Parents and Children in Case Planning

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as Yes	50%	35%	41%	53%

Needs were Appropriately Assessed and Services provided for the Child, Parent and Foster Caregiver (Composite Score)

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as a Yes	47%	36%%	54%	57%%

Caseworker Visits with Children were of Sufficient Frequency and Quality

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as Yes	73%	56%	65%	71%

Child Visiting with Parents and Siblings in Foster Care

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as Yes	65%	61%	47%	54%

Caseworker Visits with the Mother and Father of the Child were of Sufficient Frequency and Quality

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Cases Rated as Yes	36%	24%	37%	40%

Concerted Efforts Made to Ensure Youth is Prepared to Make the Transition to Adulthood

Period	1 st Qtr 2014	2 nd Qtr 2014	3 rd Qtr 2014	4 th Qtr 2014
Percent Rated as Yes	80%	52%	85%	67%

System performance on many of these indicators suggest that there is a substantial need for improvement. It is likely that workload issues, limited casework experience among the many new staff and practice capability played a significant role in limiting performance in these areas.

Advanced Safety Focused Practice Review

The following tables track performance relative to the Department's implementation of its Advanced Safety Focused Practice Initiative, one of its prominent initiatives. The Department's Continuous Quality Assurance office conducted the study. Results are addressed by quarter. The data show that local performance was low in the first quarter and that there were slight improvements in the next three quarters. Other information collected in the review suggests that the Department's limited capacity to support such a major initiative with adequate training and consultation and the high front-line workloads in the system are major contributors to the quality of performance.

2014 CQI Advanced Safety Focused Practice Statewide Summary – 1st Quarter				
	# of Cases	% Sufficient	% Part Sufficient	% Insufficient
Was the extent of maltreatment sufficiently documented?	120	21.7	43.3	35.0
Were circumstances surrounding the maltreatment sufficiently documented?	120	29.2	37.5	33.3
Was sufficient information gathered regarding child functioning?	120	7.5	52.5	40.0
Was sufficient information gathered regarding adult functioning?	120	3.3	49.2	47.5
Was sufficient information gathered regarding general parenting?	120	4.2	42.5	53.3
Was sufficient information gathered regarding disciplinary practices?	120	2.5	42	55.5

2014 CQI Advanced Safety Focused Practice Statewide Summary – 2nd Quarter				
	# of Cases	% Sufficient	% Part Sufficient	% Insufficient
Was the extent of maltreatment sufficiently documented?	120	19.2	48.3	32.5
Were circumstances surrounding the maltreatment sufficiently documented?	120	24.2	40.8	35.0
Was sufficient information gathered regarding child functioning?	120	9.2	53.3	37.5
Was sufficient information gathered regarding adult functioning?	120	5.8	54.2	40.0
Was sufficient information gathered regarding general parenting?	120	4.2	41.7	54.2
Was sufficient information gathered regarding disciplinary practices?	120	5.8	45.0	49.2

2014 CQI Advanced Safety Focused Practice Statewide Summary – 3rd Quarter				
	# of Cases	% Sufficient	% Part Sufficient	% Insufficient
Was the extent of maltreatment sufficiently documented?	120	27.5	40.0	32.5
Were circumstances surrounding the maltreatment sufficiently documented?	120	35.0	40.840.0	25.0
Was sufficient information gathered regarding child functioning?	120	17.5	50.0	32.5
Was sufficient information gathered regarding adult functioning?	120	3.3	66.7	30.0
Was sufficient information gathered regarding general parenting?	120	10.8	50.8	38.3
Was sufficient information gathered regarding disciplinary practices?	120	8.3	55.8	35.8

2014 CQI Advanced Safety Focused Practice Statewide Summary – 4th Quarter				
	# of Cases	% Sufficient	% Part Sufficient	% Insufficient
Was the extent of maltreatment sufficiently documented?	120	28.3	43.3	28.3
Were circumstances surrounding the maltreatment sufficiently documented?	120	40.0	34.2	25.8
Was sufficient information gathered regarding child functioning?	120	22.5	49.2	28.3
Was sufficient information gathered regarding adult functioning?	120	5.8	60.8	33.3
Was sufficient information gathered regarding general parenting?	120	10.8	45.0	44.2
Was sufficient information gathered regarding disciplinary practices?	120	8.3	55.0	36.7

VI. The Front-Line Work Environment

A cross-section of caseworkers and supervisors in multiple regions were interviewed about their daily work environment and multiple common themes were identified. Typical of front-line staff across child welfare systems, it was difficult to get staff to focus on system strengths in interviews. The pressures and demands of their role are so constant that staff seem to need to focus on frustrations first. However, among the positives they mentioned, the most commonly referenced was the support of their peers and supervisors. Many credited their supervisor as the reason they stayed with the agency.

It was apparent that strong local office support networks are vital to staff retention. This finding is consistent with findings of the larger body of child welfare workforce research which highlights the importance of workplace culture and climate.

Caseload data in a previous section provide some perspective on the front-line workloads. In both the caseload data and interviews with front-line staff and supervisors, it is clear that there are variations in workload and caseload from parish to parish and among regions due to different turnover rates. Workload pressures seemed particularly acute for staff who serve more than one parish, mainly because of travel demands. Even among staff whose caseloads are within agency standards, many caseworkers felt that their workloads were too high to permit both high quality practice and consistent conformity to expectations.

A number of years ago there was a consolidation of some offices as a cost reduction measure due to budget constraints. In some regions this has resulted in caseworkers housed in one parish also serving children and families in another parish. As a consequence, these staff must spend more time driving to interact with children and families, reducing the time available to work with families directly and to perform required administrative duties. Transportation issues were raised by many front-line staff, not just those working in another parish. Staff state that they are expected to use a Department vehicle when traveling after normal work hours more than 99 miles outside of their assigned parish for purposes of conducting investigations, visiting children and parents, transporting children or attending court, for example. However, there are only a small number of state vehicles available and staff state that because of the vehicles' age and condition, they don't find them reliable. Staff are expected to use rental cars if state vehicles are not available; however the specified rental company may not have convenient offices or even be open if it is after work hours. As a result, staff may choose to use their own vehicles if approved. Staff are also expected to use state vehicles for routine travel during work hours. If vehicles are not available staff may use their own cars, for which they are eligible for reimbursement for mileage. However, for any use of personal cars to be reimbursed, documentation is required stating that neither a state nor rental car was available. In the case of supervisors and managers, no reimbursement for use of personal vehicles is allowed beyond 99 miles and only to that amount if the travel is associated with a specific case. The travel for administrative meetings does not qualify for reimbursement. If a state car is not available, these personnel absorb travel costs from their personal funds. The Department leadership is aware of the condition and availability of state vehicles and budget staff stated that DCFS hoped to include replacement costs in the upcoming budget submittal.

DCFS submitted the following update to clarify policy on vehicle use. *"The Department has not had funding appropriated for acquisitions since 2009. The Division of Administration establishes regulations regarding travel reimbursement and use of rental vehicles for all state Departments. The Division recently launched "LA Drive" to consolidate all state vehicles into one fleet for use by all Departments. Savings created by the implementation of a consolidated state fleet are to be reinvested. The*

Department leadership has continued to work with the Division regarding the fleet and anticipates that the consolidated fleet could positively impact the number and condition of the cars available for DCFS staff.”

Current policy about staff transportation may produce financial savings for the state, but it reflects no understanding of the nature of front-line child welfare work. Staff find the process exasperating.

Both internal and external stakeholders spoke of the need for additional foster family home resources. Staff state that the limited availability of foster homes makes it difficult to match children’s needs to caregiver capacity, requires placing a large number of children outside of their home parish, and takes valuable caseworker time in searching for placements.

Total Number of Licensed Family Foster Homes

Number of DCFS Certified Foster Homes on Last Day of SFY	
SFY	# of Certified Foster Homes
2008	2,062
2009	2,038
2010	2,050
2011	2,030
2012	1,990
2013	1,915
2014	2,008
2015	2,147

Currently there are 4,447 children in out-of-home care and as the table above shows, 2,147 available homes.

Another frustration is the State’s policy on overtime. As a retention initiative for Child Protective Services, child protection workers may claim overtime and be paid for it if they respond to a maltreatment report after hours or on weekends and get a nominal payment when formally on call (“carrying the phone”, as it’s called). Foster care staff and family service workers do not receive overtime pay. Instead they get compensatory time for exceeding 40 hours a week. However, if they amass beyond certain amounts of overtime they may be required to take forced leave to prevent earning leave beyond a threshold amount at the end of the year, for which they would have to be paid. One caseworker described the compensatory time practice, known as K time, stating “K time isn’t going to keep my lights on.” DCFS states that flex time is encouraged, though it is difficult to take advantage of. Budget constraints are the driving factor behind these policies. Restrictions on availability of

common office supplies due to budget restrictions have become another local annoyance. This seemingly minor issue adds to the barriers to effective and efficient performance.

A predominant local theme is the staff perception that performance numbers and policy compliance take priority over direct work with families. Performance deadlines and documentation requirements are a major stressor on front-line staff and supervisors. Staff must meet many of the Department's procedural standards in their daily practice. Case plans, court reports, contacts with children and families and dozens of other tasks must be routinely completed, many within specified time frames. These and other activities must also be continuously documented in the Department's automated case management systems, which may happen after hours. Staff feel intense pressure to accomplish these tasks in a timely manner, as missing time frames can negatively affect performance evaluations. One caseworker's perspective about the priority given completion of administrative tasks mirrors the view of numerous respondents. The caseworker stated, "After I complete a visit with a family, no one asks how the family was doing, they want to know if the visit occurred before the third Friday of the month (the deadline)." Almost universally, staff expressed frustration that the volume of administrative duties made high quality casework difficult and often infrequent.

Another example of administrative requirements that impact workload is the use of High Risk Child Protective Staffings, which require higher level management participation. High Risk and Substance Exposed Newborn Staffings were implemented to address elevated risk and the increase in identification of substance exposed newborns. The following chart reflects those increases.

Number of Valid Substance Exposed Newborns	
SFY2008	674
SFY2009	577
SFY2010	682
SFY2011	787
SFY2012	854
SFY2013	1076
SFY2014	1238
SFY2015	1330

While use of such staffings for high risk cases may be prudent in many cases, it is not without workload costs. Also, if turnover rates were not high, more staff would have the experience needed to make safety judgements without the need for a second level review. The volume of cases staffed under current policy is referenced in the following table.

Number of Required High Risk CPS Staffings by Region Jan 1, 2014 – April 30, 2015 (16-months)

REGION	Current Policy for High Risk Cases**	Average Monthly Staffings	Average Daily Staffings (Avg. 20 Work Days/Month)
GNO	3,242	202.63	10.13
BTR	2,058	128.63	6.43
COV	2,305	144.06	7.20
THB	1,429	89.31	4.47
LAF	2,530	158.13	7.91
LCH	1,460	91.25	4.56
ALX	1,692	105.75	5.29
SHR	2,331	145.69	7.28
MON	1,645	102.81	5.14
Missing	78	4.88	0.24
Total	18,770	1173.125	58.66

An additional irritant to staff is the fact that the Department's aging automated case management system requires the use of two systems, which take up unnecessarily large amounts of time due to their inefficiency. The legacy information system is described as being "green screen" technology. Another budget driven limitation that affects the work environment is, according to staff, fewer clerical staff to handle some administrative duties and fewer transportation workers who can relieve caseworkers of some routine travel requirements.

One other barrier to good practice and policy compliance is the Department's high turnover rate, referenced earlier. Individual caseloads of seasoned staff may be higher because new staff have smaller, protected caseloads until they reach a certain level of mastery. Until they do, experienced staff carry part of their caseload. This pattern is a constant in Louisiana DCFS operations and in that of many states.

Numerous studies have identified the work environment contributors to high turnover. In a 1996 study of worker selection, retention and turnover, researchers identified a number of variables that affect turnover and retention that closely reflect the child welfare work environment. This study happened to involve caseworkers in Louisiana and is still instructive today.

An extensive study of 768 children's services workers in Louisiana (Ellett et al., 1996) was designed to explore three interrelated factors: who comes to work in child welfare and with what credentials (selection), who leaves and why (turnover), and who stays and why (retention). Findings showed that the major sources of dissatisfaction were organizational factors: low work morale, paperwork, lack of clerical support, administrative policies,

procedures, and lack of support of employees. Four key variables differentiated those most likely to leave the agency: perceptions of promotional and career opportunities; self-efficacy, motivation (energy and persistence in overcoming obstacles to accomplish goals); evaluations of personal job competence needed to work efficiently/effectively; and personal responsiveness to the needs of clients (doing for others).

In a more recent study by the American Public Human Services Association¹, findings were similar.

Preventable Turnover Problem	Average Rating	Number Reporting	Not Problematic (percent)	Somewhat Problematic (percent)	Highly Problematic (percent)
Workloads too high and/or demanding (e.g., stress)	2.75	32	6	13	81
Caseloads too high	2.75	32	3	19	78
After hours & unpredictable work interfere in personal life	2.41	32	13	34	53
Too much time spent on travel, transport, paperwork, etc.	2.25	32	19	37	44
Insufficient services resources for families & children	2.06	32	22	50	28
Workers do not feel valued by agency	2.03	32	16	66	18
Problems with quality of supervision	2.00	32	22	56	22
Insufficient opportunities for promotion & career advance.	1.94	32	25	56	19
Low salaries	1.91	32	38	34	28
Worker concerns about their physical safety	1.63	32	44	50	6
Insufficient agency support for professionalism of workers	1.53	32	50	47	3
Quality & quantity of training or continuing education	1.53	32	50	47	3
Negative media coverage of child welfare field	1.47	32	59	35	6
Agency management problems (e.g., high manager turnover)	1.44	32	59	38	3
Vulnerability to legal liability around cases	1.34	32	75	16	9
Poor working conditions (e.g., rundown/crowded building)	1.23	31	77	23	0
Lack of professional development opportunities	1.22	32	78	22	0

¹ American Public Human Services Association. (2005). *Report from the 2004 Child Welfare Workforce Survey: State Agency Findings*. Washington, DC. February. www.aphsa.org

Other problems	1.00	2	100	0	0
TOTAL AVERAGES	1.80	30	39%	38%	23%
<i>Source: APHSA, p. 37.</i>					

Challenges such as these are present in many child welfare systems and significantly so in Louisiana. Front-line casework is an entry-level job for most candidates and only by experiencing the child welfare workplace can staff determine if the work is a good fit for their experience, abilities and resilience. Those who determine that it is not, often leave. There is some evidence that staff with a professional social work education are more likely to remain in child welfare, but in many systems a bachelor or master's degree in social work is not a prerequisite for employment. For example a Government Accounting Office Report (GAO-03-357) stated,

Evidence from a national child welfare workforce study indicates that fewer than 15 percent of child welfare agencies require caseworkers to hold either bachelors or masters degrees in social work, despite several studies finding that Bachelors of Social Work (BSW) and Masters of Social Work (MSW) degrees correlate with higher job performance and lower turnover rates among caseworkers. ²

The BSW and MSW degrees are desired in DCFS, but not required. DCFS states that it has developed regional plans as part of accreditation requirements to increase the number of staff with priority degrees and credentials.

Because the child welfare work force has a significant percentage of relatively inexperienced staff, administrators create structure through policy and procedure that will guide decision-making, reasoning that inexperienced staff do not yet have the critical thinking skills to act with autonomy. As a result, there can be multiple layers of decision-making for issues conceivably involving higher risk. This process leads front-line staff to perceive that they are not trusted, which is creating considerable resentment. Staff complain that they know their families best, yet must refer a variety of case-related decisions to higher organizational levels for review and approval.

Local and regional staff at the management level also expressed frustration about what they perceive as a lack of autonomy at the local level. One example is what they consider unreasonable limits of overtime use. It is common for systems to control overtime to address budget concerns, so this may not necessarily point to unreasonable constraints. However, some staff perceive the limits as unreasonable, seeing the Central office as the source of the constraints. Local staff also expressed concern about the impact of new management and programmatic initiatives on the work force. Where programmatic initiatives are concerned, some felt that the lack of program consultants made

² United States General Accounting Office. (2003). *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*. GAO-03-357.

implementation more difficult. In another area, local managers acknowledged the challenge of developing critical thinking skills at the front-line, but stated that too much of the work has now become a checklist.

Regional administrators and field operations staff, who must track local data and performance trends, felt that the quality assurance reviews are valuable, but that the sample sizes in some areas are too small to be representative of actual performance. This potential vulnerability was also mentioned by regional federal Children's Bureau staff, although federal staff view the quality assurance process as a strength overall.

Regional operations staff, who have administrative authority over local operations, feel strongly that they need to meet regularly with program staff to plan, coordinate and problem solve. Both field operations and program staff have overlapping issues to deal with, but budget-driven travel restrictions have made it difficult for them to meet.

The development of automated comprehensive child welfare case management and information systems in the last decades have modernized the child welfare field. The availability of federal financing incentives for automated systems has permitted states to replace obsolete systems and create new ones that track case activity in great detail. However, for every case element that an information system tracks, that data must be entered by a front-line worker. For all the value this capacity creates in terms of monitoring performance and child and family outcomes, it also creates additional front-line work. Almost universally DCFS front-line staff complained about the inefficiencies of the Department's outdated automated systems which necessitate duplicate data entries and re-entry of data. Additional lost time occurs when the system is down. Staff point out that lost productive time caused by the current systems is not matched by reductions in performance and compliance deadlines.

Nationally, as the field has increased its ability to manage by data, it has not been as successful in determining empirically what data are most useful to capture. Until better evidence permits a greater balance to be found between input and value, line staff will continue to chafe under the administrative workload created by these systems. DCFS is well-aware of the inefficiencies of its current information systems and states that it has undertaken modernization efforts. Even though enhanced federal funding remains available to finance development of new child welfare information systems, the State's budget reductions have not permitted development to begin in earnest.

Centralized Intake

Reporting of suspected child abuse and neglect in Louisiana is through a centralized intake unit (or hot-line) which receives calls from citizens and professionals reporting suspected child maltreatment. Intake staff work on shifts and coverage is available 24 hours a day, seven days a week. The unit has 46

allocated positions, 42 of which were filled as of the date in November 2015 when staff were interviewed. Staff work individually from their homes, distributed across the State, not in a central office. Intake staff are paid at the same pay range as front-line casework and supervisory staff. There is a complex arrangement for routing calls, which takes into account the amount of time a worker has been waiting for a call, the status of the call (Priority I or lower) and the status of the caller (law enforcement callers get priority). There is also an overflow queue and a call-back process. A supervisor is assigned to manage breaks and the call-back assignments. Once staff have received a call, they have 15 minutes to enter a report on the allegations after the call, which staff state is not enough time. There is a provision for extension of the deadline, however that means the intake worker is not available for new calls for the extended time. Staff have two fifteen minute breaks and 30 minutes for lunch. Intake staff and supervisors have rotating shift assignments to permit alternating weekend and holiday coverage. Because of the volume, leave can be denied and periodically is denied if limited staff availability and high call volume require it. Staff believe that they need 10 more intake workers and 2 more supervisors to manage the work as well as an automated system to help with scheduling. Budget limitations have not permitted the addition of staff.

Child Welfare is a stressful work environment no matter what role staff are in, but the description of the demands of Louisiana's child welfare intake unit make it among the most relentless, demanding, and stressful jobs of the entire system. The intake team relies heavily on the support of their supervisors and the infrequent connections they make with other intake staff to maintain their performance. The role is made more difficult because they work alone, are limited in their ability to escape the work for even a moment when on duty, and as a unit, provide coverage 365 days a year including all holidays. One of their simple wishes is to periodically meet with their intake peers to problem-solve and experience some mutual support. One intake worker stated that they had not met as a unit since 2012. They find that their isolation makes them feel disconnected from the field, which lowers their ability to learn how their decisions affect investigative staff and the lives of children and their families.

VII. Front-Line Practice

In recent years DCFS has undertaken several new front-line practice improvement initiatives, most significantly implementing Structured Decision-Making (a child protection risk assessment model), strengthening the Department's response to trauma, implementing an Advanced Safety Focused Practice approach to further support child safety, and implementing Family Team Meetings, a child and family team-based planning and decision-making process. Unfortunately full high-fidelity implementation of these practices has been significantly hampered by high staff turnover, high workloads, and limited program and training capacity to prepare and consult with staff in the field.

As data presented previously reflect, the Department's performance related to permanency has been superior during periods in the past and DCFS adoption performance has it ranked first in the nation

based on federal measures. The Department also has a high percentage of children in family-based environments as opposed to congregate settings, another achievement. DCFS has a relatively low percentage of children in foster care. Nationally, the average percentage of children in foster care per 1000 children is 5.3 and the percentage in Louisiana is 3.87. The following table shows foster care percentages since 2009. The 3.87 rate is accurate for the whole state, but four regions (Alexandria, Covington, Lake Charles and Monroe) have rates that exceed the national average. They are balanced out primarily by the fact that the rates in Baton Rouge and Orleans are very low—especially in the case of Orleans Parish, where the rate is exceedingly low at about .4 per 1,000 children.

Fiscal Year	Percentage In Care per 1,000 children
2008	4.60
2009	4.49
2010	4.17
2011	4.17
2012	3.71
2013	3.60
2014	3.75
2015	3.87

Some areas of child protection, such as timeliness of investigations, are also at a relatively high performance level. These examples of successful performance demonstrate the Department's strong child-centered philosophy. Where the Department needs additional focus is in the area of family-centered approaches.

The Role of Parents in Practice

The Department's Continuous Quality Assurance process and CFSR findings have identified a number of areas where practice improvement is needed. These include:

- Services to Protect Children In-Home and Prevent Removal or Re-Entry Into Foster Care
- Risk Assessment and Safety Management
- Needs Assessment and Services Provided to the Child
- Needs Assessment and Services Provided to the Parent
- Child and Family Involvement in Case Planning
- Caseworker Visits With the Parents

The data highlight the need for improvement in areas related to the role of parents, specifically Needs Assessment and Services Provided to the Parent, Child and Family Involvement in Case Planning, and Caseworker Visits With the Parents.

DCFS has adopted a set of practice principles in its practice model. Underpinning the Department's principles of child welfare practice and its approach to working with children and families is its statutory authority. The preamble to the Louisiana Children's Code 101 is a clear statement of the State's values regarding families. The preamble addresses the primacy of families by stating:

The people of Louisiana recognize the family as the most fundamental unit of human society; that preserving families is essential to a free society; that the relationship between parent and child is preeminent in establishing and maintaining the well-being of the child; that parents have the responsibility for providing the basic necessities of life as well as love and affection to their children; that parents have the paramount right to raise their children in accordance with their own values and traditions; that parents should make the decisions regarding where and with whom the child shall reside, the educational, moral, ethical, and religious training of the child, the medical, psychiatric, surgical, and preventive health care of the child, and the discipline of the child; that children owe to their parents respect, obedience, and affection; that the role of the state in the family is limited and should only be asserted when there is a serious threat to the family, the parents, or the child; and that extraordinary procedures established by law are meant to be used only when required by necessity and then with due respect for the rights of the parents, the children, and the institution of the family.

Acts 1991, No. 235, §1, eff. Jan. 1, 1992.

However, the Department's statement of its child welfare practice principles does not reflect the same commitment to family integrity. While its practice principles stress partnership with the community and the importance of the youth voice in planning, the principles of partnerships with parents and involvement of parents in planning are not included. This message is clearly reflected in the previous data which show a need for improvement in engaging families, involving them in decision-making, assessing their needs, providing services to them and staying in contact with them (visiting). The quality assurance data reflect less agency emphasis on the importance of parents and the capacity of families to change.

In recognition of the need to improve the relationship with families, the Department undertook an initiative to strengthen its family decision-making process, called Family Team Conferences. The effort began with a review by Casey Family Programs of family engagement and family involvement in the Department's initial team meeting process. That review found that families were not being engaged, actively involved in decision-making or in some cases treated respectfully by professionals, including legal partners. Family Team Conferences, as they are called, at times seemed more to be of a forum for DCFS staff and attorneys to tell parents what to do than the shared planning and decision-making forum for families they were intended to be. The Child Welfare Policy and Practice Group (CWG) was

asked to help strengthen this process by providing training and coaching to staff in the new, more family-focused model, called Family Team Meetings. In that role CWG saw some of the same inattention to the family voice identified both by the prior Casey review and DCFS quality assurance data.

The Continuous Quality Improvement process itself reflects an undervaluing of the family voice. In reviewing samples of child welfare cases each year, reviewers review the case file and interview the caseworker and supervisor. In some cases external stakeholders are also interviewed. Recently, foster parent interviews have been added if there is conflicting information about case facts. However the parents of children in care and youth are not interviewed.

Children with Short Stays in Care

One indicator of the nature of practice and resource availability is data on the number of children who are placed and exit (often to the homes they were removed from or relatives) within one month. Arguably some of these children might have been able to avoid removal and its associated trauma altogether if different agency actions had been taken. There is no national standard related to these “short-stayer” data, however the information can be instructive to systems. In Louisiana, the number and percentage of short-stayers has been as follows.

Year	% of cohort exiting within 1 month	# of youth	# in cohort
09a	12.8%	241	1877
09b	16.8%	318	1895
10a	16.9%	291	1723
10b	15.4%	252	1641
11a	15.3%	282	1840
11b	16.9%	319	1888
12a	17.7%	283	1596
12b	16.0%	246	1538
13a	14.8%	252	1699
13b	17.7%	323	1824
14a	19.3%	378	1962
14b	18.8%	401	2137

The a and b reference to each fiscal year reflects the first and second six-month period of each year. Data provided by Casey Family Programs)

For the most recent period, about 19% of children placed in FY 14 exited in 30 days. In quality reviews of front-end decision-making elsewhere, CWG has identified many missed opportunities to avoid placement of such children, usually related to inaccurate assessments of risk and safety, limited preventive services, failure to consider relative resources, administrative concerns about agency

liability, and high levels of risk aversion. Given the high caseloads in Louisiana, safely reducing the number of short stayers could have a positive impact on workloads.

Front-Line Autonomy

A number of practice issues related to front-line autonomy arose in discussions with caseworkers and their supervisors. Much of this feedback related to what was characterized as higher level decision-making at the central office level about individual case decisions. Collectively, such issues were described as case circumstances where policy required central office approval for local decision-making. In these cases, local staff are required to secure central office approval for waivers of policy or concurrence with proposed action. The examples presented are described in this section of the report.

Front-line staff and some judges raised autonomy concerns related to permanency issues, specifically in decision-making about caregivers or potential caregivers who have criminal record histories. All states consider the criminal histories of potential caregivers. Some past crimes are of a nature that relatives or other caregivers with such histories can never be approved to care for children. Often these policies are established in state law, which is the case in Louisiana. States also have a waiver process permitting approval of caregivers if past crimes were relatively minor and an acceptable length of time has passed since the crimes were committed. A number of staff reported that now such waivers are rarely being granted by the central office, which according to them in some cases has caused some safe and stable relative placements to be disrupted. In some cases where such matters come before the courts, judges have intervened and overruled DCFS decisions, ordering children to be placed in the custody of the contested caregiver. Some staff and judges state that the unavailability of waivers is more related to the agency's concern over Department liability than children's best interests. In response to earlier drafts of this report which DCFS was asked to review, the central office examined the use of waivers and states that waiver denials were relatively few. As a result it is not possible to make a definitive finding about the waiver decision-making process. However, when local staff disagree with central office decision-making about a waiver decision, it supports front-line perceptions of central office lack of confidence in the judgment of front-line staff and full consideration of children's best interests. It would be useful for DCFS to share its data on waivers with the field. Also, this issue is addressed in the report's Recommendations section.

In a somewhat related circumstance that has raised concerns among caseworkers and supervisors, DCFS appropriately makes the certification of relatives who are potential caregivers a priority. Meeting certification standards also makes relatives qualified adoption resources, which enhances a child's opportunity for legal permanency and provides additional financial and casework supports that they would not have received otherwise. Certifying relatives as foster parents enables the child welfare agency to claim federal IV –E matching funds for the board payments, maximizing state resources. Various respondents state that this policy is applied to cases where the relative caregivers cannot become eligible for certification for reasons other than criminal history, choose not to be certified, or

request guardianship. Because these relative caregivers are not certified, some children are said to have been moved to placement in a setting with strangers who are certified and who might become an adoptive resource. Local staff pointed to cases where the child's ties to relatives were so significant to their well-being that they outweighed considerations for placement with any other caregiver. However, in some cases children were moved to other placements anyway, sometimes upon direction of the central office. In cases such as these, judges have intervened to ensure placement with the relative. It was not possible to determine the frequency of such circumstances, but examples were frequently mentioned. Some local actions may be misinterpretations of policy, but they fuel the friction between front-line staff and system managers. Further analysis is needed to determine the frequency of such contested case decisions.

The Department does not track guardianship placements as separate placement settings, but the number of guardianship placements is said by front-line staff and some judges to be small. Local staff state that it is very difficult to get central office approval for guardianship arrangements, creating more resentment about the perceived lack of confidence in local decision-making. Policy permits guardianship as a permanency goal if diligent efforts have been made to secure permanency through adoption. Central office denial of approval for guardianship arrangements is usually based on the failure to explore other permanency options, particularly when the field recommends guardianships for very young children. There appears to be some local office confusion about guardianship requirements. The limited consultative capacity in the program office makes it difficult to work with offices individually to clarify policy misunderstandings. High turnover and inexperienced staff may also be a factor in the understanding of guardianships. However, there may be legitimate examples of cases disapproved for guardianship that are not in the child's best interest. This issue will be addressed in the Recommendations section as well.

Transitional Age Youth

Budget constraints and DCFS policy have also limited supports for transitional age youth. A previous subsidy for youth aging out of the system was eliminated and more recently housing supports provided by the Louisiana Housing Corporation have ended. The Housing Corporation initiative was not considered successful because outcomes for those 25 youth who received vouchers were considered poor. Youth received no supportive services from the program, just shelter. DCFS points out that youth could have accessed other supportive services through the State's independent living providers. The following table reflecting DCFS Continuous Quality Assurance data, shows how unprepared many youth are to exit the system at age 18. These data were taken from the 2015 DCFS Report to the federal Children's Bureau.

Assessment of Youth Transitional Plans	Percent Yes 4 th QTR FY 2015*
Does Youth transition Plan address the needs and desires of the youth in a realistic manner?	31%%
Does it appear that the youth had input or guided the development of the Youth Transitional Plan?	38%
Does the youth have individuals in their life to provide continued connection and support after DCFS involvement?	58%
Are the services in the plan adequate to prepare the youth for independence?	27%
Does the plan provide for the youth to have opportunities to demonstrate capacity for success at independent living prior to aging out?	25%

*The DCFS executive team believes that the above data reflect possible subjectivity within its Continuous Quality Assurance process. It is included because of feedback in interviews about the limited independent living resources in the state.

According to the Jim Casey Youth Opportunities Initiative, outcomes for youth exiting foster care at age 18 are poor. It reports the following from national research data on emancipated foster youth.

- More than one in five will become homeless after age 18.
- Only 58 percent will graduate high school by age 19 (compared to 87 percent of all 19 year olds).
- 71 percent of young women are pregnant by 21, facing higher rates of unemployment, criminal conviction, public assistance, and involvement in the child welfare system.
- At the age of 24, only half are employed.
- Fewer than 3 percent will earn a college degree by age 25 (compared to 28 percent of all 25 year olds).
- One in four will be involved in the justice system within two years of leaving the foster care system.

As is the case in many states, the modest independent living training that youth receive from the Department before exiting does not adequately address the complex needs of this population, many of whom have extensive trauma histories, are disconnected from families and natural supports, and are far from grade level in school performance. Many youth are discharged at 18 with no viable plan or capacity for independence and may be without a reliable place to live. Homelessness is not an infrequent outcome. States have the option to extend the use of federal foster care funds for youth in care ages 18-21; however this requires additional revenue and enabling legislation and Louisiana has

not chosen that option. Compounding that decision, the Department eliminated its Young Adult Program, which extended some benefits for youth who wished to remain in care to complete their education or vocational training. Since additional state matching funds would be required, it can be assumed that budget considerations were an element in these decisions.

Merely extending shelter supports past age 18 is not sufficient to permit youth to experience successful adulthood. Planning and supports for youth without permanency should begin early, include redoubled permanency efforts, be individualized, and focus on building informal connections that will be a resource far beyond the youth's 18th birthday. The following table shows the number of youth who are likely to exit foster care at age 18 without a permanent connection. While the total number of youth aging out has declined from 284 in 2008 to 181 currently, which is a positive, almost 400 children ages 16-17 are still in care in SFY 15 and need additional essential supports to transition successfully to adulthood.

Region	SFY 2012			SFY 2013			SFY 2014			SFY 2015		
	Age 16	Age 17	Total	Age 16	Age 17	Total	Age 16	Age 17	Total	Age 16	Age 17	Total
Greater New Orleans	27	23	50	31	28	59	18	24	42	20	21	41
Baton Rouge	19	19	38	14	20	34	10	14	24	17	12	29
Covington	43	53	96	32	35	67	34	34	68	33	24	57
Thibodaux	15	26	41	21	18	39	30	14	44	18	20	38
Lafayette	33	34	67	36	28	64	26	37	63	30	21	51
Lake Charles	15	18	33	14	10	24	17	12	29	12	14	26
Alexandria	15	21	36	31	13	44	8	25	33	27	7	34
Shreveport	24	23	47	22	21	43	28	18	46	21	23	44
Monroe	18	13	31	15	16	31	22	12	34	31	23	54
Location Unknown	0	1	1	0	0	0	0	0	0	0	0	0
Total	209	231	440	216	189	405	193	190	383	209	165	374

One positive accomplishment related to transitional youth is recent policy preventing children under age 16 from being given a goal of Alternative Planned Permanency Living Arrangement (APPLA), which is the equivalent of a long-term foster care goal. This change is intended to reinforce the potential of these youth to achieve permanency. Additionally, recent legislation lowered the transition planning age to 14, which if implemented effectively should provide more time to achieve successful outcomes.

Training

The Department has taken an important step in creating the Child Welfare Training Academy in partnership with state universities. The Academy has four trainers, a training manager, ten part-time

supervisory coaches and mentors, and three administrative staff and is heavily involved in continuous training of new staff. The high turnover rate requires frequent training classes for incoming staff and limits the ability of the Academy to undertake needed new training initiatives. DCFS has very limited capacity to support its many initiatives with specialized training through its training academy. Program policy staff often carry training roles related to initiatives, but the number of program staff limit their classroom role to explaining rather than teaching. Both program offices and the Academy need additional staff both for classroom instruction and coaching to apply knowledge and further develop skills in actual casework.

VIII. Resource Availability

Substance abuse services and high quality mental health services were often mentioned as insufficient. High quality mental health services were described as those delivered by professionals with clinical expertise (as opposed to interns), which are home and community-based and offer continuity of practitioners, trauma responsive interventions, and individualized practice. Mental health services for parents were mentioned as inadequate, especially since parents lose Medicaid eligibility once their children are removed. Transportation for families was frequently cited as a major barrier.

In some regions informants referred to the need for more family foster homes. The Department has established targets for developing additional foster homes in addition to launching a statewide awareness campaign. The follow table shows recent performance.

	SFY 2015 ACTUAL	SFY 2016 TARGET
1st Quarter	161	164.22
2nd Quarter	329	335.58
3rd Quarter	521	531.42
4th Quarter	707	721.14

For the first quarter of SFY 2016, the target was 166 homes and 188 homes were developed.

Some mental health clinicians and other professionals expressed concern about the transition of Magellan's (the Medicaid managed care provider) role in managing behavioral health services to the five Bayou Health Plans. Unless there is careful planning, they expect confusion, possible loss of some providers and interruptions in service when clients move between plans. A specific worry is the requirement that all providers reapply for certification with the Bayou Plans. Mental health clinicians stated that many individual providers may not realize that they have to reapply and that when they do, they will need to apply to each of the five Bayou Plans. Resources for children with developmental disabilities were also described as extremely scarce, more so after budget cuts to the developmental disabilities agency.

A number of providers spoke about the lack of rate increases due to budget constraints and its effect on service quality and capacity. Rate issues also affect family foster care. DCFS would like to raise foster care rates to the Southeastern average. The current month rate is \$374 and the Southeastern average rate is \$456. Adoption subsidy rates are also said to need to be increased. These low rates are considered an impediment to recruitment of foster and adoptive homes.

IX. Child Welfare Operations

One other issue that had prominence in interviews is related to concerns expressed by staff on the front-line, program staff, and some long-time external partners about the status of child welfare in the Department. These child welfare staff state that they feel that the central office does not have respect for their skills or confidence in their judgement. At the heart of this perception are requirements for central office approval of local decisions that are both administrative and practice related. This perception of disrespect dates to a number of years ago when the child welfare agency in Louisiana was in a different organizational environment where the child welfare program had more visibility and autonomy. In a major reorganization in 2010, child welfare was merged with the economic assistance programs, including TANF (public assistance), food stamps and child support. In the new structure, program staff and some local staff felt that child welfare was not as well represented at the executive level as before. Respondents also identified a shift in management style from one in which attention to and understanding of qualitative issues was high to one in which policy and procedural compliance is the main priority, meaning caseworker performance related to process compliance indicators was more closely tracked and decision-making became more concentrated at higher levels. The Central office responds that the shift was a result of efforts to eliminate silos among various programs that serve some of the same clients and to increase the visibility of field operations.

The new structure included regional administrators and field operations managers who have administrative authority over parish offices and play a crucial role in managing local operations in all programs. In this role, operations staff need to coordinate closely with program managers and have some level of knowledge of all programs – child welfare and the economic assistance programs alike. Inevitably, some operations staff will not have child welfare experience, which can lessen the confidence of child welfare staff in their expertise when they have to make decisions affecting child welfare practice. In response, senior central office staff note that all case-related decisions are made by experienced child welfare staff at some level, a view at odds with the perception and reports of front-line staff. This appraisal is not intended to suggest that staff without child welfare experience cannot become competent managers of child welfare; however the lack of direct child welfare practice and supervision experience is a limitation to overcome. The differing perceptions of the locus of practice decision-making merits a more thorough analysis, as is suggested in the Recommendations section of this report.

X. Recommendations

This report notes the many strengths of the Louisiana child welfare system, such as its national leadership in maintaining children in family based settings, permanency achievement, and in adoptions. Because this report focuses more on areas where further progress is needed, it is important not to let the agency's accomplishments be overshadowed by recommendations for additional achievements. The following recommendations are intended to build on past accomplishments, not diminish them.

Given the austere budget projections for Louisiana state government next year and beyond, DCFS is limited in its ability to address some of the barriers that require significant additional state investment. For example, significantly increasing the work force in the short term seems unlikely. Given that fact, these recommendations include multiple strategies for administrative changes that at modest cost could help improve outcomes for children. They focus on reducing administrative activities that could help reduce the workload and lessen turnover, improving the quality of practice and creating more internal coordination and cohesion within the organization.

However to substantially reverse declining performance in key areas and restore the front-line work environment to one in which professionals want to remain, additional financial resources and structural change will be needed.

1. Consolidate the Child Welfare Management Structure in a Single Entity

The current central office structure separates child welfare program functions (policy development and consultation) from field operations (management and supervision of day-to-day program operations at the front-line). Different staff perform these two roles under different Deputy Secretaries. This bifurcation of child welfare structure may provide some organizational efficiencies, but at the price of operational coordination, accurate policy interpretation, and application of program expertise and accountability. The current structure does not provide an unbroken line of child welfare responsibility from the front-line to the executive level.

The challenges of child welfare in Louisiana today call for a single point of child welfare implementation, oversight and accountability. It is recommended that child welfare policy and field operations at the central office be established within DCFS as an integrated child welfare entity, led by an experienced child welfare professional. The child welfare field operations function should be included in the child welfare entity to strengthen the administration of the program. Going forward, child welfare should always be fully represented in the executive management team by also including members with child welfare experience in social work or related field educational backgrounds.

The complexity of child welfare and the qualitative nature of its practice and decision-making do not make it a good fit for an organization primarily operating within the rule and policy compliance

orientation of an economic benefits agency. Ideally, given the complexity of child welfare practice and its differences from economic assistance systems, child welfare could easily be a separate state agency or in an organization with more similar functions than economic assistance, such as juvenile justice or behavioral health. Making child welfare a separate agency has occurred as part of reform efforts in other states in the country to permit child welfare to have greater control over support issues like budgeting, personnel and other functions, create a single focus on child and family permanency, safety and well-being issues, and permit the greater flexibility and adaptability small organizations can employ. However, a Louisiana constitutional amendment limits the number of state agencies, which is a barrier to making such an organizational change.

Additional background on the national experience in creating stand-alone child welfare agencies is found in the Appendix in the form of a paper on organizational restructuring prepared by Casey Family Programs. This study, called Key Findings from Stand Alone and Well-Performing Child Welfare Agencies, provides a useful overview of state experiences in restructuring.

2. Develop Strategies to Improve the Front-Line Work Environment

Interviews with many front-line staff describe a work environment dominated by deadlines, administrative frustrations, mistrust, and unrealistic expectations. These staff often feel unrecognized for their efforts and uncompensated financially for their accomplishments. Because of these barriers, they feel frustrated that they cannot consistently and effectively engage in the practice with children and families that their values, education, training, and experience dictate that they should. As a result many of them leave the Department, which exacerbates the workload challenges faced by their peers. Based on this review's findings, stabilizing the work force should be a top priority for the Department.

Reduce the Administrative Burden and Push Decision-Making Closer to the Front Line

Because the central office is ultimately accountable for local performance and due to the fact that turnover rate creates so many inexperienced staff, it isn't surprising that decision-makers want to manage risk. Unfortunately, intensive top-down management can impede the development of critical thinking capability at local levels and inhibit the development of creative problem-solving skills for less seasoned staff. It also can make the work so unsatisfying that many professionals leave.

It is recommended that the Department form a work group of local caseworkers and supervisors, field operations staff and central office program staff to clarify the dimensions of central office decision-making (since there is disagreement about its extent) and identify opportunities to push decision-making closer to the front-line without negatively impacting child and family outcomes. Included in this should be an assessment of mandatory higher level reviews of local decision-making, procedural requirements such as time-frames, management processes, and data collection that may not be vital to achieving good child and family outcomes. The goal should be to increase time available for children

and families and mitigate the volume of administrative activities where possible. Time for involvement with families is being reduced to satisfy the volume of administrative activities mandated presently and greater balance is needed if staff are to be retained.

Personnel practices should be included in this appraisal. For example, staff suggested that flex time be permitted for foster care staff especially during the school year when children are in school during much of the day. It was noted that since children are in school until 3:00 and many parents and foster parents work, the only time for face-to-face contact with them is late afternoon and evening. Caseworkers now may have to work overtime to make such visits, but if hours are flexed, they wouldn't be incurring compensatory time which they cannot effectively use.

The work group should explore the waiver review process applied to certain case characteristics, assess the local understanding of law and policy related to waivers, and determine the actual frequency of denials of waiver requests. Central office data on denials of waivers reflects a modest number of waiver denials, so the work group environment will provide an opportunity to achieve clarity about the waiver process and practices.

As part of this workgroup process, staff should be surveyed for efficiency ideas and a respected facilitator external to the Department should be retained to chair the work group. A report summarizing the measures adopted should be developed and distributed to all staff.

If resources become available for adding local staff, include the addition of support staff such as clerical workers and transportation staff. The Central Office states that it is now exploring the further use of clerical staff for program support. This will help free caseworkers for more direct contact with families and signal central office recognition of the workload stresses that caseworkers experience.

3. Implement Selective Staff Recruitment Strategies

In addition to efforts to reduce the workload, DCFS should strengthen its ability to recruit BSW and MSW graduates to the work force. There is national evidence that candidates with this background are more likely to remain in child welfare. DCFS should explore options to make employment in child welfare more appealing through considering innovations undertaken in other states. These include raising salaries to staff with professional social work degrees, providing educational stipends and educational leave (which DCFS already does to some extent) and repaying some student loans as an incentive (which is done elsewhere). In addition, weight should be given to professional social work degrees in selecting staff for advancement, and a career ladder created that provides monetary incentives for staff to remain in direct service positions and attain higher levels of professional skills and licensure or specialist certifications in areas important to their work.

4. Replace the Department's Inefficient Information Systems

This report provides ample reasons for replacing the Department's outdated child welfare information system. There is agreement from the Secretary to the newest worker that the current use of multiple information systems is excessively time-consuming and inefficient. The State should commit funding to permit the Department to replace the system. This step should be taken quickly, while enhanced federal funding is available.

5. Strengthen Practice

The Department realizes that it needs to improve its relationships with caregivers and parents. The Family Team Meeting Process (FTM) was implemented as one approach to improving performance in this area. Program staff had sound ideas for implementing this process, piloting it in a few parishes first, conducting advance information forums to prepare staff and stakeholders for the new process, and seeking to use the first participants trained and mentored as coaches for other staff. However, due to transfers and turnover, some of the staff who were developed moved to other assignments or left the agency, leaving limited capacity to sustain the process. Some of the FTM technical assistance occurred concurrently with the Advanced Safety Model training, training on trauma, and mental health screening implementation, which left Family Team Meeting training and coaching efforts competing with the other approaches for staff availability. Fidelity to the team meeting model is still a challenge. Quality assurance data indicate that the same holds true for fidelity to the Advanced Safety Model.

Support for the FTM initiative at the management field in the field was variable. Where there was not an investment by field management staff, the participation of staff in training and coaching was uneven. As a result some offices were not prepared for training and coaching, were not available to use technical assistance, and in some instances some staff avoided participation. Because of workload issues and competing priorities, implementation had less depth than desired. Also, the FTM process, which is highly family driven, is to replace a former agency driven-team planning model, which many staff and legal partners preferred. Underlying this preference was a lack of confidence in the value of family participation and unease at a potential lessening of control of the planning meetings.

6. Improve Programmatic Implementation

DCFS can still strengthen its Family Team Meetings process and other initiatives by focusing on some key implementation strategies. First, it is important that program and field operations staff have regular opportunities to meet and plan together, as long as they are in separate divisions. Joint ownership of initiatives will strengthen support for new initiatives substantially.

Sequencing of implementation is also critical. To avoid overwhelming staff with new approaches, program and field operations staff should carefully consider staff workloads before launching multiple

initiatives. Priorities should be established based on the need to instill the fundamental knowledge and skills necessary to effectively implement the child welfare agency's child welfare practice model.

Program staff have limited capacity to consult with local staff on practice issues, new approaches, or to monitor implementation on initiatives. Likewise, the Training Academy capacity is still small, so much of its training capacity is directed at preparing new staff for the field. Training on new approaches like the Family Team Meeting process should become part of the Academy role, however it will need additional resources to do so. DCFS should seek additional resources to increase the number of both program consultants and trainers.

7. Increase Resources for Transitional Age Youth

The lack of supports available to prepare youth for successful adulthood and support their transition to emancipation is a major systemic limitation. In addition to promoting permanency for transitional age youth, DCFS should strengthen its approach to preparing youth for emancipation by giving priority to reconnecting youth with family and preparing informal supports to become partners in helping the youth through transition.

In a qualitative study of long-stayers in another state, CWG found that youth nearing emancipation had several striking similarities in their experience in the child welfare system. Almost all of them felt completely powerless. They had no control over where they lived, who they lived with, where they went to school and if and when they saw their family. They were completely unprepared for adulthood and many were disconnected from their family. Such youth could immediately benefit from a child and family team where they connect with informal supports, including kin, can shape their own case plan and experience responsibility for decisions that affect their lives. The almost 400 foster youth age 16-18 in Louisiana should be given priority in selecting cases in which a family team is developed. While this is only one part of the supports transitional youth need, it is also recommended that the state commit resources to extend youth custody to age 21, where needed.

8. Strengthen the Resources Committed to Child Protection Intake

While the intake function is small compared to the rest of the child welfare system, its functioning is vital to the operations of the system. The more accurate and thorough intake can be in assessing maltreatment allegations, the safer children will be and the less work that will have to be completed by front-line caseworkers. Experienced additional staff should be added to ensure the ability of the intake unit to accomplish its mission.

9. Strengthen the Continuous Quality Assurance Process

DCFS has a robust child welfare quality assurance process. However there is one area of methodology that if implemented, could provide significant gains in information gathering and system assessment. The CQI process should consistently include interviews with the parents of children served and in some cases with the youth involved. This would provide a systematic process for understanding how parents and youth experience the child welfare system. If quality assurance reviewers interviewed parents and youth in addition to the case workers they now review in individual case reviews, DCFS would gain a new tool for understanding the effects of its practice.

10. Make a Peer Technical Assistance Visit

The Department would benefit from a peer technical assistance visit to states that have successfully implemented a family teaming process. Utah and New Jersey have mature and robust teaming processes that could inform Louisiana's implementation strategies. Utah is the closest in size and resources to Louisiana and frequently hosts information gathering visits from other states.

11. Commit Additional Resources to Reduce the Caseload and Workload

DCFS does not have sufficient experienced staff to consistently conform to either its own or federal performance expectations. The stress of the high workload along with other environmental factors described in this report create a pattern of high turnover, which in turn sustains the high workload due to the reduced capacity of new caseworkers. Until the caseloads are successfully reduced through additional staff, improvements in retention efforts and in the workplace environment, positive child and family outcomes will be at risk. The Governor and State Legislature should develop a multi-year plan to increase the DCFS budget for additional child welfare staff. These increases will be more modest if turnover is lessened and administrative tasks are balanced against capacity.

XI. Appendix

KEY FINDINGS FROM STAND-ALONE AND WELL-PERFORMING CHILD WELFARE AGENCIES

METHODOLOGY

A variety of procedures were utilized to collect information for this report. First, the Casey Family Programs team conducted a review of the research literature on organizational restructuring, both in child welfare and the broader human services field. Next, five jurisdictions that have created a stand-alone children's agency were identified and interviews were conducted with various persons involved in the restructure. Those jurisdictions were: Indiana; New Jersey; New York City; Tennessee; and Wisconsin. The team also identified four "well-performing" states, according to specific criteria, and then conducted interviews with agency leadership to learn more about their organizational structures, as well as the elements of infrastructure that support an effective child welfare system. Those states were: Idaho; New Jersey; North Carolina; and Tennessee. New Jersey and Tennessee qualified as both a stand-alone children's agency and as a well-performing state. Finally, the interviews and research literature were analyzed for common themes and lessons learned.

LITERATURE REVIEW

Organizational restructuring is a strategy commonly considered by governors and legislators seeking to improve outcomes in public agencies. However, in spite of the range of experiments with different organizational structures, there has been sparse research documenting the outcomes of these efforts. To date, there are very few studies in the human services field regarding the impact of restructuring agencies. Evidence from research regarding whether organizational configurations significantly improve or do not improve outcomes for children and families remains limited.

Some studies have employed quasi-experimental designs in evaluating the organizational structure of child welfare agencies. In one such study, the authors used national survey data to examine associations between child welfare and mental health/ substance abuse treatment located in the same agency as CPS and foster care case management.ⁱ The study found that common agency ownership (i.e., child welfare and mental health/ substance abuse located in the same umbrella agency) was associated with a 19 percent reduction in placement changes for adolescents receiving behavioral health care who had been removed from the home during engagement with the public child welfare agency. Common agency ownership, however, was not associated with foster care placement. In another study, adolescents were more likely to engage with treatment of substance abuse when child protective services and substance abuse treatment services were administered by the same agency, and when child welfare agency directors reported joint planning with schools.ⁱⁱ

A comprehensive qualitative study on organizational structure was completed in 1996, authored by Charles Wilson, a former Tennessee director.ⁱⁱⁱ This study provides perhaps the most comprehensive analysis to date of the effects of organizational structure in child welfare. Child welfare agency directors in 50 states were surveyed regarding the nature of the agency's organizational structure; results were analyzed and supplemented with information from national

sources. In addition, case studies were conducted on five states that had undergone recent organizational or programmatic reforms. It is important to note that a number of states have since created stand-alone children's departments after this study was completed (Findings from the experiences of those states will be explored later in the report).

Key findings from this report related to organizational structure include:

- No single organizational structure holds a clear advantage over other common models; each structure has distinct advantages and disadvantages. Visionary leadership and sound management can succeed with any of the models.
- Organizational structure does not directly relate to improved accountability or quality of services.

Other studies have found that organizational climate plays a more important role in outcomes than organizational structure. One quasi-experimental study^{iv} examined the effects of organizational climate and inter-organizational coordination of one state agency on changes in children's psychosocial functioning during one year in care. Twelve pilot counties in the state implemented a services coordination team model designed to improve outcomes, while twelve comparison counties received standard services without the coordination intervention. The findings indicated that the organizational climate of an agency was the primary predictor of positive service outcomes, as measured by children's improved psychosocial functioning. In contrast, an inter-organizational coordination initiative (organizational structure) had a negative effect on service quality (measured by comprehensiveness and continuity) and no effect on child outcomes (psychosocial functioning).

Part II: Findings

COMMON THEMES FROM THE CREATION OF A STAND-ALONE AGENCY

In order to learn about agency restructuring and its effects, Casey staff identified five jurisdictions that have established stand-alone children's agencies within the past 20 years: Indiana's Department of Child Services (DCS); New Jersey's Department of Children and Families (DCF), New York City's Administration for Children's Services (ACS); Tennessee's Department of Children's Services (DCS); and Wisconsin's Department of Children and Families (DCF). In addition, Fresno County's Department of Social Services (DSS) was also interviewed about their decision to transition from a stand-alone children's agency back to an umbrella agency. Approximately 20 interviews were conducted across jurisdictions with child welfare administrators, program managers, stakeholders, child advocates, legislators and judges.

Conversations with managers in states that have recently experienced a restructure indicate that it was useful and effective as part of a comprehensive approach to child welfare reform. The following section summarizes key themes that emerged during these conversations.

Driver of the Restructure

Respondents were asked about the reasons why their state decided to create a stand-alone children's agency and the political and social context at the time of the restructure. In most cases, governors and/or mayors made the decision to restructure in response to concerns regarding the agency's overall performance, fiscal mismanagement, or high-profile child

fatalities. The majority of states profiled were, at the time of their restructuring initiatives, under class action lawsuits that demanded significant systemic reforms to occur. Creating a new agency provided a “reset” button for their systems. Some governors pushed for the creation of new agencies to support their political platforms which prioritized children and focused attention on their needs. Other states wanted to consolidate children’s services under one administrative structure in order to streamline family services, improve system coordination and increase families’ access to services. The common thread throughout the interviews was that there was an executive leader who wanted to create an agency focused exclusively on children’s issues.

Implementation Process

Issues such as high profile child fatalities, fiscal mismanagement or political agendas often result in sudden changes absent any thorough analysis, but with the expectation that improved outcomes will occur quickly. There was strong agreement among participants that it takes significant time to restructure and for new agencies to begin functioning effectively. However, respondents also emphasized that there is a delicate balance between thoughtful deliberation and sustaining momentum for change among staff and stakeholders so it is critical for some broad changes to happen quickly.

For most states, it took about a year to lay the groundwork for the initial transition (new positions, new office space, etc.) and have the agency up and running. However, it took several years to resolve operational issues and implement a broad range of reforms such as integrating services, implementation of new practice models and increased collaboration. A few of the states recommended restructuring incrementally, gradually adding children’s services programs over time rather than attempting a complete restructure all at once. Other managers suggested involving the community from the beginning, and maintained that it was critical to include community stakeholders in important decision-making processes during the restructure. The majority of participants remembered the complete transition to a stand-alone agency taking about 2-5 years.

Potential Costs

Participants maintained that even though the rationale for the restructure was often increased efficiency in use of taxpayer dollars, potential costs must be factored into the planning process. The costs of reorganization are difficult to anticipate and identify but, according to participants, it is important to plan for some unavoidable costs. Some states had governors that provided the new agency with a “blank check” during the reorganization. Other states had hundreds of millions of dollars in legislative enhancements as the result of a class action lawsuit; this funding was used to offset the costs of reorganization. Managers in one jurisdiction claimed that there was no extra funding set aside for the reorganization, but were unsure regarding unanticipated costs that may not have been tracked.

According to respondents, some of the expenses associated with the reorganization included the costs of planning for implementation, although most of these costs were absorbed by existing staff. Other costs included hiring of new employees and new training, especially for states implementing new practice models, as well as infrastructure costs such as replacing management information systems and purchasing new office space. The creation of IT and HR departments were expensive pieces of the new agencies that were often underfunded, if funded at all.

Access to Services

The creation of a newly consolidated children's department appeared to improve access to services for children and families in almost every jurisdiction profiled in this report. In one state, families traditionally had to go through the child welfare system in order to obtain mental health services absent any child abuse or neglect issues. With the implementation of the new agency, a Systems of Care division created a single point of access for families, and in-home mental health services are now provided without CPS or child welfare involvement. This change allowed the new child welfare division to focus on children who have been abused or neglected, while providing other children access to mental health services through the same department.

When asked about service accessibility, some managers described the ability to swiftly hire more caseworkers, thereby reducing caseload size and freeing up caseworkers to concentrate on securing quality services for families on their caseload. Managers in other jurisdictions asserted that the new agency led to improvement in data and quality assurance systems, allowing them to better identify gaps in the system and tailor the most appropriate services to the individual needs of families.

Strengths/ Advantages of Stand-Alone Agencies

Respondents were also questioned about the advantages and disadvantages of a stand-alone agency. They highlighted the following points:

- **Direct access to the governor/mayor:** Whereas under umbrella agencies focus and attention can be drawn away from children's issues to other program areas, the stand-alone agency can result in the governor or mayor promoting and supporting initiatives that may not otherwise have been a political priority. Stand-alone agencies have led to elevated status and more visibility in the legislature and, in one state, the creation of a new legislative committee devoted solely to children's issues.
- **Mission clarity:** Managers who were interviewed asserted that it is difficult to change practice in a strategic way when under an umbrella agency and that a children's department allows everyone "to be working towards the same end game." For example, with an agency focused just on children, one state's child welfare system has been able to broaden its mission from one concentrated on allegations of abuse and neglect to one that focuses on keeping children and families together, with an emphasis on prevention services. Some participants also commented that having most or all children's services under one roof facilitates better community collaboration.
- **Control over key functions, such as personnel and budget management:** While umbrella agencies are often viewed as inherently bureaucratic and slow to change, stand-alone agencies are sometimes easier to manage as there are fewer bureaucratic obstacles developed by other administrations and more flexibility in making needed changes. A few states were able to strengthen the capacity of front line staff by hiring and training new caseworkers quickly, leading to reasonable caseload sizes and timeliness of investigations. New positions were created quickly in response to the needs of the agency. One state, for example, was able to create a foster parent specialist position, which led to a large increase in the number of available foster homes. This child welfare agency currently has more foster homes than children who need foster

placement. Other states commented on their ability to control the contracting process, which permitted them to easily add evidence-based programs to their service array.

- **Increased accountability and transparency:** Another strength of a stand-alone agency is the opportunity to invest in accountability mechanisms and quality assurance systems. One group of managers, for example, stated that the key to their agency's success was an overhaul of their information technology system and creation of performance indicators used consistently across the state. This state had not had the ability to track child welfare outcomes in the umbrella agency. Another state built accountability measures and performance indicators as the new child welfare agency was developed.

Challenges/Disadvantages of Stand-Alone Agencies

The majority of agency managers expressed a positive view of their stand-alone agency; however, there were also significant and unanticipated challenges for jurisdictions involved in restructuring. Some of these issues were resolved over time, while others remain to this day.

- **Program Integration:** Merging staff from different agencies into a single agency and culture is a difficult and time consuming task. According to participants, programmatic cultures were entrenched, and each new program had its own unique approach to serving children and families that didn't integrate easily with other parts of the new agency. Participants commented that transferring program areas from an umbrella agency into a stand-alone agency was easier than combining programs from different agencies. For example, one state that merged child welfare and juvenile justice took on a "corrections" model of management that was different from the way that child welfare had traditionally operated; this was a difficult transition for child welfare staff.

Another important issue that emerged in conversations is that if one program area is a priority to the leadership of the stand-alone agency, staff in other service areas can feel insignificant to the overall mission of the agency. This has led to certain program areas returning to the umbrella agency. According to participants, developing a common mission and vision for the agency that integrates all of children's service areas can help to reduce conflict.

- **Negotiating relationships with umbrella agencies:** Participants stated that they had to broker and negotiate with the umbrella agency for a fair distribution of staff and resources. One umbrella agency was reluctant to lose veteran staff so they transferred over vacancies and inexperienced caseworkers to the new agency. New agencies often lacked basic infrastructure, such as computers. Another state agency had to negotiate with unions who were opposed to transferring staff to the new agency because staff members would not have the same flexibility to change positions as in the umbrella agency. Consequently, this new agency lost many veteran staff who decided to stay with the umbrella agency.
- **Agency disruption:** Some managers emphasized that restructuring an agency is disruptive to ongoing relationships, and that a large administrative change takes a toll for a period of time. The initial phase of restructuring can be confusing as agencies sort out new roles, hire staff, and develop new operating policies and procedures. In some states, moving staff and equipment from one agency to another caused confusion and resulted in the loss of productivity for a period of time. The focus on the internal structure

of the new agency can divert energy and attention away from current programmatic initiatives.

- **Business Capacity:** In most cases, services such as human resources (HR) and information technology (IT) remained with the umbrella agency. As a result, internal IT and HR departments had to be developed over time in the new agency. For example, one stand-alone agency was not able to obtain much infrastructure assistance from the umbrella agency, and therefore had only one computer for their budget staff to share during the first year of transition. As new stand-alone agencies reduced the number of children in foster care, they reinvested savings to slowly rebuild infrastructure.

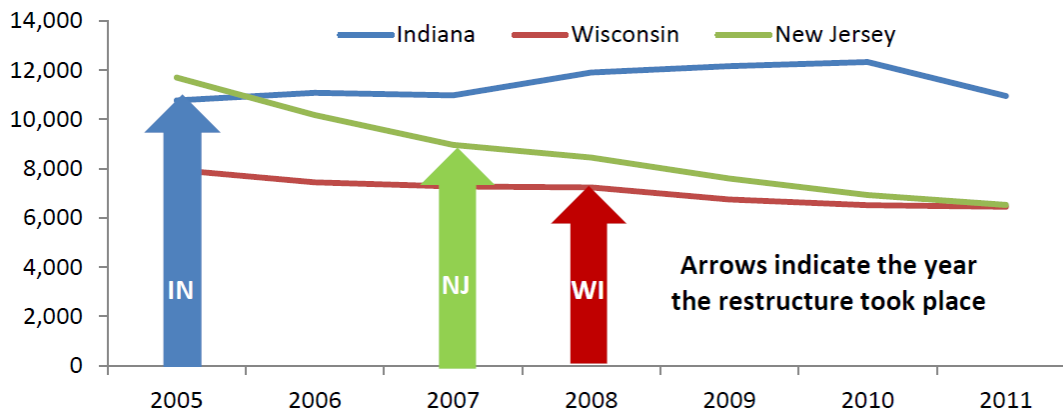
Outcomes

The majority of states experienced an improvement in child welfare outcomes during the years following the creation of the new agency, some broadly across outcome measures, and others in specific areas, such as reduction of congregate care. These outcomes cannot be causally attributed to the creation of the new agency, given that in every state there were a variety of different initiatives and external forces occurring at the time of the transition to a new administrative structure. Because restructuring happens in a complex environment with many disparate and interacting factors influencing outcomes, it is difficult to pinpoint the effects of specific changes. However, most participants insisted that structural changes resulting from a new stand-alone agency played an important role in supporting the achievement of improved child welfare outcomes.

Participants highlighted the following improvements in child outcomes:

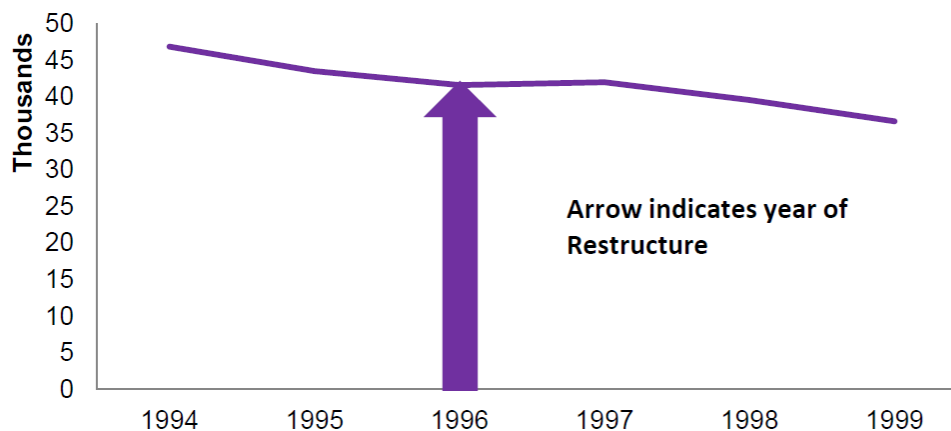
- Significant reductions in out-of-home care (See table 7 and 8): NYC and NJ experienced significant out-of-home care reductions, WI experienced slight decreases in out-of-home care and IN experienced an increase in out-of-home care populations.
- Increased adoptions
- Increased kinship care placements and sibling placements
- Increased number of foster families
- Reduced use of congregate care and increased in-home services

Table 7: Number of Children in Care Before and After Creation of Stand-Alone Agency



Source: Casey Family Programs CORS Data

Table 8: Number of Children in Care Before and After Creation of Stand-alone Agency in New York City*



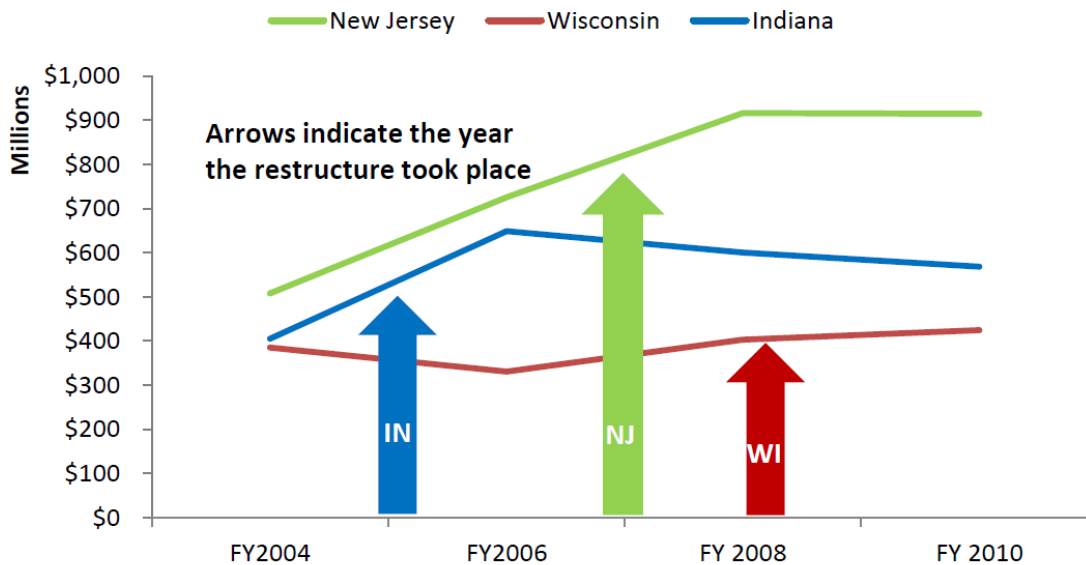
Source: NYC Administration for Children's Services: *Six years of Reform in Children's Services: 1996-2002*.

*New York City has a separate table because their restructure happened in the 1990's.

Budgets

One of the strengths of creating a stand-alone agency is greater visibility to the executive power and legislature and less competition for resources with other divisions in the umbrella agency. The chart below shows budgets before and after the creation of a stand-alone agency for Indiana, New Jersey, and Wisconsin. Indiana and New Jersey saw a significant increase in funding the year after the restructure. It is important to note that New Jersey received a large one-time increase in the budget from their legislature as a result of a class action lawsuit.

Table 9: State Child Welfare Budgets Before and After Creation of Stand-Alone Agency*



Source: Child Trends

*There was no data available on budgets at the time of restructure for Tennessee and New York City.

COMMON THEMES: WELL-PERFORMING STATES

The review team identified four state child welfare agencies with different organizational structures as “well-performing” states, according to criteria described in the Methodology section of the report. Two of the four agencies are stand-alone children’s agencies, one is located within an umbrella agency, and the fourth is a county run, state administered agency. Those state child welfare agencies are: Idaho’s Division of Family and Community Services (DFCS); New Jersey’s Department of Children and Families (DCF); North Carolina’s Division of Social Services (DSSS); and Tennessee’s Department of Children’s Services (DCS). (New Jersey and Tennessee overlapped with both sections of the report.) The team then spoke with child welfare leadership, program managers, and finance staff in those states about what they viewed as key elements contributing to organizational performance. The interviews also included a discussion of child welfare infrastructure, and how components of infrastructure contribute to an effective child welfare system. For the purpose of this report, infrastructure includes the frameworks in which systems operate, and which can serve to sustain changes in policies and practices within systems.

While respondents recognized that organizational structure plays a role in outcomes, they stated that other factors were more instrumental in transforming their agencies and creating a climate for lasting change. Across the interviews, key elements identified during these discussions include:

- Culture shift through a practice model;
- Right-sizing the system;
- Improving accountability through external pressure; and
- Enhancing family supports

Culture Shift through Implementation of a Practice Model

According to managers in the well-performing states, a successful course of systems change requires, above all, clarity regarding the organization's mission and vision. Transformation requires a clear idea of what the system will look like when fully developed and a set of guiding principles that are operationalized in all aspects of agency practice. Core guiding principles help to establish a conceptual framework guiding expectations of practitioners. The agencies used these new values to redirect the system and shift the culture from a reliance on immediately placing children in foster care to safely keeping families together by providing supports and services that address the underlying issues that have contributed to child abuse or neglect. Another value paramount to the culture shift is creating an urgency around permanency, especially finding homes for those youth that have been in care for a long time.

Once these shared values were clearly established, the well-performing jurisdictions translated them into a system-wide practice model framework. The practice model contains definitions, explanations, and expectations for how an agency will operate and partner with families and other stakeholders in child welfare services. Implementation of a practice model is usually the driver of the cultural paradigm shift to a family-centered, permanency-focused agency. Agency leadership was transparent and intentional about this culture shift, communicating these new values to staff and making the case for change.

Jurisdictional Example: New Jersey's Implementation of a Practice Model

The core of the reform of the New Jersey child welfare system was the implementation of their Case Practice Model (CPM). The practice model articulates the department's guiding values, integrates best practices, and identifies family engagement as a core strategy.¹ The state wanted to shift to engaging families and sharing power with them.

In 2007, New Jersey's Department of Children and Families (DCF) developed a written practice model and a detailed implementation plan. The Case Practice model was implemented broadly and deeply over the years through extensive instruction, coaching and mentoring. Initially, all 5,000 staff across the state were trained in two foundation curricula: "Building trust-based relationships" and "Making visits matter". Four local offices that served as first implementers received four additional training modules. Immersion included on-site coaching in facilitating team meetings, concurrent development of local provider partners, service inventory and expansion, and infrastructure development. DCF eventually expanded the model beyond the four immersion sites, and all counties in the state implemented the practice model within four years.

DCF recognized the profound effect that the Case Practice model would have on community providers. As a result, they treated the providers as key partners throughout the planning process, during the training and coaching phases, as members of family teams and as respondents to service requests.

Aligning Resources with Needs of Foster Care Population

State and county child welfare systems that experience large increases in the number of children in foster care often face resource issues including a lack of licensed foster homes needed to care for children, and inadequate numbers of case managers, support staff, attorneys

and court personnel, and service providers. In these situations, there tends to be an imbalance between the demands on the foster care system and resources available to meet those demands. As a result, agency staff and other professionals may be forced to compromise standards of care and legal standards as they adjust to overwhelming workloads.

Making safe reductions of the number of children in care diminishes overwhelming pressures on limited resources and makes it possible to match children who need foster placements with foster parents who can best meet their needs, increase caseworkers' contact and visitation with children and their foster parents and free up caseworkers and other professionals to devote increased attention to completing permanent plans. In some well-performing states highlighted in this report, such as Tennessee and New Jersey, reform efforts continued to have limited effects on child welfare outcomes until the number of children in foster care was significantly reduced. As the number of children in foster care is safely reduced, a wide range of unmanageable pressures recede, and agencies can develop and sustain practice improvements.

Jurisdictional Example: New Jersey's Aligning Foster Population with Available Resources

In the late 1990's, the New Jersey child welfare system was operating in a crisis mode as systemic issues such as extremely high caseloads, inadequate number of foster homes, adoption delays and high staff turnover rates plagued the agency. Following a class action lawsuit, a well-funded but disjointed reform plan was created with over 200 enforceable items. However, caseloads remained high, burdening the workforce and limiting the agency's ability to implement reforms.

The newly created Department of Children and Families (DCF) realized that they needed to have a phased in approach to the reform, and needed to start by lowering caseloads, finding more foster families and finalizing adoptions. As a result, DCF hired hundreds of new caseworkers, implemented more comprehensive training and timely training for front-line staff and supervisors. New Jersey also increased the number of foster parent recruitment specialists from 10 to 47 in local office across the state, with more recruitment staff located in the central office for specialized recruitment. To complete adoptions more quickly, DCF also moved adoption cases to local offices.

DCF has made substantial progress in achieving manageable caseloads and supporting staff through professional development opportunities. Caseload reductions contributed to an approximately 25 percent reduction in the number of children in foster care during the five years after DCF was established. As of June 2010, 62 percent of caseworkers had caseloads of 1-10 cases, 37 percent had caseloads of 11-20 cases, and about 1 percent had caseloads of more than 20 cases. In 2013, caseworker turnover rates are at an all-time low of 7 percent statewide. Reducing the number of children in foster care allowed the child welfare agency to focus on other aspects of organizational restructuring.

Creating Accountability through External Pressure

Strengthening public oversight and encouraging organizational self-examination through enhanced accountability are critical elements for effectively transforming child welfare systems. One strategy for holding child welfare systems accountable for achieving their missions and effectively performing their mandated responsibilities for children and families is class action litigation by an external agency.^v By creating greater public awareness of systemic problems, exerting legal pressure on policymakers and agency managers putting pressure on politicians, and securing funding for initiatives, litigation has served as a catalyst for systemic reform in some states.

While many in the field are critical of the adversarial nature of lawsuits as a tool for reform, a number of child welfare agencies have utilized the litigation as a powerful tool for change, including two of the well-performing states profiled in this report. These agencies used the requirement to respond to litigation as an opportunity to engage legislative and executive leaders in comprehensive system reform which has demonstrated measurable system improvements and better outcomes for children and families. Reforming child welfare systems through class action lawsuits is a multi-year endeavor, however, and most jurisdictions that were ultimately successful in reforming their child welfare systems in response to litigation experienced periods of failure before finding a path to sustainable improvements.

Jurisdictional Example: Tennessee's Settlement Agreement

Our respondents in Tennessee agreed that the class action lawsuit filed in 2000, which led to a comprehensive settlement agreement in 2001, began a process of positive child welfare changes in Tennessee. Prior to the settlement agreement, Tennessee's child welfare system was in a process of continual reform through multiple overlapping initiatives, seemingly without much effect. The settlement agreement was focused on permanency planning for children in out-of-home care, and led to significant resource enhancements (\$30 million dollars initially) from the legislature, workload standards for foster care case managers that made practice improvements possible and an agreement that the agency would stop engaging in questionable practices (e.g. placing foster youth in detention centers) that had led to criticism from child advocates for many years.

At the same time, child welfare staff at all levels of the organization appear to have made a serious and ongoing commitment to permanency planning, specifically to finding permanent homes for children who could not return to birth families. One child welfare manager stated that "We were all committed to getting out of the lawsuit".

Enhancing Family Supports

Children and families with open child welfare cases have a wide range of challenges and needs that include poverty-related services, substance abuse assessment and treatment, mental health services for both adults and children, domestic violence crisis intervention and parenting education. Public agencies that develop comprehensive evidence-based, in-home family support and prevention services increase the potential for assuring the safety of children in their own homes, and provide an enhanced opportunity for CPS caseworkers and other professionals to develop positive working relationships with family members. Among the most significant investments in promoting protective factors are efforts to strengthen parental capacity and

resilience, support children's social and emotional development, and create more supportive relationships among community residents.

Jurisdictional Example: North Carolina's Prevention Programs

North Carolina is able to support primary and secondary prevention programs which have demonstrated major improvements in child and family outcomes. The North Carolina Division of Social Services (NCDSS) has built its capacity to provide these programs by leveraging financial resources at the state level, including blending federal funding streams to support flexible use of resources. Beginning in 2006, policymakers convened a task force to increase implementation of evidence-based programs called the Alliance for Evidence-Based Family Strengthening Programs (Alliance). The Alliance has developed state-level infrastructure to support prevention programs, which target risk and protective factors for child maltreatment and school readiness.

The Alliance's initial efforts focused on increasing the use of evidence-based programs in Family Resource Centers funded by NCDSS. Several funders, including NCDSS, NC Children's Trust Fund, and NC Partnership for Children agreed to develop a set of shared research based intermediate outcomes among their agencies to help strengthen collaboration, make best use of limited resources, and target programmatic efforts at the most critical risk and protective factors for child maltreatment and school readiness.

The Alliance works collaboratively to fund and develop infrastructure at the state level for program implementation. The Alliance launched the NC Nurse Family Partnership initiative, and is now exploring how to provide training, technical assistance and consultation for three evidence-based or promising programs: The Incredible Years, the Nurturing Parent Program, and the Strengthening Families program.

INFRASTRUCTURE COMPONENTS

This section includes a discussion of child welfare infrastructure components, and how these components are necessary for a child welfare system to be effective. For the purpose of this report, infrastructure includes the frameworks in which systems operate, and which can serve to sustain changes in policies and practices within systems. Infrastructure components such as contracting mechanisms, financing streams, quality assurance systems, and workload standards were highlighted during conversations with managers in well-performing states as critical to sustaining practice changes.

According to respondents, infrastructure components needed to support a well-performing system include:

- Mechanisms to incentivize service providers;
- Financing streams that align with agency objectives;
- Accountability systems and data driven practice; and
- Implementing workforce standards and professional development

Mechanisms to Incentivize Performance among Service Providers and Intra-Agency Partnerships

Public child welfare agencies must often collaborate with other public agencies in order to obtain access to the various types of services for children and families. Some of the mechanisms that provide the formal framework for collaboration and enhance shared accountability include cooperative agreements, legislation, strong partnerships, multi-disciplinary teams and wrap-around teams.

In addition, child welfare agencies also rely on private providers for many, if not most, child welfare services. Traditional payment types to service providers include block grants or fee-for-child payments which lack incentives to improve child outcomes. These payment methods can inadvertently support poor outcomes for children and families, for example, when service providers seek to maintain existing client caseloads. Performance-Based Contracting (PBC) realigns financial incentives to make providers accountable for outcomes, such as moving children out of temporary placements and into permanent homes. PBC can provide child welfare agencies with the opportunity to “Buy permanency, not services.”^{vi}

Jurisdictional Example: Tennessee’s Performance-Based Contracting

Tennessee’s DCS implemented PBC contracting as the result of the Brian A. Settlement Agreement in order to improve permanency outcomes. Providers were asked to improve on their past performance by increasing exits to permanency by 10 percent, decreasing their in-care days by 10 percent and lowering their re-entry rates within the fiscal year. Goals were set relative to each provider’s baseline, historical performance on each measure and with specific groups of children. Agencies showing improved performance receive a financial re-investment while agencies failing to meet their baseline expectations were required to submit a remittance of funds to the state.

Successful strategies for implementing PBC in Tennessee included a phased-in implementation approach, allowing the performance base for each contractor to be the agency’s historical performance and allowing the first year of PBC for each agency to be risk-free, although the agencies can still earn incentives. Tennessee created PBC scorecards that encompass a wider spectrum of measures indicating quality of care, and which allow for comparison across providers. As of July 1st, 2009, all direct contractors with Tennessee’s DCS operate under a performance-based contract.

Since PBC was fully implemented, DCS has experienced improvements in permanency and length of stay outcomes. According to DCS data, the number of youth in care has decreased from 10,000 to about 7,000 at a point in time. DCS has also decreased its average length of stay for children entering foster care from 318 days to 270 days.

Finance Streams to Align with Outcomes

Title IV-E of the Social Security Act primarily pays the cost of maintaining eligible children in foster care. Title IV-E, however, mostly funds a percentage of foster care subsidized guardianship and adoption support costs. Other federal funding streams such as Title IV- B, Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF) provide funding for in-home services. As currently structured, federal funding rules for child welfare staff and services challenge states’ abilities to creatively and flexibly utilize federal and

state funding streams to support the array of in-home and out-of-home services children and families need.

The 2011 Child and Family Services Improvement and Innovation Act authorizes the use of Title IV-E waivers to allow child welfare agencies to use IV-E funds for prevention services and in-home services usually funded through Title IV-B and SSBG. With Title IV-E waivers, if states are able to achieve cost savings resulting from a reduction of the foster care population, they are allowed to reinvest these savings in a wide range of child welfare services and initiatives. Some states have also made effective use of Medicaid waivers and demonstration projects to allow flexibility in operating Medicaid programs to better meet children's behavioral health needs.

The jurisdictions profiled in this report have utilized these financing strategies to support a wide range of services not covered by categorical funding sources and to enable interagency collaborations to fund their initiatives. New Jersey's DCF Systems of Care Initiative partners with Medicaid to serve as the single payer for the child behavioral health services delivery system, utilizing funds pooled from mental health, child welfare and Medicaid to draw down additional federal Medicaid match.^{vii} Tennessee DCS used their Medicaid Waiver to reduce the use of congregate care and increase the use of in-home services. Funds that formerly would have paid for institutional care for children now can be used to provide services to children in less-restrictive settings. The well-performing states also indicated that they used blended funding, which involves taking multiple funding streams and commingling them into a single source or pool, as a way support a full range of services not covered by strictly categorical funding sources.

Accountability Systems and Data-Driven Practice

With the advent of the CFSRs, a federal process which holds state child welfare agencies accountable for improving outcomes, states have moved towards developing their own internal continuous quality improvement systems (CQI). These accountability mechanisms encompass outcomes monitoring, program evaluation, performance-management and data analysis. An effective CQI system creates an environment in which those who are closest to the work are actively engaged in assessing the outcomes of practices, programs, and policies and making

Jurisdictional Example: North Carolina's Flexible Funding Streams

North Carolina DSS currently funds 42 child maltreatment prevention direct grantees with Community Based Child Abuse Protection (CBCAP), IV-B-2, and Children's Trust Fund dollars. This funding includes:

- 38 Family Support and Respite Program Services that braid CBCAP and IV-B-2 funds for the provision of primary, secondary and tertiary child maltreatment prevention activities.
- Four North Carolina Children's Trust Fund services for the support of a Community Response Program.

To strengthen the implementation of programming provided by prevention grantees, NCDSS contracts with Prevent Child Abuse North Carolina (PCANC) utilizing a braiding of CBCAP and IV-B-2 dollars to help direct and support the networks of coordinated child abuse prevention resources and activities. The three primary goals of the partnership with PCANC are to:

1. Increase successful replication of evidence-based programs and practices to prevent child maltreatment and strengthen families;
2. Influence social norms that strengthen families and promote healthy child development;
3. Advocate for effective policies that best support healthy families and positive child outcomes.

improvements based on those assessments. Agencies able to share responsibility and accountability for case outcomes find that considerable pressure is taken off of individuals and units, allowing the agency to focus on delivering better services instead of just avoiding mistakes. Moreover, CQI has the potential to transform organizations that are compliance-focused into true learning organizations that can learn from their staffs' vast experiences in serving children and families.

Data collection and reporting frameworks allow for feedback loops to evaluate progress and ongoing quality assurance at staff, unit, region and state agency levels. Analytic tools, including data dashboards, can provide staff with access to a range of information including system processes (current caseload levels, completion of key case events, family contacts, compliance with federal and state requirements), and a variety of child and family outcomes. Data can support key agency decision-making processes, including budget allocation, system performance, and the identification of clients' needs. Data dashboards provide opportunities for comparison between and among individual counties and state outcomes and also provide a level of transparency if shared with the public.

Jurisdictional Example: North Carolina's Reaching for Excellence and Accountability in Practice (REAP)¹

Originally developed from counties' requests for technical assistance from NCDSS, REAP is a continuous quality improvement (CQI) approach conducted in partnership with multiple child welfare agencies in North Carolina. Major components of REAP include (1) a monthly Data Dashboard provided to each pilot county, (2) completion of a Child Welfare Community Assessment and Child Welfare Achievement Plan, and (3) implementation of a CQI model. The mission of REAP includes:

- Sharing accountability for reaching core outcomes for children, youth and families.
- Adopting a quality improvement approach to child welfare that is data-driven, results-oriented and tailored to the strengths and needs of each community.
- The use of best practices, technical assistance and training to continuously improve outcomes for children, youth and families.

Building on the principles of being data-driven and engaging community partners, REAP serves as an example of how North Carolina is locally-based, yet tries to operate as consistently as possible throughout the state. REAP began as a state NCDSS initiative to become more data-driven by integrating the use of data into practice, and the state provides counties with the framework and template to work from. The state does not dictate the practices that counties must use, but seeks to ensure that they are evidence-based. Data dashboards provide opportunities for comparison between individual county and state outcomes. Developed in partnership with the University of North Carolina, the dashboards report on CFSR measures and other goals agreed on by NCDSS.

Workforce Standards and Professional Development

An effective child welfare system requires a qualified, well-trained and well supported workforce. Attention must be paid to both the hiring process (to recruit candidates suited for the demands of child welfare work) and staff development (to develop employees' skills). To strengthen its workforce, Idaho developed a strong Title IV-E training program connected with accredited Schools of Social Work, creating a pipeline for students qualified for child welfare work.

The professional development literature indicates that classroom learning is inadequate preparation for caseworkers who must consistently apply conceptual learning to daily work.^{viii} Opportunities to apply new skills directly to daily casework through the use of shadowing, coaching, and direct supervision have shown better rates of skills transfer. Once learned, skills need to be regularly reinforced, through the use of on-going practice and supervision.^{ix}

Developing caseload standards for various job functions helps supervisors and managers distribute work equitably and keep caseloads at a reasonable size. Caseload levels can be measured by standardized counts of open and active cases and/or by tracking the number of new investigations / assessments assigned to CPS investigators per month. In the absence of systematically applied workload standards, practice standards are likely to collapse in overwhelmed child welfare systems.

Jurisdictional Example: NJ's Workforce Development Initiative

In New Jersey, systematic and comprehensive professional development funded through system reform litigation has dramatically improved staff retention. As highlighted earlier in the report, DCF reduced caseloads while "rightsizing" its foster care system. Once caseload size was reduced, DCF turned its focus to supervision and professional development:

- **Focus on supervision:** DCF is piloting new supervisory training based on the "grand rounds" model. Casework supervisors, who manage frontline caseworkers, are paired with a clinician during a 2-day training in which specific cases are examined. A team "conferences" the case, identifying both strengths and areas that need improvement. The team can consist of experts in domestic violence, child health, substance abuse and mental health, and other types of experts as well.
- **Professional development:** In addition to a 2½ month pre-service training, DCF requires all caseworkers and supervisors to complete 40 hours of training each year. These trainings cover a broad range of topics from substance abuse and domestic violence issues to dealing with families with mental health needs. While some trainings are mandatory, caseworkers are also able to choose training topics of interest to them. The Training Academy also utilizes an innovative "transfer of learning" approach in order to measure the success of their trainings.
- **Data Fellows Program-** As part of the "Managing by Data" initiative, the DCF Fellows Program provides an opportunity for 100 DCF staff (supervisors, managers, quality coordinators, etc.) to spend 18 months learning how to better utilize data to support improved case practice and outcomes for children and families.
- **Salaries and benefits:** DCF is able to offer a competitive salary and benefit package to their caseworkers.

ORGANIZATIONAL STRUCTURE

The well-performing state administrators were also asked about how the organizational structure of their child welfare agency contributes to support their practice, as well as some of the challenges inherent to their particular structure. The following table summarizes their remarks:

Table 10: Advantages and Disadvantages of Organizational Structure

Organizational Structure	Advantages	Disadvantages
Umbrella Agency (Idaho)	<p>Statewide leadership and vision</p> <p>Unified mission for a wide array of human services and supports</p> <p>Easier coordination and streamlined services for families</p>	<p>Cumbersome and unwieldy bureaucracy</p> <p>Central office has difficulty staying connected to the field</p> <p>Child welfare is not a priority within larger umbrella agency</p>
Stand-alone Children's Department (New Jersey and Tennessee)	<p>Control of personnel and budget and flexibility to make needed changes</p> <p>Cabinet-level commissioner whose sole focus is on children's issues</p> <p>Focus on mission and goals</p> <p>Families' access to essential services</p>	<p>Relationship and coordination with the umbrella agency is sometimes difficult</p> <p>Not being part of an information network that shares information about clients who are involved in multiple systems</p> <p>Different sections of the agency, e.g., child welfare and juvenile justice, may not easily mesh.</p>
County-based, State-administered Agency (North Carolina)	<p>Counties are used as learning labs, which create opportunities to learn from each other around innovative practices</p> <p>Ability to be nimble and flexible</p> <p>Better relationships with the community</p>	<p>Unequal distribution of resources between counties which can result in disparities in performance</p> <p>At state level, child welfare is located in an umbrella agency and not perceived as a priority</p>

KEY FINDINGS

This section identifies the key themes that emerged during conversations with administrators and managers from the well-performing states regarding the most critical components of an effective child welfare system. It also highlights lessons learned from the jurisdictions that have created a stand-alone agency. These are important issues to consider when deciding whether or not to restructure into a stand-alone children's department.

Major Themes from Conversations with Jurisdictions and Review of Literature

- ❖ **Restructuring buys time and can provide a “reset” opportunity.** Restructuring may be useful or even necessary in situations where the child welfare agency is so challenged that major programmatic reforms are difficult to make. Restructuring provides an opportunity to start over and provides a respite from public criticism as key decision makers and the media wait to see what comes of the restructure. According to one child welfare director, “It is not about just moving boxes around; it is an opportunity to change culture.”
- ❖ **Changing structure is not a panacea and restructuring alone will not fix the child welfare system.** Structural changes may be necessary but are not in themselves sufficient to accomplish a full range of reform goals and must be combined with other transformative efforts. According to participants, the restructure supported broad systems change through greater decision-making power, control over key functions and a more visible department with direct access to the governor or mayor.
- ❖ **A stand-alone agency has more decision-making power and control over processes.** A stand-alone agency can be helpful in providing additional control over key processes and functions, such as personnel and budgetary decisions. According to respondents, control over a budget that is not a subset of a much larger budget has allowed them the flexibility and decision-making power to make needed changes to improve their system.
- ❖ **A stand-alone children's department results in greater visibility in political arenas and direct access to the executive power.** Participants indicated that having a cabinet-level director with direct access to the governor or mayor has led to the support of initiatives and securing of resources that otherwise may not have been a priority in an umbrella agency. In addition, stand-alone agencies have also led to elevated status and more visibility in the legislature and, in one state, the creation of a new legislative committee devoted solely to children's issues.
- ❖ **A restructure needs the support of the executive branch.** Managers in the profiled states acknowledged the importance of having the support of the governor or mayor during the period of transition to secure funding and “go to bat” for the child welfare agency. Although this level of support does not necessarily need to be sustained in subsequent administrations, it is critical to have strong political support during the creation of the new agency.
- ❖ **Restructuring is time-intensive and can potentially be expensive.** Restructuring is time-intensive and can have significant unanticipated costs. It also may result in

prolonged periods of unclear operating policies, staff roles and key administrative functions. Respondents indicated that the transition to a stand-alone agency took about 2-5 years.

Key Strategies to Sustain Systems Reform

While respondents recognized that organizational structure plays a supportive role in achieving positive outcomes, they stated that other factors were more instrumental in transforming their agencies and creating a climate for lasting change. After an analysis of interviews with managers in four well-performing jurisdictions and a review of the literature, the following cross-cutting themes emerged as the key strategies necessary to sustain system reform:

- ❖ **Aligning Available Resources with Needs of Foster Care Populations-** State child welfare agencies that have experienced a large rapid growth in the number of children in foster care will usually need to reduce the size of their foster care system to the point that available resources are adequate to meet the needs of children in care. Reducing the number of children in foster care makes it easier to provide a wide range of resources, including staffing levels, foster homes, mental health services and legal systems, needed to meet children's needs and achieve positive outcomes.
- ❖ **Culture Shift** - Any public child welfare agency that embarks on a course of systemic change must first define its mission and vision. The child welfare agency needs to have a clear idea of what the system will look like when the proposed reforms are in place, and a set of guiding principles operationalized in the agency's practice. These principles can then be translated into a system-wide practice model framework. Practice models that are both child-focused and family-centered orient child welfare staff to the least intrusive interventions and to the importance of supporting birth families or finding other permanent homes for children.
- ❖ **Enhance Family Supports-** Public agencies that develop comprehensive in-home family support and prevention services increase the potential for assuring the safety of children in their own homes, and provide an enhanced opportunity for CPS caseworkers and other professionals to develop positive working relationships with family members.
- ❖ **Workforce Development-** An effective child welfare system requires a qualified, well-trained and supported workforce. Investments in workforce development have long-term benefits when staff retention is increased and staff are strongly committed to the agency mission. In order to maintain high standards of practice, public child welfare agencies should work to assign reasonable workloads and provide caseworkers and supervisors with sufficient administrative support to allow a concentration on casework with children and families, and collaboration with service providers and other professionals.
- ❖ **Infrastructure Capacity-** Public child welfare systems sometimes make major practice improvements and achieve outcomes through combinations of enhanced services, additional staff positions, new practice models, and dramatic changes in organizational structure. However, sustaining these improvements usually requires the development of structures, processes and capacities that support changes in practice. Infrastructure components such as contracting mechanisms, financing streams aligned with outcomes, quality assurance systems, and improved training and workload standards were

highlighted during conversations with managers in well-performing states as critical to sustaining practice changes.

ⁱ Wells, R. and Chuang, E. (2012). Does formal integration between child welfare and behavioral health agencies result in Improved Placement Stability for Adolescents Engaged with Both Systems? *Child Welfare*. 91(1), 79-100.

ⁱⁱ Well, R. Chuang, E., Haynes, L.E., Lee, I.H., Bai, Y. (2011). Child welfare agency ties to providers and schools and substance abuse treatment use by adolescents. *Substance Abuse Treatment*. 40 (1), 26-34.

ⁱⁱⁱ Wilson, Charles, Vincent, Paul, and Lake, Ed (1996). An Examination of Organizational Structure and Programmatic Reform in Public Child Protective Services. Washington Institute for Public Policy. Olympia, Washington. Retrieved July 10, 2013 from: <http://www.wsipp.wa.gov/rptfiles/cpsorg.pdf>

^{iv} Glissen, C and Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*. 22 (5), 401-421.

^v Center for Social Policy (2012). *For the Welfare of Children: Lessons Learned from Class Action Litigation*. Washington, D.C.

^{vi} Waggoner, Jan (2010). *Tennessee and Youth Villages Common Knowledge Case Study*. Casey Family Programs. Seattle, Washington.

^{vii} Piers, S., Stroul, B. (2013). *Making Medicaid Work for Children in Child Welfare: Examples from the Field*. Center for Health Care Strategies. Hamilton, New Jersey. Retrieved on August 13, 2013 from: http://www.chcs.org/usr_doc/Making_Medicaid_Work.pdf

^{viii} Brittain, C. & Potter, C. (2009). Developing Worker Competence. In Potter, C. & Brittain, C. (Eds.) *Child Welfare Supervision* (262-295). New York: Oxford University Press

^{ix} Ibid

CFSR Round 3 | State Risk Standardized Performance Compared to National Standard

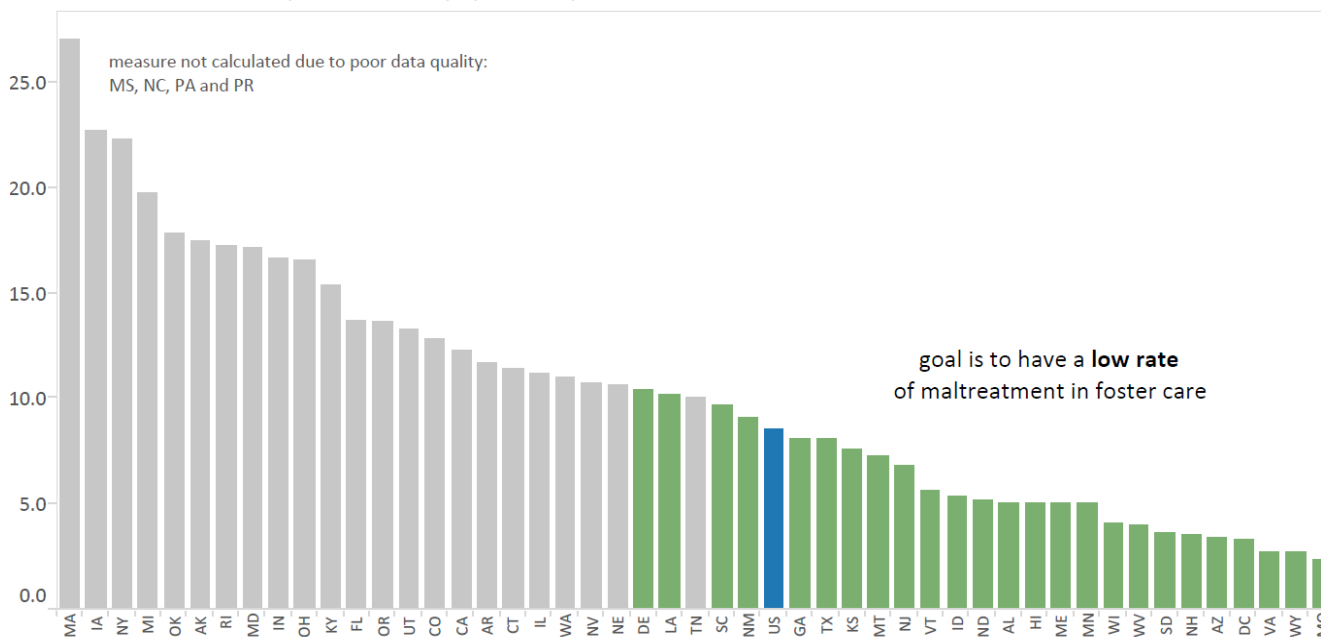
IMPORTANT NOTES:

1. Use for state comparison to national standard only, not for state-to-state comparisons
2. The determination of whether or not a state did or did not meet the standard is based on data as of Oct 2014. States may look different when they are up for future review and their most recent data is used.

S1 | Maltreatment in Foster Care

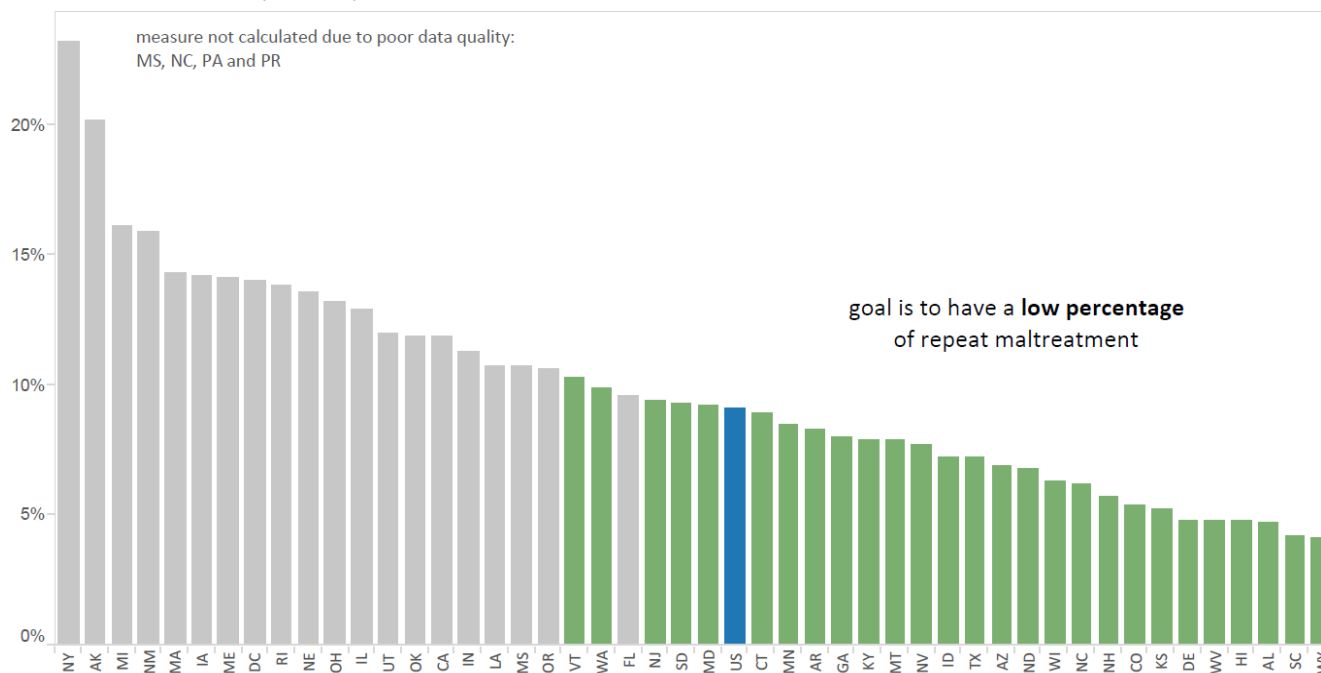
victimization in foster care per 100,000 days (FFY2013)

national standard met or no difference not met



S2 | Repeat Maltreatment in 12 Months

12-month re-victimization (FFY2012)



Data source: CFSR Information Portal (<https://www.cfsrportal.org/>)
Data compiled by Data Advocacy, Casey Family Programs, 8/20/2015

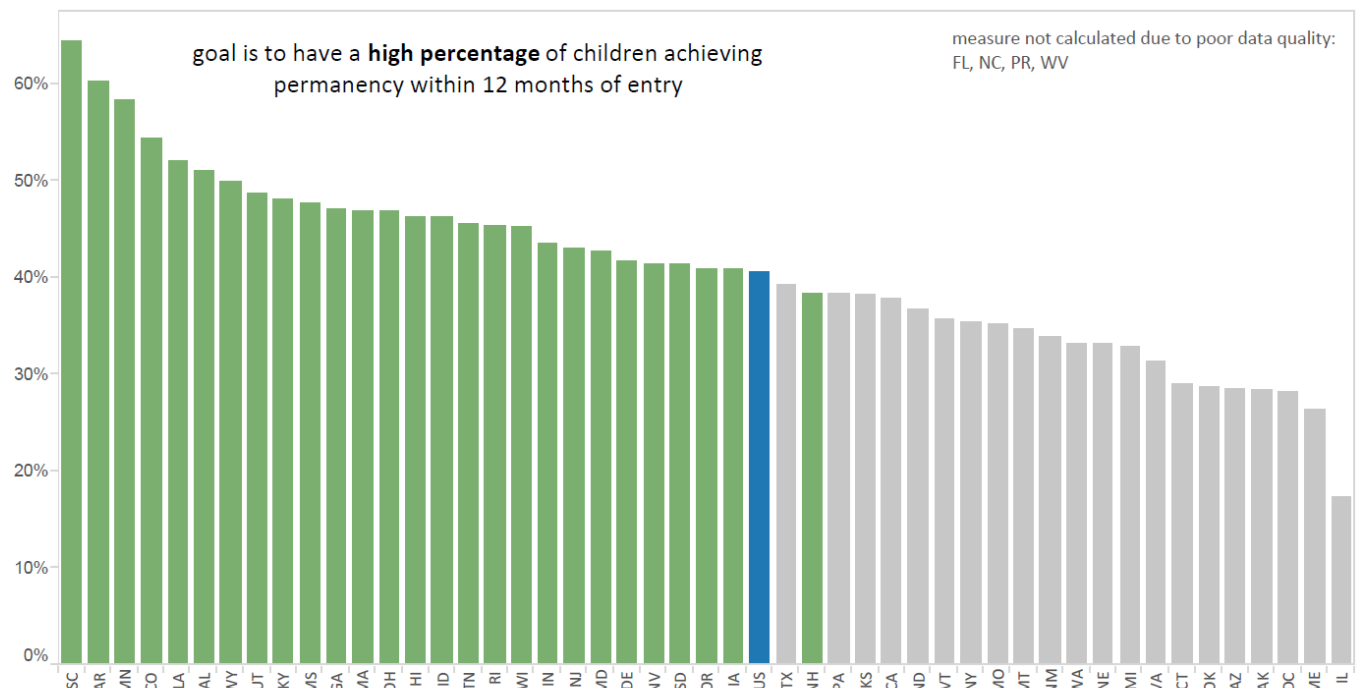
CFSR Round 3 | State Risk Standardized Performance Compared to National Standard

IMPORTANT NOTES:

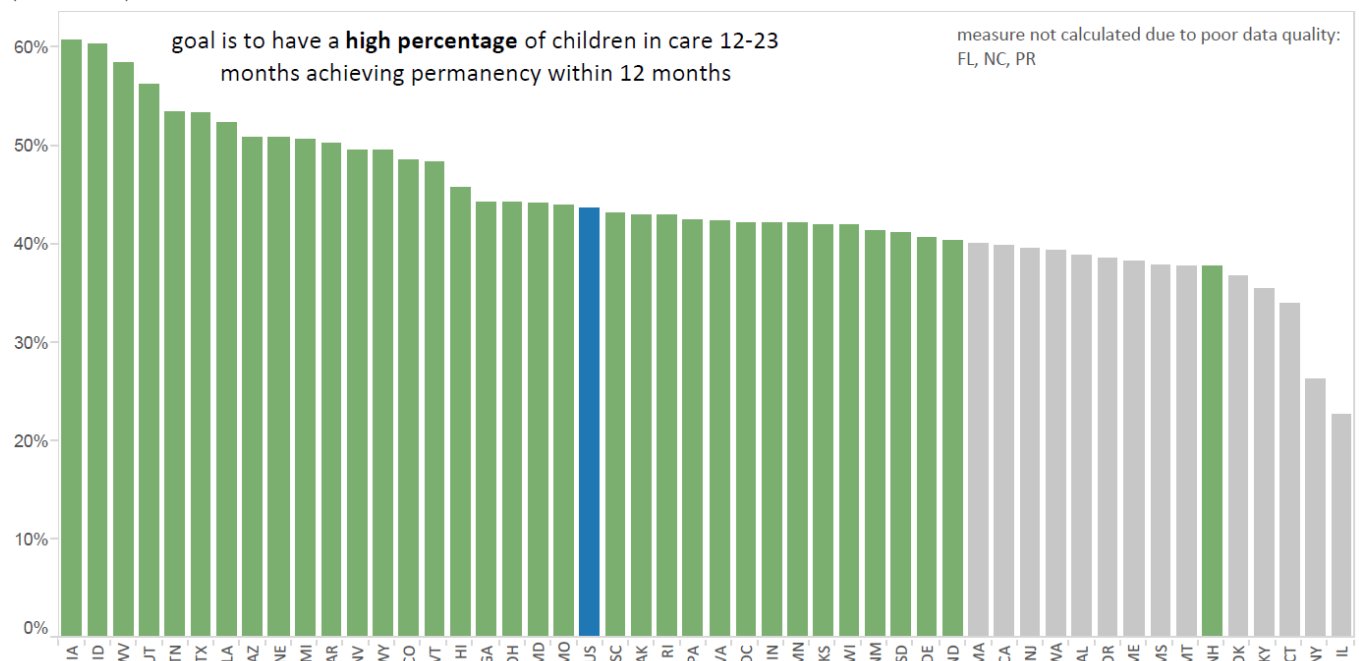
1. Use for state comparison to national standard only, not for state-to-state comparisons
2. The determination of whether or not a state did or did not meet the standard is based on data as of Oct 2014. States may look different when they are up for future review and their most recent data is used.

P1 | Permanency in 12 months for all entries (FFY2012A)

■ national standard ■ met or no difference ■ not met



P2 | Permanency in 12 months for children in care 12-23 months (FFY 2014A)



CFSR Round 3 | State Risk Standardized Performance Compared to National Standard

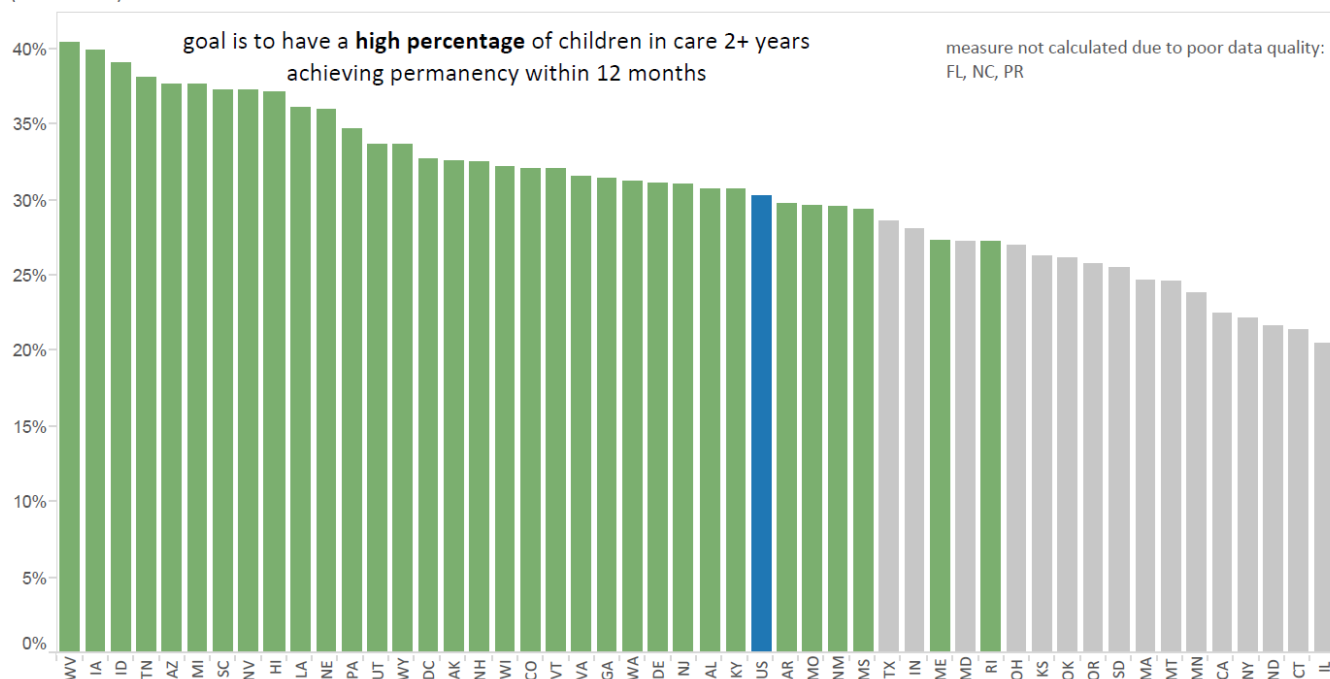
IMPORTANT NOTES:

1. Use for state comparison to national standard only, not for state-to-state comparisons
2. The determination of whether or not a state did or did not meet the standard is based on data as of Oct 2014. States may look different when they are up for future review and their most recent data is used.

P3 | Permanency in 12 months for children in care 2+ years

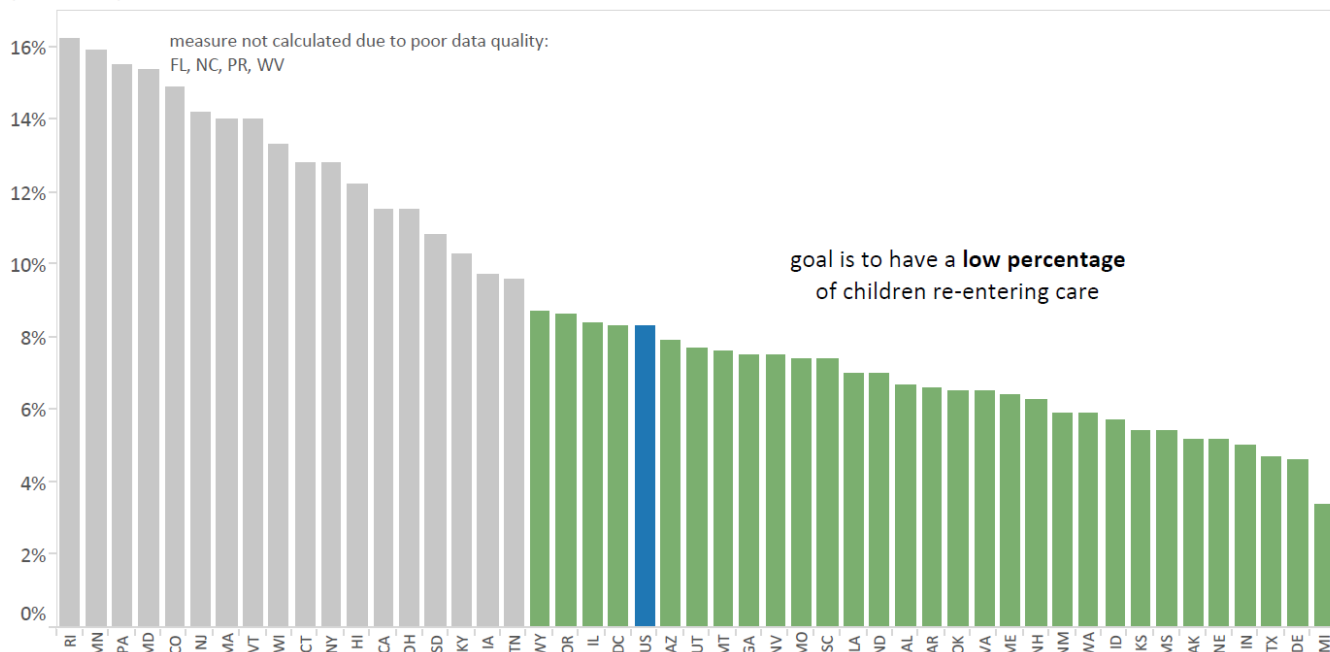
(FFY2014A)

■ national standard ■ met or no difference ■ not met



P4 | Re-entry within 12 months

(FFY2012A)



Data source: CFSR Information Portal (<https://www.cfsrportal.org/>)
Data compiled by Data Advocacy, Casey Family Programs, 8/20/2015

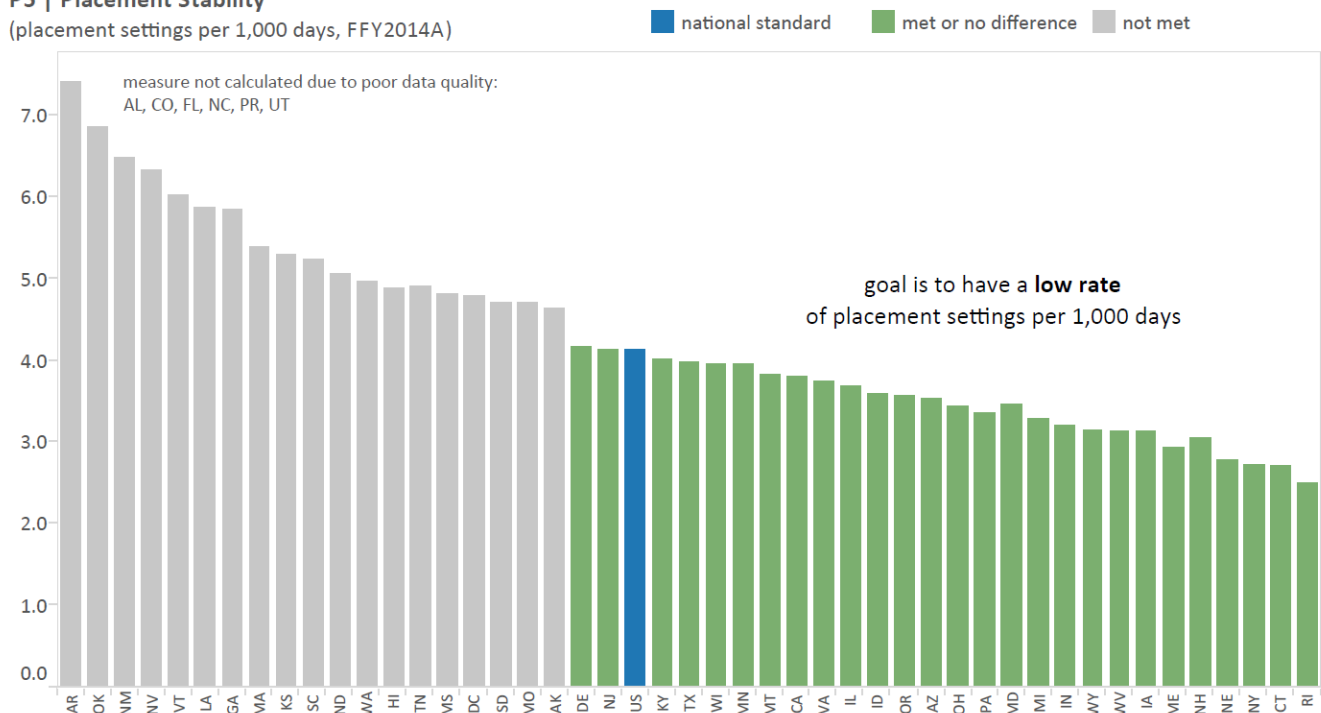
CFSR Round 3 | State Risk Standardized Performance Compared to National Standard

IMPORTANT NOTES:

1. Use for state comparison to national standard only, not for state-to-state comparisons
2. The determination of whether or not a state did or did not meet the standard is based on data as of Oct 2014. States may look different when they are up for future review and their most recent data is used.

P5 | Placement Stability

(placement settings per 1,000 days, FFY2014A)



For Reference | Summary of Statewide Data Indicators

S1 | Maltreatment in Foster Care

Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

S2 | Repeat Maltreatment

Of all children with a substantiated screened-in report of maltreatment in a 12-month period, what percent had another screened-in report within 12 months of their initial report?

P1 | Permanency in 12 months for all entries

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

P2 | Permanency in 12 months for children in care 12-23 months

Of all children in foster care on the first day of the 12 month period, who had been in foster care for 12-23 months, what percent discharged to permanency within 12 months of the first day?

P3 | Permanency in 12 months for children in care 2+ years

Of all children in foster care on the first day of the 12 month period, who had been in foster care for 2 years or more, what percent discharged to permanency within 12 months of the first day?

P4 | Re-entry within 12 months

Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, live with relatives, or guardianship, what percent re-entered foster care within 12 months of their discharge?

P5 | Placement stability

Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

Data source: CFSR Information Portal (<https://www.cfsrportal.org/>)

Data compiled by Data Advocacy, Casey Family Programs, 8/20/2015