

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2019 Annual Progress and Service Report

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

This report outlines the department's plan for child welfare for the past five years and provides updates on years one, two, three, four, and five of plan implementation.

ADMINISTRATION OF PROGRAMS: The DCFS provides comprehensive social services and child welfare programs including intake, protective services, family services, foster care, adoption, guardianship subsidies, home development and Interstate Compact on the Placement of Children (ICPC). Services are administered statewide within a centralized organizational framework with 9 regional offices and 48 parish offices. Services are available in all 64 parishes.

ORGANIZATIONAL CHARTS: Organizational charts are located in Appendix A.

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

LINK TO LOCATION OF THE STATE'S APSRs: Louisiana's past federally approved Annual Progress and Services Reports (APSR) and Child and Family Services Plans (CFSP) are posted on the DCFS website and can be located at the following link:

<http://www.dcfslouisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=210&pnid=184&pid=315>

This plan will not be posted on the website until approved by the Administration for Children and Families/Children's Bureau.

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CHILD WELFARE PRINCIPLES OF PRACTICE: In decision-making, and the development and identification of best practices and/or evidence-based practices, the Department utilizes the child welfare (CW) principals of practice as listed below. Further, both state and federal data are utilized in the decision making process.

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

DCFS Vision: Safe and Thriving Families and Individuals.

DCFS Values:

1. Quality – Providing individualized services with highly skilled staff
2. Efficiency - Ensuring accurate services in a timely manner
3. Respectfulness - Treating others with dignity, compassion, and respect

Child Welfare Mission Statement: Caring for the well-being and safety of Louisiana’s people.

Child Welfare Values: Treating all people with dignity, compassion and respect while providing services with integrity.

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

- Practice focuses on the physical safety and emotional well-being of children.
- Families are strengthened to care for their children, in their homes whenever possible.
- A permanent family is vital to a child’s well-being.
- Decision-making is guided by the voice of children, young adults, and their families.
- Everyone who supports children and families is treated as an important partner.
- The knowledge and well-being of our staff and partners is valued.

Child Welfare Priorities:

- A competent, stable workforce invested in carrying out the Child Welfare Principles of Practice;
- A family willing and able to meet the unique needs of any child who must be brought into foster care;
- Improved outcomes for older youth in foster care, especially regarding permanent connections; and
- Improved technology for maximum efficiency and effectiveness in practice.

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

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COLLABORATION: The Department of Children and Family Services (DCFS) remains committed to the involvement of stakeholders in the development and improvement of service delivery. To that end, the Department engages in a number of collaborative processes for the reporting period, some of the most significant are as follows:

A) Committees, Workgroups and Partnerships with Public Agencies/Entities: Please refer to the Quality Assurance and Agency Responsiveness to the Community Systemic Factor sections of this plan for additional stakeholder involvement/activities.

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

Enhanced Collaboration: This is to be accomplished through the promotion of best practice and collaboration among stakeholders serving families through the implementation of **the Pelican State Center for Children and Families**. For additional information on the Pelican Center please refer to the training portion of this plan. (Together with the CIP, CASA, the DCFS and the state universities alliance, a multi-disciplinary training academy has been developed); Interdisciplinary Education and training (“*Together We Can*” Conference continues as does multi-disciplinary and joint training, exchange of data, and identification of challenges, promising practices and strategies for improvement, statewide).

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

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

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

Update FFY 2016: The Pelican Center is a Louisiana not-for-profit corporation, with a Board of Directors comprised of executive leaders of key Louisiana child-serving entities: Louisiana Supreme Court, Louisiana CIP, DCFS (3 board members), louisianachildren.org (CASA and Child Advocacy Centers), Louisiana District Attorneys Association, National Association of Social Workers - Louisiana Chapter, National Association of Black Social Workers, Louisiana Foster and Adoptive Parents Association, Louisiana Children’s Justice Act Task Force, Universities Alliance (represented by Southeastern Louisiana University and Northwestern Louisiana University). The

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Board Directors meets quarterly and is responsible for implementation of the Louisiana CIP. The Pelican Center, by way of a Memorandum of Understanding (MOU) with DCFS and Southeastern Louisiana University (as lead for the public Universities Alliance), have created the Louisiana Child Welfare Training Academy (LCWTA) to provide specialized legal and interdisciplinary education and training programming, including the annual “*Together We Can*” Conference and an array of multi-disciplinary, joint training, exchange of data and identification of challenges, promising practices and strategies for improvement of global child welfare outcomes on a statewide basis.

The Pelican Center and the CIP are working closely to decrease the number of children experiencing repeat maltreatment, increase the number of children who have permanency and stability in their living situations, including the transition from foster care to independent living. Improving permanency outcomes and increasing placement stability drive much of the CIP and DCFS collaborative work around improving the quality of safety decision-making by courts as an adjunct to the Department’s Advanced Safety Focused Practice (ASFP) model. Well-informed judicial decision-making helps to ensure long-term foster care placements are stable and foster care is only used as the safety plan of last resort. By way of very concerted collaborative work between the Pelican Center and DCFS, along with key legal stakeholders through training and education, both entities are working to increase and improve engagement of the entire family, including fictive kin and foster parents.

Examples of work being done in the area of high quality legal processes include specialized training and education for attorneys representing children/indigent parents in CINC proceedings. In addition, the Louisiana CIP Judicial Fellow, Anne L. Simon, District Judge (Retired), serves as a direct link from the Louisiana CIP to judges across the state who hears CINC cases. Judge Simon is Louisiana’s resident legal expert on the Indian Child Welfare Act.

Update FFY 2017:

Improving the Quality of Legal Representation for Children and Indigent Parents: The Louisiana CIP has a long history of working to improve legal representation for children and parents. The Louisiana CIP has worked with the multi-disciplinary Task Force on Legal Representation in Child Protection Cases since its inception in 2003. The Task Force, which was legislatively created, was established to “study systemic issues and concerns related to the provision of legal representation of abused and neglected children and their indigent parents in child protection cases and to make recommendations on how these services may be more effectively and efficiently provided and funded.” The work of the Task Force led to the current system in which representation for children in child welfare proceedings is provided statewide through Louisiana’s three Legal Services Corporations (LSCs) and the Child Advocacy Program (CAP) of Mental Health Advocacy Services. State funding to support the work of the LSCs was recently moved from DCFS to the Supreme Court’s budget.

In 2014 legislation was enacted to create a “uniform system of representation of indigent parents statewide provides for appropriate oversight, minimization of potential conflicts, and adequate local and state funding.” This legislation created an Indigent Parents’ Representation Program established within the Louisiana Public Defender Board.

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During FY 2016 Louisiana CIP commitment to ensuring quality legal representation by:

- Completing the “Indicators of Quality Legal Representation” for children’s and parents’ attorneys;
- Providing numerous training and education opportunities for children’s attorneys, attorney for indigent parents, district attorneys, child welfare agency attorneys, CASA volunteers are adequately trained.
- Completing a number of articles and Law and Best Practices Bulletin to be used by child welfare practitioners as a desk references and as the focal point of potential webinar training events:
 - Preventing Sex Trafficking
 - Reasonable Prudent Parenting Standard
 - ICWA
 - State Juvenile Immigrant Status Youth
 - Safety Decision-making
 - Guardianship

During FY 2016 CIP continued work under contract (using CIP funds) with the ABA Center on Children and Law to determine how to measure and monitor the quality of legal representation provided in CINC cases. The ABA team spent two days onsite with Louisiana partners to assess the top priorities in this project. Accomplishments:

- Completion of Indicators for Quality Legal Representation, other Toolkit measures, and Practice Standards to use to measure progress;
- Identifying the data elements and crafting queries that would be used to gather information;
- Unpacking the data and understand what it means about the services families are receiving from their lawyers and the courts;
- Assessing training needs.

Improving the Quality of Safety Decision-Making: Courts make important decisions everyday affecting the safety of children who come before them. One of the primary decisions a court must make is whether to remove a child from the home and whether to return a child home. As importantly, courts exercise jurisdiction over children and families while the child is in care. These important court decisions regarding whether to remove or to return are at the very heart of judicial decision-making to keep children safe. Safety decision-making is critical both at the point of entry into and the exit from the foster care system.

Louisiana’s performance on Safety Outcomes 1 and 2 in both the 2003 and 2010 federal Child and Family Service Reviews (CFSRs) did not meet national standards and were deemed to be areas in need of improvement. As a result, the Department was required to address these deficiencies in its two resultant Program Improvement Plans (PIPs), in both of which the Louisiana CIP was consulted and participated.

In addition to the data provided by the CFSR process, qualitative data gleaned from judges and court staff and administration by Louisiana’s CIP Judicial Fellow and CIP staff indicate judges struggle with these very important decisions. This messaging is underscored by information provided by members of the statewide CIP CARE Advisory Committee, especially children’s and

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indigent parents' attorneys, who grapple with the complex issue of whether foster care, the safety plan of last resort, is appropriate in a given situation; or whether a child could be maintained safely in the home with appropriate services and a strong safety plan. Thus, the need for the best information available to inform decisions by the court to remove or to return is ever present.

If safety and risk are being accurately assessed initially and on an ongoing basis by the DCFS and reviewed by the court on a regular basis, then there should be an incremental improvement in 2016 Annual Self-Assessment, the performance rating regarding Risk and Safety Assessment and Management (Item 3) of the CFSR.

As part of its commitment to keep children safe, the DCFS, with information flowing to and from the Louisiana CIP and the CIP CARE Advisory Committee, implemented a research-based safety focused approach for assessing child abuse and neglect. Implementation of the Advanced Safety Focused Practice (ASFP) model shifted the focus away from the traditional incident based model to a focus on child safety, with on-going assessments of the family to determine future risk.

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

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

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

Gathering comprehensive information in the six areas of assessment allows the department to determine if abuse and neglect is a continuous family condition or a one-time incident and how present and past traumatic events impact the family. The parent/caretaker's capacity to protect is assessed as an integral part of the overall assessment. Parent/caretaker protective capacity is critical to determining the overall safety of the child, the need for intervention, and identification of services for the family.

Implementation of the ASFP model began regionally in approximately 2012, although research and development of the approach had been going on for some time. Statewide implementation was completed in November 2013. The Louisiana CIP CARE Advisory Committee, recognizing the vast importance of sound safety decision-making by the department and the courts, prioritized support of the department's new ASFP model and identified and committed to the education and training of legal stakeholders around key concepts of the approach.

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How well judges oversee the safety of children under their jurisdiction is often related to how well judges understand the department's safety decision-making process and the quality of information being provided to them. Safety decisions must be made throughout the life of the case. In addition, attorneys for children and parents, CASAs and other advocates need to be aware of how the department makes safety decisions affect their clients. The more sophisticated their awareness, the more helpful legal stakeholders may be to ensuring children are kept safe and the likelihood of future harm is reduced.

The need identified by the CIP, in collaboration with a broad array of child welfare system stakeholders, including judges, children's and parents' attorneys, foster parents, CASAs, DCFS staff and community partners was a comprehensive training and education curriculum for legal stakeholders to support the department's new advanced safety model and knowledge by legal stakeholders of key definitional (e.g., "safe" v. "unsafe," "safety" v. "risk," "safety plan" v. "case plan," etc.) and information gathering (6 areas of assessment).

In order to support improved safety decision-making and address the identified need for comprehensive and consistent education and training of child welfare stakeholders around the department's new model, the Pelican Center Training and Education Committee in 2013 formed a Safety Decision-making Workgroup to develop the curriculum. *Child Safety: A Guide for Judges and Attorneys*, written by Therese Roe Lund, MSSW, and Jennifer Renne, JD, and published by the American Bar Association was chosen as the text. During 2013, the workgroup compared the concepts and language in the Safety Guide to the DCFS ASFP model and the Louisiana Children's Code. Virtually no inconsistencies existed. During FFY 2016, the curriculum was completed, having been reviewed by various constituencies and users.

Satisfied that the Safety Guide would provide a good text for the CIP training and education events, the workgroup in 2014 drafted a 6-hour safety decision-making curriculum. The curriculum conforms to Pelican Center training standards and includes:

- Instructor's manual
- PowerPoint presentation
- Participant's manual
- Activities handouts
- Pre-/post tests
- Course evaluation

The safety decision-making curriculum was piloted three times during FFY 2015—once with indigent parents' attorneys, once with children's attorneys and once with an interdisciplinary audience which included field and administrative staff and legal stakeholders. After each pilot delivery of the curriculum, the workgroup made edits to the curriculum and materials based on pre-/post test scores of participants, verbal feedback from participants and course evaluation materials.

In August 2015, the revised draft curriculum was submitted to DCFS administration for final review. The review was completed and feedback delivered in September 2015. The primary feedback from the department was a suggestion to include more information about the DCFS

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present danger and impending risk assessments. The workgroup made edits, added additional material and finalized the curriculum in FFY 2016.

With respect to monitoring around global safety outcomes, the CIP, through its CQI Committee, will partner with DCFS to share, monitor and evaluate the department's ongoing quarterly case review process and CQI efforts around safety decision-making. In addition, the CIP will collaborate to share information with the department on safety portions of the CFSP and APSR. The focus will be Safety Outcome Measure 2, Item 3, "Risk and Safety Assessment and Management." As to the curriculum itself, the CIP will utilize pre-/post-testing to gauge participants increase in knowledge. Course evaluations will be used to assess the learning experience and instructor effectiveness.

Update FFY 2018: The Pelican Center efforts have been supported by a Judicial Fellow, Judge Ann Simon. Through this partnership assistance has been provided with sending training information to all judges who were new to CINC cases in 2017-2018. As trainings approach, contacts are made with judges (within the training location/area) to encourage participation. During conversations with judges, the importance of training for judges and district attorney is stressed. In addition, return visits are made to the sites that have had Safety Decision Making training to determine if it's being used and if not, ways to encourage use of the information.

Improving the Quality of Safety Decision-Making: The Louisiana CIP, in conjunction with the Louisiana DCFS, will ensure all relevant stakeholders are introduced to and trained in the state's newly implemented Safety Decision Making Model, and will assess the degree to which an introduction to and training on the topic can produce changes in CFSR Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate), Item 3 (Risk and Safe Assessment and Management). There will be special emphasis on collaboration between the agency and the courts to ensure the concerted efforts are made to assess and manage the risk and safety concerns brought the child(ren) to the attention of the DCFS.

Four live 6-hour training events will be conducted by the Pelican Center – one per quarter in the following DCFS regions: Shreveport, Monroe, Baton Rouge, and New Orleans. In addition, four one-hour, statewide "Lunch and Learn" webinars will be conducted each quarter. Capacity for each webinar is 1,000 persons.

The primary focus of the CIP relates to improving the overall quality of safety decision-making by legal stakeholders (judges, attorneys for all parties, district and agency attorneys). Stakeholders have been and are being trained in the use of a research-based, structured safety and risk assessment process was adopted by the Department of Children and Family Services. A uniform court report and instant affidavit will be drafted to cover the key areas of Safety Decision Making. The new instrument will be piloted in selected jurisdictions. There have been regional trainings on the foundational elements of the Advanced Safety Focused Practice Model and quarterly statewide "Lunch & Learn" webinars on the CIP "Safety Decision Making Law and Best Practices Bulletin".

Update FFY 2019: The CIP through the Pelican Center delivered four in-person 6.5 hour training events on Advanced Safety Focused Practice (ASFP). The trainings were the product of the Pelican Transmittal Date June 30, 2019

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Center's Training and Education Committee and Louisiana Child Welfare Training Academy efforts. The text for the trainings was the American Bar Association's *Child Safety: A Guide for Judges and Attorneys*. The CIP developed four one-hour webinars on ASFP featuring a close look at the Louisiana CIP's Law and Best Practices Bulletin on Safety Decision-making. Work continued on the model affidavit in support of instant orders. This work was accomplished by a cross-systems workgroup of court staff/administration, DCFS staff, and parent's and children's attorneys. The revised court report format is in progress. With the completion of the CFSR and the resultant PIP, the CIP will participate as a partner in the revamp of the agency's safety and risk assessment models. Depending upon changes made, the CIP will revise interdisciplinary training offerings to support the changes. The same partnership and support of the CIP will continue in redrafting the templates for affidavits in support of instanters and court reports to align with and reinforce among legal stakeholders the new risk and safety assessment definitions and concepts. The CIP has taken the lead in FFY 2019 on the Service Array and Quality Legal Representation aspects of Louisiana's PIP.

Collaboration with the Louisiana Department of Education (LDE): DCFS and LDE explore issues related to improved educational outcomes for children in foster care and include mechanisms for data sharing, surveying staff and cross training staff. DCFS has regional education liaisons for improved communication within the regions with local education authorities. These liaisons continue to work to address issues specific to the individual school systems with which they work. The liaisons continue to meet monthly by conference call for consultation with a state office lead to share successes and challenges as well as to generate solutions. Through collaboration with **Casey Family Programs** and the **Picard Center** of the University of Louisiana in Lafayette, the DCFS and the LDE held a statewide convening of DCFS staff and staff from the local education authorities to initiate the local work efforts including:

A. Louisiana Department of Education (LDoE). LaTrese LeCour is the DCFS liaison. Our LDoE liaison for educational issues in general and specific to the "Every Student Succeeds Act" (ESSA) is Melanie Mayeaux, (225) 342-2125. The ESSA is a piece of legislation from the federal government which was signed by President Obama on December 10, 2015. It can be described as a partner bill to the Fostering Connections to Success and Increasing Adoptions Act signed by President Bush on October 7, 2008. Fostering Connections required state Child Welfare agencies to work in partnership with state Education departments to provide children in foster care with educational stability. ESSA required state Education departments to work in partnership with state Child Welfare agencies to ensure children in foster care are provided transportation and additional services to encourage educational stability. Statewide efforts have been underway by both LDoE and DCFS for the past three years to build local partnerships with school districts and child welfare field offices, and improve information sharing. To support these collaborations, DCFS and LDoE partner annually to provide regional education meetings for DCFS field staff, local school districts and CASA. These meetings are informative and support open communication amongst community members. Additionally, LDoE and DCFS have provided and continue to provide localized consultation and mediation.

B. Annual Education Meetings. LDoE and DCFS liaisons, Melanie Mayeaux and LaTrese LeCour, lead the annual education meetings with DCFS field staff and Foster Care Point

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of Contacts from each school district. On June 11, 2019, the northern meeting was held in Rapides Parish which included staff from Shreveport, Monroe, Alexandria, Lafayette and Lake Charles regions. On June 17, 2019, the southern meeting was held in Jefferson Parish to include staff from Orleans, Thibodaux, and Covington Regions. The meeting for Baton Rouge Region is scheduled for August 2019. The meeting goals were to clarify Every Student Succeeds Act, utilization of the School 1 Form, and enrollment of foster children. We continued discussions around transportation for foster children across parishes, renewal of working agreements, challenges with IEPs and international students.

- C. Educational Data Sharing. DCFS has provided monthly foster child data to LDoE for use in matching to LDoE data. LDoE is still in the process of completing the match and transmitting the above noted data elements back to DCFS. Our LDoE technical liaison for this data sharing is Crystal Wilkinson and the DCFS technical liaison is David Sylvia. LDoE has had some personnel changes and have been unable to coordinate the data exchange. There have not been any recent data exchanges and this is something that continues to be an issue.

In addition, a Memorandum of Understanding (MOU) between child welfare staff and educational system staff is still under development to address the establishment of clear guidelines regarding mandated reporting roles, the sharing of information and the utilization of shared information. Joint opportunities for shared training to staff within child welfare as well as the educational system will continue to be explored and provided.

Update FFY 2016: Regional educational liaisons continue to assist with any needs that arise with enrolling foster children in school and obtaining services. Program staff and the liaisons maintain monthly communication to address any issues, as needed. In 2015, the Department mandated the use of a form letter to notify school principals of a child's foster care status. The letter is utilized when there is a change in the child's educational setting or allowable contacts.

Update FFY 2017: DCFS has regional educational liaisons assisting with any needs which arise with enrolling foster children in school and obtaining services. Program staff and liaisons maintained monthly communication to address issues. The form letter initiated in 2015 continues to be utilized to notify school principals of child's foster care status, change in educational setting or change in allowable contact. A tracking process is being developed with the regional liaisons and webinar education on the need for diligence in completion of the forms is being provided to ensure improved practice in the notification of the school system to support DCFS work with children in Foster Care (FC).

The Louisiana Department of Health (LDE) and DCFS are working collaboratively to ensure implementation of Every Student Succeeds Act of 2015 (ESSA). We have been working together to assist school districts and DCFS field offices to develop a working agreement to carry out ESSA's requirements. LDE and State DCFS serve as the primary contacts to school districts and DCFS field offices in setting up local ESSA guidelines and providing them with support to ensure implementation.

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Update FFY 2018: The Louisiana Department of Education (LDE) and DCFS have built a strong partnership through implementation activities around Every Student Succeeds Act (ESSA). The LDE liaison for the implementation of Child Welfare (CW) portions of the legislation and DCFS state office staff member traveled together throughout the state. They met with local CW offices and local educational authorities to identify challenges and work together to develop solutions. Individualized working agreements have been developed between the local entities in most areas of the state. This effort has opened lines of communication between local educational authorities and DCFS staff for joint solution building for problems impacting individual students. The two state level liaisons remain active in working through issues which arise from either side of the local service continuum. They have jointly spoken at the state level School Superintendents Association annual conference, regionally and locally based school board meetings and trainings, and at meetings of DCFS Managers. This was to ensure everyone has an opportunity to learn about the joint efforts to improve educational outcomes for children in foster care and how they can be a part. There has been extensive work in developing data tracking routines to match data and obtain a clearer picture of the educational status of children in foster care. The legal teams supporting both LDE and DCFS have been involved in supporting the implementation of ESSA and ensuring compliance with state laws as well.

Update FFY 2019: The Louisiana Department of Education (LDE) and DCFS continue to have a strong partnership through implementation activities around the Every Student Succeeds Act (ESSA). DCFS staff members traveled across the state with the LDE liaison for the implementation of Child Welfare (CW) portions of the legislation meeting with local CW offices and local educational authorities to identify challenges and develop solutions. The two state level liaisons remain active in working through any concerns from either side of the local service continuum. There has been extensive work developing data tracking routines to match data and obtain a clearer picture of the educational status of children in foster care; however, LDE has voiced they have limited staff availability to dive further into research and research will cease. The legal teams supporting both LDE and DCFS continue to be supportive in the implementation of ESSA and ensuring compliance with state laws.

Collaboration with the Office of Juvenile Justice (OJJ): A committee has been established including DCFS, the Office of Juvenile Justice (OJJ), the LDH, and private medical s working under contract with the LDH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in FC. (For additional information on the Health Care Oversight Plan please refer to that portion of this plan.) The LDH has adapted the provisions from the Affordable Care Act for the extension of Medicaid services up to age 26 for youth aging out of foster care at age 18 in the United States and then residing in Louisiana. In the past year, the DCFS monitored legislative impact on continued provision of this service, then developed and disseminated promotional materials to applicable youth as appropriate to support access to the services. Through development of a managed health care system called Healthy Louisiana (LA) for the provision of Medicaid services, LDH and the DCFS are now able to offer children in foster care a medical continuum of care. Youth or older youth, children and their caregivers are able to select a managed care provider for the delivery of medical services. The child is able to retain this managed care provider even if the child's residence changes. If it becomes unrealistic for the child to continue to use the same physician, the managed care provider can remain the same and another physician be identified within the provider network to insure the child's medical history is retained within the

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network. The plan promotes a more efficient referral process for children requiring specialized medical services. The enhancement of the provision of services through this network will continue in the next few years.

Update FFY 2016: In collaboration with LDH, DCFS has refined the process of Linking FC Youth to Services in Healthy LA by identifying two specific health plans when they enter care. The DCFS staff now has the ability to conduct a provider search on the Healthy LA Plan website by accessing the health care links provided within DCFS policy website. Additional elements will be added to DCFS' regular data sharing routine with LDH.

Update FFY 2017: DCFS continued to conduct bi-weekly scheduled psychopharmacology consultations with OBH representative, Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being outside of the recommended psychotropic medication parameters. Two preferred Healthy LA Plans were established, Amerigroup and Louisiana Healthcare Connections (LHCC). All children entering foster care are enrolled in one of the preferred health plans. The health plans now provide coverage for both medical and behavioral health care for the children in foster care.

Update FFY 2018: Collaborative efforts between Louisiana Department of Hospitals (LDH) and DCFS, in the delivery of medical and behavioral health services for children in foster care, occur on a daily basis. The oversight and coordination of efforts in serving the needs of this unique population of children occurs in a multitude of areas. The areas of work include, but are not limited to: meeting the needs of children with developmental delays; providing for the immunization of children; providing for nurse/parent partnerships for youth parents; provision of routine medical/dental care and monitoring; provision of routine mental health screening, specialized assessment and treatment for issues such as substance abuse, behavioral problems and mental illness; and provision of specialized medical care related to special medical problems.

Update FFY 2019: The Department continues to establish managed care providers for the delivery of medical services to children in foster care and to develop electronic medical records through the Medicaid managed care organizations (MCO) for more effective medical care management while the child is in foster care. Staffing consultations and follow-up staffings continued as needed on identified foster care children having more extreme circumstances or extensive medication regimens in an effort to assure continued oversight and safe, effective use of psychotropic medications by children in state custody. DCFS continued to assure the availability of webinar trainings as needed to educate/train staff on appropriate psychotropic medication usage, with the assistance of a board certified child psychiatrist.

Louisiana Behavioral Health Partnership: LDH, DCFS, Louisiana Department of Education (LDE) and OJJ collaborated to develop the Louisiana Behavioral Health Partnership to enhance the availability of behavioral health services for all children and families in Louisiana. The state contracted with Magellan as the statewide management organization until 11/2015 at which time the same five providers who manage the health care system (Healthy LA, previously known as Bayou Health) manages the provider networker administers trauma informed care services with statewide accessibility. Magellan will provide Coordinated Systems of Care (CSoc) services until the end of 2017.

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Update FFY 2016: In December 2015, Louisiana transitioned to an integrated health management environment for youth enrolled in Medicaid. The five insurance carriers, known collectively as the Healthy LA Plan, now manage behavioral health services as well as primary care. The DCFS is working closely with Louisiana Medicaid, with whom the Healthy LA Plans contract, to develop and monitor practices and procedures for information sharing. The DCFS selected two carriers to serve as “DCFS preferred providers” to manage healthcare services for the majority of the children and youth in DCFS custody. The DCFS works closely with these two preferred providers to ensure their provider networks are sufficient to meet the needs of youth in DCFS care with regard to geodensity, specialization and sensitivity to child welfare issues. In addition, the DCFS collaborates with Utilization Management and Case Management divisions of the Healthy LA Plans to ensure children and youth are connected with the appropriate level of care to meet their treatment needs.

Update FFY 2017: A new statewide unit was created within the Department to manage the transition to integrated health management. The Behavioral Health and Placement Services Unit work closely with managed care entities and providers. The Department wants to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs. Two Managed Care Organizations were selected. DCFS preferred providers: Louisiana Health Care Connections and Amerigroup.

Update FFY 2018: DCFS worked closely with the Office of Behavioral Health (OBH) and Office of Juvenile Justice (OJJ) to assess our current system of managed care and achieve a trauma informed system. DCFS provided input on contract amendments are meant to hold the managed care plans and their providers more accountable for network sufficiency and positive outcomes. DCFS attended a national Building Bridges conference with OBH and OJJ. The three child serving agencies have formed a working alliance and are committed to implementing the Building Bridges approach in treatment and discharge planning in the treatment levels of residential care. Weekly meetings have generated a workflow and strategy for family finding and family engagement for youth in residential treatment. To ensure continuity for our youth, DCFS is working to affect the same approach to care in the child residential facilities. DCFS participates in weekly discussions on critical cases with the managed care organizations on children whose behavioral health treatment is complicated by other factors. As appropriate, DCFS invites the OBH, Office of Citizens with Developmental Disabilities, OJJ or the local school districts for focus groups to create solutions, collaboration, and resource sharing.

Update FFY 2019: DCFS studied the feasibility of contracting directly with one or more Health Plans to administer behavioral health services for youth in custody. It was determined such a shift would not be beneficial to the children and families served by child welfare, nor to the Department. DCFS did collaborate with the Louisiana Department of Health in the development of the Request for Proposal for Managed Care Services to solicit providers for contracts going into effect January 1, 2020.

DCFS collaborated with the Louisiana Office of Behavioral Health (OBH) in a learning community to investigate how to develop a more family-focused culture within residential treatment levels of care. OBH obtained a grant by which The Building Bridges Initiative provided

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training and coaching to Louisiana state agencies and providers on family engagement and collaborative care planning.

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

Update FFY 2016: Collaboration continued with OCDD to deliver services to children and youth with disabilities, including assignment of Medicaid waivers for specialized care services.

Update FFY 2017: ISC collaboration on the local/regional level is being utilized minimally due to the CSOC (Comprehensive System of Care); therefore, ISC collaboration has not occurred at the State Level between DCFS and the Office of Behavioral Health LDH in FFY 2016 or yet in FFY 2017. Collaboration continued with OCDD in serving children in foster care with developmental disabilities remains active. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council "SICC" to support advocacy and change for children under the age of 3 receiving developmental services through the Early Steps Program. A DCFS Manager remains an active participant in the Special Education Advisory Panel "SEAP" to support advocacy and change for children with special needs being served through the state's education system.

Update FFY 2018: DCFS maintains a Memorandum of Understanding (MOU) with LDH/OCDD for services provided to children in foster care with developmental delays. DCFS provides representation on local, regional and state level Interagency Service Coordination (ISC) teams as needed to collaborate in developing solutions for high needs children as applicable to the mission of the department. DCFS participates in the State Interagency Coordination Council (SICC) panel and the Louisiana Department of Education (LDE) Special Education Advisory Panel.

Update FFY 2019: The department collaborated with LDH/OCDD to disseminate information on changes to the Medicaid Waiver process to ensure effective DCFS policy adaptations and capacity for utilization of the available services to meet developmental needs of children in foster care. DCFS participated in the ISC process as needed at the local, regional and state level. DCFS participated in the SICC panel to ensure appropriate developmental services are provided to meet the needs of very young children. The department collaborated with LDE Special Education Advisory Panel to plan for provision of the educational needs of compulsory school age children with special needs. LDH developed a new tiered evaluation process to prioritize children meaning that individuals with a greater urgency of need will now be prioritized for receiving the most appropriate home and community-based services. The screening, using a nationally accepted best practice, considered what services and supports were already in place, whether or not the person was eligible for Medicaid, the severity or complexity of the person's disabilities, what additional supports may be needed and any changes in an individual's life or living situation. Each case was given a Screening for Urgency of Need (SUN) Score to determine the urgency of need for services. Five levels of need, or tiers, were created.

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- 4-Emergent: Supports will be needed in the next 90 days. (7% of the individuals requiring services)
- 3-Urgent: Supports will be needed in the next 3-12 months. (8%)
- 2-Critical: Supports will be needed in the next 1-2 years. (22%)
- 1-Planning: Supports will be needed in the next 3-5 years. (23%)
- 0-Currently no unmet needs (40%)

Everyone in Tiers 3 and 4 will be offered the most appropriate services and supports.

Louisiana Medicaid Substance Use Disorder Collaborative: During FFY 2015 and 2016 DCFS staff worked with LDH on the Louisiana Medicaid Substance Use Disorder Collaborative. Louisiana is one of seven (7) states participating in the Innovation Accelerator Program for Substance Use Disorders (IAP-SUD) with CMS' Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare and Medicaid Innovation. The IAP-SUD is a state technical assistance project, which is working to develop strategically targeted functions to advance the delivery system and associated payment reforms.

The Substance Use Disorder Collaborative exists to lead Louisiana's efforts in SUD treatment reform through inter-departmental prevention efforts, early identification, enhanced benefit design, data-driven decision-making, integrated care models, innovative delivery, and payment models. The project hopes to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels.

This project builds off of CMCS efforts to promote good behavioral health care, including:

- Preventing, identifying, and intervening earlier for mental health and substance use conditions;
- Enhancing community integration;
- Encouraging better benefit design; and
- Coordinating care across behavioral health, physical health and LTSS to achieve quality outcomes.

Update FFY 2017: Work was continued with the Substance Use Disorder Collaborative and the Neonatal Abstinence Syndrome (NAS) Committee. A goal was set to bring awareness to the public regarding substance exposed newborns (SEN) and reducing the number of SEN. Through these efforts, the Department participated in a Governor's Commission on the prevention and treatment of Opioid use and as a result was instrumental in the development of the Louisiana Substance Use in Pregnancy Clinicians-Toolkit. The Department has become an active participant in the Governor's Commission on the Prevention and Treatment of Opioid Use. A report was submitted to the legislature including recommended changes to enhance screening practices and services available for families in need.

Update FFY 2018: The Department worked with the Substance Use Disorder Collaborative and the Neonatal Abstinence Syndrome (NAS) Committee to bring awareness to the public regarding substance exposed newborn (SEN) and reducing the numbers of SEN. Through these efforts, the Department participated in a Governor's commission on the prevention and treatment of Opioid use and as a result was instrumental in the development of the Louisiana Substance Use in

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Pregnancy Clinicians-Toolkit. Louisiana's IAP-SUD Substance Use in Pregnancy Clinician's Toolkit was published and distributed to the obstetricians/ gynecologists in September 2017.

During the month of September 2017, the Comprehensive Addiction and Recovery Act of 2016 (CARA) informational stakeholder meetings were held in each region. The meetings allowed the department the opportunity to introduce and educate the community on CARA and the plans to meet the federal monitoring requirement. The plans of care relative to CARA will be monitored via Regional Quarterly Stakeholder Teams of multidisciplinary professionals. They will work to address the availability and delivery of appropriate services for substance exposed newborns and affected caregivers and families.

Update FFY 2019: As part of the state's efforts to monitor ongoing efforts and services related to substance exposed newborns, quarterly meetings were held in each region for the Comprehensive Addiction and Recovery Act of 2016 (CARA) focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings included DCFS staff and local stakeholders for each region, and addressed services to families and their substance exposed newborns. In September 2018 a two day CARA site visit was held with our federal partners which included a comprehensive review of Louisiana's implementation and ongoing efforts related to CARA. State level meetings were held to address systematic issues identified in the regional level meetings.

Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. DCFS served on the Heroin, Opioid Prevention and Education Council (HOPE). The HOPE Council completed two primary tasks, developing a statewide website to capture data related to the opioid epidemic and a comprehensive listing of all initiatives occurring in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee. This work will continue over the next few years.

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

Foster Care (FC)/Transitional Living Program staff, OJJ staff and tribal liaisons: This group works together to assure youth receive the life skills training needed to function independently as adults. In the past year a new RFP was released with refined expectations for the utilization of Chafee funds in preparing youth to exit foster care. The new contract(s) were effective July 1, 2016 and cover a three-year term (July 2016 – June 2019). The department has since renewed the contracts starting July 2019 through June 2020. In June 2020 the department plans to extend the contracts for another 1-2 years.

Update FFY 2016: The RFP outlining the use of Chafee funds for life skills training was not able to be released as planned; therefore, the existing providers' contracts were renewed for one year. The RFP has been updated and released effective April 15, 2016 to contract for services effective July 1, 2016 and will cover a three-year term.

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Update FFY 2017: DCFS sustains routine contact with the tribal social service representatives to ensure support in assessing IV-E eligibility should the need arise, as well as keeping tribal representatives aware of IV-E training available through DCFS for skill and knowledge development.

The Agency collaborates with numerous agencies as part of the Task Force on Youth Aging out of FC to study and explore public policy and financing options for programs to assist youth aging out of foster care for their successful independence. The task force studies and makes recommendations concerning homeless among persons who have aged out of foster care. The task force is comprised of the following entities: DCFS, LDH, LA. Council of Juvenile & Family Court Judges, Louisiana CASA, LA Assoc. of Children and Family Agencies, NASW-LA Chapter, the Louisiana Conference of Catholic Bishops, LouisianaChildren.org, LA Foster and Adoptive Parent Assoc., HP Serve, Covenant House-New Orleans, LA Workforce Commission, State Superintendent of Education, LA Community & Tech. College System, LA Board of Regents, Chafee FC Independence Program, Louisiana Housing Corporation, former foster youth, Children's Cabinet, Office of Drug Policy—Office of the Governor, LA Office of Student Financial Assistance (LOSFA), and the Louisiana Superintendent Association.

Update FFY 2018: The department has worked to implement some of the recommendations from the Youth Aging Out Task Force which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center. There has been some planning with the service providers to implement changes to their programs. The rollout of Quality Parenting Initiative (QPI) statewide was completed May 2017. In the spring of 2018, 36 training sessions focusing on QPI implementation were held statewide. Partnership Agreement Plans were developed and signed by foster parents and DCFS staff during FFY 2018 as evidence of a commitment to the QPI. The module developed for supervisors regarding transition planning focused heavily on the youth transition plan. It was learned through staffings, consultations and data to further work and education is needed with staff around relationships, permanent connections, permanency and basic needs of youth.

Update FFY 2019: The department has worked to implement some of the recommendations from the Youth Aging Out Task Force. Many of the independent living classes were reformatted to take place in an in-home setting as opposed to a classroom setting. The department concentrated on planning with youth and caregivers to strive toward best practice. The Youth Advisory Board will be revamped at the regional and state level concentrating on better engagement with youth. There has been a peer support network implemented to assist with youth engagement. The contracted independent living programs now have to hire a former or current foster youth.

Child Care Development Fund (CCDF): Child welfare (CW) staff work with LDE staff to access child care services for DCFS clients through the CCDF. The fund provides temporary protective care to children in the CPS and FS programs to prevent removal, child care services for children in foster care or children of minor foster children to promote placement stability, and to meet the developmental needs of children when other state programs are not available.

Update FFY 2016: Childcare services for child welfare clients continue to be provided through collaboration with LDE to access CCDF funds.

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Update FFY 2017: Childcare services for CW clients continue to be provided through collaboration with LDE to access CCDF funds.

Update FFY 2018: DCFS staff continued to collaborate with LDE staff to access child care services for CW clients through the Child Care Development Fund (CCDF). The fund provides temporary protective care to children in the Child Protective Services (CPS) and Family Services (FS) programs to prevent removal; and provide childcare services for children in foster care or children of minor foster children to promote placement stability.

Update FFY 2019: DCFS staff continued to collaborate with LDE and OTS staff to access child care services for CW clients through the Child Care Development Fund (CCDF). The fund provides temporary protective care to children in the Child Protective Services (CPS) and Family Services (FS) programs to prevent removal; and provides childcare services for children in foster care or children of minor foster children to promote placement stability.

Integrated Case Management System: CW staff continues working with OJJ staff to explore an integrated case management system for youth dually involved in both systems. A pilot was implemented in May 2015 and adopted. The pilot will be evaluated for improvement and then spread statewide over the next few years.

Update FFY 2016: The integrated case management process has been implemented statewide.

Update FFY 2017: DCFS has fully implemented the integrated case management process. DCFS and OJJ collaboration in dual case planning for dually involved youth is an expectation by both departments and in policy for both departments.

Update FFY 2018: As stated in the previous FFY, the integrated case management process has been fully implemented. The collaboration in dual case planning for dually involved youth remains an expectation by both departments.

Update FFY 2019: The integrated case management process has been fully implemented. The collaboration in dual case planning for dually involved youth remains an expectation by both departments.

Louisiana Family Forum (LFF): LFF is a state-based policy council associated with Focus on the Family. LFF is a 501c3 non-profit corporation under the IRS tax code. LFF has an independent board of directors and are responsible for raising their own financial support.

Update FFY 2016: In 2015, Louisiana Family Forum collaborated with DCFS in the Over the Edge event. Nearly 40 people rappelled from a building to raise awareness about foster care and adoption. The event was attended by: Senator Vitter, Miss Louisiana, LDH Secretary, Louisiana Heart Gallery and local celebrities.

Final Update FFY 2017: The DCFS did not collaborate with Louisiana Family Forum in FFY 2017 to promote foster care and adoption.

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Faith in Families Initiative: The DCFS' "Faith in Families" initiative seeks to safely reduce the number of children in foster care, decrease the amount of time children spend in the system and ensure each child has a permanent connection when they leave foster care. In this work, DCFS partners with local faith based organizations to promote foster care and adoption.

Update FFY 2016: The DCFS collaborated with Louisiana's Foster/Adoptive Parent Association and the Faith Based Collaborative (Louisiana Baptist Children's Home, Cross Roads NOLA, Healing Place, Our Savior's Church and Catholic Charities) to assist with the recruitment, certification and retention of foster/adoptive parents. Foster parents were offered support through parent's night out, training opportunities, family days and other support services.

Update FFY 2017: The Faith Based Collaborative has not met collectively as a team in FFY 2017. Each agency has partnered with DCFS to provide services to foster parents and DCFS.

Update FFY 2018: The DCFS has continued to work with established partners within the faith-based community. In an effort to maintain ongoing collaboration, the DCFS staff meets every other month with the Faith-Based Collaborative team. The meeting's focus is on recruitment and retention of foster/adoptive parents. Additional support to certified families has been offered through various methods, such as, ongoing training, parent's night out events, hosting holiday parties, donating gifts, and hosting walks/runs for adoption awareness.

Update FFY 2019: DCFS continued to establish partnerships within the faith-based community. DCFS staff meet every other month with the Faith-Based Collaborative team. The meetings continue to focus on recruitment and retention of foster/adoptive parents. Certified families have been offered additional support through ongoing training, parent's night out events, hosting holiday parties, donating gifts, and hosting walks/runs for adoption awareness.

Louisiana Heart Gallery (LHG): The DCFS and LGH partnered to recruit adoptive homes for children who are freed for adoption in the state of Louisiana.

Update FFY 2017: The LHG continued to photograph and video children in care who are freed for adoption. The LHG photographed 30 children and videoed six children. All of the photos and videos are uploaded to the LHG website. Their website can be accessed through the AdoptUSKids website.

The LHG is displayed at events throughout the state and is a recruitment tool for those children available for adoption. The videos are shown at the adoption session of foster parent pre-service training as well as at different events throughout the state.

Update FFY 2018: The LHG continued its working relationship with DCFS adoption staff. In March 2018, nine children awaiting adoption, without an identified resource, were videoed. In April 2018, 32 additional children were videoed. The videos were placed on AdoptUsKids, DCFS, social media and LGH websites. In addition, the videos are used as recruitment tools.

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Update FFY 2019: The Louisiana Heart Gallery (LHG) has continued its relationship with the Department of Children and Family Services. The LHG is very passionate about connecting to local churches and communities to advocate and recruit for children in Louisiana who are available for adoption. The following regions have a LHG Regional Director: Alexandria, Lafayette, Shreveport, Covington, Lake Charles, Baton Rouge/Ascension Parish. The LHG has started Mom's Coffee Break support groups in Baton Rouge and Ascension. Process is being made for one to be held in Livingston Parish. An event is being held March 28th for children who are in the Monroe, Shreveport, and Alexandria Regions to have a portrait and video made. Another event is being scheduled for September 2019 for the other southern regions. The videos and portraits are continuing to be placed on AdoptUSKids, DCFS, social media and LHG websites. In partnership with LHG the portraits and videos are featured on America's Kid's Belong.

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

Update FFY 2017: Departmental staff works with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana.

Update FFY 2018: Department staff worked with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care from Louisiana and other states, when found in Louisiana.

Update FFY 2019: Department staff collaborated with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care from Louisiana and other states, when found in Louisiana.

DCFS' Temporary Assistance to Needy Families (TANF): On an ongoing basis, DCFS Child Protective Services (CPS), Prevention/Family Services (FS) and Foster Care (FC) Program staff works with the DCFS' TANF unit to provide an efficient referral process for various financial assistance programs.

Federal Partners: DCFS collaborates with ACF Region VI on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy.

B.) Private Not for Profit Organizations:

Casey Family Programs: Louisiana is engaged in ongoing collaboration with the Casey Family Programs for various projects. These projects include but are not limited to implementation of a process similar to the Family Team Meeting (FTM) model; the implementation of Advanced Safety Focused Practice (ASFP) [referred to as Safety Focused Practice (SFP)] across child welfare programs (now completed); the development of the "safe families" as a resource for families in collaboration with **Catholic Charities**, the facilitation of improved working relationships to support better educational outcomes for children in foster care, the development of staff skills in

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recruiting families to provide permanency for older youth, and the support of drug court implementation efforts.

Update FFY 2016: The areas of focus for the 2015 year with Casey Family Programs were SFP, Family Teaming and Safe Families.

In the area of safety, DCFS continued to strengthen the implementation of the model statewide through training and consultation. Updates were made to the ACCESS system to better support the safety work. Consultant Matt Gebhardt held a safety refresher workshop with staff. CPS staff in state office continued to serve as Quality Assurance (QA) reviewers with the Continuous Quality Improvement (CQI) Team to ensure consistency to case reviews. State office CPS staff shared review findings with regional staff and discussed strengths and areas of need based on review data. A safety lab was held for a select number of staff to attend with the goal of strengthening the level of expertise in the safety model.

During FFY 2015 and 2016, a third area of focus with **Casey** is the **SAFE Families** program through **Catholic Charities**. This work has been focused in the areas of Livingston Parish and East Baton Rouge Parish. Education has been provided to staff to appropriate referrals can be made. DCFS and Catholic Charities staff have worked together to strengthen the referral criteria and to make the work more successful. Plans to move into the Ascension Parish office were made but temporarily put on hold until a new **SAFE** coordinator can be hired at Catholic Charities.

Update FFY 2017: Planning with Casey Family Programs was delayed due to leadership changes at DCFS and Casey, as well as two separate flooding events in the State. In the past, efforts have focused on Advanced Safety and FTM initiatives. However, the focus changed to provide a consultant to the CPS program to plan for practice improvements to stabilize and strengthen the workforce in the two sites most impacted by the flooding. Casey was helpful in the initial implementation of QPI (Quality Parenting Initiative) this year to expand the expectations of and support for foster parents and other caregivers to enhance the quality of care to children.

The collaboration with CWPPG for the training of the statewide training for the implementation of Family Teaming process is completed and field staff are using the Teaming process with families in case planning.

Update FFY 2018: The Quality Improvement Center for Workforce Development (QIC-WD) selected the Louisiana DCFS for a five-year workforce development grant in 2017. There was a Kick-Off Meeting in October 2017. The department is currently in year two of the project and the focus is on improving the overall child welfare workforce in Louisiana. The method of improvement begins in the employee recruitment and selection process. It is the goal of the department to improve the selection criterion to bring in the best employees who possess the knowledge, skills and abilities to perform as child welfare workers. The process continues with a thorough exploration and data collection process, focusing on the challenges and needs of the department's child welfare workforce. A team has been developed, led by the QIC-WD, to work on a plan of intervention. The overall mission of the workforce project and the department is retention of qualified employees, quality and reputable service delivery and improved outcomes for children and families.

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Update FFY 2019: Work continued with the five-year workforce development grant. The department is currently in year three of the project and the focus is on improving the overall child welfare workforce in Louisiana. The method of improvement begins in the employee recruitment and selection process. It is the goal of the department to improve the selection criteria to bring in the best employees who possess the knowledge, skills and abilities to perform as child welfare workers. The process continues with a thorough exploration and data collection process, focusing on the challenges and needs of the department's child welfare workforce. These challenges and needs consist of increasing knowledge and best practice in the Family Team Meeting model across the state, working toward best practice regarding safety and safety assessments, and better engagement of families. The team developed and led by the QIC-WD continues to work on a plan of intervention. This plan includes improving the overall child welfare workforce in Louisiana. The method of improvement begins in the employee recruitment and selection process. The goal of the department is to improve the selection criterion focusing on the best applicants who possess the knowledge, skills and abilities to perform as child welfare workers. The overall mission of the workforce project and the department is retention of qualified employees, quality and reputable service delivery and improved outcomes for children and families.

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

Update FFY 2017: Two DCFS staff serves on the Board of Braveheart, which raises awareness and enlists the help of numerous community organizations, church groups, individuals, and businesses to be able provide backpacks to children entering foster care. They provide lifebooks and Christmas presents. This year DCFS sought the assistance of Braveheart to supply arm bracelets with a jump drive inside for the older youth to maintain copies of documents and other resource information.

Update FFY 2018: DCFS staff serve on the Board for Braveheart, which raises awareness and enlists the help of numerous community organizations, church groups, individuals, and businesses to provide backpacks and other comfort items to children entering foster care. They provide Lifebooks and Christmas presents for children in foster care.

Update FFY 2019: The department continued to partner with Braveheart. Braveheart encouraged participation by community groups and individuals in providing comfort and support (backpacks containing comfort items such as blankets, toys, stuffed animals, etc. and scholarships for foster care alumni.) to children in foster care and assisting children transitioning from foster care. Lifebooks and Christmas presents were provided for children in foster care. Braveheart is preparing to send out a survey to research more appropriate toys for children and youth in an effort to expand services.

Crossroads NOLA (New Orleans, LA): This is a faith-based organization (affiliated with the Louisiana Baptist Association), is developing plans for outreach in the New Orleans area in relation to supporting current caregivers of children in foster care as well as exploring other

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opportunities to be a community resource for families involved with the child welfare continuum of services.

Update FFY 2016: Crossroads NOLA continued to provide recruitment, training and supportive services to foster parents in Orleans and Covington Regions. They partnered with Louisiana Baptist Children's Home to host trainings for foster parents and staff. They offered approximately nine training opportunities for foster/adoptive parents and DCFS staff during FFY 2015. Some of the training topics included: Trauma Effects and Child's Brain/Behavior; Trust Based Relationship; Kids and Attachment; and Processing Issues/Kids. They have taken a lead role in reaching out to other faith based organizations in the regions to help bring FC and adoption awareness to the community.

Update FFY 2017: Crossroads NOLA was instrumental in helping DCFS to partner with TCU Institute of Child Development in the development of the new foster parent pre-service curriculum. TCU Institute of Child Development provided the Trauma and Trust Based Relationship Intervention (TBRI) sessions for the curriculum. They trained Home Development (HD) staff on how to present the material and have been an ongoing support to DCFS. The DCFS participates in the TBRI Collaborative led by Crossroads NOLA. The TBRI Collaborative includes partners from the Orleans and Covington regions. The goal is to train staff, foster parents and stakeholders (CASA, judges, private providers, mental health professionals, school system, and law enforcement) involved in child welfare on TBRI.

Crossroads NOLA in conjunction with TCU offered training to foster parents, staff and stakeholders in TBRI in May 2017. Crossroads sent two DCFS staff to the TBRI Practitioner training at TCU in April 2017. Another opportunity presents to send two DCFS staff in Fall 2017.

Update FFY 2018: Crossroads NOLA and Louisiana Baptist Children Home (LBCH) offered training to foster parents, community partners and DCFS staff through an Empowered to Connect Training simulcast. This training was presented statewide. Crossroads NOLA in partnership with the Louisiana Child Welfare Training Academy offered QPI Just in Time training to foster parents and DCFS staff. Crossroads has continued to assist DCFS with the recruitment, trainings and support of foster/adoptive parents.

Update FFY 2019: The Louisiana Baptist Children's Home (LBCH) and Crossroads NOLA offered training to DCFS staff, foster parents, and community partners through the *Empowered to Connect* training simulcast. This training was presented statewide. The Louisiana Child Welfare Training Academy in partnership with Crossroads NOLA offered QPI *Just in Time* training to DCFS staff and foster parents. Crossroads continues to assist DCFS with the recruitment, trainings and support of foster/adoptive parents.

HP Serve of Baton Rouge: This is a faith-based organization affiliated with **Healing Place Church**, a local, non-denominational church has developed an extensive array of foster care service projects including: human trafficking survivor services, transitional living services for youth aging out of foster care; homeless shelter for youth without a place to live; and, foster parent recruitment and supportive services. (For additional information on HP Serve please refer to the Program Evaluation section of this plan.)

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Healing Place Church partnered with DCFS on the Statewide Adoption Exchange Meeting in June 2016. They hosted the exchange, provided the Louisiana Heart Gallery as well as food and technical support. Healing Place Church distributed Christmas gifts to children in care. They are unsure of the number of children who received gifts. Healing Place Church partnered with DCFS for the State QPI kickoff in August 2016. They provided space, technical support and were active participants during the event.

Update FFY 2017: Healing Place Church provided Christmas gifts to 100 children who participate in the Wendy's Wonderful Kids (WWK) Program, 100 youth who are placed in group home settings and hosted the Christmas party for children in care in the Baton Rouge Region. There were approximately 100 children in attendance at the party. They will continue to partner with DCFS to assist with the Annual Statewide Adoption Exchange. This activity allows Adoption and Home Development staff around the state to match children available for adoption and adoptive families.

Update FFY 2018: In October 2017, HP Serve hosted the Statewide Adoption Exchange meeting. Work has been proceeding with the Child Welfare Training Academy and local human trafficking provider, HP Serve, with the development of a computer based HT training will be available to DCFS staff and others within the community. DCFS state office staff has been participating in the development of the training. In partnership with HP Serve, LA Child Advocacy Centers, Louisiana State Police, Children's Cabinet (Governor's Office), and the National Criminal Justice Training Center developed and hosting day long Regional Human Trafficking Summits across the state. DCFS staff participated at the Summits held during 2017, which was an excellent learning opportunity.

Update FFY 2019: The Child Welfare Training Academy and local human trafficking provider, HP Serve, are continuing to work with the development of a computer based HT training to be available to DCFS staff and others within the community. DCFS state office staff have been participating in the development of the training. In partnership with HP Serve, LA Child Advocacy Centers, Louisiana State Police, Children's Cabinet (Governor's Office), and the National Criminal Justice Training Center developed and hosted day long Regional Human Trafficking Summits across the state.

Louisiana Foster and Adoptive Parent Association (LFAPA): LFAPA provides supportive services to foster parents by supporting local associations. They provide trainings, grants and scholarships to members as well as assist in the recruitment of new foster parents. The LFAPA provide supportive services to foster parents experiencing an allegation of abuse or neglect through the Louisiana Advocacy Support Team (LAST).

Update FFY 2017: The LFAPA, through the LAST, provided supportive services to foster parents who experienced an allegation of abuse/neglect. The association did not host a conference during FFY 2017. The LFAPA's conference will merge with the Together We Can Conference (TWC) in October 2017.

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Update FFY 2018: The LFAPA continued to monitor the LAST line. They worked to provide support to local associations, as needed. The LFAPA participated in the October 2017 Together We Can Conference.

Update FFY 2019: LAFAPA worked to provide support to local associations and participated in the October 2018 Together We Can Conference. The LAST line continued to be monitored by LFAPA and is used to retain quality foster homes, provide immediate moral and technical support to foster families at the threat of allegations or neglect, provide information about the investigation process, advocate to improve child welfare policy, and provide a training assessment tool to give foster parents the training needed to parent defensively.

Louisiana Baptist Children's Home (LBCH): LBCH is a faith-based organization affiliated with the Louisiana Baptist Association that continues to collaborate with DCFS in the development of basic and specialized foster homes to meet unique care needs of children in foster care. Louisiana Baptist Children's Home collaborates with HP Serve.

Update FFY 2016: LBCH continued to recruit, train and support foster parents throughout the state. They collaborated with Crossroads NOLA to host trainings for foster parents and staff. The LBCH hosted a parent's night out in Baton Rouge to provide foster parents additional support. The LBCH hosted a second annual conference at the Calvary Baptist Church in Alexandria, Louisiana on November 8, 2014. There were approximately 10 sessions (general and breakout) from which to choose. The conference was designed for certified foster/adoptive families, individuals interested in foster care/adoption and church/groups interested in starting a foster/adoption service project. There were approximately 25-30 certified families and 15 people attended an on-site orientation for prospective foster/adoptive applicants. The Junior League of Alexandria selected foster care and adoption as its service platform for 2014, so they assisted with promotion of the conference and provided a grant, which allowed for the provision of free childcare. The LBCH sponsored an Empowered to Connect (ETC) simulcast on April 10-11, 2015. This conference was ideal for foster and adoptive parents, those considering adoption or foster care and those who were serving and supporting others, including social workers, agency professionals, church staff, ministry leaders, counselors, therapists and other involved in adoption/foster care services. This training was an interactive learning experience designed specifically for foster/adoptive parents.

Update FFY 2017: LBCH continued to recruit, train and support foster parents throughout the state. They participated in the new foster parent pre-service work group and assisted in the development of the new orientation presentation. They trained s home development staff on the curriculum as well as staff from LBCH. The LBCH collaborated with Crossroads NOLA and HP Serve to host trainings for foster parents and staff. LBCH presented 38 training sessions to foster/adoptive parents and/or DCFS staff. They presented orientation to 190 families (this number is based on families not individuals). DCFS homes supported by LBCH served approximately 143 children through their foster care services. In April 2016, in partnership with Crossroads NOLA, LBCH presented the Empowered to Connect Conference to 229 attendees (staff and foster parents). The Conference was simulcast throughout the state.

Update FFY 2018: Louisiana Baptist Children Home (LBCH) and Crossroads NOLA offered training to foster parents, community partners and DCFS staff through an Empowered to Connect Transmittal Date June 30, 2019

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Training simulcast. This training was presented statewide. In addition, LBCH has continued to offer supportive services to foster parents and assist with the recruitment and retention of foster/adoptive parents. The LBCH's Connect 1:27 Foster & Adoption Ministries continues to connect children in need with faith-based families and churches. They have foster/adoption specialists who would work to provide support services for foster children and families across the state.

Update FFY 2019: LBCH offered supportive services including: recruiting, training and supporting foster parents throughout the state. They collaborated with Crossroads NOLA to host trainings for foster parents and staff. The LBCH hosted a parent's night out. LBCH offered to foster parents and assist with the recruitment and retention of foster/adoptive parents. The LBCH's Connect 1:27 Foster and Adoption Ministries continued to connect children in need with faith-based families and churches. LBCH have foster/adoption specialists who work to provide support services for foster children and families across the state. LBCH and Crossroads NOLA offered training to foster parents, community partners and DCFS staff through an *Empowered to Connect* training simulcast statewide.

Grandparents Raising Grandchildren: In July of 2016, The Grandparents Raising Grandchildren Council was moved under the Louisiana Children's Cabinet. Members felt this transition would provide more stabilized and consistent assistance for the council. The change has provided for more members on the council to assist in addresses grandparent issues more comprehensively.

C.) Development of the 2017 Annual Progress and Service Report: Consultation with federal partners included on-site consultation as well as phone and e-mail correspondence. DCFS incorporates the child welfare principles of practice, as well as implementation of key initiatives to improve safety, permanency and well-being outcomes for children and families in Louisiana.

DCFS engaged various stakeholders [ex. Louisiana CIP, foster/adoptive parents, tribal partners and the Casey Foundation, etc.] in the development of the APSR.

Through the state level and regional level CQI process various stakeholders were involved in the review of data, achievement of goals and objectives, assessment of agency strengths and areas needing improvement as well as the ongoing commitment to the goals, objectives and action steps identified in the five-year plan.

Stakeholder involvement occurs on an ongoing basis throughout the year through the CQI process, the training partnership between Southeast Louisiana University, the Louisiana Child Welfare Training Academy (LCWTA) the Pelican Center and the CIP.

A public notice regarding the 2019 APSR was published in the Louisiana Register on April 20, 2019. This year the hearing was also announced on the DCFS website two months prior to the hearing. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 2, 2019 at 10:00 a.m. No members of the community were present at the hearing.

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COORDINATION WITH TRIBES

There are four federally recognized Native American Tribes in Louisiana:

- **The Chitimacha Tribe of Louisiana** is located in Charenton, LA in St. Mary Parish. John O’Neal Darden, Jr. is the Chairman and Karen Matthews is the Social Services Director. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-4973. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Stickey is the Chairman and Cindy Reed is the interim Social Services Director. The mailing address is P.O. Box 818, Elton, LA 70532, and the telephone number is (337) 584-1401. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Joey Barbry is the chairman and Evelyn Cass is the Social Services Coordinator. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 240-6444. Website: www.tunicabiloxi.org
- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Cheryl Smith is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

Collaboration Activities: Annual meetings between federal, state and tribal partners are generally held to discuss collaboration, planning and service delivery between the state and the tribes; however, this year a meeting was not scheduled. The meetings prove beneficial in improving service delivery to tribal families and children. Chafee Independent Living providers in regions where the tribes are located make ongoing outreach efforts to the tribes. Formal and informal working agreements with American Indian tribes are in place with local DCFS offices and state office staff facilitates quarterly teleconferences with all federally recognized tribes. The agenda for the quarterly teleconference scheduled for July 2, 2015 was to discuss the amendments made to the state’s case review system as a result of P.L. 113-183 which include changing the APLA case goal for children under age 16, consideration of opportunities for normalcy for children in foster care, allowing youth age 14 and older to invite two individuals as their designees in the case planning process and advising youth of their rights. Unfortunately, there was no tribal participation. DCFS staff scheduled a quarterly teleconference with the tribes for October 1, 2015 and placed this item on the agenda once again. The agenda included information about NYTD data and staff efforts to involve tribal partners in the analysis of the results of the NYTD data collection or NYTD Assessment Review. There was no tribal participation in this call or other scheduled quarterly conference calls therefore; staff discontinued the quarterly conference call series.

DCFS continues efforts to invite all tribal representatives to each quarterly PQI/CQI Stakeholder Subcommittee meetings. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional PQI/CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region

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(Tunica-Biloxi and Jena Band of Choctaw Tribes). To date, the Chitimacha Tribe Social Services Director has been the only participant in the statewide PQI Stakeholder Committee.

Plans, Reports and Reviews: As with previous years, the Department provided a draft of the 2017 APSR to federal tribal representatives for their input and review; however, no feedback was received. In previous years, the only tribe to provide a copy of their plan was the Chitamacha. Ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by DCFS. The DCFS will continue to conduct the calls and encourage tribal participation through meeting reminders and requests for agenda items which are important to tribes as well as coordinate site visits. Further, the plans for the 2017 were discussed with members of the PQI Consumer & Community Stakeholder Committee of which Karen Matthews with the Charenton tribe is a member. Ms. Matthews participated in the meeting held on March 24, 2016, but did not provide any feedback. Other efforts to include tribes in the development of the state plan were coordinated through the ACF, CB regional office. In FFY 2016, two dates and two locations were provided by DCFS; however, tribes were not available for either date or location.

All of the Louisiana tribes previously had finalized Title IV-B agreements; however, ACF reports that all four state tribes have lost eligibility for funds so they will not be submitting plans in 2017.

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

Specific Measures to Comply with ICWA: The DCFS provides initial and ongoing training to front-line staff to assure ICWA policy is understood and implemented and in the last year develop a computer-based course on ICWA which is mandatory for staff. The course is available in Moodle (the Department's on-line training environment). Additionally, tribal representatives are invited to participate in trainings offered by DCFS. In consultation with tribes, Louisiana has developed policies and procedures to comply with the Indian Child Welfare Act.

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

The Department does not currently capture data on the notification to tribes when a Native American child becomes involved in the child welfare system. DCFS tried to create this functionality within the CAFÉ system, but this requirement was not fulfilled.

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DCFS captures this information on the case transfer staffing form when cases move from one Child Welfare program to another, but this is not an electronic process where data can be easily collected. The state hopes to achieve enhanced data tracking capacity in this area in the future if a Comprehensive Child Welfare Information System (CCWIS) system is developed.

DCFS is able to provide data on removals among this population. The table below reflects the total number of Native American Indian children who were alleged victims and victims who were removed as a result of validated abuse/neglect in FFY 2014, FFY 2015 and FFY 2016.

FFY	Total Alleged Child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2013 Baseline	28,798	89	0.31%	10,393	41	0.39%
2014	33,764	136	0.40%	12,398	48	0.39%
2015	37,004	122	0.33%	12,749	41	0.32%
2016	34,136	117	0.34%	11,431	35	0.34%
2017	28,101	109	0.38%	10,673	40	0.37%
2018	26,672	71	0.27%	9,589	27	0.28%

The chart above reflects the total number of alleged Native American child victims unduplicated, the percentage of Native American child victims unduplicated.

The following chart reflects the total number of Native American children who represented valid cases of abuse/neglect.

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2013 Baseline	19	6	25
2014	8	2	10
2015	9	5	14
2016	7	6	13
2017	6	5	11
2018	4	6	10

The chart above reflects the total of Native American children who represented valid cases of abuse/neglect. Data Source: CAN0007 Unduplicated person report. Data Source: CAN0007 Unduplicated person report.

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

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

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

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

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

- Continuously review and update policy and seek tribal input for improved guidance to departmental staff in serving Native American children and families;
- Conduct verbal communication on at least a quarterly basis and conduct onsite meetings annually with each Louisiana tribal social service director and their local child welfare tribal liaisons to collaboratively identify challenges and facilitate improved working relationships;
- Encourage tribal PQI involvement at the state level;
- Encourage tribal youth involvement in the Louisiana Youth Leadership Advisory Council (LYLAC), if previously in state custody;
- Notify tribes of monthly Keeping in Touch (KIT) conferences and other DCFS child welfare trainings provided to child welfare staff in relation to policy/legislative issues and encourage participation;
- Collaborate with Supreme Court, Court Improvement Program in planning for improved ICWA compliance in serving Native American families;
- Work with contracted Chafee Independent Living Services providers to reach out to tribes on a regular basis to offer support and services to tribal youth in custody who are transitioning to adulthood;
- Assist tribes with the development of a Title IV-E plan and/or agreement, if needed/requested;
- Work to improve the Adoption and Foster Care Analysis Reporting System (AFCARS) data collection and reporting and consider opportunities to develop field staff knowledge

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regarding documentation of children's Native American status within the TIPS system; and,

- Participate in monthly, national Indian Child Welfare Managers teleconference calls.

Update FFY 2015:

- Teleconferences with the federally-recognized tribes in Louisiana were conducted quarterly. Unfortunately, participation by the tribes has been poor.
- Ms. Karen Matthews, Social Services Director for the Chitimacha tribe, continues to be invited to DCFS state level PQI meetings. She and Judge Anne Simon of the Court Improvement Program, presented at the Together We Can Conference in October 2014.
- The Department advises the tribes of opportunities for youth to participate in LYLAC. The tribes have a working relationship with the Independent Living Providers. The local providers are available to assist the tribes with any youth transitioning to independence.
- Any Native American youth as identified by the Louisiana tribes as being in foster care through the tribe, ages 14-17, and any youth as identified by the Louisiana tribes as having previously been in foster care through the tribe, ages 18-21, are invited to the annual Youth Conferences. The invitation is extended to youth through the tribal social services directors (all youth within these age groups served by DCFS and OJJ are invited to the conferences, which would include Native American youth.)
- The tribes are notified of trainings offered by the Department via email and quarterly teleconferences and are encouraged to participate.
- Departmental staff participates in monthly, national Indian Child Welfare Managers conference calls to remain apprised of the latest issues in Indian Child Welfare.
- A flyer outlining rights of clients under ICWA was developed for staff to provide to all Native American parents, children, and foster caretakers of Native American children and was effective May 2015.
- Policy has been revised to reflect updated federal legislation.
- A "Keeping in Touch" (KIT) web/tele-conference was conducted May 6, 2015 to inform the staff regarding ICWA requirements.
- May 2015 finalization and release of online computer-based training on ICWA for staff and foster caretakers to access when needed. Training is mandatory for all staff.

Update FFY 2016:

- Efforts will continue to be made to hold quarterly calls with the Social Service Directors of each of the four federally recognized tribes.
- The tribes were notified of trainings provided by the department to support knowledge development on state child welfare services.
- The Chafee Foster Care Independence Program (CFCIP) providers were required to provide outreach to tribes to educate on the availability of services for eligible tribal youth.
- The ICWA training was developed in coordination with legal and provided via internet to staff statewide.
- Efforts were made with the ACF Region VI tribal liaison to arrange a state/federal/ tribal meeting without success. Two dates and two different locations were provided, but tribes were unavailable for either date or location.

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- The DCFS staff lead has had contact with the tribes in order to obtain accurate tribal information. Two of the chairmen and the mailing address of one tribe were updated.

Update FFY 2017:

- Staff met with the Chitimacha tribe to discuss any current issues and provide them with training opportunities;
- Local working agreements continue to be in place with field staff through contact with the Area Directors. Copies of these agreements are maintained at headquarters;
- The Chafee Independent Living Services providers continue to reach out to tribes offering support and services to tribal youth in custody transitioning to adulthood; and
- As training opportunities become available, this information is provided to the tribes; a monthly training calendar is provided to the tribes from the LCWTA.

The Louisiana Tribal IV-B Meeting is scheduled for May 9, 2017 which will include the participation of the Chitimacha, Coushatta, Tunica Biloxi and Jean Band of Choctaw Tribes. The APSR will be reviewed. The department will discuss ongoing preparation for the CFSR and all important information for the tribes. The CFILP will be in attendance to ensure the connection is made and the future efforts are maintained.

In reference to Notifications to Indian Parents and Tribes, the department does not currently capture data on the notification to tribes when a Native American child becomes involved in the child welfare system. However, the DCFS will have the capability to capture this data and notify the tribes when an American Indian child enters care in the new AFCARS 2.0 functions.

Update FFY 2018:

- Staff maintained quarterly contact by phone and email with the tribes to keep them aware of any procedural changes within the department and discuss changes to policy regarding ICWA regulations. The Chitimacha tribe hired two new social services assistants and they were able to participate in New Worker Orientation training to further understand the Department's functions and responsibilities.
- As training opportunities become available, this information is provided to tribes; a monthly training calendar is provided to tribes from the LCWTA. The Chitimacha tribe has often utilized these training opportunities for their staff and provided feedback.
- The tribes have determined the local working agreements continue to be up to date and they decided to wait until next FFY to update the agreements. Local working agreements continue to be in place with field staff through contact with the Area Directors. Copies of these agreements are maintained at headquarters.
- The Chafee Independent Living Services providers continue to reach out to tribes offering support and services to tribal youth in custody transitioning to adulthood.

The Louisiana Tribal IV-B Meeting was held on May 9, 2017 which included the participation of the Chitimacha, Coushatta, Tunica Biloxi and Jean Band of Choctaw Tribes. The meeting included our federal partners. During this meeting the APSR was reviewed, the Department discussed ongoing preparation for the CFSR and provided other information for the tribes. The CFCIP

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providers were in attendance to ensure the connection was made and future collaborative efforts are maintained.

The Tribal IV-B Meeting assisted the Department in maintaining working relationships with the tribes and discussing challenges. The Chitimacha Tribe has begun efforts to recruit tribal foster parents when tribal children enter the foster care system. The Chitimacha Tribe was able to identify one family to attend foster parent orientation. The Department has made all resources available to the tribe such as criminal background checks and foster parent trainings when they locate interested families.

The Chitimacha Tribe held a Health Fair on the reservation on October 24, 2017. The health fair provided the department the opportunity to share information with tribal families about the foster care process and the ability to have foster parent training on the reservation. Other involved departments included law enforcement, fire departments and various Physical Health and Behavioral Health vendors. This provided the department with the opportunity to recruit tribal families for tribal children from other federally recognized tribes participating in the health fair.

The Chitimacha Tribe provided a two-day training to review and enhance Tribal Judicial Practices on February 20-21, 2018. National experts on the Violence Against Women Act, Tribal Law and Order Act, and the Indian Child Welfare Act presented at the training. The tribe allowed the department to have local and state level staff participate in the training as well as many members of other federally recognized tribes from Louisiana and other areas of the country.

The department has designated a tribal liaison for the Louisiana federally recognized tribes as a resource to the tribes in enhancing local practice, maintaining accurate policies in alignment with legal requirements, and meeting as needed with the tribes as well as the Administration for Children and Families Dallas Regional Office to coordinate efforts in serving Indian children in the child welfare system in Louisiana.

Update FFY 2019:

- Staff contacted the tribes to review Louisiana House Bill 182 which proposes to include federal ICWA statutes in the Louisiana Children's Code. The tribes communicated no opposition to the bill. The department encouraged the tribes to meet with legislators or the department if any adjustments were needed. All of the tribes were in support of passing House Bill 182.
- The Chitimacha, Tunica Biloxi and Jena Band of Choctaw tribes have determined the local working agreements continue to be up to date and they decided to wait until next FFY to update the agreements. Local working agreements continue to be in place with field staff through contact with the Area Directors. Copies of these agreements are maintained at headquarters.
- Coushatta Tribe met with the department to revise their working agreement and specific procedural changes. The department and the Coushatta tribe are still in the process of updating the working agreement. The Coushatta tribe Social Services Director offered to provide the local field offices with trainings.

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- Chafee Foster Care Independence Program providers continued to reach out to tribes quarterly to discuss services provided and reiterate their availability to area tribes in serving any tribal youth in DCFS custody. Currently three youth with tribal affiliation are in custody in the State of Louisiana.
- The department determined there are three certified foster families with tribal affiliation to a federally recognized tribe, however we plan to meet with the tribes to determine what specialized training may be required so the homes are identified as tribal homes for tribal children entering foster care.
- The department continues to encourage tribes to recruit tribal foster parents for tribal children. The tribes have utilized the local DCFS fingerprinting process to screen relatives within their tribe as potential caregivers.
- Staff maintained contact by phone and email with the tribes to keep them aware of any departmental changes to policy regarding ICWA regulations. Staff were able to update the contact information for the tribes such as the Social Service Director's direct phone number and address to send correspondence.
- As training opportunities become available, the information is provided by the Louisiana Child Welfare Training Academy (LCWTA) to tribes. The tribes often utilized these trainings or were able to send their staff members to appropriate trainings as needed. The tribes were invited and the Chitimacha Tribe participated in State Level CQI Meetings and PIP Meetings at the department.

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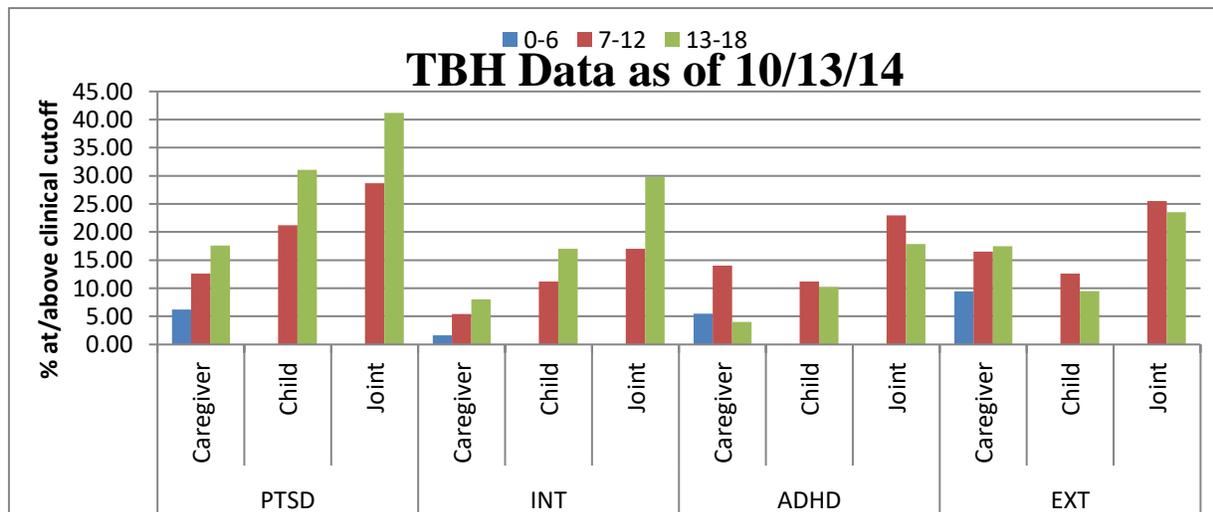
EVALUATION AND RESEARCH: The Department continued to participate in a variety of surveys and research projects with academia and other sources. The results/findings were used to increase quality practice, expand knowledge and to identify and utilize exemplary models of child welfare practice. Current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

Louisiana Child Welfare Trauma Project - The Louisiana Child Welfare Trauma Project Grant is overseen by Tulane University’s Department of Psychiatry and Behavioral Sciences in partnership with DCFS. The goal of the project is to improve the social and emotional well-being of children with mental and behavioral health needs. The project works to increase the capacity of the workforce to screen for trauma in children and refer those with a positive screening for comprehensive clinical assessments and/or mental health treatment services. To accomplish this goal, staff and providers are being trained to specialize in trauma informed service delivery.

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

Update FFY 2015: In 2015, Louisiana continued its work to increase service providers in areas of Trauma informed care (in the areas of sexual abuse, treatment, residential services and referrals to the Family Resource Centers. Trauma & Behavioral Health (TBH) screening processes were introduced and implemented in the Covington Region in 2014. More than 1,400 TBH screens have been completed for children in Foster Care or children in active Family Services cases. Behavioral Health Screening processes have been introduced and are currently being implemented in the Baton Rouge Region.

TBH screens are completed on children as they enter foster care, when a family services case is open, and again at the 6-month case planning. The CQI Unit conducts quarterly reviews of TBH screenings in a targeted case review. The chart below contains the results of the data collected in the review. TBH Screening Findings:



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Screens are completed by the caregiver of the child on all cases. If the child is 7 years or older, the child completes a screen. The chart shows the results of the screens completed by the child, the caregiver and then a joint score of caregiver and child. The joint score reflects each item endorsed on the screen by either the child or the caregiver. The joint score is used to determine if the child has screened above a cutoff point indicating a need for services. The four areas the screen covers: Post Traumatic Stress Disorder (PTSD), internalizing symptoms (INT), Attention Deficit Hyperactivity Disorder (ADHD), and externalizing symptoms (EXT). If a child/youth scores above a cutoff for any area, then a referral should be made to a provider to address the specific area that has been identified. The chart shows what the scores have been on the TBH so far, suggesting for which problems children and youth need treatment and what service array is needed in order to effectively treat the child(ren).

Regional TBH Advisory Boards which include community stakeholders and DCFS personnel have been formed in the two regions. Quarterly meetings are held which include, DCFS, Office of Behavioral Health and Magellan Health Services. The purpose of the meetings is to promote interagency collaboration; review of data collected from the project, and discussions of how the information can be best utilized to benefit the children served through DCFS programs.

Update FFY 2016: In partnership with Tulane University, DCFS is committed to training of staff in all regions of the state, with follow up consultation on the TBH screening Instrument. Provider training on Youth PTSD (YPT) was conducted in the Baton Rouge region on January 1/20/15; Lafayette region on April 2, 2015; Alexandria region on 9/29/15; and Monroe region on 12/15/15. As of March 14, 2016, approximately 4000 TBH screens have been completed. TBH training in the Covington region was conducted in 2014, with implementation in Baton Rouge, Lafayette, and Alexandria regions in 2015. Regions for future TBH expansion during years 2016-2017 include Monroe, Orleans, Thibodaux, Shreveport and Lake Charles. (For more on training dates and activities planned for FFY 2017, refer to the Prevention and Family Services section of this plan.)

Update FFY 2017: Trauma Informed Practice continues to be a focus of staff. In partnership with Tulane University, CW is committed to training of staff in all regions of the state, with follow up consultation on TBH screening and treatment. TBH assessment and treatment training and follow up consultation have continued throughout the Federal Fiscal Year. TBH training was provided to staff and therapeutic providers with follow up consultation provided with assistance from staff of Tulane University, New Orleans. Training and consultation sessions included an introduction to TBH screening instruments, and implications for intervention and treatment. Efforts have continued toward statewide implementation of TBH screening and treatment practices. TBH screening is a vital process to assist professionals in designing plans to address the specialized needs of children and families affected by traumatic events and experiences.

Provider training on youth PTSD (YPT) was conducted in New Orleans on May 17, 2016; Thibodaux on June 14, 2016; Shreveport October 20, 2016 and Lake Charles March 9, 2017. As of March 20, 2017, approximately 9000 TBH screens have been completed. TBH training has been completed in Monroe, Orleans, Thibodaux, Shreveport and Lake Charles in 2016-2017 so all regions have been trained and have begun using the TBH screen. Regional training dates are listed below:

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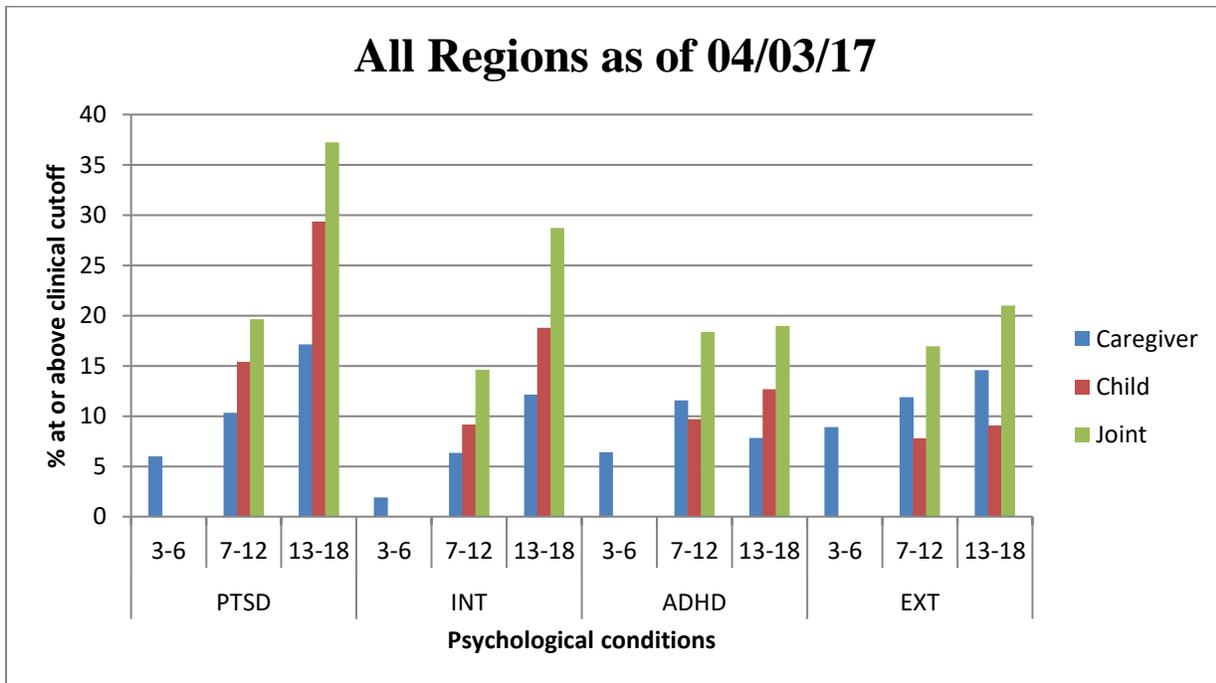
Monroe Region TBH Training Dates: January 13-14, 2016 with 4 follow up consultative visits to each of the 5 offices within the Monroe Region during the months of February 2016 - June 2016.

Orleans Region TBH Training Dates: June 13 and 15, 2016 with four follow up consultative visits with each of the 2 offices within the region during the months of July 2016 - October 2016.

Thibodaux Region TBH Training Dates: July 12 and 25, 2016 with four follow up consultative visits each of the 4 offices within the region during the months of August 2016 - January 2017.

Shreveport Region TBH Training Dates: November 2-3, 2016 with 4 follow up consultative visits to each of the 4 offices within the region during the months of December 2016 and March 2017.

Lake Charles Region TBH Training Dates: March 15-16, 2017. The follow up visits will be held within the following 4 months. Data sharing agreements have been signed with Medicaid in order to use diagnostic and treatment data from that system in conjunction with data collected from completion of the TBH screens and case data to further inform the agency and provider agencies of the treatment needs of children and to further examine the well-being of children involved with CW.



Number of Respondents			
Age Range	Caregiver	Child	Joint
3-6	1759		
7-12	1702	1544	1443
13-18	931	977	864

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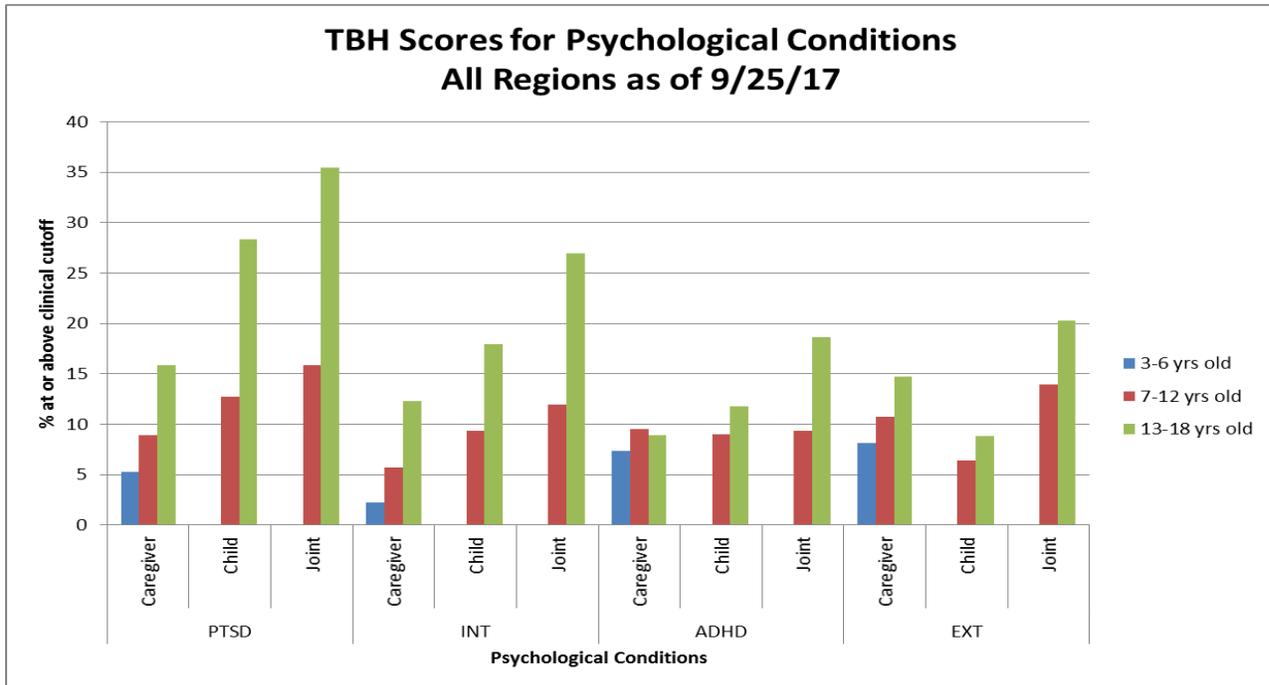
Update FFY 2018: Workers in all nine regions of the state were trained in completing the TBH Screening (Trauma and Behavioral Health Screening) for all children in Foster Care and Family services cases. Policy was changed to incorporate the mandatory use of the TBH and requiring the screen to be completed every six months the cases remain open. CQI case reviews include questions about the completion of the TBH and completion reports are run for each region to assist managers in knowing which cases have a TBH and which ones need a screen completed. There is a case event in TIPS to track the completion of screens on each case.

Approximately 1000 caseworkers and management staff were trained in the TBH. The training materials - power point, and videos were updated and made available to use with ongoing new worker training and foster parent training.

As of September 2017 over 10,000 screens were completed on individual cases across the state.

Figure 1. TBH Results on New Cases for the Entire State.

Number of Respondents - All Regions			
Age	Caregiver	Child	Joint
3-6	2402		
7-12	2325	1983	1898
13-18	1246	1205	1096



By joint report, the proportions of those likely to have the diagnosis of an internalizing disorder are 12% of 7-12 year-old children and 27% of 13-18 year-old children. With both older age groups combined, 17% are likely to have an internalizing diagnosis.

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As a part of the grant work, 355 clinicians around the state were trained in a one-day training in Computer Based Training (CBT) for Post-Traumatic Stress Disorder (PTSD). Ninety-three of those participants went on to receive some level of consultation with the training therapist.

As a result of the work done on the grant, DCFS now has a data sharing agreement with Medicaid for claims-use data for DCFS children. This data, along with TBH data should give us the opportunity to understand not only what mental health concerns the screening identifies but also looks at which children are receiving treatment. The data agreement was completed at the end of this time-frame but the data itself has not been shared.

DCFS now has a mental health screenings including identification of trauma and likely PTSD diagnosis, increased ability to speak thru the data about the needs of our children. DCFS has the training material to continue to train and inform staff about the importance of recognizing, screening and seeking appropriate treatment for our children including for PTSD.

The results of statewide screening indicate children between the ages of 13-18 years, 35% scored above a cutoff for a PTSD diagnosis. Linking this need to appropriate treatment will be an ongoing task in efforts to meet our children's needs.

Update FFY 2019: The Memorandum of Understanding (MOU) with the Louisiana Department of Health (LDH) was completed and data transfer has been set up. The agencies continue to work on matching DCFS data to the requested Medicaid data and the transfer process. This data will be used to further our understanding of the results of the TBH screening and types of services DCFS children are receiving through Medicaid. The TBH database continues to be hosted in a separate SNAP Site location while CCWIS is being developed. Although not ideal, it has allowed us to continue to use the TBH, enter data and receive results for each case for the caseworker to use in case planning. The current system also allows the department to continue to collect current data as well as have access to the data we collected during the grant period. Integrating the data on the TBH results with case information in TIPS is labor intensive but is possible in the current system, and continues to be a useful tool.

Reports have been developed to assist managers and supervisors in monitoring the completion of TBH screens on each case. Additional reports are still being developed. We have identified a new process for monitoring completion. We hope to be able to provide additional, more robust reports regarding the mental and behavioral health of the children we serve by breaking down areas of need and cross cutting that with the placement, race, gender, age, and region.

The training materials have been shared with the training staff who has integrated TBH training into New Worker training and is being integrated into training for foster parents as well as the trauma training offered to staff.

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

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homelessness. The areas of focus for the planning grant are, Covington Region, Baton Rouge Region and Lafayette Region.

Update FFY 2015: HP Serve has identified 197 foster care youth in the Baton Rouge, Covington and Lafayette Regions who were determined to be at a high risk of homelessness through the HP Serve Risk Screening Tool. Fifty-eight of these youth are in the Baton Rouge region and will now be the focus of the next phase of HP Serve's intervention, a comprehensive service array.

Final Update FFY 2016: HP Serve worked with the child welfare liaison and evaluator to conduct extensive review of non-identifying youth-level data from Regions 2, 3, and 5 regarding the three engagement points; youth in foster care ages 14-17 years old, 17-18-year-old youth aging out of foster care (FC), and 18-21-year-old homeless youth with prior FC involvement. The two year planning grant ended in October 2015. HP Serve applied for a five-year implementation grant at the completion of the grant period, but they were not awarded the grant.

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

Update FFY 2015: In FFY 2015, four full time adoption recruiters were hired by DCFS through federal funding to recruit using the WKK. The first began recruiting in April 2014 and the second started in November 2014. Each recruiter is responsible for a targeted geographical area comprised of four regions: Area 1 includes Lafayette and Lake Charles; Area 2 includes Alexandria, Monroe and Shreveport; Area 3 includes Orleans and Thibodaux and Area 4 includes Covington and Baton Rouge. Due to the length of time it took to hire staff and the amount of time it takes to build a caseload, the Department strategically started recruiting in selected regions. In January 2015, the Department completed the presentation of the model to every region and is currently recruiting for youth in every region. Recruiters have a caseload of 15 to 25 youth. As of April 30, 2015 four adoptions have been completed, 2 guardianships, 2 cases where custody was returned to a parent, and 1 child who aged out of foster care and is living with a sibling. The recruiters are currently serving 62 children two of which are matched and should be finalized by July 30, 2015. In late May, there were three disruptions at the point of adoption finalization.

Update FFY 2016: For information on activities completed during this fiscal year and activities planned for FFY 2017, please refer to the diligent recruitment plan portion of this report.

Update FFY 2017: The Adoption and Legal Guardianship Incentive Payments were used in conjunction with the WKK grant award to continue to staff five WKK positions (four recruiters and one supervisor). The WKK recruiters recruited for 111 youth and finalized 12 adoptions and

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two guardianships. The program is projected to finalize an additional five adoptions before the end of FFY 2017. With the expansion of the grant, four more recruiters will be hired by May 2017, which will allow the program to serve an additional 60 youth in FFY 2017.

Update FFY 2018: From October 1, 2016-September 31, 2017 the WWK Program recruited for 127 youth, and finalized 14 adoptions and a guardianship. The WWK Program is fully staffed and since October 2017 has assisted in the completion of nine adoptions and one guardianship. They are currently recruiting for 100 youth and there are currently twenty children placed in adoptive placements waiting on their adoption finalization.

Update FFY 2019: The Wendy's Wonderful Kids (WWK) Program – Louisiana has a goal of 69 matches and 59 finalizations by July 2019. From January 1, 2017 through December 31, 2018, Louisiana has had 107 matches and 51 finalizations (adoptions/guardianships). The total of children served since October 2018 is 135. Total number of children served since inception is 331. The total number of adoptions FFY October 1, 2018 – March 2019 is 11. The eight WWK recruiters will utilize the child focused recruitment model to find forever homes for the Department's "harder to place" youth. On January 1, 2017 – June 30, 2019 Louisiana was awarded the WWK grant for \$950,000. The WWK Program will continue to recruit in every region utilizing eight recruiters and a supervisor. It is projected by July 2019 we will have met the grant's expectation of 59 adoptions and 69 matches. At the end of June 2019, it is projected the department will be awarded at minimum a grant for two recruiters. WWK data and trends will continue to be analyzed to improve outcomes for children and youth.

New Hire Screening and Selection Process: Hiring managers and supervisors began using an evidence based screening and selection process for entry-level staff on March 1, 2017. Through this mandatory screening and selection process, DCFS CW has committed to new ways of identifying qualified applicants/candidates for child welfare work. In an effort to create a team of qualified and committed workers who understand and are prepared for CW work. This process includes: screening, employment interviews, realistic job previews, the use of hiring pools, and various strategies to enhance staff selection. A computer-based training (CBT) has been created as a learning tool for staff and is available in MOODLE. MOODLE is a learning platform designed to provide educators, administrators and learners with a single robust, secure and integrated system to create personalized learning environments.

Many state and county CW programs throughout the country have implemented this screening and selection process. They have used staff turnover and retention data to measure the effectiveness of the screening and selection process. The DCFS CW program will utilize staff turnover data to measure effectiveness. The baseline, which is CW staff turnover data for the state in the positions of CW Trainee, CW Specialist 1 and 2 from CY 2016, is 30.23%. The goal is to reduce staff turnover by 5% in the first year of implementation and by 8% each additional year. Staff turnover reports will be generated quarterly to measure ongoing progress.

Update FFY 2018: A Screening and Selection Process Guide was developed as a new user friendly tool to assist in training staff in the screening and selection process and to be used by trained staff as a reference guide to all screening and selection materials. Staff was trained in the new Screening and Selection Process including all Managers at the Managers Statewide meeting, Transmittal Date June 30, 2019

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New Supervisors within the New Supervisor training and our University Alliance Partners were trained in the process so they may assist in interviewing stipend IV-E applicants alongside trained DCFS staff. A regional call was conducted monthly to focus on concerns, best practice regarding the Screening and Selection Process, and to update regions as needed. The Spin Off Committee was established during the onset of the new Screening and Selection Process has met monthly to discuss any concerns or questions brought up by staff within the Regions, or the University Alliance. A spreadsheet was created to collect data every three months from all regions consistently. Data has been collected to form a baseline regarding the new Screening and Selection Process. Data collected includes: applicant names, interview date, score, hiring or pooled date, separation date, separation reason, and whether or not the applicant was a IV-E Stipend Student.

Update FFY 2019: The New Supervisors training incorporated “Module 4” for the Screening and Selection Process in November 2017. Two New Supervisor cohorts were trained in the Screening and Selection Process, one group on November 16, 2018 and another group on January 23, 2019. The University Alliance Partners were trained on the Screening and Selection Process on March 2, 2018. The University Alliance started attending the Regional Screening and Selection call regularly on June 28, 2018 to create a feedback loop. Northwestern State University shared a data analysis with DCFS on the Screening and Selection Process. This analysis looked at stipend IV-E students separated by university and their scores related to the competencies outlined within the Screening and Selection process. The University Alliance teamed up with DCFS to include DCFS’s reference form for all DCFS Title IV-E stipend students’ supervisors to complete during the students’ internships providing feedback to the hiring supervisor. The Department will continue the Screening and Selection process. Data will continue to be collected every three months by region including applicants scores in the Screening and Selection, the number of applicants hired and the number of applicants who have gone through this process and separated from the agency. This data will be analyzed, which will inform decision-making regarding any changes needed, although fidelity to the model will be maintained. The Department and the University Alliance have partnered to better analyze data collected from the regions and provide results.

Quality Parenting Initiative (QPI): The Quality Parenting Initiative (QPI) rollout began in 2016. The focus of QPI is partnering of the Department, birth parents and caregivers with a goal of strengthening families. QPI has proven to be successful in other parts of the country. Due to this being a new initiative the Department has no evaluation data at this time. QPI will be monitored as the initiative progresses.

Update FFY 2018: Rollout of QPI throughout the state was completed in May 2017. The nine DCFS regions developed their own QPI implementation strategies as identified to support Quality Parenting in their particular regions. To further support the implementation of QPI, Partnership Agreement Plans were developed and signed by foster parents and DCFS staff during FFY 2018 as evidence of their commitment to support quality parenting, working collaboratively with birth parents on the case goal, and providing quality care and normalcy to children, they serve. State and Regional QPI teams are currently examining appropriate evaluative measures can be utilized to assess the effectiveness of QPI.

Monthly QPI calls are held with state and regional QPI leadership to discuss ongoing implementation, address barriers, share successful strategies, etc. Additionally, in January 2018, Transmittal Date June 30, 2019

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over 60 staff and foster parents attended the National QPI conference held in New Orleans where they received first-hand accounts of implementation strategies from across the nation. Home Development policy, pre-service training and in-service trainings were all revised to incorporate and promote quality-parenting strategies.

In the spring of 2018, 36 training sessions focusing on continued QPI implementation were held across the state. Approximately 1000 staff, foster parents and community partners received intermediate training on QPI philosophy and principles, and specific practice strategies, which support quality parenting. Foster care, child protective services, family services, adoption, home development and clerical support staff were included in the training to ensure all understand their individual roles in supporting quality parenting for all children within the child welfare system.

Training focused on conducting initial calls upon placement of a child in a foster care family to provide information to birth parent as to child's safety, to introduce foster family providing care to the child and to facilitate the exchange of information about the child from the birth parent to the foster parent. Through this exchange of information, the goal is to reduce trauma to the child by the provision of more informed, quality care to meet the child's needs.

The second component of the training focused on facilitating Ice Breaker meetings within 3-5 days of a child entering foster care. The meetings will include birth parents, foster parent, the child and foster care worker. The purpose of these meetings is to further exchange critical information about the child with the new caregiver and facilitate the relationship between the birth parent and foster parent. The third practice strategy introduced the need for more in-depth and planned transition planning in advance of any moves for a child in care.

Implementation of the initial call within CPS policy occurred in February 2018. Policy has been drafted for implementation of the initial call practice within the foster care and adoption programs and for implementation of Ice Breaker meetings and are anticipated to be placed in policy in the summer of 2018. Further transition training is being reviewed prior to being incorporated into policy.

Through the regional trainings it was noted some regions and staff implemented the initial call and icebreaker meeting practices earlier this year and are seeing very positive results. Staff in some regions have indicated they would not revert to pre-implementation as they clearly see this as better practice with better results with children and families.

Update FFY 2019: DCFS focuses on statewide implementation of the core QPI practices including Initial (Comfort) Calls, Icebreaker Meetings, and Transition Planning. The implementation was supported by monthly implementation calls with leadership and QPI leads from each region, state level staff and staff from the Youth Law Center. The monthly calls focused on strategies for supporting and monitoring compliance as well as reporting on successful implementation activities and barriers to such. Practice guides were developed to provide staff with strategies and steps for successful implementation of the core practices of Initial Calls, Icebreaker Meetings, Planful Transitions and placement decisions. Regions held community-partner stakeholder meetings working to further imbed QPI principles and practices throughout all levels and components of the child welfare system. Regions developed local trainings in response

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to identified needs within each region. Each region allows training opportunities for DCFS staff, foster caregivers, community partners, etc...

A performance evaluation instrument was developed and implemented to assist supervisors in monitoring staff performance with QPI practice expectations. The evaluation instrument is completed twice yearly and accompanies the regular performance review of each employee.

In April 2019, fourteen (14) DCFS staff, community partners, and foster parents attended the National QPI conference to share information on Louisiana's implementation as well as to gather information from other states and QPI sites on successful strategies in those locations.

In collaboration with the Child Welfare Training Academy at Southeastern LA University, Tulane University Psychiatry department developed a training curriculum on Planful Transitions for children in care. Initial trainings began in May 2019 and will continue throughout the 2019 – 2020 FFY. This training will ensure front line staff understand the impact on moves for children and of the essential components and strategies for successful transitions related to children and families in care. The training will also be provided to foster caregivers throughout the state. DCFS is utilizing a train-the-trainer model in order to support sustainability of this training.

State Central Registry (SCR): DCFS must comply with federal legislation to conduct State Central Registry (SCR) clearances on all child care providers by September 30, 2018. This requirement will be the first time the SCR results will impact a person's employability. Because of this, the State must provide individuals with the right to appeal validity findings. Recent changes in State legislation allows this to occur beginning July 1, 2018. Three initiatives have resulted from this legislation:

1. Tiered Validity System- Each valid allegation will be assigned to a specific Tier, which will determine whether or not the incident/perpetrator is placed on the State Central Registry or the State Repository of Abuse/Neglect investigations, and for how long that incident/ perpetrator will remain on the SCR.
2. State Central Registry Clearances-DCFS will conduct approximately 18,000 clearances on childcare employees from July 1, 2018-November 15, 2018. DCFS will begin conducting clearances on DCFS licensed facility employees in November 2018.
3. Due Process - Beginning July 1, 2018, all individuals who were/are found to be a perpetrator of a valid allegation of abuse/neglect would have the ability to appeal their finding to the Division of Administrative Law if their appeal rights have not been exhausted.

Update FFY 2019: On July 1, 2018, the Tiered Validity System was implemented. Each valid allegation is assigned to a specific Tier which determines whether or not the incident/perpetrator is placed on the State Central Registry (SCR) or the State Repository of Abuse/Neglect investigations, and for how long the incident/perpetrator remains on the SCR. Approximately 32,000 State Central Registry clearances were conducted on child care employees from July 1, 2018 – November 15, 2018. SCR clearances on DCFS licensed facility employees began in November 2018. "Due Process" was implemented August 1, 2018. All individuals who were/are found to be a perpetrator of a valid allegation of abuse/neglect have the ability to appeal their finding to the Division of Administrative Law if their appeal rights have not been exhausted.

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TECHNICAL ASSISTANCE/PROGRAM SUPPORTS: Training and technical assistance provided to regions operating state programs included policy development, on-site training, distance learning opportunities [pre-service, in-service, pilot programs, program specific training, training identified through surveys and needs assessments], case staffings, supervision and case management in regions with critical shortages of staff due to high turnover and coaching and mentoring of field staff and supervisors statewide. The Department of Children and Family Services (DCFS) executive management and Child Welfare (CW) executive management conducts meetings with field staff at least once per quarter to discuss performance, workforce development and any other identified concerns.

In FFY 2017, DCFS continued the efforts noted above, but these supports were provided through a restructured organization. As per the charge of Governor John Bel Edwards, DCFS was restructured to ensure child welfare professionals were responsible for making child welfare decisions. In addition to internal supports provided during the last year, DCFS continued to engage the Capacity Building Center for States until August 2016. [The initial assessment with the center had been initiated in January 2016 and again in March 2016. After the meeting held on March 7, 2016 a work plan was developed by center staff and sent for DCFS review/approval on 3/22/2016. DCFS reviewed and approved the work plan with no changes on 4/26/2016. DCFS later asked for a call (5/9/2016) with center staff to have additional discussion related to workforce development and the state's practice model. After the meeting, the work plan was modified to include these two efforts as well as the work with youth. Shortly after, DCFS and staff from the Capacity Building Center began to work on the youth work plan. Both the assessment and the work plan can be located in Appendix F of this report. (Note: During the development this plan the work plan had not been updated to include the workforce development or practice model focus.)]

The state experienced disastrous and widespread flooding in March and August of 2016 and that was the reason for postponing the work with the Center. Months after DCFS CW explored the possibility of resuming the work, but again felt it was not the right time. In February 2017, the Center provided a presentation to the state lead regarding the Center's services. Information was shared with CW executive management and thus far the states work with the Center has not continued. Please refer to Appendix F to review the completed assessment and DCFS work plan.

In March of 2017, DCFS CW applied for a grant through the Quality Improvement Center on Workforce Development Center on Children, Families and the Law (QIC-WD). DCFS CW was selected to advance to the next phase of the QIC-WD's site selection process. This next phase is intended to allow sites and the QIC to mutually explore the fit of each site with project requirements, through discussion and information gathering. This process will include one or more phone calls between QIC-WD team members and DCFS CW representatives who can answer technical questions regarding HR and child welfare data systems. The process will include a one day on-site visit scheduled for July 20, 2017 between QIC-WD representatives and key agency leaders. After the site visit, QIC-WD team members may follow up with the state to seek clarifications or additional information necessary for their decision-making process.

Implementation Supports: Additional details on implementation supports listed below are included throughout this plan.

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1. The Department will continue to work with The Child Welfare Policy and Practice Group and Casey Family Programs for ongoing implementation and monitoring of the Teaming process, Advanced Safety Focused Practice (ASFP) as well as the Louisiana Quality Parenting Initiative.
2. The DCFS program staff work with regional staff statewide on the implementation of ASFP, Teaming and the Louisiana Quality Parenting Initiative and provide training as needed/requested.
3. Child Welfare Training Academy (LCWTA) – Child welfare staff will continue to work closely with the LCWTA (which is a collaborative effort with the Court Improvement Project and Pelican Center as well as the Universities Alliance) to ensure staff receive the most appropriate and effective training. Program staff will continue to work closely to ensure success of the first line supervisor-mentoring project.
4. The DCFS Child Welfare System Development Project is currently in contract negotiations with a vendor to replace all of the CW legacy mainframe systems, which includes ACCESS, FATS, QATS, and TIPS. The new system will meet the requirements of the new Comprehensive Child Welfare Information System (CCWIS) regulations. This team, made up of CW staff, will work closely with field staff, program staff, and executive management to develop and implement the new system. The ongoing efforts of the CQI state level team and regional teams support the strategies, goals and action steps in this five-year plan.
5. CQI Case Review Process – The data obtained and utilized in the PQI/CQI process and provided to regional staff via exit interviews is critical to measuring success.
6. The Child Welfare Trauma Grant is a collaborative effort between Tulane University and DCFS. Through this, collaborative staff and providers have been trained to provide trauma focused care and the state has implemented the use of a trauma screening tool statewide.
7. DCFS has relied on the support of the Dallas regional Children’s Bureau office staff as this plan was developed and throughout the year with regard to natural disasters as well as CFSR Round 3 preparation.
8. The Department suspended the work initiated with Child Welfare Capacity Building Collaborative for technical assistance to improve services to youth in transition and to successfully plan for youth aging out of fostercare after severe and widespread flooding.
9. DCFS has applied for a workforce development grant with the QIC-WD and has been selected for phase II of the exploration process. During FFY 2018, Phase 2 of the assessment process in the QIC-WD grant was completed. Louisiana was selected to be one of eight jurisdictions chosen to participate in testing workforce strategies and building knowledge to strengthen the child welfare workforce.
10. The DCFS state office and regional staff completed the rollout of the Quality Parenting Initiative (QPI) statewide in May 2017. Multiple training sessions focusing on QPI implementation were held statewide.
11. The ACCESS replacement system went live on August 6, 2018. The DCFS ACCESS Project Team has continued to work diligently with the Deloitte team, Child Protective Services, Centralized Intake and other front-line staff to log and fix defects reported.
12. The DCFS On-line Policy Management System has undergone a software update. This will provide staff access to policies, standards and other official communications in a modernized and more user-friendly, cloud-based environment. In preparation for the new

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system, staff will receive a detailed description of the system's features, a Basic User Guide and a link to an Instructional Video. Implementation of the new system is July 2, 2018.

Program Supports: The Department provides training and technical assistance to regions and parishes as well as other local or regional entities on an ongoing basis throughout the state. State office staff works with regional and parish staff as well as other state and community partners on the services and issues that impact child welfare service delivery. Some work is highlighted below and more detailed discussion can be found throughout this plan.

- Collaboration with Community Partners
- Tribal Coordination and Collaboration
- The Child Welfare Trauma Grant with Tulane University
- Over the Edge Campaign
- Wendy's Wonderful Kids (Dave Thomas Foundation)
- The Child Welfare Training Partnership with the Pelican Center (Court Improvement Project) and the Universities Alliance (includes state universities with IV-E programs)
- Quality Assurance Systemic Factor
- Agency Responsiveness to the Community Systemic Factor
- The Diligent Recruitment & Retention Plan
- CQI state and regional level processes
- Youth Transition – Aging Out of Foster Care
- Quality Parenting Initiative
- Various local, regional and national providers including Independent Living Providers, Family Resource Centers, Casey Family Programs and The Child Welfare Practice and Policy Group, etc. are contracted to work with staff statewide to provide training and technical assistance in the implementation of child welfare services or services that support the implementation of child welfare in the state.

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DCFS SYSTEMIC FACTORS:

INFORMATION SYSTEMS – DCFS utilizes a number of information systems to track data for Child Welfare (CW). The primary system of record is the Tracking, Information and Payment System (TIPS). For a full description of data systems utilized by DCFS, please refer to the 2017 APSR (DCFS Systemic Factors/Information Systems, p. 38-39, para. 2-9).

TIPS is a critical system to house and report data on children currently in foster care, as well as those children who have been served in foster care in previous years. Using TIPS, the Department is able to collect and report required data elements for federal reporting as well as for any ad hoc reporting that is needed.

The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined and ever-changing extraction process. Change requests are submitted regularly through our System Development Life Cycle process (SDLC) and the TIPS system is updated quarterly to reflect changes that are requested to improve overall data quality as well as the ability to adequately report on AFCARS and NCANDS requirements.

The Department uses the bi-annual AFCARS submissions to identify errors that exist in TIPS with regard to children served in Foster Care during each period. Within just a few days of the AFCARS period ending, the Department begins working to clean up fixable errors that are identified. In the weeks leading up to the submission, weekly files are texted and distributed to field staff for cleanup of missing and/or inconsistent data.

In the 2017 AFCARS submission, the Department started with 1,045 fixable errors. When the file was submitted, only 16 errors remained – a 98.5% decrease in errors. Timeliness errors, because they cannot be corrected, and errors related to the Office of Juvenile Justice are not factored into this calculation. With regard to the 2018A AFCARS submission, the Department began with 901 fixable errors and submitted a file with only 21 fixable errors – a 97.67% decrease for the 2018A period. During the 2018B AFCARS submission, the Department started with 1,094 fixable errors and submitted a file with 36 errors. This was a 96.71% decrease in errors for the 2018B period.

The Department is required to report Office of Juvenile Justice (OJJ) data as a part of the bi-annual AFCARS submission. Currently, TIPS does not interface nor capture data from OJJ, which was an issue cited during CFSR Round 1 as a key problem. As a way to ameliorate this issue, the Department has taken steps to store OJJ child-specific information – including child demographics, an OJJ assigned identifier, and an OJJ program file will identify the AFCARS period in which a child was served by OJJ. Adding these functions to the TIPS system will allow for improved reporting and full incorporation of the OJJ population into the Continuous Quality Improvement (CQI) process. This system enhancement is scheduled for the December 2018 change cycle; however, this enhancement is still in a pending status. With this change, multiple years of OJJ data will be available for viewing and extraction within TIPS and information will be stored for OJJ children following each OJJ submission.

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TIPS functions as the primary statewide information and payments system; this system tracks demographics, location, legal status, and goals for all children in foster care. Using the data captured in TIPS, DCFS produces reports through a data extraction process employing the tool, WebFocus Developer Studio. Many reports are available on-demand via a dashboard to staff at all levels and the purpose of many such reports is to identify when key data elements are incorrect or missing.

The internal-use dashboard includes a report to identify children in foster care with an incorrect social security number (SSN). Programming logic is used to identify numbers in the SSN field in TIPS does not meet the criteria of a SSN. For example, a number beginning with a ‘9’ or is a string of nine repeated digits. This report can be run daily and provides point in time data for children in foster care on a specific day. On June 10, 2018, 6.6% of children were identified as having an incorrect social security number (296 children with a missing SSN, of 4,486 children in foster care). On February 20, 2019, 6.9% of children were identified as having an incorrect social security number (294 children with a missing SSN, of 4,242 children in foster care). A SSN can be missing for a number of reasons, the most prevalent being newborn children in foster care who have not yet been assigned a SSN. The Foster Child with Incorrect SSN report is available to all levels of staff and allows the user to drill down to child level information allow for the user to easily identify the child requiring correction.

Another report available to all staff is the Children in Foster Care with No Placement in TIPS. This report identifies children in which a placement authorization either has not yet been entered (often related to children who entered foster care after hours) or at a time when the child’s placement authorization has expired (placement authorizations are normally set for 6 or 12 months and must be updated or extended after time has elapsed). On June 10, 2018, eighty (1.8%) of 4,486 foster children had a missing or expired placement authorization. On February 20, 2019, forty-one (1.0%) of 4,242 foster children had a missing or expired placement authorization. Users are able to drill down to the child specific information in order for field staff to update placement information for children on their caseload. One area this report lacks adequate data, is with regard to placement changes. However, this area will be reviewed as part of a CQI addendum to ensure the current placement and placement history correctly captured in TIPS correctly reflect the placement(s) of the child.

Additional reports can be run on an ad hoc basis to review other child demographic information may be unknown or missing – for example gender, race, and ethnicity.

Demographics of children in foster care on June 10, 2018 (n=4,486)		
Demographic Field	# Children with Missing/Unknown Data	% of Children with Missing Data
Gender	3	0.07%
Race	125	2.79%
Ethnicity	390	8.69%

**Extracted using WebFocus Developer Studio on 6/11/2018*

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Demographics of children in foster care on February 20, 2019 (n=4,242)		
Demographic Field	# Children with Missing/Unknown Data	% of Children with Missing Data
Gender	4	0.09%
Race	77	1.82%
Ethnicity	402	9.48%

**Extracted using WebFocus Developer Studio on 2/21/2019*

The data above, in addition to the reports regarding the missing SSN and placement information demonstrates the Department’s ability to readily identify the demographic characteristics and location of the children in foster care at a point in time, or within the preceding year.

To further assist in identifying missing or incorrect vital information, DCFS plans to use the CQI review process to begin doing data checks in key areas, such as placement, to more quickly identify cases requiring additional information in this area. By adding an addendum review instrument in the Quality Assurance Tracking System (QATS) – see 2017 APSR for a full description (DCFS Systemic Factors/Information Systems, p. 39, para. 7), all out-of-home cases reviewed during the 6-month case review period will be subject to the additional review instrument. Questions addressed within the review instrument include:

- Does the SSN in TIPS match the child’s Social Security card/case record?
- Does the date of birth (DOB) in TIPS match the child’s birth certificate/case record?
- Does the gender in TIPS match the child’s birth certificate/case record?
- Does the child’s race in TIPS match what is recorded in the case record?
- Does the child’s permanency goal in TIPS match the most recent court judgment/case record?
- Does the child’s current placement and placement history in TIPS match what is recorded in the case record?

Using the above questions in a case review addendum will allow for roll-up reports to be produced; errors to be identified, and corrections to be made in areas TIPS data cannot readily identify data gaps.

In 2018, this review instrument was implemented. To date, sixty cases have been reviewed using the additional review instrument. The results of this review can be found in the table below.

Foster Care and Adoptions Cases Reviewed by CQI (n=60)			
Review Item	# of Children with Correct Information	# of Children with Incorrect Information	% of Reviews with Correct Information
Child’s Social Security Number	48	12	80%
Child’s Date of Birth	56	4	93.3%
Child’s Gender	57	3	95%
Child’s Race	54	6	90%
Child’s Permanency Goal	51	9	85%
Child’s Current Placement/Placement History	52	8	86.7%

**Roll-up data extracted from QATS on 2/21/2019.*

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In addition, DCFS has a number of other avenues in which areas of data quality are reviewed. DCFS uses NCANDS reporting to identify areas of missing demographic information; using the Federal Visitation Report, gaps in data can be quickly identified and corrected as well. Further, data sharing agreements existing between DCFS and the Louisiana Department of Health (LDH) allow staff to better identify missing demographic data and take action to correct those errors.

TIPS currently interfaces with other systems providing information on Medicaid Eligibility as well as Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. Using these interfaces, users are able to review and verify information to correct TIPS data when errors are discovered.

In November of 2017, a process was implemented to verify data on children entering foster care each month; using WebFocus Developer Studio, a report of children who entered care in a certain month are identified and matched against the Medicaid system. The fields matched between TIPS and Medicaid include, full name, DOB, SSN, and Medicaid number. For the September 2017 entry report, 237 children were identified as having entered foster care. 237, 26 children (10.97%) were found not to have a name match in Medicaid; after corrections were made, only 12 (5.06%) were found not to have a name match in Medicaid. The same process is completed with regard to the child’s DOB, SSN, and Medicaid number. Two separate variables are examined - the first is whether the child is found in the Medicaid system at all using name, date of birth, SSN, or Medicaid ID number; the second is whether children identified as receiving Medicaid can be matched using those 4 indicators. For those with mis-matched indicators present, the data can be corrected in the DCFS TIPS system. If children are not found in Medicaid another process to ensure those children are receiving Medicaid can be examined.

The results for the children who entered Foster Care in September of 2017 are summarized in the table below. Two hundred thirty-seven (237) children entered Foster Care and remained in care at the times of extraction. For those children with data not matching Medicaid exactly, corrections were made leaving DCFS with less than 1% of children who entered during September, matching Medicaid’s database. Medicaid requires more documentation (birth certificate, social security card/verification, etc.) to be entered into their system, whereas DCFS may take a statement from a client or collateral causing data inconsistency in TIPS. Matching against Medicaid assists in correcting these errors timely. In July of 2018, this process was terminated and an automated process was implemented to assign children in foster care to a health plan.

Children entering foster care – September 2017 (n=237)				
Data Field to Match	#/(%) Children with No Medicaid Match at Entry	#/(%) Children with No Medicaid Match after Corrections	#/(%) Children with Mis-Match with Medicaid at Entry	#/(%) Children with Mis-Match with Medicaid after Corrections
Name	26 (10.97%)	12 (5.06%)	9 (3.8%)	1 (0.42%)
Date of Birth	19 (10.97%)	12 (5.06%)	7 (2.95%)	0 (0%)
Social Security Number	52 (21.94%)	38 (16.03%)	8 (3.37%)	0 (0%)
Medicaid Number	35 (14.76%)	0 (0%)	15 (6.32%)	2 (0.84%)

**Extracted from WebFocus Developer Studio on November 9th and 16th, 2017*

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Completing this type of match draws the Department's attention to gaps in data within TIPS and the systems with which TIPS interfaces. It allows for these gaps to be corrected earlier and with more frequency. When data gaps still exist after correction, it further alerts staff to reach out to the child's family, the Social Security Administration, or to the Office of Vital Records to verify and obtain correct information.

With the future implementation of a CCWIS system, plans are in place to collect better information regarding children with diagnosed conditions, the tribal status of children in foster care, children's educational status, and additional placement details. Not only will these improvements benefit our federal reporting, these enhancements will improve data quality overall. Additionally, the department hopes to incorporate NEICE functionality in the CCWIS system to allow for improved communication across states in ICPC cases.

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QUALITY ASSURANCE SYSTEM:

Foundational Administrative Structure: History regarding the development of Louisiana’s CQI foundational structure is outlined in the state’s APSR for FFY 2016 (QA Section, Foundational Administrative Structure, pages 39-40, paragraph 1) as well as in the Quality Assurance System Systemic Factor - Foundational Administrative Structure section of the state’s APSR for FFY 2017 (pages 41-42). The information provided below provides a current update to reflect Louisiana’s ongoing efforts to maintain its established CQI system.

As stated above the CQI Team maintained its previously reported structure of three managers along with case review staff who hold various roles (first level reviewers, second level reviewers) in the CQI process. In FFY2018, the number of case reviewers decreased to 19 due to agency restructuring. The established training protocol for CQI staff remained intact with the CQI Unit maintaining bi-weekly conference calls along with quarterly in-person meetings. More information regarding training of CQI staff is included below in the Case Record Review Data and Process section.

DCFS continued to monitor and make improvements in the area of communicating information captured through the CQI process. Following the initial meeting of the State Level CQI Committee in December 2016 and through discussions among CQI Unit Management, it was decided the composition of the committee change to reduce the representation of management level staff and to include more regional field staff and stakeholders.

Members of the new committee include the following:

- State Office CW Manager 2
- State Office CW Manager 1
- State Office Program staff (2)
- Regional Area Director
- Regional CQI Committee Chair
- Regional CQI Committee Co-Chair (2)
- CW Data Consultant
- CW Training Academy
- CQI Managers
- State Office Clerical Staff
- Regional Field Staff (4)
- Stakeholders
 - Court Improvement Program (CIP) Representatives
 - Tribal Representative
 - Youth Independent Living Coalition Representative
 - CASA Representative
 - District Court Representatives
 - Foster Parent
 - Parent
 - Youth

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The first meeting of the new committee was held on June 29, 2017. During this meeting, participants discussed the philosophy of CQI, DCFS CQI Structure, using data in decision making, and expectations of members in future meetings. Emphasis was placed on the committee's role in the CQI Communication feedback loop as well as the committee's responsibility in reviewing Regional CQI referrals sent to the committee for response and/or study.

Although the state level CQI committee was only slated to meet biannually, the new committee recommended meeting quarterly to ensure dialogue continues at all levels. The committee meetings continued through FFY 2018 with a focus remaining on the following topics:

- CFSR preparations and planning
- Regional CQI Committee updates
- Data presentation/review/analysis
 - Case Reviews
 - Red Flag Case Review staffings
 - Targeted Case Reviews
 - MIS Data
- Stakeholder communication and needs
- Referrals
- Agency updates/ planning/next steps
- Region Spotlights – presentations reflecting regional strength based practices

It should be noted data from CQI case reviews is presented bi-annually during the April and October meetings of the State Level committee. This places the dissemination of the case review data on the same schedule as the Regional CQI committees. Data overviews are an important focus of the state level committee. Statewide data results from CFSR case reviews were presented for discussion and feedback regarding the quality of service delivery. Data regarding cases reviewed and found to have safety concerns was presented during committee meetings for discussion before dissemination to Regional committees.

The committee continued to stress the importance of the use of CQI referrals in the feedback loop to communicate with Executive Management, State Office Management and Field staff. Procedures for submitting, responding and collecting data for state level referrals have been developed. Recent data shows 42 referrals have been submitted to the state level committee since Quarter 3 of CY 2017 for resolution. As of March 2018, all 42 responses were received from Executive Management and State Office Management. The responses were sent to all regional committees for dissemination to field staff statewide.

Additional information regarding referrals to the state level CQI Committee can be found in the Analysis and Dissemination of Quality Data and the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process sections of this report.

The Regional CQI committee meetings have continued quarterly in all nine regions of the state. The focus of the meetings remained:

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- Data overview and state level CQI committee updates
- Regional work/issues/planning/ updates on submitted committee work
- Stakeholder communications/needs/ regional and state level referrals/agency functions

One main function of regional CQI committees continues to be involving staff at all levels in identifying the Department's strengths, barriers and needs for improved service delivery. In April 2017, 15 CFSR Items were presented statewide during regional meetings for discussion. During the October 2017 meetings, 9 CFSR Items were presented. In April 2018, 5 CFSR Items were presented. All 18 Items were reviewed again during the October 2018 meetings. Nine CFSR Items were presented in the April 2019 regional meetings.

A chart entitled "CFSR Items presented at Regional CQI Exit Meetings" outlines the items presented in each region and can be found in the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process section of this QA Systemic Factor report.

Additional information regarding the foundational structure, functioning and meetings of the 9 Regional CQI Committees is included in the Foundational Administrative Structure section of the APSR for FFY2017 (QA Systemic Factor, page 42, paragraphs 3-6).

Data overviews are an important focus of the state level committee. Statewide data results from CFSR case reviews were presented during the committee meetings for discussion and feedback regarding the quality of service delivery. Data regarding cases reviewed and found to have safety concerns was presented during committee meetings for discussion before dissemination to Regional committees.

The committee continued to stress the importance of the use of CQI referrals in the feedback loop to communicate with Executive Management, State Office Management and Field staff. Procedures for submitting, responding and collecting data for state level referrals have been developed. Recent data shows 88 referrals were submitted to the state level committee since Quarter 3 of CY 2017 for resolution. The referrals are reviewed then sent to Executive Management and State Office Management for responses. The responses were sent to all regional committees for dissemination to field staff statewide.

Additional information regarding referrals to the state level CQI Committee can be found in the Analysis and Dissemination of Quality Data and the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process sections of this QA Systemic Factor report.

Quality Data Collection: In August 2017, Louisiana began using the traditional random sampling methodology. No problems have been reported as a result of the reduced number of cases for CFSR case review or change to sampling methodology.

CQI continues to use the process of pairing and rotating reviewers and QA staff each review period. Efforts to strengthen inter rater reliability among QA staff also continued during FFY 2018 and into FFY 2019 with CQI QA staff completing exercises with mock case reviews and participating in bi-weekly QA support calls.

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- Although DCFS acknowledged data gaps in the 2017 APSR, and the potential for those gaps to affect data quality, collaborative efforts with the data unit are underway to determine areas where data quality issues are most evident. The following activities were considered for improving data quality: Development of a process to match information found in case records with corresponding information in the TIPS system.
 - As part of the IT Systemic Factor, DCFS developed a supplemental questionnaire for cases sampled in the CQI review process. These questions are narrowly focused to address the areas of foster child demographics, case goal, and placement. It will include comparison of what is in TIPS and what is documented in the case record. All cases reviewed as a part of the out of home sample will be subject to this questionnaire with the intention of improving data quality. The questionnaire has been added to the Case Plan targeted review which will begin Reporting Period 2, FFY 2018 (April 2018). This process will continue through FFY2019.
- Visitation Report for dashboard.
 - This task is still being developed as it is a difficult request to program for everyday use by field staff. As a temporary work-around, Performance Measures Consultants have access to a version of this report to share with staff. These key individuals are responsible for manually gathering and compiling data for their regions. There were no changes during this reporting period as the Performance Measures Consultants continue to monitor and assist with this task.
- Development of TIPS data reports to assist in identifying AFCARS errors.
 - Focus was shifted to developing reports to capture CFSR round three data so additional progress has not been made in this area.

Case Record Review Data and Process: The CQI Team completed the 2018 CFSR during the case period beginning April 1, 2018 and ending September 2018. In preparation for the CFSR, Louisiana moved from a calendar year review cycle to a federal fiscal year (FFY) review cycle to align with the FFY and CFSR timeframes. This change resulted in Louisiana undergoing a preparatory period from 7/1/2016-9/30/2016 when no CFSR case reviews were completed. The change began on October 1, 2016 with the beginning of Reporting Period (RP) 1 FFY 2017. History regarding the development of Louisiana's case record review process is outlined in the state's APSR FFY 2017 (QA Systemic Factor Section, p43-45)

The CQI team continues to use the OSRI to conduct CFSR case reviews during 6 month reporting periods, aligned with the FFY timeframes. Louisiana input data regarding the OSRI into OMS.

In FFY 2017, it was determined the CQI team would implement a new level of quality assurance (QA) to ensure best practice in rating CFSR reviews. The decision was made to add an additional 3rd level manager review to randomly selected case reviews. In order to accomplish this, six new QA reviewers were identified from the current review staff, and the current QA reviewers were moved into the role of 2nd level reviewers. The three CQI managers, who were previously completing all 2nd level reviews, completing the 3rd level manager reviews in the new structure. These changes were implemented in October 2016. No substantial problems occurred as a result of the change and staff experienced a rather smooth transition to the new process. During the 2018 CFSR, secondary oversight of the cases reviewed was provided by Children's Bureau staff.

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The training protocol established for CQI staff remains intact. CQI managers and QA staff continued to lead training sessions. The CQI Unit has maintained bi-weekly conference calls and/or webinars to discuss CQI matters, case review items and standards, and to train staff on changes to policy and procedures (state and/or federal). Quality Assurance (QA) CQI staff continued to meet separately to review QA processes and case review standards. Regional and statewide meetings were held to train staff.

The entire CQI team participated in quarterly trainings. The following is a list of the trainings and dates of trainings:

- January 25, 2017: CQI Consultation for CW Supervisors
- March 8, 2017: Effective CFSR Case Review Exit Meetings
- May 10, 2017: Mock Case Presentation with Federal Partners
- July 5, 2017: Team Building- Improving CQI
- September 26, 2017: Start of Reporting Period 1-2018: CFSR Tips and Reminders from JBS.
- January 29, 2018: Mock Case Presentation/
- March 27, 2018: Mock Case Discussion/2018 CFSR Kick Off
- June 19, 2018: CFSR Discussion: Process, Identifying Trends
- September 27, 2018: CFSR Debrief, Ad hoc review Interrater Reliability
- December 13, 2018: Interrater Reliability Exercise (Items 2, 3 & 12)
- March 14, 2019: Interrater Reliability Discuss (Safety Outcome 2, Permanency Outcome 1)

Analysis and Dissemination of Quality Data: Although a number of procedural improvements have been made in the analyzing and dissemination of data from the CFSR case reviews, Louisiana continues to distribute data to all levels of the Department and to external stakeholders. The Analysis and Dissemination of Quality Data section of the Louisiana 2017 APSR (QA Systemic Factor, page 45, paragraph 5 – page 46 bullet 2) outlines the state’s previous procedures. No changes were made at the Worker/Supervisor Level and the procedure remains the same as stated in the State’s APSR for FFY 2017.

- Worker/Supervisor Level: CQI reviewers conducted consultations with workers and supervisors on every review held.
- Regional Level: Extensive data presentations and discussions at CQI Regional Committee meetings with the potential for feedback loops. A detailed discussion of the format for the meetings is included in the Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process section of this QA Systemic Factor report.
- State Level: Quarterly State Level CQI meetings with the potential for bi-directional communication. A detailed discussion of the format for the meetings is included in the Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process section.

Distribution of data and opportunities for input continued with external stakeholders on the state as well as regional levels. The DCFS data unit provided aggregated data to external stakeholders on a recurring basis as well as upon request.

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Stakeholder	Report	Request
LA Department of Health	Foster Care/LDH Match	Monthly recurring
Court Appointed Special Advocate (CASA)	Foster Care Count	Monthly recurring
LA Department of Health	Foster Care Entries	Monthly recurring
LA Department of Education	Point in Time – Children in Foster Care	Monthly recurring
Casey	AFCARS Data	Bi -annually
LA Legislature	Human Trafficking Report	Annually
La Legislature	HCR 74 Report on Children in Foster Care	Annually
LA Department of Administration	LAPAS	Quarterly
Casey	Short Stayer Data	Quarterly
Mindshare/Eckerd	CPS Data	Weekly
LA Department of Health	Match of Infants served by both Departments	Annually
LA Department of Health	Fatality Data	On-Demand
Dave Thomas Foundation for Adoption	Adoption Data	On-Demand
CASA	Fatality Data	On-Demand

**The aggregate data reports above were distributed to the identified requesting stakeholders. Data reports requested by DCFS programs and provided to external stakeholders are not included in the chart above.*

The DCFS continued to extend invitations in FFY2018 to stakeholders to participate in statewide meetings where CFSR and targeted case review data results are discussed. On the state level stakeholders included representatives from the Court Improvement Program (CIP), Tribes, CASA and residential placement facilities. In CY 2018 and 2019, Louisiana continued to extend invitations to stakeholder groups on the regional and state levels. On the regional level representatives from courts, tribes, CASA and service providers participated in quarterly regional committee and stakeholder subcommittee meetings.

In the 3rd Quarter CY 2018, a foster parent agreed to participate in the State Level committee meetings. She has actively participated in meeting discussions and has provided feedback from her perspective as a foster parent. Efforts to encourage parents and youth to attend meetings include requesting assistance from surrounding regional and parish field offices in identifying, contacting, and offering assistance (transportation) to parents and youth. In addition to extending invitations, the efforts have also been made to contact service providers who work with youth as well as DCFS Program Staff working with youth to assist in identifying youth who would be willing to participate in meetings.

The CQI Team continues to conduct ad hoc/targeted reviews. Information regarding the process for requesting, conducting and evaluating ad hoc/targeted reviews as well as reviews currently underway can be found in the Analysis and Dissemination of Quality Data section of the 2017 APSR (QA Systemic Factor Section, page 47, paragraph 3 – page 48, paragraph 1).

Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process:

As in previous years, CQI continued to promote the use of data to improve practice and guide collaborative efforts. Stakeholders were afforded opportunities to review data and provide

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feedback during statewide meetings, state level CQI meetings as well as regional meetings. Discussions during the meetings have focused on planning and implementing changes aimed at improving outcomes.

Program improvements to Louisiana’s work with youth are partially due to the Department’s Quality Assurance system. Using a statewide Quality Assurance process, data was collected and analyzed from Youth Transition Plan (YTP) case reviews as well as state and regional focus groups to facilitate program improvement measures.

CQI began Youth in Transition Plan (YTP) case reviews in 2014. It was determined although an earlier training had been implemented in 2013, practice with older youth in care had not improved significantly. Based on this assessment, a new training was developed. Review findings were utilized to determine areas of focus for the training. The YTP training was piloted with CQI and Program staff in December of 2015 and the training was implemented statewide from December of 2015 through April of 2016. Three hundred ninety-four foster care and adoption case managers and supervisors were trained.

However, no marked practice improvement was seen in YTP case reviews. The YTP targeted case reviews were suspended as it was felt sufficient data had been collected to explore identified concerns. The last targeted review was conducted for RP1 CY 2016 (January 1, 2016-June 30, 2016).

TABLE S1: Statewide Youth Transition Plan Compliance Data		
YTP Statewide Data - RP1 CY 2016		
Item #	QUESTIONS	RP1 CY2016
1	Were all required YTPs completed within the Period Under Review?	31.1
1 A	If the answer to 1 is “No”, have any required YTPs been completed within the PUR?	62.5
2		
3	Has every section of the YTP been fully assessed during the PUR to include updated goals and action steps that indicate on-going assessment of the child’s needs?	8.9
4	Based on the assessment information, does the plan address the needs and desires of the youth in a realistic manner?	26.7
5	Does it appear youth have guided development of the Plan?	37.8
6	Does the YTP indicate the youth has individuals in their life to provide continued connection and support after DCFS involvement?	33.3
7	Are the services in the plan, and the action steps to achieve the goals, adequate to prepare the youth for independence considering their individual circumstances such as their age, developmental level, medical conditions, financial resources, etc.?	17.8
8	Does the case documentation indicate youth have been given opportunities to demonstrate capacity for success at independent living prior to aging out in areas such as: sense of belonging, mastery, independence and generosity?	82.2
Percentages = Yes ratings for each item		

The review include 45 statewide cases were pulled from a random sample of youth ages 14 and over. The sample was based on the assigned worker and the worker’s location in Louisiana’s Tracking Information Payment System (TIPS). Item 2: “Was the Youth Transition Plan (YTP) attached to the case plan and court report?” was removed for this review period due to policy Transmittal Date June 30, 2019

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changes, which required entering YTPs in Louisiana’s Family Assessment Tracking System (FATS). The most notable result of the review showed 31% of the cases reviewed had all required YTPs completed for the PUR. In Louisiana YTPs are due every 6 months for all Foster Care cases with a youth age 14 or older. A YTP is also due within 60-90 days prior to a youth’s 18th birthday.

In an effort to determine effectiveness, the YTP review July-October 2016 was developed. This review was divided into two parts. One part would examine if a YTP review and consultation after the review affected future YTP practice. Part 2 would examine if training and YTP reviews, increased knowledge of program staff across the state regarding appropriateness of YTPs.

The first part of the review began in July 2016, looking back at all YTP reviews conducted in RP 1 CY 2016 (January 1, 2016-June 30, 2016). This part of the review was titled the “Youth Transition Plan Re-review.”

Youth Transition Plan Re-Review

Table S1: Provides the re-review instrument items for the Youth Transition Plan Re-review.

TABLE S1: YTP RE-REVIEW INSTRUMENT ITEMS	
Item 1	(NA) Question not applicable for re-review.
Item 2	(NA) Question not applicable for re-review.
Item 3	Has every section of the YTP been fully assessed during the Period Under Review?
Item 4	Based on the assessment, does the plan address the needs and desires of the youth in a realistic manner?
Item 5	Does it appear youth have guided development of the plan?
Item 6	Does the Youth have individuals in their life to provide continued connection and support after DCFS involvement?
Item 7	Are the services in the plan adequate to prepare the youth for independence considering their individual circumstances such as their age, developmental level, medical conditions, financial resources, etc.?
Item 8	(NA) Question not applicable for re-review.

Statewide YTP Re-review Outcomes

Table S2: Provides per region, the total number of YTPs re-reviewed, # of YTPs with all “Yes” ratings, # of YTPs with all “No” ratings, and percentage data of YTPs with all “Yes” ratings.

TABLE S2: YTP RE-REVIEW STATEWIDE OUTCOMES DATA				
Region	# of YTPs Re-reviewed	# of YTPs with All “Yes” Ratings (Items 3-7)	# of YTPs with At Least 1 “No” Rating (Items 3-7)	% of YTPs with All “Yes” Ratings (Items 3-7)
Orleans	2	0	2	0%
Covington	1	1	0	100%
Thibodaux	1	0	1	0%
Baton Rouge	2	0	2	0%
Lafayette	2	2	0	100%
Lake Charles	4	1	3	25%
Alexandria	1	0	1	0%
Monroe	1	0	1	0%
Shreveport	1	0	1	0%

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Table S3: Provides percentage data representing the statewide responses to items on the Youth Transition Plan Re-review instrument.

TABLE S3: YTP RE-REVIEW STATEWIDE ITEM OUTCOMES DATA				
Item #	# of YTPs Re-reviewed	# of YTPs with "Yes"	# of YTPs with "No"	% of Yes Ratings
Item 3	15	7	8	46.7%
Item 4	15	8	7	53.3%
Item 5	15	10	5	66.7%
Item 6	15	8	7	53.3%
Item 7	15	8	7	53.3%

All cases in which a YTP review was conducted during RP 1 CY 2016, still open in July of 2016, were re-reviewed to determine if during the RP 1 review were addressed after consultation regarding those reviews. Out of 45 YTP reviews conducted for RP 1 CY 2016, 15 cases remained open and eligible for re-review. The re-review of those 15 cases was conducted between July - October 2016. Staff had the opportunity to update YTP plans and to consult, at their discretion, with foster care state office staff prior to their YTP being re-reviewed.

Youth Transitional Plans (YTP): The second part of the review began in August 2016. This part of the review was titled the Youth Transition Plan Supervisor Review. Area Directors in each region were asked to have all FC and AD supervisors in their region select the best YTP for which they had supervised completion and send to State Office for review.

Youth Transition Plan Supervisor Review

Table SR1: Provides the instrument items for the YTP Supervisor Review.

TABLE SR1: YTP SUPERVISOR REVIEW INSTRUMENT ITEMS	
Item 1	Did the YTP contain goals and realistic action steps to achieve goals within domains? To rate as a "yes" this had to be present in a minimum of the Education and Health domains.
Item 2	The YTP contained evidence of involvement of others (outside of the youth and case manager) in development or accomplishment of the plan as evidenced (I.e. by the sign-in sheet, others listed as responsible parties in action steps of the plan, or others listed in the plan have some action or role in accomplishment of the plan).
Item 3	The YTP list a person identified to have contact with the youth (act as a permanent connection) and a plan for contact was detailed. If there was no person identified for the youth to have contact with, there was a detailed plan regarding how a contact person/permanent connection would be identified.
Item 4 (Youth age 17+ only)	The YTP for any youth age 17 detailed a confirmed plan for where the youth will live after they turn 18. If there was no confirmed plan, there must be action steps leading to the development of a confirmed plan prior to reaching age 18.

**Pass ratings must receive "Yes" ratings for all items, 1-3 (4 when applicable). Fail ratings indicate one or more "No" ratings for items 1-3 (4 when applicable).*

***A Pass rating regarding the above most basic criteria does not indicate the YTP meets a best practice standard or is in compliance with all required in policy, but instead indicates the YTP meets a basic practice standard.*

Table SR2: Provides data for the regional cluster including Orleans, Covington, and Thibodaux Regions.

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TABLE SR2: REGIONAL CLUSTER: ORLEANS, COVINGTON, THIBODAUX YTP SUPERVISOR REVIEW COMPLIANCE DATA				
Region	# of YTPs Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Orleans	*7	4	3	57%
Covington	11	1	10	9%
Thibodaux	6	2	4	33%

*1 supervisor in West Jefferson not reviewed due to FMLA leave. Supervisor not counted in # reviewed.

Table SR3: Provides data for the regional cluster including Baton Rouge, Lafayette, and Lake Charles Regions.

TABLE SR3: REGIONAL CLUSTER: BATON ROUGE, LAFAYETTE, AND LAKE CHARLES YTP SUPERVISOR REVIEW COMPLIANCE DATA				
Region	# of YTPs Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Baton Rouge	4	1	3	25%
Lafayette	13	6	7	46%
Lake Charles	8	0	8	0%

Table SR4: Provides data for the regional cluster including Alexandria, Shreveport, and Monroe Regions.

TABLE SR4: REGIONAL CLUSTER: ALEXANDRIA, MONROE, AND SHREVEPORT YTP SUPERVISOR REVIEW COMPLIANCE DATA				
Region	# of YTPs Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Alexandria	7	1	6	14%
Monroe	9	4	5	44%
Shreveport	10	0	10	0%

The review questions examined the most basic criteria to meet a basic/safe practice standard for YTPs. The review determined if reviews submitted were in the current format in the Family Assessment Tracking System (FATS), though this information was not used in rating, but for informational purposes only. Statewide, 75 YTPs were reviewed for the YTP Supervisor Review.

Following the YTP Review July-October 2016, CQI conducted regional focus groups with staff at multiple levels to identify barriers and possible solutions to improve outcomes in our work with Youth. Focus groups began in FFY 2017. The caseworker focus groups identified the development of plans with appropriate goals and action steps as the main barrier in working with youth. The groups discussed their struggles with developing plans for children with special needs, behaviors problems and with elopement issues. Supervisor and Manager focus groups agreed the majority of staff do not have the skill set to engage youth in the development of transitional plans. This results in transitional plans that are not specific to the youth's situation, according to the groups. All of the groups discussed and recommended specialized youth workers as a solution to improving outcomes for youth. Louisiana's use of a Quality Assurance process to collect and analyze data has led to the following programmatic changes in working with our youth.

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- The development of the Transitioning Youth Unit in state office to support the efforts of the field in improving the outcomes for older youth exiting the foster care program. Currently, there is a Manager, and two consultants. One critical means to improving the outcomes for older youth exiting foster care is ensuring each child exiting care has a permanent connection. Consultants have offered monthly case consultation to field staff in preparing youth aging out of foster care within the next six-month timeframe to ensure a permanent connection was established and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth’s transition into adulthood successfully.
- The Quality Parenting Initiative (QPI) was introduced statewide to change the staff perspective on greater partnering with birth families, and foster caretakers in the way children and youth are served. Emphasis was placed on encouraging improved relationships between foster caretakers and the families of the children and youth, and developing greater commitment of foster caretakers to the parenting role.
- Specialized Youth Workers were appointed statewide, with at least one within each of the nine (9) regions. The individualized case management services are provided by case managers who are specifically trained to work with youth, understand the importance of collaboratively working with the youth to develop a realistic plan for the child upon aging out as well as the development of at least one viable permanent connection. There are currently 19 workers statewide.

Louisiana’s efforts to help supervisors and field staff to link daily practices to data results through the use of a CQI/CFSR Mini Prep Session is outlined in this named section of the APSR for FFY 2017 (QA Systemic Factor, page 49, paragraph 4 – page 50).

CQI/CFSR Mini Prep educational sessions for field staff supervisory units were held on a quarterly basis beginning October 2016. These sessions allowed and encouraged small group discussions and questions related to case practice and outcomes. Below is the quarterly schedule along with topics for discussion.

CQI Mini Prep Sessions: Schedule and Topics

Quarterly Prep Sessions for Field Staff	Content of Prep Sessions
October 2016-December 2016	CQI: Understanding the CQI Process (30 min.-1 hour) 2016
January 2017-March 2017	Safety Outcome Items mini-training to include best practice understanding related to items (1 hour)
April 2017-June 2017	CFSR timeline and Permanency Outcome Items mini-training to include best practice understanding related to items (1 hour)
October 2017-December 2017	Well-being Outcome Items mini-training to include best practice understanding related to items (1 hour)
January 2018-March 2018	Case Related Interview and Stakeholder Interview mini-training (1 hour)

**This chart does not include the quarter of July 2017 to September 2017.*

Sessions were suspended statewide for the quarter July 2017 through September 2017 due to two Emergency Preparedness events, which required the reallocation of DCFS staff. The mini-prep sessions will continue through March 2018.

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Although attendance of field staff is not mandatory at mini sessions, it is strongly encouraged by Regional Management teams. Field staff included Child Welfare Trainees, Child Welfare Specialists 1-3 and Child Welfare Supervisors.

CQI Mini Prep Session: Attendance for Quarter through March 2018

Region	Number of Participants 10/2016- 12/ 2016	Number of Participants 1/2017-3/2017	Number of Participants 4/2017-6/2017	Number of Participants 7/2017-9/2017	Number of Participants 10/17 -12/17	Number of Participants 1/18-3/18
Orleans	97	95	89		79	22
Covington	44	107	101		100	28
Thibodaux	72	55	53		65	16
Lake Charles	63		108		63	27
Lafayette	69	67	55		65	26
Baton Rouge	45		88		52	7
Shreveport	81	87	106		88	20
Alexandria	77	73	81		91	19
Monroe	75	69	77		80	18
Total	623	553	658		683	183

**The data report above shows the number of field staff who participated in CQI Mini Prep Sessions conducted by CQI Reviewers since October 2016. Attendance for the January-March 2018 session was limited to field staff with cases in the 2018 CFSR random sample and regional management staff.*

Sessions were not held in two regions during the Quarter of January 2017 through March 2017 due to regional management changes. However, make-up sessions were held in both regions during the following quarter to ensure staff received information on the assigned subjects. In April 2017, the CFSR Time Line and Safety Outcome sessions were presented to 56 staff in Lake Charles Region and 48 in Baton Rouge. In June 2017, Permanency Outcome sessions were presented to 52 staff in Lake Charles and 40 in Baton Rouge. Therefore, the number of participants for those regions in the chart above for Quarter April 2017 through June 2017 includes the numbers for the makeup sessions.

CQI launched an Intranet web page in September 2017. The page features a message from the Department Secretary who introduces the CFSR and encourages staff to visit the web page monthly for updates. Each month the site features a CFSR focus item from the Children’s Bureau Child and Family Service Review Fact Sheet along with input from a featured region. Although regions featured have expressed enthusiasm regarding participating in this project, CQI currently has no way to measure the effectiveness of the web page. According to DCFS communication staff, they are currently exploring technology, which will capture the number of visits to the web page. The last CFSR focus item was presented in November 2018.

In April 2017, the CQI Unit moved forward with incorporating the CQI Regional Case Review Exit meetings into the Regional CQI Committee meetings. Information regarding the rationale for the procedure change and the success of a pilot implementation can be found in the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process section of Louisiana’s 2017 APSR (QA Systemic Factor, page 51, paragraph 4 – page 52).

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In the new meeting format, the CQI management reviewed case review data from OMS to identify any statewide trends. CQI staff serving as co-leaders of the regional committees helped the regional committees to analyze case review data and determine which items should be presented during the exit portion of the Regional CQI meeting. Any items identified as statewide trends by CQI management were also added for presentation at the regional meetings. Prior to the meeting, a group of staff consisting of Managers, Supervisors and caseworkers were chosen to serve as the core preparatory group. CQI staff met with the group to introduce the CFSR case review process, discuss the results of case ratings and to prepare the group to lead and participate in discussions during the Regional meeting. The following CFSR Items were presented during the regional meetings.

CFSR Items presented at Regional CQI Exit Meetings:

Regions	CFSR Items April 2017	CFSR Items October 2017	CFSR Items April 2018	CFSR Items October 2018	CFSR Items April 2019
Orleans	12	3	2	1	1
	17	15	3	2	2
		17	12	3	3
Covington	12b	5	14	4	4
	13	11	15	5	5
	15	17	Statewide	6	6
	17			7	12
Baton Rouge	8	3		8	13
	12b	15		9	14
	17	16	10	15	
Thibodaux		17		11	Statewide
	3	6		12	
	11	12c		13	
	17	14		15	
		17		16	
Lafayette	9	3		17	Statewide
	13	15		18	
	17	17			
Lake Charles	3	3			
	14	15			
	17	17			
Alexandria	12b	12b			
	13	13			
	15	15			
	17	17			
Shreveport	5	6			
	12b	12b			
	17	13			
	18	17			
Monroe	6	5			
	13	12b			
	17	17			

**Items listed in the chart above represent subjects as identified in the CFSR On-Sight Review Instrument (OSRI)*

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Well-Being Outcome 3: Item 17 – Physical Health was identified by CQI Management as an item to be presented statewide for both the April 2017 and October 2017 meetings due to downward moving performance ratings. During the regional meetings, staff were given the opportunity to provide feedback regarding potential practice barriers in their geographic area contributing to performance issues and to brainstorm solutions. All nine regions created regional subcommittees to further study the barriers and possible solutions.

In April 2018, the focus of the regional meetings was geared toward leading the groups in asking the “why questions” and to begin exploration into root causes. Items 2, 3, 12, 14 and 15 were selected for discussion based on DCFS performance in the areas statewide during the review period. The items were paired for discussion because of their cross-cutting themes. For example, items 2 and 3 both relate to safety and are assessment focused, 12A and 14 both involve engaging and assessing the child and 12b and 15 both involve engaging and assessing the parents. CQI’s goals for the regional meetings were to present the results of the case reviews, use the case review data for problem exploration, and to help staff make connections between crosscutting themes in their daily practice.

The preliminary case review results of the CFSR were presented during the October 2018 regional meetings. Staff were given opportunities to ask questions regarding the data as well as practice trends. Information regarding the next steps for developing a program improvement plan were discussed as well as Louisiana volunteering to participate in a PIP pilot program.

During the April 2019 regional meetings, in addition to distribution of the case review results, field staff were given an overview of the four-day Program Improvement planning meeting. Front line field staff who represented their region during the four-day meeting were allowed to speak about their experiences at the meeting. CQI’s goal during this meeting was to provide bi-directional feedback so front line staff would understand what occurred during the planning meeting, DCFS next steps, as well as what role they play in the regions (shared accountability for outcomes).

The regional committees have several options for disseminating feedback including referrals to a CQI regional subcommittee for additional study or to the state level CQI committee for review, response and/or identification of additional solutions. Feedback from the meetings to include identified barriers and possible solutions is also sent to the state office management for review.

Regional committee referrals sent to the state level committee are first reviewed by a CQI Unit Manager to determine whether a referral is appropriate for consideration on the state level or should be returned to a regional CQI committee for study on the regional level; or, requires additional information for a state level response. The following charts contain data regarding referrals accepted on the state level beginning in Quarter 3 of CY-2018 through Quarter 1 of CY-2019.

State Level Committee Referrals by Regions and Quarters

Referrals by Regions	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Orleans	0	0	0	0	0	0	0
Baton Rouge	0	0	5	0	1	0	0

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Covington	14	5	2	0	5	4	4
Thibodaux	3	12	1	0	0	0	0
Lafayette	0	1	1	0	0	0	0
Lake Charles	0	0	1	0	0	1	1
Alexandria	0	3	2	0	0	0	0
Monroe	0	4	0	0	3	0	0
Shreveport	0	0	0	2	6	3	0
Total Referral by Regions	17	25	12	2	15	8	5

**Chart represents the number of Regional CQI Committee Referrals by region and quarter accepted by the State Level Committee for response/review.*

Eighty-eight (88) referrals were submitted to State Office program sections and Executive Management for response from Quarter 3 of CY 2017 through Quarter 1 of CY 2019. Since Quarter 3 of CY 2017, Covington Region has submitted the largest number of referrals to the state level committee. Almost 40% of the referrals received are from Covington. This region has a robust regional committee with a committee chairperson who has used the CQI process for more than 15 years. Orleans is the only region without referrals to the state level. The region reports referrals are being held at the regional level and do not require a state level response.

The chart below shows the concerns and/ or issues addressed through the referral process. In Quarter 4 CY 2017, 25 referrals were received by the state level committee. As of December 31, 2017, 13 of the 25 referrals were resolved on the state level, 6 were returned to the sending regional committees and management teams for possible action and 6 referrals were pending responses.

State Level CQI Referral Subjects

Concerns/Issues	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q5 2018
Statewide Information System	2	4	1	0	0	0	0
Case Review	0	0	0	0	0	0	0
Quality Assurance	0	0	0	0	0	0	0
Staff and Provider Training	1	5	1	0	0	0	0
Resources Development	2	2	0	0	2	1	0
Responsiveness to the Community	1	2	0	1	0	0	0
Recruitment	0	0	0	0	0	0	0
Retention	2	5	4	1	2	3	1
Licensing	0	0	0	0	0	0	0
Policy	3	4	1	0	3	1	1
Agency Process	3	1	1	0	4	2	1
Forms	3	2	3	0	1	1	1
Other	0	0	1	0	3	0	1
Total Referrals	17	25	12	2	15	8	5

**This chart shows the number of referrals to the State Level Committee according to referral subject.*

The majority of the referral concerns received from Quarter 3 CY-2017 through Quarter 1 CY-2019 pertained to retention, agency processes, policy and forms. Two of the referrals in the agency process category were concerning the staff use of personal cell phones for business purpose. These referrals resulted in agency cell phones being issued to field staff.

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One referral to the committee resulted in changes impacting Louisiana's informational systems as well as improving practice. CQI Referral 3010 was submitted to the state level committee for review. The issue presented was a request for a systems change to reflect completion of six-month dental examinations. This oversight had potential to adversely affect the outcome of timely completion of dental examinations. The referral resulted in the submission of a systems change which will notify staff of the coming due date of the six month exam.

Further evidence of the functionality of the referral process occurred in Quarter 2 CY 2018, when the state level committee received three referrals pertaining to On-call overtime pay for foster care staff. The CQI Unit manager reviewed the referrals and sent them to the appropriate state office administrator for resolution. It was recommended the state level committee provide further exploration of the matter. A CQI subcommittee was established to study the matter. Members of the subcommittee included representatives from the three regions where the referrals originated as well as the Human Resources Section, State Office program section and the CQI Unit Managers. The regional staff consisted of Managers, Supervisors and caseworkers. Using data collected from the three regions to guide decision-making, the subcommittee concluded there was no justification for on-call overtime payment for foster care staff. In its final report, the subcommittee concluded, "In making this determination it was decided by consensus the number of overtime hours resulted by after hour removals, placement disruptions, psychiatric hospitalization, out of region court attendance and out of region placements were not sufficient in frequency to consider special payment."

These referrals are considered resolved and have been disseminated for feedback. Upon the approval of the state level committee, the referral response is considered resolved and sent to the region of origin. A quarterly statewide report of all resolved referrals is sent to the regions for dissemination and feedback during quarterly regional CQI committee meetings.

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CASE REVIEW PROCESS:

Written Case Plan: In Louisiana, each child in foster care has a case plan initiated by at least the 30th day after foster care entry and receives a finalized initial case plan within 45 days of the date the child was placed in the custody of the Department of Children and Family Services (DCFS). Afterward, the case plan must be reviewed and updated a minimum of every 6 months from the date of foster care entry, but may be reviewed and updated more frequently if necessary to meet the needs of the child and family.

Case plans are developed through worker preparation with parents, children, foster caretakers and other stakeholders who come together as a team in Family Team Meetings (FTMs), the purpose of which is to offer the parents support in achieving their goals for their family. The following policies and procedures are in place to assure case plans are developed for each child in foster care and the case plan is developed jointly with the child's parent(s):

- Written case plans must be presented to the court for review and approval a minimum of every six months;
- Completion of case plans must be documented in the case events of the Tracking and Information Payment System (TIPS);
 - Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor;
- A sample of case plans are reviewed by CQI staff every six months to assess quality, involvement of parents and adherence to required provisions;
- Written case plans are completed through the teaming process which involves including family, stakeholders, legal partners as team members in the planning process to support the family in defining goals, establishing action steps, and implementing the case plan;
- The case plan template is held in the Family Assessment and Tracking System (FATS), which makes it easy for any involved staff members statewide to pull up the case plan and review or document family progress;
- The Assessment of Family Functioning (AFF) is integrated into the electronic case planning template to allow for immediate review of family strengths, needs for improvement, parental caretaking capacities, risk level for the family, specialized assessment of runaway or trafficked youth and transitional needs of youth to guide the case planning process;
- For youth ages 14 and older, DCFS policy and the written case plan template include provisions for the involvement of a minimum of two individuals as requested by the youth unless there is good cause to believe the individuals would not act in the best interest of the youth;
- DCFS policy dictates the tribe be notified and included in case planning, if the child is a member of or eligible for membership in a federally recognized tribe.

In FFY 2016, TIPS reports show 10,614 case planning meetings (initial and ongoing) were due. Nine thousand five hundred thirteen (9,513) were accomplished, (89.6%). There were 6285 held by the precise due date, (59.2% of all that were due; 66.1% of all that were accomplished). When counting case plans due in a particular month and completed within the same month they were

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due, TIPS data shows 8,925 case plans were completed timely which accounts for 84.1%. Using this timeframe, 93.8% of all case plans were accomplished.

In FFY 2017, the CQI case review in reporting period one of 72 cases showed of the 70 applicable cases for item 13, 37 or 53% were rated as a “strength” and 33 or 47% were rated as “an area needing improvement” and in reporting period two of 120 cases showed of the 115 applicable cases for item 13, 51 or 44% were rated as a “strength” and 64 or 56% were rated as “an area needing improvement”. When reviewing this data more intensively for the same time period, the data shows in reporting period one 67% of the cases involved the child in developing the case plan and in reporting period two 65% of the cases involved the child in developing the case plan. Mothers and fathers were involved 58% and 46% of the time, respectively for reporting period one and 53% and 43% of the time, respectively in reporting period two.

DCFS uses data from the Continuous Quality Improvement (CQI) case review process to determine if case plans are developed for all children in care and if they were developed jointly with the child’s parents. In FFY 2016, the CQI case review of 120 cases showed of the 115 applicable cases for item 13, 61 or 53% were rated as a “strength” and 54 or 47% were rated as “an area needing improvement”. When reviewing this data more intensively for the same time period, the data shows 82% of the cases involved the child in developing the case plan. Mothers and fathers were involved 68% and 45% of the time, respectively.

Ways in which DCFS is working to improve case planning is through the Quality Parenting Initiative (QPI) and CQI consults. Through QPI, DCFS is establishing a core philosophy of ensuring quality parenting for the children served with regard to all activities. This includes the relationships we have with stakeholders, the way we work with the legal system, how we support and develop foster caretakers, and how we build partnership through our teaming process with the parent with whom we work. This cultural shift in the values is being developed to strengthen existing professional relationships and generate greater community partnerships in serving the families and children. Staff is hoping to see greater involvement of parents and caretakers in the case planning process as a result of this work as well as stronger support systems for parents and the caretakers of their children while in foster care.

CQI reviewers conduct consultations with workers and supervisors on every CQI review held. An individual report of each CQI review is prepared prior to a consultation (or phone conference) which is held with the worker and supervisor. The individual report summarizes the areas of “strength” and “needing improvement” based on the case review. CQI reviewers use the information to provide mentoring on best practice, explain what is missing from the documentation, and conduct policy review or provide policy clarification as needed. Using this method allows the information obtained from the reviews to be utilized at the field level to improve practice relative to case planning and numerous other areas.

Periodic Reviews: In FFY 2016, a total of 7,726 cases were due for review. 7,397 cases underwent a review [through either the courts or the state’s Administrative Review (AR) process.] Based on these numbers, 95.7% of cases received periodic review in FFY 2016.

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In FFY 2017, 7802 judicial reviews were due. Seven thousand two hundred seventy-six (7276) cases underwent a review [either through the courts or through the state's Administrative Review (AR) process.] Based on these numbers, 93% of cases received periodic review in FFY 2017.

In compliance with Louisiana law, DCFS has policies and procedures in place to ensure each child receives a case review hearing by the court every 6 months. DCFS policy requires a case planning meeting occur initially beginning by the 30th day from foster care entry and finalized by the 45th day from foster care entry. Ongoing case plan review by DCFS, the family and the family's team of support must occur a minimum of every 6 months from the date of foster care entry. DCFS staff must provide the court a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to the case review hearings, which are held by the court every six months. DCFS staff is required to notify the child's foster caretakers of the case review hearings held by the court and the right of the foster caretaker to be heard. All other involved parties are notified of case review hearings by the court and of case planning meetings or reviews.

- Completion of case plan review meetings and court case review hearings must be documented in the case events of TIPS.
 - Upcoming and overdue case events generate alerts to the assigned case worker, which can be monitored through CAFÉ by the worker's supervisor.
- A sample of case plans are reviewed by CQI staff every 6 months.
 - Part of this process involves assessing the number of court case review hearings occurring timely and noting this as an administrative review in the database.
 - If a court case review hearing has not occurred timely during the 6-month timeframe, an administrative review is scheduled according to an established protocol within the region to ensure compliance.

If the safeguards for judicial review are not enough to ensure a periodic review of every child's case, the following procedures are required. Referred to as Administrative Reviews (AR), monthly compliance reports are generated and issued to field staff with overall monitoring by CQI staff.

During the AR process, field staff (first line supervisors) are required to capture the following information through TIPS reviews/and or case record reviews:

- Review of and updates to the TIPS case event 3130 for all cases in which the judicial review is held every six months;
- The number of instances in which the TIPS 3130 case event was not updated for the month under review, by child name;
- The number of internal ARs (by family) which are due for the month (because a judicial review was not held within the PUR); and,
- The number of internal ARs (by family) which were needed for the month but were not held timely (by conclusion of the month).
- The number of DCFS case plan review meetings, which were due for the month.
 - This number is typically reported by family, not child.
 - Adoption cases are counted by child because parental rights have been terminated and children freed for adoption are counted/tracked as their own family in TIPS;
- The number of DCFS case plan review meetings not held timely, which would be by the close of the month in which the meeting was due;

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- Review of and updates to the TIPS case events 3100 and 3110 to assure and document initial and ongoing case planning meeting completion, respectively;

Cases for which judicial reviews were due but not held (for various reasons such as court continuances) are required to be reviewed through the state's AR process. In FFY 2016, a total of 197 cases needed to be reviewed through the AR process. 112 or 57% of the ARs were held timely. A total of 85 or 43% of the required ARs were not held timely. In FFY 2017, a total of 292 cases needed to be reviewed through the AR process. One hundred twenty-nine (129) of the ARs were held timely.

Field supervisors have the responsibility of ensuring a judicial review or an AR occurs on each case as required before the deadline. In cases where the judicial review is held, the information is updated in the TIPS case events. In cases where a judicial review is not scheduled by the court to be held timely, it is the responsibility of field staff to work with the court to get the review scheduled and completed before the end of the month it is due. When it is not possible to schedule or hold the judicial review timely, it is the responsibility of the field supervisor to get the case assigned for an internal AR. Monthly reports are sent to Area Directors (AD) and Regional Administrators (RA) on cases where an AR was held as required and required but not held timely. Efforts to improve outcomes in this area will be coordinated on a regional basis with the AD and/or RA for the regions.

Permanency Hearings: As per Louisiana law, each child in foster care is assured a permanency hearing by the court every 12 months. It is common in Louisiana courts to use the periodic review hearing and permanency hearings interchangeably or a combination of both hearings. Additionally, DCFS policy requires a permanency staffing occur initially within 9-months of foster care entry to assess the potential for the family to achieve reunification prior to the 12-month mark, identify any unaddressed needs of the family, determine any compelling reasons for not pursuing termination when the child has been in foster care 12 months, and/or determining steps necessary to pursue termination at the permanency hearing when the child has been in foster care for 12 months. Once an initial permanency staffing has been held, every case staffing held every three months thereafter is an ongoing assessment of the appropriateness of the child's permanency plan. Permanency hearings continue to be held every 12 months from the date the child entered foster care until permanency is achieved. These permanency hearings are held in conjunction with the case review hearings being held at 6-month intervals rather than separately. Therefore, DCFS staff is providing the court a report with the recommendations of DCFS for permanency for the child. The court report summarizes progress in the case and is submitted to the court along with an updated written case plan a minimum of 10 working days prior to the permanency and case review hearing. DCFS staff is required to notify the child's foster caretakers of the permanency hearings and case review hearings and their right to be heard at those hearings. All other involved parties are notified of permanency and case review hearings by the court.

- DCFS recommendations for permanency for children, court reports and updated, written case plans are presented to the court for review and approval a minimum of every six months (which incorporates the report due every 12 months for a permanency hearing) and must arrive to the court within 10 working days of the scheduled permanency and case review hearings.

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- Completion of permanency staffings and annual permanency hearings must be documented in the case events of TIPS
 - Upcoming and overdue case events generate alerts to the assigned case worker, which can be monitored through CAFÉ by the worker’s supervisor

CQI is responsible for collecting and distributing data to regions. CQI supports the regions in providing technical assistance (working in VIBE, Excel spreadsheets) and training on the AR process. Regional management has the responsibility for utilizing the tools provided by CQI to ensure timely completion of the case activities and document completion. TIPS case events exist for all court hearings.

During FFY 2016, TIPS case event data indicated 2719 permanency hearings were due and 2556 (94%) were accomplished. Of the permanency hearings accomplished, 2194 (86%) were held timely. In FFY 2017, TIPS case event data indicated that 2894 permanency hearings were due and 2625 (91%) were accomplished. Of the permanency hearings accomplished, 2217 (84%) were held timely.

Termination of Parental Rights: DCFS has multiple processes and safeguards in place to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with the federal requirements. For cases where TPR is pursued, DCFS developed requirements for a 9-month permanency staffing. The staffing was created to ensure everything was in place to proceed with TPR if/when appropriate at the 12-month permanency hearing. As soon as the decision is made to proceed with seeking termination, a TPR packet is prepared and submitted to the staff attorneys. The staff attorney assigned to the case has 30 days from receipt of the TPR packet to file the petition for termination. From the filing of the petition, the termination proceedings follow the court process, which is guided by the Children’s Code legal requirements.

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed on a monthly basis. This data is shared with the Executive Management Team and Regional Administrators to assist in decision making efforts on improving permanency outcomes. The monthly Statewide TPR Data Reports are available for all staff to review on the DCFS CW intranet page. The TPR data reports along with CQI case review reports are shared with the Court Improvement Program (CIP). In the CIP CQI process, this data has been used in discussions on court timeliness measures. DCFS and CIP’s sharing of data as well as collaboration between the organizations’ CQI committees, has strengthened the case review system regarding monitoring the statewide functionality of TPR filings.

CQI case reviews provide data on the number of cases, which are rated as “strength”, or “area needing improvement” regarding filing of termination of parental rights (TPR) proceedings that occur in accordance with federal requirements. Specifically, item six of the case review instrument measures the following: “Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement”.

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CQI Case Review Item 5F: The agency filed or joined a termination of parental rights petition in a timely manner or an exception applied.						
ITEM 5	OUTCOME	FFY 2015 Q2	RP 3 CY2015	RP 1 CY2016	RP 1 FFY2017	RP 2 FFY 2017
		4/1/2015-6/30/2015	7/1/2015-12/31/2015	01/01/2016-06/30/2016	10/1/2016-03/31/2017	4/1/2017-9/30/2017
		PUR: July 2014	PUR: October 2014	PUR: April 2015	PUR: October 2015	PUR: April 2016
Permanency 5F: TPR Petition	Strength	71%	66%	64%	69%	69%
	Area Needing Improvement	29%	34%	36%	31%	31%

**Data obtained from OMS Performance Practice Report*

As per 2016 Louisiana APSR, pgs. 62-63: The following chart shows data collected by DCFS staff attorneys on all TPR cases.

FFY	Total TPR's Filed	TPR's Filed After ASEFA Date	Percent Filed Timely
2015	464	115	75%
2016	582	174	70%
2017	482	134	72%

**Data collected by DCFS staff attorneys on all TPR cases*

Further DCFS and CIP planning will need to occur to more fully track timeliness of the occurrence of TPR hearings and develop a plan for improvement.

Notice of Hearings and Reviews to Caregivers: In FATS, in the federal compliance portion of the case plan document, DCFS captures the date written notification was provided to all foster caretakers informing them of the date, time, location of the hearings and their right to attend and be heard. In the case notes or case documentation portion of FATS when staff document contacts are made with the family, child and caretaker each month, they are able to indicate whether the caretaker was notified of the hearing and their right to be heard. All of this documentation is provided in narrative format with no capacity for rolling up the data.

DCFS is working to develop a case event in TIPS to allow the capacity to roll up data on whether notification of the foster caretakers and their right to be heard occurred in each case due for case review each month, regardless of whether it is an initial or ongoing case review. It will be possible to develop a report to display in WEBFOCUS regarding the percentages of cases where this occurred by region to allow field staff managers to plan for improvement on a regular basis. It will be possible to monitor from a state level to initiate higher level planning for improvement.

CQI staff review a sample of caseplans every six-months. This process includes consideration of fulfillment of all federal case planning requirements, including notification of foster caretakers

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regarding any review or hearing held with respect to the child and their right to be heard. CQI and program staff will work together to assess how efforts can be coordinated to develop informative data and improve outcomes. DCFS has worked on numerous fronts to obtain stakeholder feedback and participation in improving the delivery of services. These efforts are accomplished in part through the DCFS Advisory Board, the DCFS Internal Advisory Committee and the CW CQI process.

The Advisory Board advises the Secretary on many issues including operations within the Department, service delivery structure and departmental performance. Members of the Advisory Board include children's advocates, community partners, foster parents, legislators, judges and community leaders. The Advisory Board has provided recommendations on communications and strategies for advancing DCFS in the community and legislature. They have worked with the Department to engage foster parents and make recommendations for assisting youth in care and aging out of FC.

The Internal Advisory Committee is comprised of advocates, grandparents, foster parents and employees. This committee advises the Secretary on operations within the Department, policy, service delivery structure, departmental performance, and employee satisfaction. Within the committee there is a CW Workgroup meeting regularly to provide on-going specific recommendations to improve employee performance, to enhance morale and create specific policy changes to better serve the children and families in Louisiana. These recommendations are provided to the Secretary and executive leadership for consideration and implementation. A recent survey conducted by the Louisiana Court Improvement project indicates 91% of the time parents, foster parents and relative caregivers are "always" or "often" given notice of hearing and reviews, however we are unable to confirm the accuracy of this data.

Update FFY 2019: The 98A form now includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of the right to receive notice, be present, and provide information at hearings. The caregiver now must initial the form in a designated space stating they were provided this notice and a copy of the form must be filed in the case record. Policy now states the child's assigned CASA worker shall be notified and given the opportunity to participate in the agency administrative reviews, which may be necessary on the case to review the case plan document and consider the appropriateness for planning for the safety, permanency, and well-being of the child.

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STAFF AND PROVIDER TRAINING: The Louisiana Department of Children and Family Services (DCFS) is committed to supporting a competent, stable workforce. Through the Louisiana Child Welfare Training Academy (LCWTA) strategic partnership (involving DCFS, the Louisiana Universities Alliance, and the Pelican Center for Children and Families), Louisiana has expanded the resources available to support child welfare training and workforce development. The LCWTA continues to focus on aligning and maximizing human, fiscal, and programmatic resources to support high quality training and professional development of students, staff, foster and adoptive parents, providers, legal stakeholders, and other key community partners and DCFS staff to advance critical child welfare workforce investments. This includes supporting initial and on-going training and professional development of DCFS child welfare staff and foster and adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners.

Some highlights illustrating the functioning and expanded investments in Louisiana's child welfare training and workforce development system in the last year include:

- Implementation of a competency based screening and selection process for new staff and stipend students.
- Coordination and delivery of initial training to 235 new staff who confirmed the training provided them with knowledge and skills needed to meet their responsibilities.
- On-going implementation of the highly rated Title IVE Stipend Support Groups.
- Implementation of an expanded new worker on the job-training program in the Baton Rouge office helped stabilize and retain new CPS staff.
- Coordination and delivery of the Supervisory Certification Program to 46 new supervisors throughout the state who confirmed the program provided them with knowledge and skills needed to meet their responsibilities. Continued implementation of the highly rated Permanency Certification Program.
- Initiation of the DCFS Child Welfare Employee MSW Educational Support Program providing support for DCFS child welfare staff to pursue the Masters in Social Work degree. Currently ten DCFS child welfare staff are participating in the program with more planned. Through university partnership, also expanded clinical supervision resources to support staff obtaining advanced licensure.
- In collaboration with partners, expanded training in trauma informed care, domestic violence and child welfare, mental health, self-care, worker safety, Understanding Girls, TBRI, ACES, SBIRT, and juvenile trafficking. Led by Pelican Center, provided interdisciplinary training in Child Welfare Basics, Cultural Consciousness, and Safety Decision-Making.
- Expanded participation in the Together We Can Conference and recorded select sessions, which are being made available as on-line trainings.
- In collaboration with Annie E. Casey and Texas Christian University, DCFS created and implemented new pre-service training for foster and adoptive parents, *A Journey Home* and a one-day in-service version for existing staff and foster/adoptive parents. Evaluations by foster/adoptive parents and staff affirm the new training provides them with knowledge and skills needed to meet their responsibilities.

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- DCFS, the Louisiana Institute for Children in Families and the Pelican Center for Children and Families, introduced the Quality Parenting Initiative (QPI) statewide and in each region of the state. QPI is an approach to strengthening foster care including kinship care, by refocusing on quality parenting for all children in the child welfare system regardless of where they live. QPI gives caregivers a more active role in the everyday lives of the children in their care. It emphasizes the importance of the team approach – foster parents, agency staff and birth parents, working together to achieve the best outcomes for the child.
- Collaborated with New Jersey training and university leaders to prioritize key components of LCWTA infrastructure, develop curriculum, and expand the in-state trainer network.
- Expanded evaluative capacity through hiring of LCWTA staff focused on data, analysis, and reporting, among other priority responsibilities. The LCWTA is gathering and analyzing additional data, including pre- /post-test evaluations, to inform the effectiveness of training and professional development and support continuous quality improvement.
- Implemented new website with latest Moodle functionality to support on-line training as well as future automation of registration, tracking, reporting, testing, and evaluation.
- Louisiana applied and was selected as one of eight sites to participate through the Quality Improvement Center for Child Welfare Workforce Development.

Initial Staff Training: All New DCFS child welfare employees are required to complete 62 hours of training in the first year. All New DCFS Child Welfare employees are assigned to New Worker Orientation (NWO) Cohorts upon notice of hire from the Human Resources section prior the assignment of cases. Between July 1, 2017 and June 30, 2018, a total of 162 new workers went through the New Worker Orientation; 97% of them completed the initial service hours required, while the remaining 3% did not due to resignation.

The following table shows the number of Cohorts the New Worker Orientation was provided and enrollment throughout the three weeks of training:

Group/Session	Week 1	Week 2	Week 3
Group 2017- 06	17	15	26
Group 2017- 07	8	10	9
Group 2017-08	37	37	38
Group 2017-09	17 (8 interns)	10	11
Group 2017-10	12	12	16
Group 2018-01	12	12	17
Group 2018- 02	14	14	15
Group 2018- 03	7 (2 Stipend)	5	5
Group 2018- 04	15	17	30
Group 2018- 05	23	22	29
Total	162	154	196*

**The number of participants on the Specialized Week 3 is higher than other weeks due to the transfer staff is mandated to complete 3 days of the last week of New Worker Child Welfare Training.*

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The following is a list of some of the training sessions provided to initial staff members between July 1, 2017 and June 30, 2018. New staff also participated in other trainings offered to all staff.

- **New Child Welfare Worker:** a multi-week training provided 10 times; a total of 150 initial staff members have completed the training. This training provides new child welfare staff with foundational knowledge and skills needed for effective child welfare practice across multiple program areas, and includes program specific training to assist in preparing new staff for their daily tasks and duties.
- **Legal Training for New Child Welfare Staff:** a six-hour training provided three times; a total of 106 initial staff members have completed the training.
- **Centralized Intake New Worker:** a three-day training provided once; a total of four initial staff members have completed the training.
- **Courtroom Simulation Training for New CW Staff:** a one-day training provided one time; a total of 15 initial staff members have completed the training.
- **Trauma Informed Care for New CW Staff:** a two-day training provided four times; a total of 62 initial staff members have completed the training.
- **Title IV-E Stipend Support Groups and Professional Development:** Training was conducted 12 times; a total of 223 interns'/staff members participated in the training.

In collaboration with the LCWTA, DCFS staff gathered training evaluations from new worker participants in “New Child Welfare Worker Training,” “Legal Training for New Child Welfare Staff,” “Courtroom Simulation Training for New CW Staff,” and “Title IV-E Stipend Support Group and Professional Development.” Initial staff completed 558 training evaluations and the results indicate:

- 98% of new workers staff agreed trainers encourage them to relate course content to real life situations and/or practice.
- 98% of new workers staff agreed children and families will benefit from knowledge and skills participants gained during this training.
- 99% of new workers agreed the content of the trainings provided them with knowledge and skills they need for their role.
- 98% of new workers agreed the activities (Small group exercises) completed were helpful to building knowledge and skill in this topic.

Ongoing Staff Training: All DCFS CW employees are required to complete 20 hours of in-service training annually. In-service training hours are documented within a state fiscal year, which runs July 1, 2017 through June 30, 2018. A total of 1,107 staff continued with their in-service training; 93% of them completed the mandated in-service training hours while the remaining 7% did not due to resignations and/or untimely completion of activities.

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Statewide Child Welfare Staff's Completion Rates of Required Training													
June 2018 Data													
Region Name	Reg#	Total # Staff Needing Training	All Training Completed		Over ½ Training Completed		Over ¼ Training Completed		Less Than ¼ Training Completed		No Training Completed		% Total
New Orleans	1	109	99	91%	9	8%	1	1%	0	0%	0	0%	100%
Baton Rouge	2	90	82	91%	1	1%	0	0%	0	0%	7	8%	100%
Covington	3	143	137	96%	5	3%	1	1%	0	0%	0	0%	100%
Thibodaux	4	84	77	92%	0	0%	0	0%	0	0%	7	8%	100%
Lafayette	5	144	141	98%	2	1%	0	0%	1	1%	0	0%	100%
Lake Charles	6	74	73	99%	1	1%	0	0%	0	0%	0	0%	100%
Alexandria	7	95	83	87%	8	8%	0	0%	3	3%	1	1%	100%
Shreveport	8	118	118	100%	0	0%	0	0%	0	0%	0	0%	100%
Monroe	9	99	99	100%	0	0%	0	0%	0	0%	0	0%	100%
State Office	10	75	63	84%	9	12%	0	0%	3	4%	0	0%	100%
Centralized Intake		51	42	82%	9	18%	0	0%	0	0%	0	0%	100%
CQI		25	25	100%	0	0%	0	0%	0	0%	0	0%	100%
TOTAL		1107	1039	93%	44	4%	2	0%	7	1%	15	1%	100%

The following is a list of some of the training sessions provided to Child Welfare staff members statewide between July 1, 2017 and June 30, 2018:

- Supervisor Certification Program:** a 12-month training and professional development certificate program consisting of six, two-day training sessions along with one on one supervisory coaching as well as supervisory support groups. The Supervisor Certification Program was provided twice; a total of 42 supervisors completed the training.
- Infant Mental Health:** a five one-day training program conducted once; a total of 11 staff members completed the training.
- Supervisor Support Group:** a one-day training session conducted 16 times; a total of 105 staff members attended the training.
- Lunch and Learn:** a one-hour web-based training sessions offered monthly. Topics included “Domestic Violence,” “QPI Partnership Plan,” “Louisiana Organ Procurement Agency and Child Welfare,” “Eckerd Rapid Safety Feedback,” and “The Human Side of Human Trafficking,” A total of 282 staff members participated in the Lunch and Learn sessions.
- Adult Mental Health and Disorders:** a one-day training session conducted six times; a total of 73 staff members attended the training.
- An Introduction to CPS Implementation Efforts Regarding tiered validity system, due process and revision of the state central registry (SCR):** a one-day training session conducted three times; a total of 316 staff members attended the training.
- Child Welfare Worker Safety:** a one-day training session conducted six times; a total of 101 staff members attended the training.
- Children’s Mental Health and Childhood Disorders:** a one-day training session conducted nine times; a total of 137 staff members attended the training.

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- 9. CPS Supervisory Guidance to Case Sufficiency:** a one-day training session conducted seven times; a total of 72 staff members attended the training
- 10. Designing and Delivering Training to Achieve Desired Outcomes Using engaging and interactive strategies:** a one-day training session conducted three times; a total of 55 staff members attended the training.
- 11. Domestic Violence Dynamics:** a one-day training session conducted 11 times; a total of 316 staff members attended the training.
- 12. Empowered to connect Simulcast:** a one-day training conducted once on multiple locations; a total of 58 staff members attended the training.
- 13. Motivational Interview Training:** a seven-day training series conducted once; a total of 15 staff members attended the training.
- 14. Screening and Selection Process DCFS, coaches:** a one-day training session conducted once; a total of 19 staff members attended the training.
- 15. Self-care for Social workers:** a one-day training session conducted once; a total of 18 staff members attended the training.
- 16. Supervising and Managing the Integration of Trauma-Informed Approaches into child Welfare:** a one-day training session conducted twice; a total of 45 staff members attended the training.
- 17. Trauma Behavioral Health Screening Training:** a one-day training session conducted twice; a total of 53 staff members attended the training.
- 18. Trust Based Relational Intervention:** a one-day training session conducted once; a total of 16 staff members attended the training.
- 19. Working with LGBTQ children, youth and families:** a one-day training session conducted 12 times; a total of 217 staff members attended the training.
- 20. Workshop on Self-care (self-care and resilience):** a one-day training session conducted seven times; a total of 139 staff members attended the training.
- 21. Understanding Girls:** a two-day training session conducted 12 times; a total of 198 staff members attended the training

In collaboration with LCWTA, DCFS staff gathered training evaluations from current staff in the “Supervisory Certification Program”, “Working with LGBTQ”, “Understanding Girls”, “Domestic Violence”, “Supervisor Support Group”, and “Lunch and Learn” series. Staff members completed 681 training evaluations and results indicate:

- 98% of the current staff agreed trainers encourage them to relate course content to real life situations and/or practice.
- 98% of the current staff agreed children and families will benefit from knowledge and skills participants gained during this training.
- 97% of the current staff agreed the content of the trainings provided them with knowledge and skills they need for their role.

98% of the current staff agreed activities (Small group exercises) completed were helpful to building knowledge and skill in this topic.

Community Partner Trainings: The Louisiana Child Welfare Training Academy (LCWTA) is a partnership between the Department of Children and Family Services, the Pelican Center for

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Children and Families, and the University Alliance comprised of seven university partners within the public schools of Social Work in Louisiana. The University Alliance members include Southeastern Louisiana University (lead), Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University, and the University of Louisiana at Monroe.

The Pelican Center has been able to act as coordinator in providing multi-disciplinary educational training for child welfare legal stakeholders as well as DCFS staff and partners. During the federal fiscal year of 2018, the Pelican Center conducted 12 in-person trainings. A total of 631 participants completed the trainings of which 284 registered as DCFS Staff.

The following is a list of the training sessions provided to current staff members between July 1, 2017 and June 30, 2018:

1. **Cultural Consciousness:** a one-day training session conducted three times; a total of 71 initial and current DCFS staff members completed the course.
2. **Safety Decision Making:** a one-day training session conducted three times; a total of 69 initial and current DCFS staff members completed the training.
3. **Child Welfare Basics:** a one-day training session conducted four times; a total of 106 initial and current DCFS staff members completed the training.
4. **Mosaic Dimension 2.0:** a one-day training session conducted twice; a total of 38 initial and current DCFS staff members completed the course.

The Pelican Center gathered training evaluations from participants of “Cultural Consciousness,” “Safety Decision Making,” “Child Welfare Basics” and “Mosaic Dimension 2.0.” A total of 514 participants completed training evaluations and results indicate:

- 95% of the participants agreed trainers encourage them to relate course content to real life situations and/or practice.
- 97% of the participants agreed children and families would benefit from knowledge and skills participants gained during this training.
- 96% of the participants agreed the content of the trainings provided them with knowledge and skills they need for their role.
- 90% of the current staff agreed the activities (Small group exercises) completed were helpful to participants in building knowledge and skill in this topic.

The 2017 Together We Can conference marked the 15th year of this annual event. The goal for the 2017 conference was to achieve 600 registrations and 106.5% of the target was reached by enrolling 639 participants. The attendees included child welfare staff and stakeholders. CASA represented 25% of those attending; DCFS staff represented 24%; Legal Stakeholders accounted for 15% while the remaining 36% were composed of different classifications and categories.

During the Together We Can Conference 2017, there were a variety of 62 plenary sessions and workshops conducted with a total of 70 faculty members covering topics addressed relevant issues at national and state-wide levels such as: “Quality Parenting Initiatives,” “Safety matters,” “The Opioid Epidemic,” “Sex Trafficking,” “Compassion Fatigue, and Preparation for Disasters and Emergencies when working with Displaced Children in Foster Care System.”

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The Pelican Center staff gathered training evaluations from 62 sessions and workshops given throughout the conference. Participants completed 3,442 surveys and results indicate:

- 96% of the participants agreed the topic was informative and valuable.
- 95% of the participants agreed the topic contributed to the whole conference.

Foster and Adoptive Parent Training: New foster and adoptive parents must complete pre-service training to become certified. Regular foster parents complete “*A Journey Home Pre-Service*” consisting of eight three-hour sessions and child specific (kinship) families complete “*A Journey Home Kinship Pre-Service*” consisting of 4 three-hour sessions. The new training model was developed specifically for Louisiana through collaboration with The Annie E. Casey Foundation and Texas Christian University Child Development Center; it incorporates components of Quality Parenting and Trust-Based Relationship Interventions (TBRI). The new pre-certification training was initiated in February 2017 statewide. For SFY 2018, a total of 384 regular foster homes were certified and completed 30 hours of pre-service training (24 classroom hours and 6 hours homework) and 348 child specific or kinship homes were certified and completed 12 classroom hours. A total of 732 new certifications were awarded on the SFY18; 52% were provided to Foster Homes and the remaining 48% were provided to Child Specific Homes. The table below shows a breakdown of the Foster Homes and Child Specific Homes by region certified throughout the State Fiscal Year of 2018:

SFY 2018 New Certifications					
Region	Foster Homes	% of Foster Homes	Child Specific Homes	% CS Homes	Total
Orleans	41	51%	39	49%	80
Baton Rouge	30	56%	24	44%	54
Covington	54	36%	96	64%	150
Thibodaux	32	42%	45	58%	77
Lafayette	54	56%	42	44%	96
Lake Charles	42	63%	25	37%	67
Alexandria	53	85%	9	15%	62
Shreveport	37	58%	27	42%	64
Monroe	41	50%	41	50%	82
Total	384	52%	348	48%	732

Once foster/adoptive parents are certified, they are required to complete 15 hours of training per year to maintain certification. In state fiscal year 2017-18, there were approximately 2,330 active foster homes reported. Data indicates 90% of active foster/adoptive parents completed their training requirements while the remaining 10% of active foster/adoptive parents did not receive their required training hours in SFY 2017. Home Development Offices contacted the 10% of active foster/adoptive parents who did not complete their training hours and put a plan in place to ensure completion of in-service training hours for SFY 2018. A waiver was granted extending training compliance due dates to August 31, 2018. All regions reported 100% compliance with training requirements of certified homes by August 31, 2018.

The following table shows a breakdown by region of the total number of foster homes required to complete training hours; to maintain certification and their percentage of completion within the Transmittal Date June 30, 2019

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timeframe. In addition, it reflects the foster homes progress throughout the extension granted through August 31, 2018.

HB In-Service Training Hours Needed-2018	Total number of foster homes	% of compliance By end of SFY 2018	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31
Orleans	200	73%	53	49	38	33	19	6	2	1	0	0
Baton Rouge	177	89%	20	14	12	10	10	10	9	0	0	0
Covington	382	98%	7	5	5	4	3	3	3	1	1	0
Thibodaux	232	92%	18	4	2	1	1	1	1	1	1	0
Lafayette	322	91%	30	24	18	17	17	14	14	7	5	0
Lake Charles	213	95%	10	9	4	5	4	4	3	3	1	0
Alexandria	183	96%	8	6	4	1	1	1	1	0	0	0
Shreveport	284	89%	31	13	12	12	6	6	3	2	0	0
Monroe	270	83%	47	29	16	10	7	7	3	1	1	0
TOTAL	2,330	90%	224	153	111	93	68	52	39	16	9	0

The following on-going training opportunities were offered multiple times in each region throughout the state, between July 1, 2017 and June 30, 2018. Each of these training sessions were offered as multidisciplinary training for foster/adoptive parents, DCFS child welfare staff, legal and community partners. The following is a list of some of the training sessions provided to foster/adoptive parents and staff between July 1, 2017 and June 30, 2018:

1. **A One-day Journey Home training:** All existing certified foster parents, as well as all DCFS Child Welfare (CW) staff were offered a shortened version of *A Journey Home* pre-certification training. The intent was to ensure all foster parents and DCFS CW staff become knowledgeable about skills needed to work with children in care, such as providing trauma informed care. Kinship providers also received a version of the new training. This training was provided Statewide multiple times in each region.
2. **Culturally Affirming Care:** a one-day training conducted 61 times in each region; a total of 1,060 current staff, foster/adoptive parents completed the training.
3. **Quality Parenting Initiative:** an overview of QPI conducted statewide and in each region of the state. Over 1,151 staff members, foster/adoptive parents, youth, legal and community partners participated in the sessions held throughout the state.
4. **Introduction to Trust-Based Relational Intervention:** a one-day training session conducted six times; 80 participants self-identified as current DCFS staff, Foster/Adoptive/ Biological Parents completed the training.
5. **Empowered to Connect Simulcast:** a one-day training conducted once in multiple locations; 23 foster/adoptive parents completed the training.
6. **Adolescent Development Training:** a one-day training conducted once; a total of 17 foster/adoptive parents completed the training.

In collaboration with LCWTA, DCFS staff gathered training evaluations from current staff, foster/adoptive parents from the “*A Journey Home* training,” “Culturally Affirming Care,” “Quality Parenting Initiative” and “Introduction to Trust-Based Relational Intervention.” Current staff and foster/adoptive parents completed 3,375 training evaluations, and results indicate:

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1. 93% of current staff, foster/adoptive parents agreed the content of the material presented provided them with knowledge/skills needed to meet their responsibilities in this area of work.
2. 95% of current staff, foster/adoptive parents agreed children and families would benefit from knowledge and skills gained during the training.
3. 95% of current staff, foster/adoptive parents agreed overall the training was a useful experience.
4. 92% of current staff, foster/adoptive parents agreed the instructional material was helpful to building knowledge and skills.

The Louisiana Child Welfare Training Academy Moodle hosted eleven categories for online trainings with 26 different topics to support the ongoing training development of Foster Parents, CASA, DCFS staff, Community Partners, Students, Mandatory Reporters and University Alliance members. Among the categories offered were Self-care, *A Journey Home*, Culture, Domestic Violence, General Training Topics, Bullying, QPI, Safety, Medication Management, LGBTQ courses and TBRI.

The LCWTA Moodle system captured 1,612 users registered through the LCWTA Moodle eLearning Management System. A variety of CASA, Community Partners, IV-E Students, Louisiana DCFS Staff, Louisiana Foster/Adoptive Parent, Mandatory Reporters, University Alliance Member and students were identified as active users. The following table shows a breakdown of the classification listed on the LCWTA eLearning site:

Classification	# of Users
CASA	5
Community Partners	3
IV-E Student	11
Louisiana DCFS Staff	92
Louisiana Foster/Adoptive Parent	1,452
Mandatory Reporters	3
University Alliance Member	8
Student	38
Grand Total	1,612

- The LCWTA Moodle system registered a total of 8,653 users self-enroll and completed a variety of online courses on FY17.
- The LCWTA Moodle system recorded a total of 9,539.5 hours awarded on FY17.

The LCWTA Moodle system collected 4,131 Participant Evaluation of Training from current staff, foster/adoptive parents and other users from a variety of online courses such as “*A Journey Home*,” “Cultural Compassion,” Domestic Violence,” Foster Parents Roles and Responsibilities PT1 & PT2,” Helping the Bullied,” “Medication Management,” “Understanding Girls,” “Removed,” “Supporting and Affirming LGBTQ Children and Youth,” etc. which indicated:

1. 91% of the users took online courses through the LCWTA Moodle thought the content of the training provided them with knowledge and skills they need for their role.
2. 90% of the users took online courses through the LCWTA Moodle overall were satisfied with their online training experience.

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**A Journey Home Refresher awarded the training hours until all five online sessions were completed. Therefore, the A Journey Home 5 indicates five hours of training.*

Category	Course	Training Hours	User Completion	Hours awarded
A Journey Home Refresher*	<i>A Journey Home 1</i>	0	394	0
	<i>A Journey Home 2</i>	0	346	0
	<i>A Journey Home 3</i>	0	337	0
	<i>A Journey Home 4</i>	0	334	0
	<i>A Journey Home 5</i>	5	332	1,660
Bullying	Helping the Bullied	0.5	176	88
	Helping the Bullied 2018	0.5	249	125
Culture	Cultural Compassion: Addressing Implicit Bias	1	299	299
	Providing Culturally Affirming Care Pt 1	1.5	302	453
	Providing Culturally Affirming Care Pt 2	1.5	231	347
	Understanding Girls	1	424	424
Domestic Violence	Domestic Violence	1	486	486
	Foster Parents & Responsibilities PT 1	1.75	231	404
General Training Topics	Foster Parents and Responsibilities PT 1	1.75	383	670
	Foster Parents and Responsibilities PT 2	2.25	446	1,004
	Frontline: Growing Up On Line	1	280	280
	Removed	0.5	398	199
	Opening doors: working with LGBTQ children youth and families in Child Welfare	1	130	130
LGBTQ courses	Supporting and Affirming LGBTQ children and youth	1.5	154	231
	Working with LGBTQ Youth	1.5	315	473
Medication Management	Medication Management	0.5	774	387
	Medication Management Español	0.5	0	0
QPI	Icebreakers: Meetings between Foster and Adoptive parents	0.5	298	149
Safety	Infant Safety: Tragedy in the Backseat.	0.5	480	240
Self-care	A conversation about Self-care and Stress Management	1	535	535
TBRI	The connected Child	3	319	957
Total		29.25	8,653	9,539.5

DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. DCFS Licensing verifies all licensing requirements, including required training, are met during on-site licensing inspections. During FFY ending June 30, 2018, DCFS Licensing verified through licensing review 92% of the staff in 12 state Child Placing Agencies used by Child Welfare throughout the state completed their required training during the site inspection times while the remaining 8% completed their requirements outside the licensing site inspection date, but the deficiencies were cleared within timeframe. In addition, DCFS Licensing verified through licensing review 79% of the staff in the 26 state Residential Homes used by Child Welfare throughout the state completed their required training during the site inspection times while the remaining 21% of staff completed the training requirements outside the site licensing inspection date, but all deficiencies were cleared within timeframe. Across all the facilities, a 100% of the total of 316* staff members completed mandatory training requirements while for the remaining facilities are awaiting to be reviewed; only 13 staff members are pending of being inspected outside the period reported.

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The following table summarizes the Child Placing Agencies, site inspections, total staff, training requirements and the date when the training deficiencies were cleared reported by DCFS Licensing:

Facility Name	# of Inspections 7/1/2017- 6/30/2018	# of Staff	Orientation	Annual Training	CPR/FA	Date Training Deficiencies Cleared
CHILD PLACING AGENCY						
Cane River Children's Services Child Placing Programs	9	12	Y	Y	NA	NA
Gulf Coast Social Services - Houma	1	4	Y	Y	NA	NA
Gulf Coast Social Services - Metairie	5	2	Y	Y	NA	NA
Gulf Coast Social Services – Baton Rouge	5	2	Y	Y	NA	NA
Methodist Foster Care - Alexandria	5	4	Y	Y	NA	NA
Methodist Foster Care - Lafayette	5	7	Y	Y	NA	NA
Methodist Foster Care - Monroe	7	8	Y	Y	NA	NA
Nora's House	5	5	Y	Y	NA	NA
Raintree Family Foster Care	1	3	Y	3	NA	6/27/2018
Kennedy Center of Louisiana, Inc.	12	2	Y	Y	NA	NA
Therapeutic Family Services, Catholic Charities Archdiocese of New Orleans	1	3	Y	2	NA	3/26/2018
Volunteers Of America, GBR Client Placing Foster Care / Treatment Foster Care	4	2	Y	Y	NA	NA
Total	60	54	Y	5	NA	Cleared

The following table summarizes the Residential Homes, site inspections, total staff, training requirements and the date when the deficiencies were cleared reported by DCFS Licensing:

Facility Name	# of inspections 7/1/2017- 6/30/2018	# of Staff	Orientation	Annual Training	CPR/F A	Date training deficiencies cleared
RESIDENTIAL HOME						
Behrman Treatment Family Home	1	11	Y	Y	5	7/25/2018
Boys and Girls Villages Foundation	9	16	Y	Y	Y	NA
Boys Town Louisiana - Bienville Family Home	7	1	Y	Y	Y	NA
Boys Town Louisiana - City Park Family Home	12	2	Y	Y	Y	NA
Boys Town Louisiana - Magazine Family Home	1 (9/6/2017)	2	Y	Y	1	11/2/2017
	1 (10/12/2017)	1	Y	1	1	11/2/2017
Cane River Children's Services, Inc.	1	23	Y	2	1	10/23/2017
Cane River Con't	1 (2/19/2018)	26	Y	Y	2	5/29/2018
	1 (4/16/2018)	16	Y	Y	1	5/29/2018
Christopher Youth Center	1	9	Y	Y	1	8/14/2017
Community Receiving Home Inc. dba Renaissance	9	16	Y	Y	Y	NA
Harbour House ETC - Emergency Shelter for Children	7	14	Y	Y	Y	NA
	1 (8/9/2017)	2	1	Y	Y	8/24/2017

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Harmony Center, Inc. - A.B. Horn Group Home	1 (11/14/2017)	9	1	Y	Y	12/18/2017
Harmony Center, Inc. - Harmony III Group Home	1 (10/11/2017)	2	Y	4	Y	12/6/2017
	1 (12/6/2017)	10	Y	3	Y	4/19/2018
	1 (1/3/2018)		Y	3	Y	4/19/2018
	1 (2/5/2018)	2	Y	2	Y	4/19/2018
	1 (3/22/2018)	2	Y	1	Y	4/19/2018
Jesse Dotey Youth Development Center	6	9	Y	Y	Y	NA
Lafourche Parish Juvenile Justice Facility	4	4	Y	Y	Y	NA
Lighthouse Child Residential Center	1	7	Y	Y	1	11/28/2017
Lighthouse Ranch for Boys	1	18	Y	Y	1	6/25/2018
LL Brandon III Transitional Home	1 (8/14/2017)	8	5	Y	Y	11/6/2017
	1 (9/25/2017)	12	1	Y	2	11/6/2017
	1 (10/17/2017)	12	1	Y	Y	11/6/2017
Louis Infant Crisis Center - Chateau Saint Martin	1	12	Y	8	Y	5/1/2018
MacDonell United Methodist Children's Services, Inc.	4	1	Y	Y	Y	NA
Metanoia Manor	1	11	7	Y	Y	11/20/2017
Options for Independence - Hooper Dorm	6	12	Y	Y	Y	NA
Raintree House	1	4	Y	Y	2	1/8/2018
The Agape House – Franklin	4	5	Y	Y	Y	NA
The Agape House II - Harvey	6	8	Y	Y	Y	NA
The Louis Children's Crisis Center - Midland	5	4	Y	Y	Y	NA
Ware Youth Center Shelter	1	24	Y	10	Y	2/7/2018
Total	102	262*	9	32	13	Cleared

**The total number of staff was calculated based on the addition of the highest number of staff reported either the last date of the inspection or the first day of the site inspection as Licensing does not calculate the percentages nor total of staff or number of facilities at the time of the site inspections.*

The following table summarizes the Child Placing Agency and Residential Home used by Child Welfare, but were not licensed within the timeframe of this report. The tables reflect site inspections; total staff, training requirements and date training deficiencies are cleared as reported by DCFS Licensing:

Facility Name	July 1, 2017 through June 30, 2018	# of staff	Orientation	Annual Training	CPR/FA	Date training deficiencies cleared
CHILD PLACING AGENCY						
Methodist Foster Care - Ruston	Not in timeframe	6	Y	Y	NA	NA
RESIDENTIAL HOME						
Youth Oasis	Not licensed in timeframe noted. Original license date of 11/13/18.	7				

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SERVICE ARRAY AND RESOURCE DEVELOPMENT:

Array of Services: The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) Program provides an array of services that assesses the strengths and needs of children and families, determines other service needs, and addresses the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The state's CW service continuum/service array includes Centralized Intake (CI) for intake, screening and referral; Child Protective Services (CPS) for the assessment of reports of abuse/neglect; Family Services (FS) for in-home services when it is safe for a child to remain in the home; Foster Care (FC), Services to Parents (SP), Kinship Care (KC), Guardianship, Youth Independent Living and Adoption (AD) for out-of-home services; Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents; Day Care (DC) and Interstate Placement on the Placement of Children (ICPC) for cross-jurisdictional resources.

Services are provided in all political jurisdictions throughout the state, which encompasses 64 parishes divided into 9 regions. While a DCFS, CW office is not located in all 64 parishes, they are located in 42 parishes statewide. Individuals who live in parishes where there is no CW parish office are still served in their parishes of residence by DCFS staff housed in neighboring parishes that do have offices. If travel for other services is required, DCFS provides transportation.

The service array is provided through a number of specialized services, key initiatives and best practices. Some examples include a contract with the Language Line, Safety Focused Practice (SFP), Trauma and Behavior Health (TBH) screenings, and independent living services (ILS). For additional information on SFP, TBH and ILS please refer to the CPS, Prevention and Intervention, and Chafee portions of this plan.

Preventative services are provided to families through the DCFS Family Services program. The philosophy is each child should remain in the home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of the children from their families by identifying family problems, assisting families in resolving their problems, and preventing the breakup of families when a child can be cared for safely in the home. Family service workers complete a comprehensive assessment of the family identifying the unique needs, strengths and protective capacities of the family. Family services workers are assigned in each of the 42 parish offices and service the entire 64 parishes throughout the state.

Homebuilders Intensive Home Based Services are child safety, placement and prevention services. This includes intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of the families being serviced. These services are provided to the highest risk families where children are at risk of out of home placement.

Foster care is a planned, goal-directed protective service for children and their parents who must live apart because of child abuse, neglect, or special family circumstances necessitating out-of-

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home care. Foster care services are intended to be an interim process to provide care for a child until he is reunited with his family or until another permanent living situation is provided. The Department provides services to parents whose children are in foster care in order to enhance their caretaker protective capacities and remove the safety threats that resulted in the children’s removal from the home. The Department assists families in developing a network of support through extended family, friends, and community to sustain family functioning.

The chart below gives the total number of children and youth served during the federal fiscal years.

Federal Fiscal Year (FFY):	Cumulative FFY:
Baseline: 2013	7,437
2014	7,973
2015	8,406
2016	8,108
2017	7,792
2018	7,886

**Data obtained from Web Focus Report*

Services are offered to all children in foster care, regardless of their age, to insure safety, promote permanency and sustain child well-being. Services are provided statewide in 64 parishes through 9 regional offices and 48 parish offices. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parent’s custody. This involves placing children with relatives who are willing to adopt or accept custody or guardianship of the child or with foster parents who are dually certified as adoptive parents and who are willing to accept legal risk placements.

DCFS Adoption Services (AD) Program goal is to provide permanency for children through adoption. Foster care (FC) adoption is a permanency option for children who cannot safely return to their biological families. The goal of adoption is pursued as a permanent plan when the court of jurisdiction determines the child’s family is either unable or unwilling to resume care of the child, and the child’s needs of safety, permanency and well-being are best achieved through adoption.

The DCFS contracts with 10 providers throughout the State to provide services to children and families serviced through the Departments. Primary services provided through the Family Resource Centers includes Parenting Classes, Visit Coaching and Family Skill Building. January through October of 2017, 1220 cases were referred to the Family Resource Centers throughout the State as follows:

Referrals by Region (Jan-July 2017):

Region:	Parish:	# Referrals (Case):
Orleans		53
	East Jefferson	24

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	West Jefferson	22
	Orleans	5
	Plaquemines	0
	St. Bernard	2
Baton Rouge		111
	East Baton Rouge/ Pointe Coupee	100
	East Feliciana	3
	Iberville/West Baton Rouge	8
	West Feliciana	0
Covington		230
	Livingston	87
	Tangipahoa/ St. Helena	57
	St. Tammany	51
	Washington	35
Thibodaux		90
	Ascension	13
	Assumption	0
	Lafourche	45
	St. Charles	0
	St. John/St. James	6
	Terrebonne	26
Lafayette		136
	Acadia	18
	Evangeline	15
	Iberia	11
	Lafayette	36
	St. Landry	7
	St. Martin	18
	St. Mary	17
	Vermillion	14
Lake Charles		179
	Allen	32
	Beauregard	23
	Calcasieu	114
	Cameron	1
	Jefferson Davis	9
Alexandria		135
	Avoyelles	39
	Catahoula	4
	Concordia	2
	Grant	0
	LaSalle	5
	Rapides	42
	Vernon	33
	Winn	10
Shreveport		66
	Bienville	1
	Bossier	3
	Caddo	19
	Claiborne	1

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	DeSoto	10
	Jackson	3
	Natchitoches	15
	Red River	1
	Sabine	8
	Webster	5
Monroe		220
	Caldwell	6
	East Carroll	4
	Franklin	14
	Lincoln	7
	Madison	6
	Morehouse	13
	Ouachita	146
	Richland	15
	Tensas	1
	Union	4
	West Carroll	4
TOTAL		1220

**This data is compiled at State Office via monthly reports received from the 10 family resource centers.*

Individualizing Services: The service array, as described above, is individualized to meet the unique needs of children and families served by the Department. Services in languages other than English have been and continue to be available to meet the unique needs of children and families statewide with limited English Proficiency. Through the Language Line, DCFS provides interpretation and translation services statewide numerous times per month. The need for this service has increased over the last four years primarily for Spanish and Vietnamese speaking clients; however, it is accessed for other languages as needed. Examples of translation services include translation of case plan, court documents and client rights and responsibilities.

In most areas of the state when therapy is needed for clients with limited English Proficiency, the agency will conduct a search of available providers for the language needed and if unavailable utilize a translator. In the Greater New Orleans area where clients with limited English Proficiency may be more prevalent, more services are available to service these clients. Assisting resources include Jefferson Parish Human Service Authority, Tulane Parenting and Education Program, Hispanic Apostolate of Catholic Charities of New Orleans, and several independent therapists. Additionally, sign language services are provided for hearing impaired clients.

DCFS provides day care services to CW clients as a protective service for families when needed to prevent removal of children from the family. This is provided to CPS and FS families as well as SP families with children who remain in the custody of their parents. Day care services are provided to stabilize foster care and kinship/fictive kin family placements by providing necessary childcare when the caretakers are working or otherwise incapacitated temporarily.

Services to Parents is the program of the Department which provides for the assessment of needs and services to empower parents or other caretakers of children in foster care to enhance their capacity to safely care for the children in an effort to achieve reunification or when that is not possible, maintain connections with the child until another permanency goal is achieved.

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DCFS CW individualizes services is through an assessment process which is initiated when the Department first becomes involved with children, youth and families and continues throughout the life of a case. To accomplish this comprehensive assessment, DCFS uses the principles of the Advanced Safety Focused Practice (ASFP) Model [referred to as Safety Focused Practices (SFP).] There is significant focus on this assessment process and DCFS believes it is key in engaging children, youth and families, identifying their strengths and needs, jointly developing behaviorally-specific case plans and providing the most appropriate services that meet the individualized needs of the children, youth and families.

DCFS and the Louisiana Department of Education have worked together statewide to implement the federally recognized program, Every Student Succeeds Act (ESSA) requirements. Both departments have developed liaisons to manage communications more effectively to better assist children in the educational process. The departments have developed local working agreements to address issues such as transportation, when a child enters foster care, they can continue to attend the same school regardless of where they are placed, even if they are placed out of their jurisdiction.

The Structured Decision Making (SDM) Instrument and Safety Focused Practice (SF) Assessment is utilized to determine the need for ongoing services, in or out-of-home. Intensive home based services can be provided through the Homebuilders program for families with children deemed to be at a high risk of removal. Homebuilders services are available throughout the State to all 9 Regions and 64 Parishes. These services are contracted through 8 agencies in different areas of the state. DCFS contracts the Institute for Family Development to provide oversight and data on these services to assess fidelity and success.

Client Feedback was positive regarding the Homebuilder services provided. Out of 251 surveys returned, 98% reported therapist explained they were available to the client 24/7 and 98% reported using the new skills learned. On a rating scale of 1 to 5, with 5 being positive, clients reported at a rate of 4.92 that their therapist listened and understood them and their concerns; 4.90 that their therapist demonstrated a respect for their culture and values; and 4.88 communicated an overall satisfaction with the Homebuilders Program and therapist.

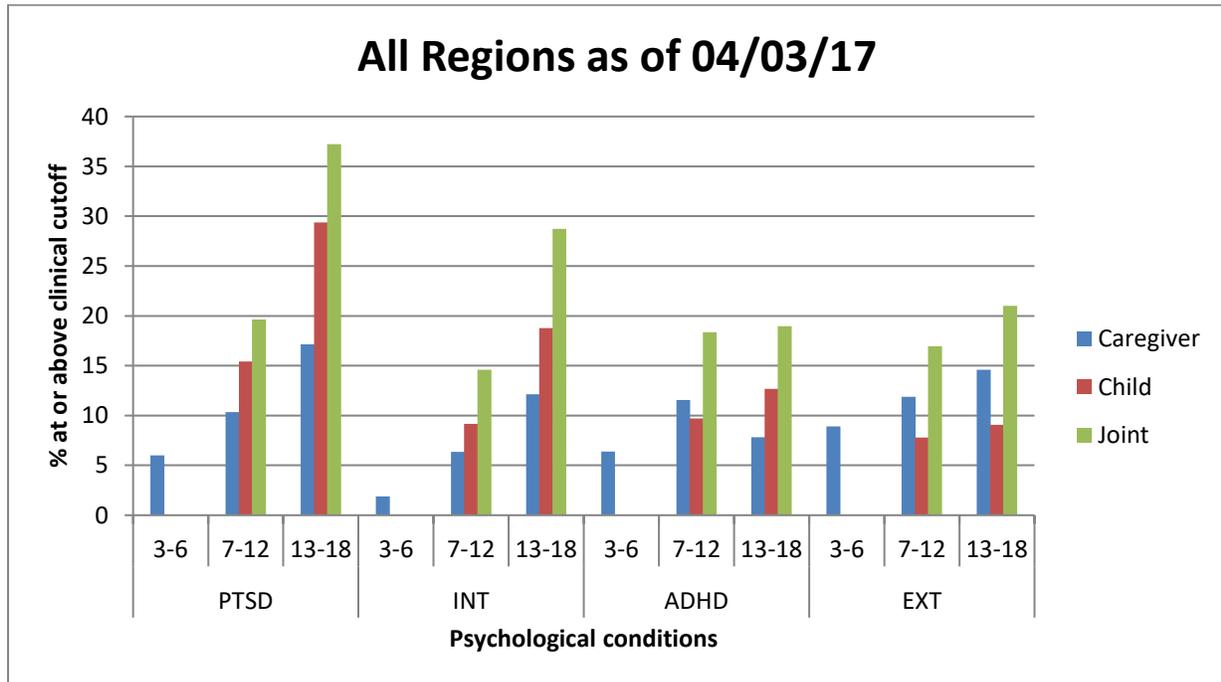
Homebuilders Success Rate Placement Prevention/Reunification Achieved at Closure For Those that Completed Intervention			
	Youth Referred	PP or R Achieved	% Youth with PP or R Achieved
Life Changing Solutions-Shreveport	123	109	88.62%
START	53	52	98.11%
VOA Baton Rouge	58	44	75.86%
Pathways	70	70	100.0%
The Extra Mile – Team 2	64	64	100.0%
The Extra Mile – Team 1	123	120	97.56%
Counsel NOLA – Metro	78	76	97.44%
The Bridge Family Therapy – Monroe	39	33	84.62%
Grand Total	608	568	93.42%

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This data was provided by the Institute for Family Development for the period of July 1, 2016 to June 30, 2017

In addition to contract services provided through outside entities, some of those agencies provide individualized services available to families and children served within a defined area. Louisiana has implemented Trauma and Behavioral Health (TBH) screenings statewide. The work was initiated as part of the Louisiana Child Welfare Trauma Project Grant directed by Tulane University’s Department of Psychiatry and Behavioral Sciences in partnership with DCFS. The goal of the project is to improve the social and emotional well-being of children in the state’s CW system that has mental and behavioral health needs. The project has worked with DCFS to increase the capacity of the workforce to screen for trauma in children and refer those with a positive screening for comprehensive clinical assessments and/or mental health treatment services. To accomplish this goal, staff, as well as providers, received specialized training in trauma informed service delivery.

TBH screens are completed by the caregiver of the child on all cases and, if the child is seven years or older, the child completes a screen. The screens are completed when a FS case is opened, as they enter FC, and again at the 6-month case planning. To monitor the implementation of this practice, the CQI team conducts quarterly reviews of TBH screenings in a targeted case review. The chart below shows what the scores have been on the TBH as of 4/3/2017 and shows the areas in which children and youth need treatment and what service array is needed in order to effectively treat them.



TBH results include: Post-Traumatic Stress Disorder (PTSD); internalizing disorders (e.g. anxiety and depression) (INT); Attention Deficit Hyperactivity Disorder (ADHD); and externalizing disorders (e.g. defiance and conduct) (EXT).

Number of Respondents:			
	Caregiver	Child	Joint

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3-6 yrs.	1759	0	0
7-12 yrs.	1702	1544	1443
13-18 yrs.	931	977	864

Flexible funds are available to address specific or unique needs of children and families when the need is beyond what can be provided through state contracted services. In the first quarter of 2017, \$282,764 was spent on families utilizing flexible funds.

Expenses January 1, 2017 – March 31, 2017 by Expense Category:							
Region	Evaluation	Incidental	Interpreter	Medical	Preventative Assistance	Transportation	Grand Total
Orleans	\$50.00	\$651.38	\$0.00	\$13,366.12	\$69.97	\$12,968.28	\$27,105.75
Baton Rouge	\$400.00	\$154.76	\$0.00	\$2,085.02	\$1485.23	\$8710.01	\$12,835.02
Covington	\$0.00	\$359.04	\$0.00	\$22,831.14	\$5426.73	\$23,164.20	\$51,731.11
Thibodaux	\$0.00	\$734.42	\$0.00	\$6266.00	\$84.55	\$10,360.65	\$17,445.62
Lafayette	\$1187.09	\$655.67	\$210.00	\$12,745.12	\$4445.66	\$14,337.48	\$33,581.02
Lake Charles	\$0.00	\$69.97	\$0.00	\$22,418.93	\$234.86	\$5942.52	\$28,666.28
Alexandria	\$125.00	\$370.54	\$0.00	\$23,649.70	\$421.44	\$3107.80	\$27,674.48
Shreveport	\$875.00	\$416.82	\$0.00	\$37,736.76	\$492.19	\$3593.46	\$43,114.23
Monroe	\$1750.00	\$582.53	\$0.00	\$28,605.66	\$217.47	\$7589.01	\$38,744.67
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1816.11	\$18.16.11
Total	\$4387.09	\$3995.13	\$210.00	\$169,704.45	\$12,878.10	\$91,589.52	\$282,764.29

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child’s Medicaid provider. Through collaboration with the LDH, Medicaid program, the new Healthy LA managed care programs established a medical home for all children receiving Medicaid, which includes children in foster care, so the primary care physician will be able to more efficiently monitor the child’s developmental needs; through collaboration with LDH, Office of Citizen’s with Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services; and through interdepartmental collaboration with the Child Care Assistance Program, child care services are offered to children in foster care to address developmental and socialization needs.

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

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

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

Effective SFY 2016, two infant teams in the state in the Orleans Region provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence-based assessments that are used to assess the status of the caregiver-child relationship.

The numbers of children and families served are listed below:

- **Baton Rouge Infant Team** –
 - In SFY 2012-2013 the infant team worked with 85 children representing 67 families.
 - In SFY 2013-2014 the infant team worked with 69 children representing 65 families.
 - In SFY 2014-2015 the infant team worked with 99 children representing 76 families.
 - In SFY 2015-2016 the infant team worked with a total of 62 children and their parents/caregivers. Infant team services were discontinued during SFY 2016.
- **Tulane Infant Team** –
 - In SFY 2012-2013 the infant team worked with 60 children representing 51 families.
 - In SFY 2013-2014 the infant team worked with 56 children representing 27 families.
 - In SFY 2014-2015 the infant team worked with 56 children representing 27 families.
 - In SFY 2015-2016 the infant mental health services were incorporated into the service array of the Tulane Parent Education Center (T-PEP).
- **Orleans Infant Team** – (services provided through Louisiana State University Health Sciences Center).
 - a. In SFY 2012-2013 the infant team worked with 34 children representing 29 families.
 - b. In SFY 2013-2014 the infant team worked with 55 children representing 32 families.

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- c. In SFY 2014-2015 the infant team worked with 43 children representing 41 families.
- d. In SFY 2015-2016 the infant team worked with 65 children and their parents and caregivers.

DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the Department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents. DCFS foster/adoptive parents certified prior to May 1, 2015, were allowed eight dependents including foster children and their own children. They could not care for more than six foster children at any given time and there could not be more than two children under the age of two years, including their own children. Effective May 1, 2015, DCFS changed its policy to allow six dependents in the home including foster children and their own children in the home.

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

Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability. The Department's *A Journey Home* pre-certification training contains a child development component which focuses on separation and attachment, stages of development, impact of placement on children's growth and development; behaviors exhibited by abused/neglected children, discipline and behavior management. The DCFS Foster Parent Handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child, starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five.

DCFS works with providers to deliver specialized services to facilitate timely reunification when a child is in foster care. These services include visit coaching and the Nurturing Parent Program. Family Resource Centers (FRC) provide Visit Coaching services, which target children in foster care as well as in-home families. Each center has staff trained as visit coaches to help the child welfare worker and parent structure visits. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. Before each visit, families are prepared to give their children their full attention, including meeting the competing needs of siblings and the different reactions of each child. During the visit, the coach actively recognizes

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the family's strengths in responding to their children and guides them in improving their skills. After the visit, the family and coach evaluate how the next visit could be improved and the coach helps the family cope with their feelings so they will return for the following visit. The Nurturing Parenting Program (NPP) (cited under time-limited reunification services) is provided to parents with children of all ages; however, the program is delivered to three groups of parents; parents of infants, toddlers, and pre-school children; parents of children ages 5-11 and; parents and their adolescents. This program provides support groups for parents and caregivers as well as education on parenting skills.

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in FC to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed. The Department works with the LDH Nurse and Parent Partnership program to gain greater access to this program for child welfare families and youth in the early months of caring for their first child to insure knowledge and skills in caring for these young children to prevent FC entry of the infants.

The utilization of Family Teaming enables case managers and other team members to engage children, youth and parents/caretakers in the assessment and case planning process. Engagement of the family or youth is the most fundamental element of this process and it is critical to support change and achieve case plan goals. DCFS' "Teaming" approach is a partnering of the case manager and youth/family team in understanding their situation, recognizing strengths, identifying challenges, making decisions, setting goals and achieving desired outcomes. The parents/youth and their team determines the following for each case plan goal: 1) who will assist the parent(s)/youth; 2) what actions are necessary, 3) initiation and completion timeframes for actions, and 4) how specific care needs of each child will be fulfilled in foster care. "Teaming" practice for engagement and case planning with parent(s)/youth is a statewide practice. It is required through policy from initiation of case work to closure, in every case of a child in foster care.

DCFS continues to partner with the Louisiana Department of Health (LDH) and other child-serving agencies to deter out of home placements and support reunification by enrolling children and their families in the Coordinated System of Care (CSoC). CSoC uses the wraparound child and family team approach to collaborative care planning to assess the strength and needs of children and families to determine the most appropriate plan of care. In FFY 2016, (Sept 30 2017) a total of 4,162 youth were served by CSoC. Of these 11% (n=486) enrollees were children with DCFS involvement. The majority of the youth served with DCFS involvement were served in Family Service program, and the service was put in place to divert the separation of the children from their parents. DCFS is working to increase the utilization of wraparound to enhance the reunification process when children and youth are reunited with their families and to support the durability of adoptions.

Louisiana maintains a working collaboration with Healthy Louisiana, a system of integrated managed care. The Managed Care Organizations (MCO) are responsible for the administration of primary healthcare as well as the administration of specialized behavioral health. Louisiana Medicaid contracts with five insurance carriers. DCFS selected two carriers to serve as "DCFS preferred providers" to manage healthcare and behavioral services for the majority of the children

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and youth in DCFS custody. The two selected are Louisiana Health Care Connections and Healthy Blue (formerly known as Amerigroup). DCFS works closely with these two preferred providers to ensure their provider networks are sufficient to meet the needs of youth in DCFS care with regard to geodensity, specialization and sensitivity to child welfare issues. In addition, DCFS collaborates with Utilization Management and Case Management division of the providers to ensure children and youth are connected with the appropriate level of care to meet their treatment needs. As all children in custody are assigned to one of the preferred providers, the service is statewide and is tailored to meet the individual needs of the child. In rare instances, a child entering custody may already be assigned to a different provider and due to their individualized medical and/or behavioral need; DCFS may select to keep the child assigned to that provider.

An adequate network of behavioral health services and supports is a critical component in effectively addressing the needs of children and their families in order to provide safe and nurturing environments to maintain children safely home with their parents. DCFS works closely with the Louisiana Department of Health (LDH), which maintains responsibility and oversight of an adequate network of behavioral health providers to serve the state's Medicaid population. DCFS endeavors to enroll youth in case management services to ensure healthcare is individualized to meet each child's needs regarding type of care, frequency of encounters and length of care. Network development and areas for additional focus are standing topics for discussion at monthly interdepartmental meetings between DCFS, LDH and the health plans. Discussions focus on identifying barriers to and opportunities for improvement or other needed adjustments. The following table documents the number Licensed Mental Health Providers in each of the political jurisdictions covered in the CFSP, and the total Medicaid members served in FY '16.

To ensure ongoing services are accessible and individualized to meet the needs of children/youth, DCFS created a new statewide unit to manage the transition and continued collaboration with integrated health management. The twelve-person Behavioral Health and Placement Services Unit works closely with the managed care entities and providers to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs. Pursuant to the transition to Healthy Louisiana, DCFS assumed administration of agreements with residential facilities and child placing agencies, two residential levels of care that had previously been managed by Magellan. These levels of care are not Medicaid reimbursable, and for this reason no longer fall within the scope of work of the MCOs.

Currently, DCFS contracts with twenty (20) Non- Medical Group Homes, and eight (8) Child Placing Agencies to provide Therapeutic Foster Care (TFC) to youth in Louisiana who are in DCFS custody. Services for children who are in need of treatment facilities such as Psychiatric Residential Therapeutic Facilities (PRTF) and Therapeutic Group Homes (TGH) are contracted through OBH.

The programs provide services to children who have a history of and/or current patterns of emotional, behavioral, adjustment problems, family disturbance and may have serious physical and medical conditions. DCFS seeks to utilize programs highly specialized for child treatment, crisis intervention and stabilization. These children often have a history of chronic patterns of aggressiveness and violence against others, delinquency, self-injurious behaviors, non-compliance and depression. Most have experienced multiple unsuccessful out of home placements and may

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have histories of substance abuse, psychiatric hospitalizations, homicidal and /or suicidal ideation and features of psychosis. They may have cognitive impairments or physical disabilities such as seizure disorder, diabetes, or communicable diseases.

Effective October 1, 2017, the DCFS enacted a new fee schedule for Child Residential Care and Therapeutic Foster Care. Fees for these services had remained static since 2012. Since such time, costs of doing business and costs of living have increased considerably. In addition to adjusting for increasing costs, DCFS moved to a two-tiered rate scheme to allow providers to tailor supervision and resources to ensure the safety and wellbeing of children in care at those levels of care. The transition to managed care for behavioral health services has impacted these placement levels. More frequently, children who present with greater needs for supervision and behavior management are referred for care at these levels. Examples of these needs include, but are not limited to children and youth who present with acute to behavioral health challenges, developmental or medical condition(s); aggression towards peers; aggression towards authority; property destruction; elopement risk with tendency to self-harm when unsupervised; youth who are or have history of being sexual aggressive; involvement in human trafficking; and history of criminal activity. Providers expressed the need for a rate adjustment to accommodate adjustments to their staffing and training structures, in order to appropriately care for youth with greater needs.

DCFS and the Office of Juvenile Justice contracted the services of Hornby Zeller Associates, Inc. to develop a standard and federally approved rate-setting methodology determined by cost-based data. Providers submitted budget files containing three types of information: Expenditures, Revenues and Capacity. Random moment survey data and survey information was collected.

The two tables below show the new rate structure and fee schedule.

TFC:				
Level	Rate	Family/Admin split	\$ Increase	% Increase
Level I	\$ 86.50	\$ 35.20 / \$ 51.30	\$ 20.79	31.64%
Level 2	\$ 122.59	\$ 59.93 / \$ 62.66	\$ 56.88	86.56%

Child Residential:			
Level	Rate	\$ Increase	% Increase
Level I	\$ 148.44	\$ 22.81	18.16%
Level 2	\$ 196.68	\$71.05	56.55%

Monthly calls are held with all eight (8) Child Placing Agencies by the Behavioral Health unit to discuss the needs of the children within the custody of DCFS. The department recognizes the need for additional TFC homes based on the increasing behavioral needs of the children presenting to include diagnoses of Autism and developmental delays. The department is experiencing a decrease in the number of homes willing to accept older youth, especially youth with law enforcement involvement. We are focused on our TFC providers recruiting homes for the following population of children: Developmentally Delayed (OCDD), Human Trafficked Victims, LGBTQ Youth, Conduct Disordered, Older Youth and Youth with histories of sexual aggression.

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Unduplicated Count of Children Served in Residential/TFC*:					
Placement Type	TFC	Group Home	PRTF	Psychiatric Hospital	Total
FFY 2015	254	296	115	140	805
FFY 2016	221	323	126	130	800
FFY 2017	216	372	121	118	827
FFY 2018	213	365	67	136	781

Extracted on 1/23/2018 using WebFocus Developer Studio

*Calculated using child's longest specialized placement for that FFY; child may have experienced multiple placements.

DCFS conducts monthly scheduled psychopharmacology consultations with OBH representatives, a Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being outside of the recommended psychotropic medication parameters. This service is provided to meet the individualized needs of children in foster care, statewide. The service provides for the oversight and safe, effective use of psychotropic medications by children in state custody. The service is provided statewide, in both urban and rural areas and easily accessible by phone. Services are tailored to meet the individual needs of children in foster care.

Comprehensive health care services are provided for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Louisiana Department of Health (LDH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services Plan is operational as a Memorandum of Understanding (MOU) between DCFS, LDH and OJJ.

Children will receive an initial health care screening upon entrance into foster care. For newborns, the examination must occur prior to the child's hospital discharge. For other children, the examination must occur within 30 days of FC entry unless the child entered foster care from a medical facility or there is documentation of a medical exam and findings within the past 30 days. For children under six-years of age, the examination shall include a universal blood lead screening. Regular periodic medical screenings must occur after birth as follows for children under two-years of age:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years

All screenings must be at least 30 days apart, unless there is an indicated need for more frequent screening. Treatment for identified medical care needs is provided in adherence to physician recommendations to maintain medical well-being of the child and in accordance with Medicaid or parental insurance guidelines. Immunizations follow the current American Academy of Pediatrics

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“Recommended Immunization Schedule.” Specialized vaccinations are provided upon recommendation of the child’s current physician in periods of widespread epidemic. The child’s foster caregiver collects documentation of all health care services provided to a child at the point of service. The FC case manager collects the documentation during monthly visits with the child and the child’s caregiver. Copies of the child’s health care information are shared with the parents at a minimum of every six months at the case plan team meeting.

Youth, age 16 and older, are informed by their case manager of the importance of establishing a health care power of attorney, known as a health care proxy or health care mandate. The worker explains to the youth that a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions for him or herself. Medical services provided by Medicaid are available statewide to all children in foster care. The service is hindered by transportation issues at times. All field offices try to maintain at least one transportation worker that can assist in transporting a child to a medical appointment if necessary. Regular periodic medical screenings must occur a minimum of annually for children ages 2 through 17. The screening shall include screenings of current development, medications, immunizations status, hearing, speech and vision. Initial dental screenings are due at the eruption of the first tooth for infants or age 1, whichever occurs first and every 6 months thereafter. Treatment for identified dental care needs is provided only to resolve oral health issues. Preventative services are provided for physically handicapping and medically necessary malocclusions impacting breathing and swallowing or speech. Medical and dental care screenings are documented in the FATS system and attached to the child and family’s current case plan. The dates of the examination are recorded in the case events screen of the TIPS data system.

Initial Medical Completion:			
FFY	Due	Accomplished	Timely
FFY 2018	3,288	2,959 (90%)	1,500 (46%)
FFY 2017	3,092	2,563 (83%)	1,303 (42%)
FFY 2016	3,146	2,252 (72%)	1,460 (46%)
FFY 2015	3,481	2,726 (78%)	1,757 (50%)

Annual Medical Completion:			
FFY	Due	Accomplished	Timely
FFY 2018	2,720	2,063 (76%)	1,255 (46%)
FFY 2017	2,036	1,229 (60%)	587 (29%)
FFY 2016	2,215	1,386 (63%)	592 (27%)
FFY 2015	2,384	1,709 (72%)	886 (37%)

Initial Dental Completion:			
FFY	Due	Accomplished	Timely
FFY 2018	2,497	1,896 (76%)	1,127 (45%)
FFY 2017	2,312	1,389 (60%)	872 (38%)
FFY 2016	2,411	1,528 (63%)	849 (35%)
FFY 2015	2,449	1,726 (70%)	1,024 (42%)

Annual Dental Completion:			
FFY	Due	Accomplished	Timely

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FFY 2018	1,836	1,445 (79%)	852 (46%)
FFY 2017	1,584	1,024 (65%)	652 (41%)
FFY 2016	1,770	1,255 (71%)	733 (41%)
FFY 2015	1,805	1,370 (76%)	841 (47%)

Chafee Foster Care Independence Program (CFCIP) contract providers conduct individual assessments of each youth referred to their programs. The assessment is used to determine each youth’s level of readiness to function independently in areas such as relationship building, financial planning, career readiness, etc. From that assessment the providers develop with the youth an individualized plan for developing skill levels that range from group sessions with other youth, homework exercises, classroom instruction, videos, to experiential learning activities. Providers provide in-home instruction/learning activities as necessary to meet the unique needs of a particular child. Four independent living service (ILS) providers serve youth in every parish from throughout the state.

The providers assisted youth with the following services:

- Basic Life Skills training including Financial Management & Daily Living
- Instructions for FAFSA Applications and securing ETV funds
- Transportation
- Job Readiness Skills
- Post-Secondary/Vo-Technical Training Education Tours
- Housing Assistance
- Ansell Casey Assessments
- Life Skills camp

FFY2017 (October 2016 – September 2017)

Region	# Of Youth Served (14-17)	# Of Youth Served (18+)	# Completed IL Program (14-17)	# Attended LYLAC (14-17)	# Attended LYLAC (18+) *
Alexandria	51	23	16	90	0
Baton Rouge	14	17	0	55	0
Covington	70	5	4	61	0
Lafayette	0	0	0	0	0
Lake Charles	34	1	0	0	0
Monroe	267	10	13	66	0
Orleans	110	12	0	125	0
Shreveport	73	31	14	105	0
Thibodaux	45	2	0	0	0

**LYLAC meetings did not break down age of youth. Youth can be duplicated in the count if they attended duplicate meetings.*

YOUTH CONFERENCE DATES:					
Region	SFY 2014	SFY 2015	SFY 2016	*SFY 2017	**SFY 2018
Alexandria/Shreveport	June 5	June 4	June 2	N/A	N/A
Lafayette/Lake Charles	June 6	June 4	June 2	N/A	N/A
Baton Rouge/Covington	June 9	June 1	May 26	N/A	N/A
New Orleans/Thibodaux	June 11	June 11	June 2	N/A	N/A

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Monroe	June 12	June 11	June 9	N/A	N/A
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**Youth Conferences were not held in SFY 2017 due to weather incidents as well as the delay in approval of CFILP contracts.*

***Youth Conference were not held in SFY 2018. We received negative feedback from youth on the conferences and decided to move forward with other activities for the program.*

In the first quarter of calendar year 2017, focus groups with youth were held across Louisiana (Baton Rouge, New Orleans, Ruston and Monroe) where executive staff was able to meet with the youth to determine areas of need and areas of improvement within the department. The youth who participated were youth in DCFS care and OJJ care. Ten or more youth were involved in each group. Common themes within the youth focus groups included the importance of support systems including workers for the youth, increased family interaction, concerns regarding aging out of care, youth having more input and control over their case plans, and limiting the number of placements. There was a mixture of positive and negative feedback depending on the youths’ personal experiences. Youth indicated they wanted to be more active in the case planning process and in court while youth found value in case workers who visited regularly and listened to them making sure to follow through with discussed plans. Additional communication and feedback from youth in care is obtained through the quarterly meetings of the Louisiana Youth Leadership Advisory Council (LYLAC). DCFS has worked on numerous fronts to obtain stakeholder feedback and participation in the development and delivery of the service array. These efforts are accomplished in part through the DCFS Advisory Board, the DCFS Internal Advisory Committee and the CW CQI process.

The Advisory Board advises the Secretary on many issues including operations within the Department, service delivery structure and departmental performance. Members of the Advisory Board include children’s advocates, community partners, foster parents, legislators, judges and community leaders. The Advisory Board has provided recommendations on communications and strategies for advancing DCFS in the community and legislature. They have worked with the Department to engage foster parents and make recommendations for assisting youth in care and aging out of foster care.

The Internal Advisory Committee is comprised of advocates, grandparents, foster parents and employees. This committee advises the Secretary on operations within the Department, policy, service delivery structure, departmental performance, and employee satisfaction. Within the committee there is a CW Workgroup meeting regularly to provide on-going specific recommendations to improve employee performance, to enhance morale and create specific policy changes to better serve the children and families in Louisiana. These recommendations are provided to the Secretary and executive leadership for consideration and implementation.

In an effort to positively impact youth aging out of Louisiana foster care, DCFS developed the Transitioning Youth Unit in state office to support the efforts of the field in improving the outcomes for older youth exiting the foster care program. Housed in the field, are 15 Supervisors and 20 specialized youth workers. In addition, there are three youth consultants housed in each of the tri-regions. One critical means to improving the outcome for older youth exiting foster care is ensuring that each child exiting has a permanent connection. Youth Transition Planning (YTP) training was provided statewide on two different occasions with all foster care and adoption staff to promote the importance of thorough case planning, engagement of teams of support in achieving youth goals as well as establishing permanent connections and mentors for youth. Chafee IL

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contract providers, CASA and older youth were engaged as partners in preparing the statewide trainings. Policy clarifications were made by program staff to guide field staff in planning for multiple permanency options in case planning and staff were guided on the development of a teaming philosophy in looking for strengths and the supporting development of the capacity to safely parent the child in the family, including the necessary supportive services needed. Consultants have offered monthly case consultation to field staff in preparing youth that are aging out of foster care within the next 6-month timeframe to ensure a permanent connection was established and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth’s ability to transition into adulthood successfully. The Quality Parenting Initiative (QPI) was introduced statewide to change staff perspective on greater partnering with foster caretakers in the way children and youth are served. Emphasis was placed on encouraging improved relationships between foster caretakers and the families of the children and youth, and developing greater commitment of foster caretakers to the parenting role.

There are 20 Specialized Youth Workers statewide, with at least one within each of the nine (9) regions. The table below provides the number of youth 16 and 17 years-old and the suggested number of workers to cover the caseload of all 17 year olds, at a minimum. The individualized case management services are provided by case managers who are specifically trained to work with youth, understand the importance of collaboratively working with the youth to develop a realistic plan for the child upon aging out as well as the development of at least one viable permanent connection.

Current Numbers

Region	# Of FC (16-17)	# Of FC (17)	# Of Workers Needed (caseload size 10)	# Of Workers Suggested to Pilot SYW (caseload size of 10)
Alexandria	39	20	2.0 (17yo)-3.9 (16-17yo)	2
Baton Rouge	25	10	1.0 (17yo)-2.5 (16-17yo)	2
Covington	66	27	2.7 (17yo)-6.6 (16-17yo)	3
Orleans	43	24	2.4 (17yo)-4.3 (16-17yo)	2
Lafayette	40	19	1.9 (17yo)-4.0 (16-17yo)	2
Lake Charles	29	11	1.1 (17yo)-2.9 (16-17yo)	2
Monroe	47	21	2.1 (17yo)-4.7 (16-17yo)	2
Shreveport	59	31	3.1 (17yo)-5.9 (16-17yo)	3
Thibodaux	30	13	1.3 (17yo)-3.0 (16-17yo)	2

The current number of SYW in each region is as follows:

- New Orleans—2
- Baton Rouge—1
- Covington—2
- Thibodaux—2
- Lafayette—2
- Lake Charles—2
- Alexandria—2
- Shreveport—3

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- Monroe—3

It has been determined caseloads of a SYW should be lower than the standard foster care caseload due to the nature of the work with the youth. In addition, once the case is assigned to the SYW, the case remains with that worker regardless of the child's placement. This can present a geographical challenge and supports the need for a lower case load. Due to the current statewide caseloads, it is not possible for all SYW to carry a lower case load. Efforts will continue to accomplish this goal.

In another effort to support youth aging out of foster care, DCFS has embraced The Open Table model as an effort to expand public/private partnerships and engage faith organizations in delivering services to the larger community. This team approach provides mentorship, support, and friendship, while providing coordinated care – similar to the wraparound approach in Systems of Care. The model helps youth develop sustainable connections for support after aging out of foster care.

Systems of Care Values and Principles: 1.) Family Drive. 2.) Youth Guided. 3.) Culturally and Linguistically Competent. 4.) Evidence Based Practices and Clinical Excellence. 5.) Continuous Quality Improvement.

Volunteers contribute \$10 per month to support the program and they have “homework” that helps the brother or sister with socialization, life skills, or other needs. Assignments might include providing a cooking lesson, teaching bookkeeping basics, finding affordable health insurance, or fixing a bike found at a yard sale so that it can be used for transportation to work. Together, the Table tackles each obstacle to improve functioning and economic stability. Through the trust forged between Table members, doors open to allow exploration of paths to employment, housing, health care, and education and training. Thus far, DCFS is collaborating with three (3) regions to implement the model. The regions with faith-based commitments are Covington, Baton Rouge and Alexandria.

In the 4th quarter of 2017, a residential step down project was implemented to address youth aged 16 and 17, with a goal of RUF and with an identified resource. Fifteen (15) youth met the initial criteria. Phone calls were held with state office level staff and field staff with case management decision-making responsibilities to think creatively in the specific and individualized supports needed to accomplish a smooth and safe transition of a child from a residential facility. It was hoped that many of the youth could return to their families. Of the 15 youth identified, ten returned to their family, three were ruled out for various reasons and two youth were stepped down to a less restrictive setting. This process is currently being evaluated to assess the effectiveness and how to move the process in a more efficient manner, always ensuring the safety of the child. This is a service that pertains to youth placed anywhere in the state and is specific to the individualized need of the identified child. Services must be specific to the child and the family in which the child will be placed for a successful placement.

In FFY 17, Youth Transition Calls were begun to serve the needs of 17-year-old youth in foster care without an identified permanent connection. The calls are held monthly and include staff from state office as well as staff that have case management decision-making responsibilities. Staff

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work collaboratively to determine the child’s specific and individualized needs as it relates to them exiting foster care upon their 18th birthday. A review and diligent search of the child’s foster care record is completed to access names and contact information of possible relatives, fictive kin or previous foster parents. The youth’s case manager works with the youth to identify possible permanent resources as well. Once one or more permanent connections have been identified, staff works with them to sign a Permanency Pact Agreement in which the child’s adult connection agrees to maintain a specified type of contact with the child once he exits foster care. The permanent connection may include phone contact, visiting resource during holidays or provide the child with permanent place to live. The ongoing goal of the Department is to have a Permanent Connection agreement signed for each child exiting foster care, meeting the individualized needs of the child.

DCFS Regional educational liaisons continue to assist with any needs arise in the field with enrolling foster children in school and obtaining services. The Louisiana Department of Health (LDE) and DCFS are working collaboratively to ensure the implementation of the Every Student Succeeds Act of 2015 (ESSA). We have worked to assist school districts and DCFS field offices to have signed working agreements to carry out ESSA’s requirements. LDE and State DCFS serve as the primary contacts to school districts and DCFS field offices in setting up local ESSA guidelines and providing them with support to ensure implementation. DCFS Form 1 is a mandated form letter to notify school principals of a child’s foster care status. The letter is utilized when there is a change in the child’s educational setting or allowable contacts. As the liaisons represent all DCFS statewide, this service is provided to all children in custody on a statewide basis. The service is individualized and tailored to meet the specific and individual needs of the youth.

The Department has worked diligently to publicize the ETV criteria to field staff and encourage applications for the funds. During monthly staffings with field staff, ETV funds and the process of applying for the funds have been emphasized to appropriate youth. LOSFA has continued to publicize the availability of funds to post-secondary educational/ vocational institutions. CFCIP providers have continued to assist youth in accessing the funds through the local post-secondary educational/vocational programs. Program staff has provided feedback to requests for information regarding ETV and eligibility criteria. The past year has seen a significant increase in the number of inquiries.

During State Fiscal Year 2016, 15 Educational Stipends were awarded to youth in Louisiana’s foster care system.

During State Fiscal Year 2017, a total of 23 Educational Stipends were awarded to youth in Louisiana’s foster care system. Children from the following regions were granted the stipends: Stipends are available statewide.

YOUTH IN TRANSITION DCFS STIPENDS:					
Region	Vouchers Awarded SFY 2014	Vouchers Awarded SFY 2015	Vouchers Awarded SFY 2016	Vouchers Awarded SFY 2017	Vouchers Awarded SFY 2018
Alexandria	3	0	0	3	NA
Baton Rouge	0	0	2	1	NA

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Covington	9	4	3	2	NA
Lafayette	4	2	2	5	NA
Lake Charles	2	0	1	0	NA
Monroe	1	2	0	1	NA
Orleans	7	1	1	9	NA
Shreveport	7	2	5	1	NA
Thibodaux	0	1	1	1	NA
Total	33	12	15	23	NA

Youth stipends remain in effect until the youth graduates, receive a GED (HiSET) or continue to attend school and perform satisfactorily. If the youth turns 18 in April and graduates in May, the youth will only get the stipend for the months of April and May. Alternatively, DCFS may enter into an arrangement with the youth to provide a stipend for one year as long as the youth remains in school. Excessive absences, however, will result in the termination of the stipend.

JAG (Jobs for America’s Graduates) is a dropout prevention and recovery program that delivers a unique set of services struggling students to help them earn a high school diploma and for out-of-school youth, to assist them in earning a high school equivalency diploma. JAG has multiple programs throughout the state, consisting of middle school, high school and multi-year programs as well as out of school programs. There are currently 63 high schools and 38 middle schools participating in the JAG program. Of the 101 school programs, these programs are limited to 38 parishes throughout the state. To date, there are 46 children in foster care enrolled. The JAG program is a dropout prevention program so all children in foster care are not appropriate for the program and students are usually recommended by the school to enroll in the program.

Louisiana DCFS is committed to creating a safe and affirming environment where all young people can thrive, no matter their sexual orientation or gender-identity expression. All offices of DCFS are committed to promoting awareness and helping make sure that all of our services are affirming of LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth and families.

The Department encourages foster caretakers and residential providers to be sensitive to all of the needs of youth in foster care and to refrain from projecting personal biases onto the youth. Youth who express an interest in purchasing clothing of their identified gender are allowed to do so. Youth who identify as LBGTQ are allowed the same opportunities to participate in age and developmentally appropriate activities as other youth.

DCFS has continued its participation with Louisiana LGBTQ Taskforce, which advocates for and advances equal treatment for lesbian, gay, bisexual, transgender, and questioning youth in the judicial system by developing and delivering resources to impact practice and policies. CFCIP providers are required to provide and educate youth on sexual development, responsibility, and family planning alternatives, to include sensitivity and support in understanding, accepting, and coping with any sexual identity issues.

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Education on the specific needs of this population has continued with Department staff, caretakers, and other stakeholders to ensure sensitivity to sexual identity issues. The Department contracted with a renowned child welfare consultant to assist in development and implementation of policies and procedures related to this specific population. Additionally, DCFS has provided LGBTQ awareness and sensitivity training statewide to all field staff. Participation with the Louisiana LGBTQ Taskforce to advocate and advance equal treatment continues.

More in-depth training to enhance the daily practice of staff working with the LGBTQ youth population will begin in February 2018. In addition to the training, A Practice Guide for Working with LGBTQ Youth in the Child Welfare System will be distributed to staff. We are in the beginning stages of developing A Practice Guide for Foster Parents Working with LGBTQ Youth in the Child Welfare System.

The Department's FC program staff continues to work with the Office of Citizens with Developmental Disabilities (OCDD) to obtain services for developmentally challenged children and youth. DCFS participates at the local and state level in the Interagency Service Coordination Council as a process for collaborative service delivery for this group of youth. This process continues to be a venue for resolving challenging situations in service delivery for developmentally challenged youth. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council "SICC" to support advocacy and change for children under the age of three receiving developmental services through the Early Steps Program. A DCFS Manager remains an active participant in the Special Education Advisory Panel (SEAP) to support advocacy and change for children with special needs being served through the state's education system.

House Resolution 208 (HR 208) of the 2017 Regular Legislative Session created the Louisiana Bullying Awareness and Treatment Task Force. The purpose of the Task Force is to develop a comprehensive, coordinated plan to prevent bullying and address the mental health needs of youths who are victims of bullying as well as youths who are involved in bullying, and to provide the needed guidance to carry out the goals the task force recommends. The Task Force was assigned to the Louisiana Department of Health (LDH) and the designees from LDH and the Louisiana Department of Education (LDOE) serve as co-chairs.

House Resolution 208 designated the Task Force be composed of representatives assigned from relevant state agencies. Task Force representatives include interested state medical and behavioral health services provider associations and other relevant and interested parties. House Resolution 208 has identified the secretary of the Department of Children and Family Services or his designee as a Task Force representative.

Act Number 117 of the 2016 Regular Session of the Louisiana Legislature created the Foster Care and Permanence Task Force to study and make recommendations concerning best practices for achieving permanency for foster children. This task force terminated on January 1, 2018.

In spite of the challenges presented, the department is in collaboration with a multitude of local, state and national partners to achieve change. Federal as well as out of state and in state private funding have been sought to support implementing the necessary practice improvements.

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Manager Reviews in Foster Care were implemented in order to build the capacity of Supervisors, a review instrument was developed to focus on the same critical decision points in practice as well as to assess supervisor's guidance provided to workers throughout the life of the case. A reporting tool was developed to track trends in specific practice areas that can be targeted for monitoring by state office and regional leadership. The primary areas of focus for FC include

Items from the review instrument included in tracking and monitoring are:

The manager FC Reviews became effective August of 2017. On a quarterly basis, reports are forwarded to regional and state office leadership and reviewed during management and leadership meetings. Information from the reviews is used to further enhance the individualization of services by focusing on the following:

- Tracking trends at the state office level to inform policy clarifications or changes
- Assessing practice areas for additional training and/or mentoring needs
- Identifying areas of practice for supervisory focus during consultation with managers
- Identifying gaps in services on a regional and statewide level.

DCFS works with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana. CW staff work with OJJ staff in an integrated case management system for youth dually involved in both systems. The integrated case management process was fully implemented statewide and allows that DCFS and OJJ are not duplicating the necessary services that are needed for those youth. The integrated case management system is tailored to meet the individual needs of the youth that dually involved in both systems.

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

In FFY 2015, four full time adoption recruiters were hired by DCFS through federal funding to recruit using the WWK model. By the end of April 2015, there were four adoptions completed, 2 guardianships, 2 cases where custody was returned to a parent and 1 child who aged out of foster care and were living with a sibling.

Currently, there are a total of 8 full-time recruiters and 1 Supervisor managing all 9 regions of the state. By covering all 9 regions in the state, it is expected that an additional 80 children will be served, allowing for child focused recruitment to take placed. Recruiters are now allowed to recruit for children with the goal of Another Planned Permanent Living Arrangement (APPLA). It is projected that by July, 2019, the program will have completed 59 adoptions for hard to place children and youth. The model provides for this service to be available to all children in custody,

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throughout the state. The child focused recruitment model allows for individualizing the child's specific needs to locate a permanent resource that can meet the specific needs of the child.

The charts below indicate outcomes for WWK in FFY's, however, it should be noted the initial grant did not begin until January 1, 2014.

FFY	Adoptions	Guardianship	Custody to Relative
FFY 2014	2	0	1
FFY 2015	3	2	1
FFY 2016	15	3	0
FFY 2017	14	1	0

Pre-adoptive services provided by the FC worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child evaluation/assessment, preparing children for adoption, assisting in the recruitment of child specific adoptive homes as needed, selection of adoptive resource families and placement of children, providing supportive case management services, processing adoption subsidy applications, and participating in the adoption finalization process.

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

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

Post-adoption services in Louisiana are offered principally through the Adoption Subsidy and Medical Assistance Program (Medicaid), which are federally and state funded. Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion

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is extended to age 26. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a major component of the Adoption Subsidy Program, which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Adoption and medical assistance (Medicaid) are the primary issues that drive the need for interstate collaboration in interstate adoptions. All families who adopt may apply for an adoption subsidy irrespective of the type of adoption. Many private and private-agency adoptive families do not meet the IV-E federal subsidy requirements to receive the full range of benefits designed to help move special needs children out of foster care and into permanent homes via adoption. International adoptions are ineligible for state Adoption Subsidy assistance.

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

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

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

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

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provide information allowed by law to members of the adoption triad; however, records are only released by court order and no adoption record is ever destroyed.

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

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AGENCY RESPONSIVENESS TO THE COMMUNITY:

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: In implementing the provisions of Louisiana's Child and Family Services Plan (CFSP) and developing related annual reports, the Department of Children and Family Services (DCFS), Child Welfare Program (CW) engages in ongoing consultation with the state's four federally recognized American Indian tribes, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies. The major concerns of these representatives are reflected in the goals, objectives, and annual updates of the CFSP. The Department works closely with management staff, front-line staff and community partners to ensure that goals from the CFSP are met. Concerns regarding performance measures and issues brought forth at both the statewide and regional level are fully embraced and addressed in the Continuous Quality Improvement (CQI) meetings or other regularly scheduled meetings. Departmental staff, community partners, and stakeholders work to improve service delivery by assessing current processes to determine the root causes of areas requiring improvement. The achievement of safety, permanency, and well-being is first and foremost in ongoing efforts to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state. Though not a comprehensive list, the partnerships detailed below represent efforts to be responsive to the community.

Tribal Representatives: There are four federally recognized Native American Tribes in Louisiana; they are the Chitimacha, Coushatta, Tunica Biloxi and Jean Band of Choctaw Tribes. The DCFS State Office foster care staff provides Annual Progress and Service Report (APSR) to federal tribal representatives for their input and review. Annual meetings between federal, state and tribal partners are held to discuss collaboration, planning and service delivery between the state and tribes. Local working agreements continue to be in place with front-line staff through contact with the Area Directors. Copies of the agreements are maintained at headquarters. DCFS State Office foster care staff maintain quarterly contacts with all federal recognized tribes. The tribes are made aware of any procedural/policy changes regarding the Indian Child Welfare Act (ICWA) regulations. The Department has designated a tribal liaison for the federally recognized tribes. DCFS Child Welfare staff invite all tribal representatives to quarterly Continuous Quality Improvement (CQI) stakeholder meetings.

Consumers: A public notice regarding the 2018 APSR was published in the Louisiana Register on March 20, 2019. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 2, 2019 at 10:00 a.m. No members of the community were present at the hearing.

In early 2017, DCFS Child Welfare leadership, along with a contract consultant, held four focus groups statewide with youth in foster care working toward independent living and youth in the custody of Office of Juvenile Justice (OJJ). The common themes included the following: importance of support systems, increased family interaction, aging out of care concerns, having more input and control over their case plans, limiting the number of placements and the value placed in case workers who visited regularly. As a result of the youth's input, the Department was able to re-implement a Youth Transition Program. In May 2017, the Department created positions in State Office to develop and manage programs for youth in foster care and those transitioning

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out of foster care. DCFS staff facilitates the Louisiana Youth Leadership Advisory Council (LYLAC) group meeting which is comprised of youth in care working toward independent living. Through ongoing quarterly statewide LYLAC meetings, communication and feedback is obtained from the youth. Regional LYLAC meetings are held, at a minimum, monthly. In addition, the Department implemented a mentorship model, Open Table, which offers long term relationship and guidance for community based volunteers interested in working with the youth. There are two tables serving youth in Monroe and two in Baton Rouge.

Service Providers: Chafee Foster Care Independence Program (CFCIP) contract providers conduct individual assessments of each youth referred to their programs. The assessment is used to determine each youth's level of readiness to function independently in areas such as relationship building, financial planning, career readiness, etc. Experiential activities and collaboration with foster caretakers are required to reinforce the information provided to youth. These providers offer case management services to those youths who have aged out of foster care at age 18 or entered an adoption or guardianship arrangement after age 16 to age 26. The Chafee Independent Living Services providers continue to reach out to tribes offering support and services to tribal youth in custody transitioning to adulthood. There have been planning with CFCIP providers to implement changes to their programs and how the services are delivered. The providers will be submitting proposed changes to their programs.

Foster Care Providers: The Department implemented the Quality Parenting Initiative (QPI) to establish a core philosophy of ensuring quality parenting for the children served. This includes: DCFS' relationships with stakeholders; the way work is conducted with the legal system; how foster caretakers are supported and developed; and how partnerships are built through our teaming process with the parents with whom we work. The statewide implementation was completed in May 2017. The nine regions established QPI regional steering committees and task force groups. They are to identify, develop and implement strategies to support quality parenting based on the region's needs. The regional task force includes agency personnel, foster caregivers and community partners. The regional steering committees oversee the implementation of the strategies recommended by the task force group. Progress summaries are submitted quarterly to the state office QPI team. Targeted success measures are being developed as it relates to: increase/retention of foster homes; reduced group home placements, unplanned placement changes and number of sibling separations; and achieving timely permanency. A Quality Parenting Partnership Plan Agreement was developed in 2017 outlining clear expectations of foster care providers as well as expectations of DCFS staff to support Quality Parenting.

Juvenile Court: The working relationship between the Department and juvenile courts continues to vary by region. An enormous cooperative effort among local courts, juvenile courts and state and parish agencies is required to effectively comply with state and federal mandates. The Louisiana Court Improvement Project (CIP) has a long history of working to improve legal representation for children and parents. For FFY 2018, the primary focus of the CIP related to improving the overall quality of safety decision-making by legal stakeholders (judges, attorneys for all parties, district and agency attorneys). There was an operating theory of change, which is: in order for children to be safely maintained in their homes or safely returned home, all key stakeholders need to understand how safety and risk assessment should be made. The Department adopted a research-based, structured safety and risk assessment process. Stakeholders are being

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trained in the use of the model. There will be a piloting of the new instrument in selected jurisdictions. In addition, the Department's management level staff maintains ongoing communication and/or collaboration with the juvenile court judges. Some of the judges from the Louisiana Family and Juvenile Court Association meet quarterly with the DCFS Secretary and CW Assistant and Deputy Secretary. The judges set the agenda for the meetings. The needs and concerns from both sides (judges and agency) are discussed.

Community Partners: The statewide CQI process is critical to the engagement of stakeholders/community partners. This process helps establish a feedback loop for the development and monitoring of goals and objectives of the CFSP. The Department continues to invite stakeholders to participate in statewide meetings where CFSR and targeted case review data results are discussed. On the state level, stakeholders included representatives from the Court Improvement Program (CIP), Tribes and residential placement facilities. On the regional level, representatives from courts, tribes, Court Appointed Special Advocate (CASA) and service providers participated in quarterly committee and stakeholder subcommittee meetings. Stakeholders are afforded opportunities to review data and provide feedback during statewide meetings, state level CQI meetings (previously PQI) as well as regional meetings. External stakeholders are invited to participate in meetings on the regional and state levels. Discussions during the meetings have focused on planning and implementing changes aimed at improving outcomes.

Louisiana has three Citizen Review Panels. The goal of the panel is to provide an opportunity for citizens to promote positive change for the safety and well-being of children. The panels meet, on a minimum, quarterly to discuss specific policies/procedures and in some instances, specific cases. The panels prepare an annual report which is submitted within the APSR.

The DCFS collaborates with public universities' Schools of Social Work through the Louisiana Universities Alliance. The members of the alliance include: Southeastern Louisiana University (lead), Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University and University of Louisiana at Monroe. DCFS partners with the Louisiana Child Welfare Training Academy (LCWTA), the Pelican Center and the Universities Alliance to provide training opportunities for DCFS staff, federally recognized tribes and other partners. These community stakeholders work to achieve some of the following: improve the quality of court hearings to ensure children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings; improve safety decision-making across systems by educating and training stakeholders on the principles of advanced safety decision-making; development of policy to support DCFS child welfare employees pursuing a Master of Social Work degree; and standardizing procedures for recruitment/selection of Title IV-E stipend recipients.

Other Public and Private Child- and Family Serving Agencies: For descriptions/detailed information on these collaborative efforts and more, please refer the remainder of this CFSP.

The Department works with the faith based community to: recruit families willing to foster and adopt; retain and support certified foster/adoptive families; and create an atmosphere of shared responsibility resulting in, overall, good child well-being outcomes for children and youth in the foster care system. As part of this work, DCFS has a cooperative agreement with the Louisiana

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Baptist Children's Home (LBCH) located in the Monroe region. The LBCH recruits, certifies and supports foster/adoptive families statewide. These partners have participated in the new foster parent pre-service work group and assisted in the development of the new orientation presentation, which is based upon the Quality Parenting Initiative (QPI).

Crossroads NOLA is a faith-based organization affiliated with the Louisiana Baptist Association. This organization continuously works to help the Department bring an awareness of foster care and adoption to the community. They have provided recruitment, training and support services to foster parents in Orleans and Covington Regions. As stated previously, Crossroads NOLA was instrumental in helping DCFS partner with Texas Christian University (TCU) Institute of Child Development; TCU provided Trauma and Trust Based Relationship Intervention (TBRI) training. During 2018, Crossroads NOLA and LBCH offered Empowered to Connect conferences through a statewide simulcast. The conference was a two-day training for adoptive/foster parents, ministry leaders and professionals designed to help them connect with children from hard places.

Healing Place (HP) Serve of Baton Rouge is a faith-based organization affiliated with Healing Place Church. They have partnered with DCFS on various projects, such as human trafficking, transitional living for youth aging out of foster care, homeless youth and foster parent recruitment/support. HP Serve assists with photographing children awaiting adoption and maintaining a statewide Louisiana Heart Gallery (LHG). In March 2018, nine children were videoed by America's Kids Belong (AKB) in partnership with the LHG. In April 2018, an additional 32 children were to be videoed. The videos are posted on AdoptUsKids, DCFS and LHG's websites. In October 2017, HP Serve hosted the Statewide Adoption Exchange meeting. The exchange meeting allows Adoption and Home Development staff (statewide) an opportunity to meet in one place to present certified families and children awaiting adoption in hopes of making potential matches.

DCFS partnered with Tulane University on a demonstration grant received from Administration for Children and Families (ACF). The grant was designed to: strengthen the child welfare system's understanding of the impact of trauma on children and families through professional training opportunities; and help professionals within the system to make informed decisions about individualized treatment services needed to enhance child well-being outcomes. As previously stated within this report, approximately 1000 CW staff completed the Trauma and Behavioral Health Screening training. Over 10,000 screens were completed statewide on individual cases.

Coordination of CFSP Services with other Federal Programs: Services under the CFSP are coordinated with services and/or benefits of other federal or federally assisted programs serving the same population. To this end, the Department has Memoranda of Understanding (MOU) and contractual agreements with organizations throughout the state to enhance responsiveness to communities statewide. Some of those efforts are as follows.

The Louisiana Department of Education (LDE) and DCFS developed a strong partnership through implementation activities around Every Student Succeeds Act (ESSA). The LDE liaison for the implementation of Child Welfare (CW) portions of the legislation and the DCFS state office staff member met with CW offices and local educational authorities to identify challenges and work together to develop solutions. Individualized working agreements were developed between the

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local entities in most areas of the state. This effort opened lines of communication between local educational authorities and DCFS staff for joint solution building for problems impacting individual students. The two state level liaisons remain active in working through issues, which arise from either side of the local service continuum. They have jointly spoken at the state level School Superintendents Association annual conference, regionally and locally based school board meetings and trainings, and at meetings of DCFS Managers. This was to ensure everyone has an opportunity to learn about the joint efforts to improve educational outcomes for children in foster care and how they can be a part. The legal teams supporting LDE and DCFS have been involved in supporting the implementation of ESSA and ensuring compliance with state laws.

DCFS worked closely with the Office of Behavioral Health (OBH) and Office of Juvenile Justice (OJJ) to assess our current system of managed care and achieve a trauma informed system. DCFS provided input on contract amendments that are meant to hold the managed care plans and their providers more accountable for network sufficiency and positive outcomes. DCFS, OBH and OJJ have formed a working alliance committed to implementing the Building Bridges approach in treatment and discharge planning in the treatment levels of residential care. To ensure continuity for our youth, DCFS is working to affect the same approach to care in child residential facilities.

In order to establish policies and procedures for the referral of children who are in the custody of the DCFS or at risk of placement into custody based on a developmental disability, DCFS entered into and has maintained a MOU with LDH and the Office for Citizens with Developmental Disabilities (OCDD). Referrals include children birth to two years who have been involved in a substantiated case of abuse or neglect qualifying for early intervention services under IDEA (part C), and CAPTA. Children ages three through seventeen receive referrals. These children are in the DCFS custody suspected of having a developmental disability determined to meet eligibility. The DCFS, LDH and OCDD assesses for the kind of services and supports needed, and work together to meet the placement needs of these children as they approach the age of majority. The goals and shared outcomes of this MOU are numerous but include the requirement that LDH/OCDD and DCFS cooperate in locating placements for children with developmental disabilities when the DCFS has been unable to locate a family, community placement, or other congregate care settings. DCFS provides representation on local, regional and state level Interagency Service Coordination (ISC) teams as needed to collaborate in developing solutions for high needs children as applicable to the mission of the department.

In collaboration with LDH/Office of Public Health (OPH), Office of Behavioral Health (OBH), Women's Health and Capital Area Human Services, DCFS participated in the Louisiana's Innovation Accelerator Program for Substance Use Disorders (IAP-SUD). In 2016, the IAP-SUD committee developed the Louisiana Substance Use in Pregnancy Clinician's Toolkit. The Department continued to work with the Substance Use Disorder Collaborative and the Neonatal Abstinence Syndrome (NAS) Committee to bring awareness to the public regarding Substance Exposed Newborn (SEN) and reducing the numbers of SEN. Louisiana's IAP-SUD Substance Use in Pregnancy Clinician's Toolkit was published and distributed to the obstetricians/gynecologists in September 2017.

Through a Data Sharing Agreement, DCFS has provided LDH with data regarding child deaths in Louisiana. LDH secured a grant for prevention of violence and injuries, which will allow for a Transmittal Date June 30, 2019

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shared epidemiologist between DCFS and LDH to review data to improve outcomes for children. There is a Child Death Review Panel (CDRP) within the nine regions. DCFS participates on the panel. The LDH and OPH lead the CDRP meetings. Discussions are held to ensure all suspected cases of abuse/neglect are reported to DCFS. The CDRP(s) throughout the state have participation of various Coroner's Offices, law enforcement, medical providers and other state and local entities. DCFS plans to continue to strengthen the collaborative partnership with members of all Child Death Review Panels to encourage data sharing and ultimately increase the amount of data available from multiple resources in NCANDS reporting.

The DCFS staff works collaboratively, through bi-weekly and/or as needed consultations, with an OBH representative and a Board Certified Child Psychiatrist. The psychopharmacology consultations are held on children in foster care who have been identified as being outside of the recommended psychotropic medication parameters. DCFS works to ensure ongoing quality medical and behavioral health services for children in foster care.

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UPDATE ON ASSESSMENT OF OUTCOMES/PLANS FOR IMPROVEMENT: On an ongoing basis, departmental staff reviews outcomes using various sources of data to assess performance on the achievement of federal outcome measures. In the following pages, the Department of Children and Family Services (DCFS) has provided available data for federal fiscal years 2014, 2015 and 2017 (and in some instances previous years) from the Louisiana Data Profile, from CQI case review data, DCFS dashboard and Web focus reports, stakeholder input and LaPAS measures which are provided to the Louisiana Legislature.

Using these data sources and input, DCFS narrowed the focus for improvement for FFY 2017 to the areas where performance data has consistently shown areas needing improvement. Through the CQI case review process, DCFS has consistently performed below expected outcome levels in Items 5, 6, 8, 11, 12B, 13 and 15 of the current federal OSRI. These areas include timely establishment of an appropriate permanency goal, timely achievement of a permanency goal, visits between parents, children and siblings, the relationship of child in care with the parents, a needs assessment and services to parents, child and family involvement in case planning and caseworker visits with parents. Louisiana Data Profile data indicates DCFS child welfare has performed below the federal outcome measure in the areas of repeat maltreatment and placement stability.

When reviewing the data closely for FFY 2018 assessment and planning purposes, the data once again showed the Department's areas in need of improvement as being those identified for FFY 2017. As a result, the goals and action steps developed and outlined in the **Updated Plans for Improvement for FFY 2017 Section** remain relevant for **FFY 2018 Plans for Improvement**.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 1:

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

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

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

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

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

DATA SOURCES AND DATA ANALYSIS for STRATEGY 1: All CFSR items in this section are included for FFY 2014 and 2015 CQI case reviews. All related federal data measures from FFY 2013 and 2014 are included. FFY 2015 was not issued at the time of this report. When available, DCFS dashboard data are provided as are other reports and performance measures data.

SAFETY OUTCOMES 1 & 2: As part of its long-term commitment to keep children safe, the DCFS implemented a research-based safety focused approach for assessing child abuse and neglect. Implementation of the Advanced Safety Focused Practice (ASFP) model [referred to as Safety Focused Practice (SFP)] shifted the focus away from the traditional incident based model

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to a focus on child safety. ASFP was piloted in Monroe, Alexandria and Baton Rouge Regions 2012 with training provided by Action for Child Protection. Implementation was initiated in Orleans, Thibodaux, Lafayette and Lake Charles Regions in October 2013. Statewide implementation was completed in November 2013 with Covington and Shreveport Regions. All child welfare staff completed basic foundational training on assessing child safety under the new model. Centralized Intake integrated the ASFP model into the intake and screening process in December 2012. Through ongoing monitoring of ASFP/SFP the Department has provided additional training to staff as implementation concerns have been identified or as issues have been identified through the ASFP ad hoc case review process.

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

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

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

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

Gathering comprehensive information in the six areas of assessment allows the worker to determine if abuse and neglect is a continuous family condition or a one-time incident and how present and past traumatic events impact the family. The parent/caretaker's capacity to protect is assessed as an integral part of the overall assessment. Parent/caretaker protective capacity is critical to determining the overall safety of the child, the need for intervention, and identification of services for the family.

In January 2014, the CQI team began reviewing 120 Child Protective Service (CPS) cases quarterly. These reviews focus on the following:

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

The CPS state office program staff provided second level reviews of a small sample of the reviews by CQI reviewers to support fidelity of the reviews.

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The first quarter reviews were considered baseline statistics for measurement of future improvements and to inform the Department of additional training and consultation needs for field staff. The review period was October 1 through December 31, 2013. Since Covington and Shreveport Regions implemented ASFP in November 2013, those regions were excluded from the first quarterly review. Thus, the baseline was established from case reviews in the seven regions implemented by October 2013.

The following charts provide the results of the statewide review of CPS cases for FFY 2014 and FFY 2015.

Advanced Safety Focused Practice Case Review Results:						
Area of Practice	FFY2014 Q2 Jan 1-Mar 31, 2014 (Baseline=7 regions)		FFY2014 Q3 Apr 1-June 30, 2014		FFY2014 Q4 July 1-Sept 30, 2014	
	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Identification of Present Danger	97	81.51	96	80.00	95	79.17
Extent of Maltreatment	26	21.67	23	19.17	33	27.50
Circumstances Surrounding Maltreatment	35	29.17	29	24.17	42	35.00
Child Functioning	9	7.50	11	9.17	21	17.50
Adult Functioning	4	3.33	7	5.83	4	3.33
General Parenting	5	4.17	5	4.17	13	10.83
Disciplinary Practice	3	2.52	7	5.83	10	8.33
Caregiver Protective Capacities	25	21.01	29	24.17	53	44.17
Identification of Impending Danger	57	47.90	67	55.83	67	55.83

Timeframe	FFY 2015 Q1 Oct 1-Dec 31, 2014		FFY 2015 Q2 Jan 1-Mar 31, 2015		FFY 2015 Q3 Apr 1-June 30, 2015		FFY 2015 Q3 July 1-Sept 30, 2015	
Area	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Identification of Present Danger	100	83.4	100	83.4	85	70.8	107	89.1%
Extent of Maltreatment	34	28.3	60	50.0	55	45.8	63	52.90%

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Timeframe	FFY 2015 Q1 Oct 1-Dec 31, 2014		FFY 2015 Q2 Jan 1-Mar 31, 2015		FFY 2015 Q3 Apr 1-June 30, 2015		FFY 2015 Q3 July 1-Sept 30, 2015	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Circumstances Surrounding Maltreatment	48	40.0	59	49.2	65	54.2	73	60.8%
Child Functioning	27	22.5	33	27.5	48	40.0	51	42.5%
Adult Functioning	7	5.8	17	14.2	24	20.0	28	23.3%
General Parenting	13	10.8	17	14.2	37	30.8	36	30%
Disciplinary Practice	10	8.3	23	19.2	39	32.5	40	33.3%
Caregiver Protective Capacities	50	41.7	39	32.5	47	39.2	51	42.5%
Identification of Impending Danger	61	50.8	54	45.0	52	43.3	73	60.9%

Timeframe	FFY 2016 Q1	
Area	# of Cases Meeting Practice	%
Identification of Present Danger	102	85%
Extent of Maltreatment	59	49.2%
Circumstances Surrounding Maltreatment	66	55.0%
Child Functioning	49	40.8%
Adult Functioning	28	23.3%
General Parenting	36	30.0%
Disciplinary Practice	43	35.8%
Caregiver Protective Capacities	59	49.2%
Identification of Impending Danger	76	63.3%

Present Danger Assessment: The assessment is accurate if Present Danger (PD) is rated ‘Safe’ and case documentation indicates the child is safe or if PD is rated ‘Unsafe’ and case documentation indicates the child is unsafe. If the child is unsafe, collaborative decisions must be made with the family to determine interventions to keep the child safe. An in-home, court ordered safety plan is one option to keep the child safe while allowing the child to remain in the home. If this option is not appropriate or available, court intervention to remove the child from the home is necessary. The baseline case review indicates workers accurately assessed Present Danger in 81.51% of cases.

In FFY 2015 practice related to identifying PD remained near the original baseline of 81.51%. For quarters 1 and 2, the rating was slightly above the baseline, achieving 83.4%. In quarter 3 there was a drop to 70.8% and in quarter 4 and increase again to 89.1%.

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In FFY 2016 approximately 85% of the time, in 1st quarter 2016 present danger or a lack of present danger was assessed correctly. In 3.3% of the cases reviewed, present danger was identified without sufficient cause. In 3.3% of the cases reviewed, present danger was not identified when it should have been. In 8.3% of the cases reviewed, the case record lacked sufficient documentation. Data indicates there was a slight decrease in assessing present danger in the FFY 2016 1st quarter compared to the 3rd quarter in FFY 2015, but it was an increase from the 1st and 2nd quarters in FFY 2015.

Extent of Maltreatment: The extent of maltreatment describes the facts and evidence that support alleged abuse or neglect. This area of assessment focuses on the CPS worker's assessment of events leading up to the alleged maltreatment and clearly identifies the unsafe child and the maltreating parent/caretaker.

The baseline case review indicates that worker documentation of the extent of maltreatment was sufficient in only 21.67% of cases reviewed. Sufficiency of documentation declined to 19.17% in the following quarter. While the most recent quarters have shown improvement with FFY2014-Q4 measuring 27.50%, these results indicate more consultation and mentoring with workers and supervisors is needed in this area of assessment.

In FFY 2015 there was an improvement seen in documentation of the extent of maltreatment. While the 1st quarter data shows a rating of 28.3%, there was an improvement in findings for the 2nd, 3rd, and 4th quarters to 50.0%, 45.8%, and 52.9%.

In FFY 2016, the data indicates in the 1st quarter of 2016, 49.2% of the cases reviewed resulted in a sufficient rating in the areas of Extent of Maltreatment. This is a slight decrease as compared to 4th quarter of 2015 of 52.9%, but it was an increase from 1st and 3rd quarter 2015.

Circumstances Surrounding Maltreatment: This area describes the events leading up to the maltreatment of the alleged victim. The intent of the parent/caretaker is assessed to fully understand the attitudes of the parents regarding the maltreatment. The baseline case review indicates that worker documentation of the circumstances surrounding maltreatment was sufficient in only 29.17% of cases reviewed. Performance declined to 24.17% the following quarter. Performance improved to 35.00% for FFY 2014 Q4. While improvement has occurred, continued efforts need to focus on worker skill in assessing and documenting this area of assessment.

In FFY 2015 incremental improvements in the practice of assessing and documenting circumstances surrounding the maltreatment was noted. At the beginning of the FFY, DCFS was at 40.0% with an increase to 60.8% for FFY 2015 Q4.

In FFY 2016, 55.0% of the cases reviewed resulted in a sufficient rating in the Circumstances Surrounding the Maltreatment. This was a decrease from 4th quarter 2015 of 60.8%; however, it was an increase from 1st, 2nd, and 3rd quarter 2015.

Child Functioning: This area of assessment describes the day to day functioning of the child(ren). This information is necessary to determine the parent's knowledge of the needs of their child(ren).

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The baseline case review indicates that worker documentation of child functioning was sufficient in only 7.5% of cases reviewed. Performance has increased during each of the subsequent review quarters and was at 17.50% in FFY 2014-Q4. While this increase suggests workers are obtaining more pertinent information regarding child functioning, the low level of sufficiency identifies this as an area needing substantial practice improvement.

In FFY 2015 staff noted incremental improvements in the area of assessing and documenting child functioning. The data indicates that performance was at 22.5% at the beginning of the FFY and had improved to 42.5% by Q4 quarter.

In FFY 2016, sufficient information rating in Child Functioning was 40.8%. There was a slight decrease from 4th quarter 2015 of 42.5%. This was an increase however from 1st, 2nd and 3rd quarter 2015.

Adult Functioning: This area of assessment describes how the adults in the family function on a daily basis. This information is important in determining how adult functioning impacts children in the family.

The baseline case review indicates that worker documentation of adult functioning was sufficient in only 3.33% of cases reviewed. Sufficiency in this area has fluctuated with the highest performance at 5.83%. Of 120 cases reviewed only 7 cases had sufficient documentation of adult functioning. Substantial effort is needed to improve worker assessment and documentation in this area.

In FFY 2015 staff saw incremental improvements in the area of assessing and documenting adult functioning. The data indicates that performance was at a low 5.8% at the beginning of the FFY and had improved to 23.3% by Q4 quarter.

In FFY 2016, the data indicates that in the 1st quarter of 2016, 23.3% cases resulted in a sufficient rating in the Adult Functioning. This is the same results from the 4th quarter 2015 and an increase from 1st, 2nd, and 3rd quarter 2015. Data indicates that improvement is needed in gathering relevant information in this area.

General Parenting: This area of assessment describes overall parenting activities. Information gathered in this area assists the worker in assessing the parent's motivation toward parenting and knowledge of child development and expectations. This information is critical in assessing the parent's belief about parenting, its origin, and how they parent their children, which aids decisions at determining the parent's capacity to safely nurture and protect their child (ren).

The baseline case review indicates that worker documentation of General Parenting was sufficient in only 4.17% of cases. By the third review quarter (FFY 2014 Q4) performance increased slightly to 10.83% with only 13 cases meeting sufficiency. Substantial effort is needed to improve worker assessment and documentation in this area.

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In FFY 2015 performance in the area of assessing and documenting general parenting practices indicated incremental improvement over time. At the beginning of the FFY performance in this area of practice was at a low 10.8% and had improved to 30.0% by Q4 quarter.

In FFY 2016, the data indicates that in the 1st quarter of 2016, 30.0% cases resulted in a sufficient rating in General Parenting. This is the same results from the 4th quarter 2015 and an increase from 1st and 2nd quarter 2015. Data indicates that improvement is needed in gathering relevant information in this area.

Disciplinary Practice: The focus of assessment in this area centers on the disciplinary practices of the parent and parental knowledge of age appropriate discipline.

The baseline case review indicates worker documentation of Disciplinary Practice was sufficient in only 2.52% of cases. This was the lowest performance of all the assessment areas. Performance increased to 8.33% by FFY 2014 Q4. The continued low level of sufficiency identifies this as an area needing substantial practice improvement.

In FFY 2015 performance improved in the area of assessing and documenting information relative to disciplinary practice and parental knowledge of age appropriate discipline. At the beginning of the FFY performance was at 8.3% and improved to 33.3% by Q4 quarter.

In FFY 2016, sufficient information in regards to disciplinary practices was 35.8%. This is a slight increase from 4th quarter of 2015 of 33.3%. Data indicates that improvement is needed in gathering relevant information in this area.

Caregiver Protective Capacities: Accurate identification of caretaker protective capacities is critical to safety planning and the alignment of services for Family Services and Foster Care as case plans are developed to remove the threats that place the child in danger. The baseline case review indicates that assessment and documentation was sufficient in 21.01% of cases. The FFY 2014 Q4 review shows substantial improvement with performance at 44.17%. The data indicates workers are beginning to understand the importance of fully assessing parental ability to protect. However, further staff development efforts are needed to improve performance in this area.

In FFY 2015 there was little change in performance related to accurate identification of caretaker protective capacities for the purposes of safety plan development and/or case planning. At the beginning of the FFY, performance was at 41.7%, dropped to 32.5% for the 2nd quarter, and increased back to 42.5 % for Q4 quarter.

In FFY 2016, data indicates that in 49.2% of the cases reviewed, caretaker protective capacities were identified in the case. This is an increase from 1st, 2nd, 3rd, and 4th quarters of 2015.

Impending Danger: The identification of impending danger (ID) is determined based on the information collection in the six areas of assessment. This is important to the safety, permanency, and well-being of children and in assuring that appropriate interventions and services are offered to the family.

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The baseline case review indicates moderate performance in assessing ID. Worker documentation in this area was appropriate in 47.90% of cases reviewed. Some improvement was apparent in the FFY 2014 Q4 case review with 55.83% of cases containing sufficient documentation. Comparison of the identification of ID to PD assessments indicates that workers may be experiencing more difficulty with the concepts associated with ID.

In FFY 2015 there was a decrease in performance in the area of identifying impending danger based on information collection. Performance at the beginning of the FFY was at 50.8%. The 4th Quarter performance increased to 60.9% regarding Impending Danger.

In FFY 2016, 63.3% of the 120 cases reviewed, ID was correctly identified. There was a slight increase from 4th quarter 2015 of 60.9% in the gathering of sufficient data to make decisions regarding impending danger.

Risk Assessment/Structured Decision Making (SDM): The CPS Case Review instrument included three items to assess competency in using the SDM Risk Assessment instrument. The assessed areas were: completion of the SDM on the correct household; completion of the SDM within 30 days; and consistency of items endorsed on the SDM with information contained in case documentation. The SDM risk assessment, along with accurate safety decision making, assists workers in determining the appropriate disposition of investigations and the need for continued services through departmental or community service providers.

In FFY 2016, the data indicates in approximately 95% of the 120 cases reviewed the risk assessment tool was completed on the correct household. The data shows in 57.5% of the cases reviewed, risk was assessed timely (within 30 days). However, in 65% of the cases, information documented to determine the risk level was incorrect. Workers are not endorsing risk factors accurately on the SDM assessment tool. A decrease was maintained in all areas of the SDM for Q1 2016 from Q1, Q2, and Q3 of FFY 2015.

Area of Practice	FFY2014 Q2 Jan 1-Mar 31, 2014 (Baseline=7 regions)		FFY2014 Q3 Apr 1-June 30, 2014		FFY2014 Q4 July 1-Sept 30, 2014	
	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Correct Household	110	93.22	117	97.50	119	99.17
Timely Approval	60	50.85	56	46.67	71	59.17
Consistency	76	64.41	73	60.83	83	69.17

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Area of Practice	FFY 2015 Q1 Oct 1 – Dec 31, 2014		FFY 2015 Q2 Jan 1 – Mar 31, 2015		FFY 2015 Q3 Apr 1 – June 30, 2015		FFY 2015 Q4 Jul 1 – Sept 30, 2015	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Correct Household	114	95.0	113	94.2	110	91.7	114	95%
Timely Approval	75	62.5	76	63.3	62	53.9	78	65%
Consistency	66	55.0	52	43.3	58	48.3	53	44.2%

Area of Practice	FFY 2016 Q1	
	# of Cases Meeting Practice	%
Correct Household	114	95.8
Timely Approval	47	57.5
Consistency	42	35.0

Correct Household: CPS policy requires an SDM Initial Risk Assessment be completed for each household with an alleged perpetrator in the investigation case.

The baseline case review indicates workers select the correct household form completion of the SDM. Performance has improved from 93.22% at baseline to 99.17% in FFY2014 Q4.

In FFY 2015 performance in the area of completing the SDM Initial Risk Assessment on the correct household has continued to be at a satisfactory level. Performances in this area, for the FFY were: 95.0%, 94.2%, 91.7%, and 95%.

In FFY 2016, performance in the area of completing SDM initial Risk Assessment on the correct household continued to be at satisfactory level. 95.8 % of the cases reviewed were completed on the correct household.

Timely Approval: The SDM Initial Risk Assessment is expected to be completed within 30 days of receipt of the report and must be completed prior to validity determination. The SDM risk rating should be used by the worker and supervisor to inform recommendations for ongoing services.

Workers and supervisors demonstrate moderate performance in timely completion and approval of the SDM. Baseline performance was 50.85% and this improved to 62.50% in FFY2014 Q4. Continued improvement in timeliness is needed.

In FFY 2015 performance in the area of timely review and approval of the SDM Initial Risk Assessment remained relatively the same with no improvement demonstrated. Performance in this

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area was 62.5% for Q1, 63.3% for Q2, 53.9% for Q3, and 65% for Q4. CQI reviewers have noted issues with dates being documented at the 30-day period before the SDM was completed by staff according to the SDM site. Further exploration is needed to determine how this may be impacting the data.

In FFY 2016, 57.5% of the cases reviewed, risk was assessed timely (within 30 days). This was a decrease from 4th quarter 2015 of 65.0%. It was an increase from 3rd quarter 2015 of 53.9%.

Consistency: The endorsement of items on the SDM Initial Risk Assessment should be consistent with information contained in the CPS case documentation.

The baseline case review indicates moderate performance in the consistency of information in the SDM compared to case documentation and performance declined over the next two review quarters. The baseline was 64.41% and performance dropped to 55.00% in FFY 2014 Q4. This indicates workers are not successfully transferring the information gathered during their investigative assessment activities into the SDM risk assessment. Inconsistencies between the SDM and case documentation can result in lower or higher risk ratings than are appropriate. An incorrect lower risk rating may result in the absence of needed intervention and services. An incorrect higher risk rating may result in recommending services are not needed.

SDM refresher trainings were held in all the regions from October 2013 to March 2014. The data gathered in this area is still being analyzed for consistency and validity; however, there is an expectation that this training will contribute to continued improvement in practice in completion and timeliness of the SDM risk assessment.

In FFY 2015 performance did not improve. There were slight incremental decreases in performance even though refresher training had been provided to staff in the prior FFY. Performance in this area for the FFY was 55.0% for the 1st quarter and decreased to 43.3% for the 2nd quarter with a slight improvement to 48.3% for the 3rd quarter and 44.2% for the 4th quarter.

While the ASFP model was integrated into Centralized Intake's screening process in December 2012, modifications to Intake screens in the ACESS system were effective August 4, 2014. Screening cases more thoroughly at intake using ASFP can serve as the foundation for safety planning in the investigative and case planning phases for all child welfare program areas. These changes allow CPS workers to respond to reports based on the assessment.

Centralized Intake workers and supervisors have engaged in ongoing activities to focus on improving model fidelity to intakes to ensure consistency in assigning appropriate response priorities. Modifications to the Investigations component of ACESS to integrate the AFSP model were completed on March 8, 2015.

In FFY 2016, information documented in 65.0% of the cases was incorrect. This indicates the workers are not endorsing risk factors accurately on the SDM assessment tool.

Ongoing Support: All staff was trained at the basic level of ASFP; however, the Department provided continued support around implementation throughout the child welfare continuum. To
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that end, the safety plan development training was developed in 2014 and provided to the regions beginning in October of 2014 through April of 2015. The training information is being incorporated into the New Worker Orientation (NWO) material. The second phase of training on writing behaviorally specific case plan goals was developed in summer 2015 and implemented in fall 2015. Identification of further staff development activities will be defined through ongoing consultation and case reviews efforts.

FFY 2016, In January 2016, the Department embarked on a reorganization effort with the election of a new Governor, Governor John Bel Edwards, and appointment of a new Secretary for DCFS, Marketa Garner Walters. Reorganization efforts are on-going and focus on regaining program integrity throughout the Department, by separating the administration and oversight of the programs within DCFS, particularly Child Welfare (CW), Child Support and Economic Stability. The emphasis of the Department has been on CW, particularly with ensuring that CW is led by CW professionals, as well as advocating for CW to have the resources needed to support the work done. The reorganization efforts have resulted in the extinction of the Field Services Unit, with more resources and oversight being placed at the regional and local levels. The Department has already seen a reduction in the amount of staff turnover, leading to hope that this will assist in having staff that are knowledgeable and are able to apply the safety practice model consistently.

DCFS continued in its' efforts to improve safety practice during 2016-2017, while focusing on ensuring that the review process assisted in improving practice. A workgroup was developed to enhance Quality Assurance in the review protocols. The workgroup included all CPS State Office Consultants, the SFP Implementation Specialists, and the CQI SFP. The workgroup consisted of eight trainings/meetings in which each SFP review question was reviewed amongst team members to ensure the questions were understandable, accurate, and reliable. Several cases were reviewed during this group to ensure reliability and accuracy among panel members. The goals of the group were achieved as CPS consultants, Implementation Specialists, and CQI reviewers were able to improve consistency in review practices and dissemination of review data to field staff. This effort resulted in more consistency in ratings amongst all reviewers, and reduced the amount of errors found by the second level reviews of the SFP reviews recently conducted. Exit Conferences held with field staff to discuss the results of the individual case reviews.

SFP reviews were not completed for Q1, Q3, and Q4 during this fiscal year due to the need to organize the workgroup to ensure reliability as well as transitioning to aligning the reviews to be consistent with the CFSR timeframes for reviews, six month periods of time. Although only one quarter of SFP cases was reviewed during this FFY, safety practice was continuously assessed through the on-going CQI reviews utilizing the CFSR instrument used throughout the year.

Now that the department is nearly five years into implementing SFP, with an extensive amount of data obtained, and improved workforce stability, the Department plans to review the practice area strengths and needs, and target efforts to strengthen particular areas of safety focused practice.

Update FFY 2016: Staff developed a series of webinars to include information gathering in the six areas of assessment. The webinars were recorded and are included on the intranet for quick references for staff. Each segment is less than one hour. Targeted SFP consultation/ training has

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been and will continue to be provided by the Implementation Specialists and program staff to regions that have requested more assistance with the implementation.

In FFY 2015 training was provided in the area of safety planning. The training was designed to build capacity in the area of understanding how to develop a safety plan around the identified safety concerns while utilizing the supports and resources available to the family. The safety planning training was implemented in the first quarter of the FFY and concluded in the 2nd quarter. Positive feedback was received from staff regarding an improved understanding of safety planning and the importance of gaining sufficient information to assist with identifying protective capacities, supports and resources that could be utilized in a safety plan.

The CPS program staff along with two implementation specialists continued to provide consultation upon request to field level staff. Consultation was individualized to meet the specific requests of the region, manager or supervisor. Consultation included a focus on understanding the importance of information collection, correct identification of present and impending danger and risk, and development of safety plans. The findings from the reviews for the FFY indicate that the training provided along with the supportive consultation has resulted in incremental improvements in practice.

NOTE: Only the electronic record is reviewed during the ASFP reviews. The paper record is not reviewed.

Update FFY 2017: DCFS has worked with the Child Welfare Law and Advanced Institute to provide a multi-disciplinary training, Safety Decision Making, which is based off the American Bar Association publication, Child Safety: A Guide for Judges and Attorneys. This training was developed and implemented initially this year, with the majority of training sessions extending into next year. Through this effort, attorneys, Judges, children's advocates, and staff will be trained in the SFP model, along with other stakeholders. It is anticipated through education of our legal partners and other stakeholders, it will increase the knowledge of SFP and ultimately lead to consistency in its application. The Louisiana Court Improvement Project (CIP), and Court Appointed Special Advocates (CASA), are sponsoring this training. One training session was completed March 24, 2017. More trainings will be implemented in 2018. This effort is part of a larger initiative through the CIP to improve safety focused practice.

In May of 2016, a regional exit meeting is held with each region to discuss the data with regards to the child protective services cases which were reviewed by the CQI team. In attendance in each meeting are the Regional Administrator, Area Director, Supervisors, Managers, CPS Consultants, FS Consultants, CPS CW Program Manager, and the FS CW Program Manager. Information is provided to the region with regards to the six areas of assessment, identifying Present, and Impending Danger, identifying Caretaker Protective Capacities, and SDM. The regions data is discussed through a PowerPoint presentation to reflect the regions current data as well as prior data from previous quarters. Staff led these meetings and provides feedback for the regions during these conferences. Staff highlights strengths and areas of improvements with each region. Information as to next steps and areas where the region feels they would benefit from assistance are able to be discussed. This data was placed on the DCFS intranet where it is now readily available to all staff. Since this information is now placed on the intranet, regional staff is able to

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use this information to assist them with overall performance throughout multiple time periods. In an effort to strengthen SFP with the regional staff, an emphasis was placed on ensuring that the SFP Implementation Specialists completed individual consultations with supervisors and managers as new workers received SFP training from an SFP implementation specialist during their new worker orientation. A total of 223 SFP case consultations were completed this year which is an increase from prior years. The goal has been to ensure that these consultations are not with regional management, but with frontline workers and supervisors so staff felt comfortable asking questions about information they may not know, but feel as though they should know. Emphasis is always placed on ensuring that the consultations are completed to where the person is able to understand present danger, impending danger, and the six areas of assessment.

When assessing the data comprehensively, it suggests workers are predominantly continuing to conduct allegation-based investigations rather than conducting an overall assessment to guide decision-making. Much work has been done to address this, such as specific exercises regarding present and impending danger scenarios were sent by program staff and implementation staff to each group of field staff scheduled for a consultation. Staff was expected to identify present danger and then identify impending danger in each example prior to meeting and send back to consultant. During the meeting, the consultant took note of each person's answers. Each employee had to read their answer and discuss their rationale for their answer, and then had to read the corresponding definition for the answer they selected. At this time the employee was asked if the information met the definition description. The process continued for each employee until the employees made a correct determination for threats for each exercise and example. Workers generally made the correct determination after reading the threat definition without the consultant giving the correct answer. The consultant provided guidance for the exercise/examples through discussions. The consultation did not end until each person understood how to assess present danger and impending danger for each exercise and understand how it applied to all cases assessed.

Workers brought individual cases to work through to assist with determination of present and impending danger. Information for the six areas of assessment was discussed to include necessary information to make a determination about the safety of the child(ren) within the home.

Staff implemented monthly WebEx conferences with field staff. They are held on two different dates each month and are recorded so field staff can understand how to address difficult cases. To date, three WebEx's have been conducted and these WebEx's have focused on out of home investigations, the six areas of assessment and safety plans, and fatality investigations. Positive feedback has been received from these WebEx's and topics have been submitted for future WebEx's.

Update FFY 2018: With the focus of building capacity of supervisors, a shift is being made to have CW Managers review a minimum of 5 cases per month to assess practice in their assigned areas. The goal of the reviews is to utilize the information to identify areas of practice where supervisors may need additional training or mentoring, with an ultimate goal of improving the overall practice within the Manager's team and office.

The data from these reviews has been provided to leadership, included Regional Administrators, and Child Welfare Managers in State Office during leadership meetings. The purpose of providing

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this data to leadership is so that trends can be reviewed, areas of practice needing improvement can be identified, additional training, and mentoring can be identified. Currently there is not enough data to determine what additional training needs to be provided from these reviews. The department continues to utilize our mentoring program, and this data is provided to our mentoring Child Welfare Manager to assist our field staff during their mentoring sessions.

CPS managers have indicated once they complete the instrument they use this instrument during their weekly supervision meetings with their supervisors as a way to discuss trends that are observed with regards to workers and supervisors. These instruments have provided front line managers with information as to how decisions are being made, and where a supervisor may need additional assistance with a certain areas of focus. Although these reviews are extremely early in the process managers have continued to utilize this data to assist them with changing practice.

A review instrument was developed to focus on the same critical decision points in practice as well as to assess supervisor's guidance provided to workers throughout the life of the case. A reporting tool was developed to track trends in specific practice areas that can be targeted for monitoring by State Office and Regional leadership. The primary areas of focus for CPS include reducing repeat maltreatment and enhancing protective caretaker capacities. Items from the review instrument that will be included in tracking and monitoring are:

1. # Cases SDM completed correctly
2. # Cases SDM used accurately for decision making to determine case closure, referral for services or removal
3. # Cases Present Danger was assessed accurately
4. # Cases Impending Danger was assessed accurately
5. # Cases Protective Capacities were explored and identified

The Manager reviews started in July of 2017. Reports from the reviews are forwarded to Regional and State office leadership quarterly and reviewed during Management and Leadership meetings. Information from the reviews will be used to:

- Track trends at the State Office level to inform policy clarifications or changes
- Assess practice areas for additional training and/or mentoring needs
- Identify areas of practice for supervisory focus during consultation with managers

DCFS implementation specialist conducted 63 Safety Focused Practice Consultations from October of 2016 until September of 2017. These consultations included up to 12 people at a time from, the CPS, FC, and FS program. During this time, DCFS implementation specialist noticed the quality of assessments continued to improve. DCFS implementation specialists have continued to see a reinforcement of information from all staff which appears to be impacting our workers' improvements. These reinforcements of information have come through a change in the New Worker Orientation module as well as through DCFS implementation specialist, and CPS consultations completing consultations jointly. DCFS implementation Specialist are focusing on "bridging the gap" when cases are transferred from CPS to FC or FS. Since implementation specialist have started observing Family Team Meetings they are able to identify strengths in areas

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of practice, as they are able to observe what information is being transferred to FC and FS. Although the number of safety consultations decreased in 2017 this is due to the Eckerd consultations that were implemented in July of 2017. From July 2017 until September 30, 2017 the implementation specialist completed 23 Eckerd consultations with our local field supervisors and workers. DCFS implementation specialist discuss Safety Focused Practice each time they have an Eckerd case consultation as this model allows the consultants to ask questions centered around our Safety Focused Practice Model.

CPS consultants continue to provide ongoing consultations and continue to participate in high risk staffing's. CPS consultants provide consultation though Eckerd consultations, regional case consultations requested by the local offices, and through case crisis reviews. When areas need further attention are identified the CPS consultants conduct a monthly Webex for all CPS staff throughout the State, to receive training in the area identified as an area needing further attention. CPS consultants have completed Webex's on the following topics:

- Is this Present Danger
- Substance Exposed Newborns and Introduction to Legislation
- State Central Registry Clearances
- Daycare Investigations
- ACCESS Updates
- Child Fatality and Life Threatening Injury, and
- Parentings Making a Placement for Their Children

These webex's are recorded so staff can review them at a future date, or if new staff need additional training in a certain area they can obtain this training through these recorded webex's. Due to these trainings being interactive and always having a question and answer portion of the training, trainings have been extremely beneficial to our front line staff. CPS consultants have observed front line staff to be engaged during these webex's, and they have seen areas of practice become enhanced once these webex's have been completed.

Eckerd Rapid Safety Feedback(ERSF) High Risk Staffing protocol was implemented on July 3, 2017 in Louisiana. The ERSF model of high risk staffing uses predictive analytics to identify cases with a high likelihood of a poor outcome. Cases identified through this process will either be reviewed by an ERSF reviewer or a Child Welfare Manager. Cases staffed by an ERSF reviewer follow the Eckerd staffing model. Cases staffed by a Child Welfare Manager follow the normal office procedures for staffing high risk cases. The ERSF process follows a quality assurance, proactive approach to discussion and assessing cases in order to actively address safety-related issues on our most "at risk" population. This model is framed around a teamwork and mentoring approach of shared responsibility on critical cases. In implementing this model, Louisiana is looking to reduce the incidence of substantiated fatalities or near fatalities for children already known to DCFS. Known to DCFS is defined as having a prior report regardless of the final finding or service delivery within a 24-month period.

Update FFY 2019:

- DCFS completed manager reviews each quarter and the data from the manager reviews was monitored and tracked. This information was provided to the Regional Administrators

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as well as State Office Leadership in order to identify areas of strength and concern. Information from the reviews was used to:

- Track trends at the State Office level to inform policy clarifications or changes
- Assess practice areas for additional training and/or mentoring needs
- Identify areas of practice for supervisory focus during consultation with managers
- Data was distributed and discussed with the management team on management safety reviews to directly impact practice.
- Training was provided on safety topics, updated laws, and other areas of practice as needed via Webex.
- Predictive analytics were used to identify high risk cases to achieve better outcomes for victims of abuse/neglect.

Safety Outcome 1:

Children Are, First and Foremost, Protected from Abuse and Neglect

Data Sources: ACESS Report - ACN0004 - Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker Report. During FFY2013, 84.34% of alleged victims and 81.63% of at least one parent/caretaker were seen in accordance with departmental policy. In FFY 2014 timely victim contact was accomplished for 78.11% of all alleged victims and 80.83% of at least one parent/caretaker. This contrasts with 69.11% of alleged victims and 69.85% of parent/caretakers seen in accordance with policy during FFY 2010, as DCFS was entering its PIP.

Maltreatment data are available through the Annual Safety Profile provided by the Children’s Bureau following NCANDS submission, DCFS dashboard report ACNO007- Absence of Maltreatment Recurrence and dashboard report CFSR S2 - Absence of Maltreatment in Foster Care. Note: Q1, Q2, Q3 and Q4 represented Quarters.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 1: Timeliness of Initiating Investigations	Strength	44	86.27%	47	83.93%	38	74.51%	32	76.19%
	Area Needing Improvement	7	13.73%	9	16.07%	13	25.49%	10	23.81%
	Not Applicable	69		64		69		78	

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-9/30/2015	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 1: Timeliness of	Strength	42	84.00%	29	82.90%	43	90.00%	46	79.00%

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ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-9/30/2015	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Initiating Investigations	Area Needing Improvement	8	16.00%	6	17.10%	5	10.00%	12	21.00%
	Not Applicable	43		54		54		62	

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP2 FFY 2017		RP1 FFY 2018	
		7/1/2015-12/31/2015		PUR: April 2015		PUR: October 2015		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 1: Timeliness of Initiating Investigations	Strength	46	79%	36	86%	29	85%	25	71%	15	71%
	Area Needing Improvement	12	21%	6	14%	5	15%	10	29%	6	29%
	Not Applicable	62	52%	78	65%	38		85		42	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

ACN0004: Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker:				
CONTACT TYPE	FFY2014 Q1	FFY2014 Q2	FFY2014 Q3	FFY2014 Q4
ALLEGED VICTIM	80.81%	76.13%	77.17%	78.41%
PARENT/ CARETAKER	81.47%	78.57%	80.90%	82.20%

ACN0004: Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker:				
CONTACT TYPE	FFY 2015 Q1	FFY 2015 Q2	FFY 2015 Q3	FFY 2015 Q4
ALLEGED VICTIM	81.24%	84.42%	82.08%	80.62%
PARENT/ CARETAKER	83.25%	85.74%	86.72%	84.36%

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ACN0004: Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker:								
CONTACT TYPE	FFY 2016 Q1	FFY 2016 Q2	FFY 2016 Q3	FFY 2016 Q4	FFY 2017 Q1	FFY 2017 Q2	FFY 2017 Q3	FFY 2017 Q4
ALLEGED VICTIM	80.05%	77.90%	76.85%	76.16%	77.71%	77.14%	75.64%	74.94%
PARENT/ CARETAKER	83.45%	81.73%	82.24%	81.03%	80.49%	80.26%	82.07%	79.20%

Percentage of Alleged Victims seen in CPI Cases:	
SFY 2017 Q1	97.19%
SFY 2017 Q2	96.86%
SFY 2017 Q3	96.60%
SFY 2017 Q4	96.86%

FFY 2014 Q1 CQI case review found the state had 86.27% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 80.81% and for contact with parent/caretakers was 81.47%.

While there are some differences in the performance measured by case reviews and data reports, the trends are similar with some decrease in performance from Q1 to Q4 for contact with alleged victims. The ACN0004 provides data on 100% of cases. The case review data is a snapshot of a subset of cases that advanced to Family Services or Foster Care.

In FFY 2015 Q1 CQI case review found the state had 84.00% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 81.24% and for contact with parent/caretakers was 83.25%.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

In CY 2015 RP3, the CQI case review found the State had 79.00% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 82.06% and for contact with parent/caretakers was 85.05%.

In CY 2016 RP1, the CQI case review found the state had 86.00% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 80.20% and for contact with parent/caretakers was 84.07%. While there are some differences in the performance measured by case reviews and data reports, the trends are similar with a slight increase in performance from RP3 (CY2015) to RP1 (CY2016) for contact with alleged victims. The ACN0004 provides data on 100% of cases. The case review data is a snapshot of a subset of cases that advanced to Family Services or Foster Care.

Alternately in FFY 2016, the ACN0004 indicates the compliance rate for all timely contact with alleged victims to be 77.84% and 82.16% for contact with parent/caretakers. A 4.18% decrease

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was seen in timely victim contact from FFY 2015 to FFY 2016. The state experienced a number of natural disasters during FFY 2016 which result in CW staff being assigned to emergency disaster duties such as Disaster Food Stamps (DSNAP) in addition to many staff themselves being displaced and relocated due to flooding. This increased the caseload burden of workers remaining to work CW cases and therefore could be part of the reason for the decrease in response priority. In addition, the flood that took place in August 2016 caused families and foster families in many areas to be displaced. Therefore, if reports were received on displaced families, an increase in overall response time could be a result.

Louisiana Data Profile:							
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Absence of Maltreatment Recurrence	95.4	94.8	94.7	93.5	94.2	*	*
Absence of Child Abuse and/or Neglect in FC	99.52	99.28	99.56	99.78	99.7	*	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

*Data not yet available.

The FFY2013 Safety Profile indicates Louisiana was at 93.5% while the **standard is 94.6%** for Absence of Maltreatment Recurrence. The 2014 Profile reflects an improvement to 94.2 for FFY2014.

Louisiana is above the standard for Absence of CA/N in Foster Care with a Profile measure of 99.7% and a **standard of 99.68%**. Based on the 2013 and 2014 performance, Absence of Maltreatment in Foster Care is not currently an area needing improvement. However, continued monitoring will occur through CQI case reviews and the DCFS dashboard report CFSR S.2. The CQI case review process will provide additional qualitative data for this item. (For additional information on the case review process, please refer to the Systemic Factors section of this plan). Note: Q1, Q2, Q3 and Q4 represented Quarters.

In FFY 2017, while Louisiana does have a high rate of compliance with regard to the number of face to face contacts with alleged victims and parents/caretakers in CPS cases, the state has struggled with ensuring that these contacts are made timely. Data from the Louisiana dashboard indicates that 97% of victims are seen, however, timeliness of seeing alleged victims is approximately 77%, across reporting periods, and timeliness of seeing parents/caretakers is approximately 82%, across reporting periods. Compliance with face to face contacts with the alleged victim refers to each alleged victim being seen timely; while contact with only one caretaker or alleged perpetrator is required to meet compliance of timely face to face contact with the alleged perpetrator. Data from the OMS Practice Performance Report showed that in 23% of the cases reviewed, reasons for delays in the initiation of investigations or assessments and/or face to face contact were due to circumstances beyond the control of the agency, for example law enforcement involvement in a case that prohibits contact with the perpetrator. The Department believes one major contributing factor to not seeing victims and parents/caretakers timely has been the continuous cycle of high caseloads and high staff turnover. In March 2017, the CPS program had 216 staff to respond to 5,398 cases and 11,271 children. The average caseload for a CPS worker was 25 with CPS supervisors averaging 11.7 cases as well. The high caseloads being carried by workers and the fact that supervisors are managing cases as well, in an attempt to offset the high

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caseload of frontline staff, has created delays in case assignment by supervisors and delays in initial contacts by workers simply due to capacity.

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 2: Repeat Maltreatment Within a 6-month Period	Strength	30	75.00	39	82.98	32	82.05	31	88.57
	Area Needing Improvement	10	25.00	8	17.02	7	17.95	4	11.43
	Not Applicable	80		73		81		85	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-12/31/2015	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 2: Repeat Maltreatment Within a 6-month Period	Strength	36	83.70	NA	NA	NA	NA	NA	NA
	Area Needing Improvement	7	16.30	NA	NA	NA	NA	NA	NA
	Not Applicable	71	NA	NA	NA	NA	NA	NA	NA

**Repeat Maltreatment, Safety Item 2 was eliminated in the Round 3 OSRI instrument. Louisiana began using the new OSRI in January 2015.*

ACN0007 – ABSENCE OF REPEAT MALTRTMENT WITHING 6-MONTHS OF INITIAL INCIDENT								
DESCRIPTION	Period Start Date							
	10/1/2013	1/1/2014	4/1/2014	7/1/2014	10/1/2014	1/1/2015	4/1/2015	7/1/2015
% Absent Repeat Maltreatment	94.05%	94.37%	94.70%	95.09%	93.96%	94.22%	94.41%	94.13%
Total Unduplicated Valid Victims-1st 6-months of Period	5,936	6,215	6,787	6,515	6,147	6,610	6,937	6,595
Total Unduplicated Valid Victims Without Recurrence	5,583	5,865	6,427	6,195	5,776	6,228	6,549	6,208
Total Unduplicated Valid Victims With Recurrence	379	389	390	347	393	418	388	387

❖ *Data extracted on March 22,2017 from Web Focus ACCESS Dashboard*

ACN0007 – ABSENCE OF REPEAT MALTRTMENT WITHING 6-MONTHS OF INITIAL INCIDENT								
DESCRIPTION	Period Start Date							
	10/1/2015	1/1/2016	4/1/2016	7/1/2016	10/1/2016	1/1/2017	4/17	7/17
% Absent Repeat Maltreatment	94.03%	94.00%	94.8%	94%	93%	94%	95%	96%

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Total Unduplicated Valid Victims-1st 6-months of Period	6,060	5,981	5,695	5,351	5,321	5,673	5641	525 2
Total Unduplicated Valid Victims Without Recurrence	5,698	5,622	5,401	5,014	4,966	5,358	5381	504 1
Total Unduplicated Valid Victims With Recurrence	362	359	294	337	355	315	260	211

LaPAS Measure 23651	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Time Frame	10/1/14	1/1/15	4/1/15	7/1/15	10/1/15
Absence (in percent) of maltreatment of children receiving Family Services for 6 months after validated CPI report (Goal = 95%)	93.55%	92.91%	92.83%	93.73%	94.60%
	1/1/16	4/1/16	7/1/16	10/1/16	1/1/17
	93.75%	93.52%	92.64%	91.32%	92.42%
	4/1/17	7/1/17	10/1/17	1/1/18	4/1/18
	92.38%	91.64%	92.75%	93.25%	

Percent of new family services cases with children who remain home without valid CPI case within 6 months of closure	
SFY 2017 Q1	83%
SFY 2017 Q2	84%
SFY 2017 Q3	85%
SFY 2017 Q4	86%
SFY 2018 Q1	87%

FFY 2014 Q1 CQI case review found the state had 75.00% conformity on Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.05%. The CQI case review reflects improvement through FFY 2014 to 88.57% in Q4. A similar trend is reflected in the ACN0007 report with improvement to 94.70% by Q3. Not enough time has elapsed for Q4 reporting on ACN0007. The increase in the number of Valid Victims in period beginning 4/4/2014 is likely a reflection of the phase out of Alternate Response and more children being assessed under investigation criteria.

FFY 2015 Q1 CQI case review found the state had 83.7% conformity on Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.22%. In comparison, Louisiana's performance in this Item decreased from 88.57% to 83.70% from FFY 2014 Q4 to FFY 2015 Q1.

In FFY 2016, the ACN0007 report reflects a consistent 94% compliance rate for the first half of the year. The second half of FFY 2016 cannot be reported as 100% of cases from the 6-month maltreatment time frame have not yet closed.

In FFY 2017, the ACN0007 report reflects an increased compliance rate of 94% to 96%.

SAFETY OUTCOME 2:

Transmittal Date June 30, 2019

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Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Safety 3: Services to family to protect children in the home and prevent removal or re-entry into FC	Strength	51	69.86%	55	73.33%	44	61.11%	43	63.24%
	Area Needing Improvement	22	30.14%	20	26.67%	28	38.89%	25	36.76%
	Not Applicable	47		45		48		52	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Safety 3/2: Services to family to protect children in the home and prevent removal or re-entry into FC	Strength	50	68.5%	35	68.6%	42	76%	50	75%
	Area Needing Improvement	23	31.5%	16	31.4%	13	24%	12	21%
	Not Applicable	47		51		47		53	

**In the Round 3 OSRI, Safety Item 3 was changed to Safety Item 2. Louisiana began using the new OSRI in January 2015.*

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 1 FFY 2017		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017 PUR:Oct. 2015		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	#OF CASES	%	# of Cases	%	# of Cases	%
Safety 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care	Strength	74	75%	80	73%	50	58%	25	58%	12	41%
	Area Needing Improvement	46	25%	40	27%	70	42%	18	42%	17	59%
	Not Applicable	0		0		0		77		34	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

FFY 2014 Q1 CQI case review found the State had 69.86% conformity on Item 3. CFSR Permanency Item C1.4-Re-entries to foster care in less than 12 months, provides a partial measure of Item 3. Louisiana's annual Permanency Profile for FFY 2013 provides a performance level of 11.60%. This is better than the national median of 15% but still falls short of the 9.9% standard.

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The FFY 2014 Profile reflects a decrease in performance at 14.80%. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

In FFY 2015 Q1 CQI case review found the state had 68.5% conformity on Safety Item 2, previously Safety Item 3. Performance on this measure has improved during the year with 75% of cases rated as a strength in Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

In FFY 2016, RP3 CY2015 CQI case review found the state had 75% conformity on Safety Item 2. Performance on this measure had a slight decrease during RP1 CY2016 with 73% of cases rated as a strength.

Louisiana Data Profile: Re-Entries to Foster Care in Less Than 12 Months								
ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY2 2016
Measure C1 - 4: Re-entries to foster care in less than 12 months [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]	8.40%	9.80%	7.10%	11.80%	11.60%	14.80%	*	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

*Federal Data Outcomes not received for FFYs 2015 and 2016.

In addition, the DCFS has added two budget performance indicators (LaPAS – developed for the Louisiana Legislature) to its quarterly state performance measures that will provide additional monitoring of this item. These new measures are the percent of valid CPS case not referred to Family Services or Foster Care and percent of children in new Family Services cases that enter Foster Care within 6 months. Note: Q1, Q2, Q3 and Q4 represented quarters.

LaPAS Measure 13295	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Percentage of valid findings referred to family services (this is an annual measure)	28.37%	28.76%			
LaPAS Measure 23651	10/1–12/31/14	1/1– 3/31/15	4/1– 6/30/15	7/1- 9/30/ 15	10/1- 12/30/15
Absence (in percent) of maltreatment of children receiving Family Services for 6 months after validated CPI report (Goal = 95%)	93.55%	92.91%	92.83%	93.73%	94.60%
	1/1/16	4/1/16	7/1-9/30/16	10/1-12/31/16	1/1-3/31/16
	93.75%	93.52%	92.64%	91.32%	

*Data taken from Louisiana Performance Accountability System.

In FFY 2017, Louisiana’s state performance on the Safety outcome national standard of Maltreatment in Care is significantly better than the national standard at 6.26 victimizations per 100,000 days in care as compared to the National standard of 8.5; however, Louisiana’s state performance was slightly over the national standard for recurrence of Maltreatment by 0.1%. Louisiana’s recurrence of maltreatment is 9.2% compared to the National standard of 9.1%.

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According to the dashboard report ACN 0007, Louisiana is above the 90th percentile for absence of repeat maltreatment within 6 months of the initial incident. The percent of family services cases with children who remain in the home without a valid CPS case within six months of the initial validated report is above 90% as well. There is a slight decrease to 87% after 6 months of case closure of the Family Services case which overall indicates that services provided were effective to prevent recurrence of maltreatment over time, having only a 3% decrease. The CQI case review cumulative data for Item 2 indicates that Louisiana is approximately 70% in providing services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care.

Although Louisiana exceeds the national standard in relation to maltreatment in care, the area of risk and safety assessment and management has been an area of focus as it has seen a steady decline over the past several years (15% since FFY 2015). The state is doing fairly well with regard to completing timely and accurate initial (70%) and on-going (64%) safety and risk assessments, however struggling with providing appropriate safety planning. In only 46% of cases where safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including the family's engagement in safety related services. Comments pulled from case reviews revealed issues surrounding safety planning were a result of having no safety plan when a safety plan was warranted, or for cases where a safety plan was in place, the safety plans were not appropriate or were not monitored on an on-going basis to ensure safety. In addition, in 30% of the cases, safety concerns were not adequately or appropriately addressed. (**Data taken from the OMS Practice Performance Report- ALL PUR's and OMS Narrative for "No" Responses for Item 3C.*)

As part of its long-term commitment to keep children safe, DCFS implemented a research-based safety focused approach for assessing child abuse and neglect. Implementation of the Advanced Safety Focused Practice (ASFP) model [referred to as Safety Focused Practice (SFP)] shifted the focus away from the traditional incident based model to a focus on child safety. Statewide implementation was completed in November 2013. The Advanced Safety Model is a structured process used to determine whether a child is at present or impending danger of substantial harm from abuse/neglect. According to targeted ad hoc reviews conducted by CQI reviewers, staff had difficulty interpreting impending danger and failed to appropriately address the areas of assessment. The implementation of this project was during a period of substantial staff turnover and high caseloads and the cultural shift of moving away from incident based decision making is not completely embedded within practice.

The agency is doing very well (over 95%) with addressing any safety concerns with the foster child in the foster home or placement facility and during visits with the parents/caretakers or other family members.

CQI Case Review:

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SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE:									
ITEM	OUTCOMES	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Safety 4: Risk assessment and safety management	Strength	77	64.17%	74	61.67%	59	49.17%	68	56.67%
	Area Needing Improvement	43	35.83%	46	38.33%	61	50.83%	52	43.33%

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Safety 4/3: Risk assessment and safety management	Strength	72	60.5%	63	61%	74	73%	74	62%
	Area Needing Improvement	47	39.5%	39	38.2%	28	27%	46	38%
	Not Applicable								

**In the Round 3 OSRI, Safety Item 4 was changed to Safety Item 3. DCFS began using the new OSRI in 1/2015*

ITEM 3	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015- 12/31/2015		01/01/2016- 06/30/2016		10/1/2016- 3/31/2017 PUR: October 2015		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 3: Risk and Safety Assess ment and Manage ment	Strength	74	62%	80	67%	43	60%	50	42%	24	38%
	Area Needing Improvement	46	38%	40	33%	29	40%	70	58%	39	61%
	Not Applicable	0		0		0		0		0	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

FFY 2014 Q1 CQI case review found the state had 64.17% conformity on Item 4. Performance on this measure has declined during the year with 56.67% of cases rated as a strength in Q4.

FFY 2015 Q1 CQI case reviews found the state had 60.5% conformity on Safety Item 3, previously Safety Item 4. Performance on this measure has improved during the year with 62% of cases rated a strength in Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY Q4 data for this item includes case review data for FFY 2015 Q1.

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In FFY 2016, RP3 CY2015 CQI case review found the state had 62% conformity on Safety Item 3. Performance on this measure improved by 5% in RP1 CY2016 with 67% of cases rated as a strength. The State had a steady decline in performance between RP1 FFY 2017- RP1 FFY 2018.

PERMANENCY OUTCOME 1:

Children Have Permanency and Stability in Their Living Situations

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1	FFY 2014 Q2		FFY 2014 Q3			FFY 2014 Q4	
		10/1-12/31/2013	1/1-3/31/2014		4/1-6/30/2014			7/1-9/30/2014	
Permanency 5: Foster care re-entries in less than 12 months	Strength	19	95.00%	15	88.24%	18	85.71%	17	100.00%
	Area Needing Improvement	1	5.00%	2	11.76%	3	14.29%	0	0.00%
	Not Applicable	100		103		99		103	

ITEM	OUTCOME	FFY 2015 Q1 10/1-12/31/2014	FFY 2015 Q2 1/1-3/31/2015
Permanency 5: Foster Care re-entries in less than 12 months	Strength	19 for 95%	N/A
	Area Needing Improvement	1 for 5%	N/A
	Not Applicable	0	N/A

Note: The Permanency Item 5 was eliminated from the 2015 OSRI instrument beginning January 2015.

Louisiana Data Profile: Re-Entries to Foster Care in Less Than 12 Months:

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Measure C1 - 4: Re-entries to foster care in less than 12 months [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]	8.40%	9.80%	7.10%	11.80%	11.60%	14.80%	*	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

**Federal Data Outcomes not received for FFYs 2015 and 2016.*

FFY 2014 Q1 CQI case review found the state had 95.00% conformity on Item 5. Performance declined for Q2 and Q3 but increased to 100% for Q4. This measure is reported on the annual state data profile as CFSR Permanency Measure C1.4. Louisiana's performance was 11.60% for FFY 2013. Performance for FFY 2014 was 14.80%, which is a decline in performance compared to the 5 previous fiscal years. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure. FFY 2015 Q1 CQI case review found the state had 95.00% conformity on Item 5. The DCFS dashboard report C1.4 provides a mechanism for monitoring of this measure. At the time of this report, the Louisiana data profiles for FFY 2015 and 2016 have not been made available. In FFY 2016 Permanency Item 5 was eliminated from the 2015 OSRI instrument beginning January 2015. The DCFS dashboard report C1.4 provides a mechanism for monitoring of this measure.

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CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 6: Stability of foster care placement	Strength	70	83.33%	62	82.67%	60	80.00%	62	82.67%
	Area Needing Improvement	14	16.67%	13	17.33%	15	20.00%	13	17.33%
	Not Applicable	36		45		45		45	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Permanency 6/4: Stability of foster care placement	Strength	59	78.7%	59	78.7%	57	76%	57	76%
	Area Needing Improvement	16	21.3%	16	21.3%	18	24%	18	24%
	Not Applicable	0		0		0		0	

* FFY 2015 Q2 Item 6 information regarding the stability of foster care placement changed to being captured in Item 4 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Permanency 4: Stability of Foster Care Placement	Strength	57	76%	59	79%	68	81%	32	80%
	Area Needing Improvement	18	24%	16	21%	16	19%	8	20%
	Not Applicable	0		0		0		0	

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY2014 Q1 CQI case review found the state had 83.33% conformity on Item 6. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3 In FFY2013 Louisiana's performance on Composite 4 was 92.4, which was below the national standard of 101.5. The composite score remained the same for FFY 2014. Louisiana has shown some improvement from FFY 2009 to FFY 2014 in composite score and national ranking. The DCFS dashboard reports are available for interim monitoring of this measure.

In FFY 2015 CQI case review found the state had 78.7% conformity on Item 4, previously Item 6. There was a marginal decline in Q3 and Q4 FFY 2015 from 78.7% to 76%. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3. Louisiana's performance on Composite 4 is not yet known as the state's profile data had not been issued at the time of this report. The composite score remained the same for FFY

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2014. However, Louisiana has shown some improvement from FFY 2009 to FFY 2014 in composite score and national ranking. The DCFS dashboard reports are available for interim monitoring of this measure. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

In FFY 2016 there was a slight increase in conformity from 76% in RP3 2015 to 79% in RP1 2016. Louisiana has maintained 76% or above for performance in this item.

In FFY 2017, Louisiana was slightly over the national standard of placement stability with 5.43 moves per 1000 days as compared to the national average of 4.12, however CQI case record review Reporting Period 2 FFY 2017 indicates 81% of records reviewed had stable placements and 78% stability of case records reviewed over time. In over half of the case records reviewed, the placement change was planned by the agency in an effort to achieve the child’s case plan goals or to meet the needs of the child and in over 89% of the cases; the child’s current or most recent placement was stable. Additionally, 81% of all children served in SFY 2017-2018, who were in foster care for at least 8 days but less than 12 months, had two or fewer placement settings.

Louisiana Data Profile: Placement Stability

XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & FFY 2016
(Scaled score for this composite incorporates no components but three individual measures)	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 of State Composite Scores (see footnote A on page 12 for details)	37 of 51	40 of 51	33 of 51	31 of 51	29 of 51	29 of 51	*
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months [national median = 83.3%, 75th Percentile = 86.0%]	77.70%	76.80%	78.60%	82.60%	81.90%	80.50%	*
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months	54.30%	51.80%	56.50%	55.00%	60.90%	61.30%	*

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[national median = 59.9%, 75th Percentile = 65.4%]							
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months [national median = 33.9%, 75th Percentile = 41.8%]	28.30%	27.80%	35.70%	36.40%	33.80%	34.30%	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families
*Federal Data Outcomes not received for FFYs 2015 and 2016.

Measure C4.1 – Two or fewer placement settings for children in care for less than 12 months: For FFY 2013, the Louisiana Data Profile reported a performance measure of 81.90%. The Profile reflects a decline to 80.50% for FFY 2014. This falls below both the national standard of 86.0% and the national median of 83.3%.

Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months: For FFY 2013, the Louisiana Data Profile reported a performance measure of 60.90%. The Profile reflects an increase to 61.30% for FFY 2014. This falls below the national standard of 65.4% but is higher than the national median of 59.9%.

Measure C4.3 – Two or fewer placement settings for children in care for 24+ months: For FFY 2013, the Louisiana Data Profile reported a performance of 33.80%. The Profile reflects an increase to 34.30% for FFY 2014. This falls below the national standard of 41.8% but is higher than the national median of 33.9%.

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

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 7: Permanency goal for child	Strength	56	66.67%	47	62.67%	56	74.67%	52	70.27%
	Area Needing Improvement	28	33.33%	28	37.33%	19	25.33%	22	29.73%
	Not Applicable	36	NA	45	NA	45	NA	46	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 7/5: Permanency goal for child	Strength	53	70.7	50	66.7%	52	69%	48	64%
	Area Needing Improvement	22	29.3	25	33.3%	23	31%	27	36%

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ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
	Not Applicable	0	NA	0	NA	0	NA	0	NA

* FFY 2015 Q2 Item 7 information regarding the permanency goal for the child changed to being captured in Item 5 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 5: Permanency Goal for Child	Strength	48	64%	43	57%	43	51%	28	74%
	Area Needing Improvement	27	36%	32	43%	41	49%	10	26%
	N/A	0		0		0		2	

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 66.67% conformity on Item 7. Performance declined for Q2 but improved in Q3 and Q4. Current system limitations impact data availability related to the case plan goal. Establishment of goal dates and changes in goal are not captured in a system history table. In addition, there is no capture of a concurrent goal. As part of the AFCARS Improvement Plan, system changes are planned in late 2016 or early 2017 to enable capture and maintenance of goal history. Staff training and dashboard reports will be developed in tandem with the system changes to promote improvement in data quality. The CQI case review process will continue to be the primary source for details related to children whose cases receive an ANI rating.

In FFY 2015, Q1 CQI case review found the state had 70.7 % conformity on Item 5, previously Item 7. Performance declined from Q2 through Q4. In the FFY 2014, the ASPR indicated that establishment of goal dates and changes in goal are not captured in a system history table. However, in FFY 2015 Q2 Louisiana has been able to capture aggregate data through utilizing the OSRI and OMS system to extrapolate data of permanency goal establishment and changes in case plan goals. This is an area needing improvement.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

In FFY 2016, the CQI case review RP3 2015 found the state had 64% conformity on Item 5, and performance declined to 57% in RP1 2016. According to the CQI case review data in the OMS system, Louisiana continues to show a need to improve in this area.

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In FFY 2017, in almost 88% of cases reviewed, the permanency goals were established in a timely manner and in almost 78% of the cases reviewed, the permanency goals were appropriate to the child’s need for permanency and the circumstances of the case. However, in only 68% of the cases, the agency filed for a Termination of Parental Rights (TPR) petition timely or an exception applied. (*Data from OMS Practice Performance Report- All PUR’s.)

CQI Case reviews indicate Louisiana is still only at 62% strength for Item 5. Data indicates low strength rating is related to timely filing of TPR petitions. Stakeholder information obtained regarding the filing of TPR petitions indicates that the TPR’s are being filed timely, however it often takes months to get into court, sometimes the state dismisses the TPR and there are times when the TPR proceedings stay open for long periods of time and the court doesn’t keep good records and a new TPR hearing must be held. CQI case record reviews indicate continuances are found to last a significant amount of time, typically to allow parents more time to make changes, administrative issues, and agency staff turnover. Lack of information in the case record to support termination can be a barrier to proceedings. DCFS and the Court Improvement Project (CIP) recognize there are data gaps in relation to tracking delays in TPR hearings, the point where delays occur, continuances and reasons for these occurrences and are working jointly to improve this process.

Although Louisiana is doing well in establishing permanency goals timely and exceeding the national standards of reaching permanency timely, CQI case record reviews indicate there is still much improvement needed in this area, specifically related to assessing the appropriateness of pursuing guardianship as a permanency goal for the child when it can be shown to be in the best interests of the child. DCFS recognizes this need and has implemented multiple policy changes to include removing the requirements to pursue TPR prior to changing the goal to guardianship, allowing foster parents to obtain guardianship, removing the 6 consecutive months immediately prior to seeking guardianship requirement of placement with the certified caregiver as well as several other policy requirements which were restricting the use of this permanency option and making the criteria more stringent than the federal requirements.

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

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 8: Reunification, guardianship, or permanent placement with relatives	Strength	29	72.50%	31	72.09%	25	71.43%	28	75.68%
	Area Needing Improvement	11	27.50%	12	27.91%	10	28.57%	9	24.32%
	Not Applicable	80	NA	76	NA	85	NA	83	NA

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ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 8: Reunification, guardianship, or permanent placement with relatives	Strength	30	75%						
	Area Needing Improvement	10	25%						
	Not Applicable	0	NA						
ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving reunification, guardianship, adoptions or other planned permanent living arrangement	Strength			51			64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

* FFY 2015 Q2 items 8, 9 (Adoption) and 10(APPLA) information regarding reunification, guardianship, or permanent placement with relatives, changed to be combined into one Item 6 of the 2014 OSRI.

FFY 2014 Q1 CQI case review found the state had 72.50% conformity on Item 8. Performance for Q4 was 75.68%.

In FFY 2015, Q1 CQI case review found the state had 75% conformity on Item 6, previously Item 8. Performance declined from Q2 through Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

In FFY 2016, items 8, 9 (Adoption) and 10 (APLA) information regarding reunification, guardianship, or permanent placement with relatives, changed to be combined into one Item 6 of the 2014 OSRI. CFSR case review data showed Louisiana declined from 64% to 51% from RP3 2015 and RP1 2016.

Louisiana Data Profile: Timeliness of Reunification

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & FFY 2016
Measure C1 - 1: Exits to reunification in less than 12 months [national median = 69.9%, 75th percentile = 75.2%]	65.90%	67.50%	67.40%	71.00%	69.80%	72.10%	*
Measure C1 - 2: Exits to reunification, median stay [national median = 6.5 months, 25th	Median = 9.2 months	Median = 8.7 months	Median = 8.5 months	Median = 7.8 months	Median = 7.4 months	Median = 6.9 months	*

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ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & FFY 2016
Percentile = 5.4 months (lower score is preferable in this measure)]							
Measure C1 - 3: Entry cohort reunification in < 12 months [national median = 39.4%, 75th Percentile = 48.4%]	47.10%	49.00%	45.70%	51.50%	48.10%	44.10%	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

*These measures are not being used in Round 3 CFSR.

Measures C1.1 and C1.2 – Exits to reunification in less than 12 months: The FFY 2013 Data Profile for Louisiana indicates 69.8% of exits to reunification occurred in less than 12 months. FFY2014 saw improvement to 72.10%. Louisiana continues to fall below the national standard of 75.2%. The FFY 2014 median time to exit was 7.4 months, which improved to 6.9 months for FFY 2014. The national median is 5.4 months.

The DCFS dashboard report indicates for FFY 2015 Q1, 73.55% of exits occurred in less than 12 months with 7.46 as the median number of months to exit.

In FFY 2016 the state’s conformity rating in the achievement of reunification was combined into one Item 6 of the 2014 OSRI, with goal items 9 (Adoption) and 10 (APPLA). CFSR case review data showed Louisiana declined from 64% to 51% from RP3 2015 and RP1 2016.

Measure C1.3 – Entry Cohort Reunification less than 12 months: The Louisiana Data Profile for FFY 2013 reports a performance of 48.1% for this measure. The national standard is 48.4% with a national median of 39.4%. Performance declined to 44.10% for FFY 2014. Louisiana exceeds the nation median but continues to fall below the national standard.

CFSR Review Item 9 focuses on timely achievement of the goal of adoption. This item is related to Data Profile measures captured in Permanency Composite 2, which contains 5 measures. Louisiana exceeds the national standard in 4 of the 5 measures in this composite. In addition, Louisiana has ranked 1 out of 47 states for the last 4 FFYs.

In FFY 2016, the state’s conformity rating in the timely achievement of adoption was combined into one Item 6 of the 2014 OSRI, with goal items 8 (Reunification) and 10(APPLA). CFSR case review data showed Louisiana declined from 64% to 51% from RP3 2015 and RP1 2016

In FFY 2017, Louisiana exceeded the national standard of Permanency in 12 months with 49.8% of children exiting to permanency as compared to 40.5% nationally. Louisiana exceeded the national standards of exiting to permanency between 12-23 months, with 53.7% as compared to 43.6% nationally and exceeded the national standards of exiting to permanency over 24+ months, with 42.4% as compared to 30.3% nationally. Of all children exiting foster care during SFY 2017-

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2018, the average length of time to permanency was 14.2 months. Children were typically reunified with their birth family around 8.3 months and exited to permanency through adoption around 29 months on average during SFY 2017-2018. In addition, Louisiana exceeds the national standard of re-entry into foster care by almost 3%. Only 5.4% of Louisiana's children re-enter care as compared to 8.3% nationally

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 9: Adoption	Strength	22	53.66%	21	50.00%	24	55.81%	28	71.79%
	Area Needing Improvement	19	46.34%	21	50.00%	19	44.19%	11	28.21%
	Not Applicable	79	NA	77	NA	76	NA	81	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 9: Adoption	Strength	22	53.7%						
	Area Needing Improvement	19	46.3%						
	Not Applicable	0	NA						

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving Reunification, Guardianship, Adoptions or Other Planned Permanent Living Arrangement	Strength			51	68%	48	64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

* FFY 2015 Q2 Item 9 data regarding Adoption was merged into Item 6 for the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Permanency 6: Achieving	Strength	48	64%	38	51%	36	43%	15	38%

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ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Area Needing Improvement	27	36%	37	49%	48	57%	25	63%
	Not Applicable	0		0		0		0	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

FFY 2014, Q1 CQI case review found the state had 53.66% conformity on Item 9. Performance improved to 71.79% for Q4. The limited number of applicable cases can result in substantial variations in performance across quarters. The DCFS dashboard report for C2.1 and C2.2 for FFY 2015 Q1 indicates 43.28% of finalized adoptions occurred within 24 months of foster care entry and the median number of months for all finalized adoptions was 26.04. This suggests Louisiana continues to improve on this measure.

In FFY 2015, Q1 CQI case review found the state had 53.7% conformity on Item 6, previously Item 9. Performance remained the same from FFY 2014 Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

In FFY 2016, items 8, 9 (Adoption) and 10 (APPLA) information regarding reunification, guardianship, or permanent placement with relatives, changed to be combined into one Item 6 of the 2014 OSRI. CFSR case review data showed Louisiana declined from 64% to 51% from RP3 2015 and RP1 2016.

In FFY 2017, Louisiana exceeded the national standard of Permanency in 12 months with 49.8% of children exiting to permanency as compared to 40.5% nationally. Louisiana exceeded the national standards of exiting to permanency between 12-23 months, with 53.7% as compared to 43.6% nationally and exceeded the national standards of exiting to permanency over 24+ months, with 42.4% as compared to 30.3% nationally. Of all children exiting foster care during SFY 2017-2018, the average length of time to permanency was 14.2 months. Children were typically reunified with their birth family around 8.3 months and exited to permanency through adoption around 29 months on average during SFY 2017-2018. In addition, Louisiana exceeds the national standard of re-entry into foster care by almost 3%. Only 5.4% of Louisiana's children re-enter care as compared to 8.3% nationally.

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Louisiana Data Profile:

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & FFY 2016
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	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 of State Composite Scores	3 of 47	2 of 47	1 of 47	1 of 47	1 of 47	1 of 47	*
Component A: Timeliness of Adoptions of Children Discharged From Foster Care.							
Measure C2 - 1: Exits to adoption in less than 24 months [national median = 26.8%, 75th Percentile = 36.6%]	27.70%	24.10%	26.40%	28.80%	30.70%	37.20%	*
Measure C2 - 2: Exits to adoption, median length of stay [national median = 32.4 months, 25th Percentile = 27.3 months (lower score is preferable in this measure)]	Median = 30.7 months	Median = 33.5 months	Median = 31.2 months	Median = 30.8 months	Median = 28.7 months	Median = 27.5 months	*
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.							
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year [national median = 20.2%, 75th Percentile = 22.7%]	24.70%	30.50%	31.90%	35.60%	39.20%	36.90%	*
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months [national median = 8.8%, 75th Percentile = 10.9%]	13.80%	16.90%	21.20%	17.50%	22.10%	22.20%	*
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.							
Measure C2 - 5: Legally free children adopted in less than 12 months [national median = 45.8%, 75th Percentile = 53.7%]	55.20%	67.40%	61.60%	61.00%	64.70%	77.30%	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

*Federal Data Outcomes not received for FFYs 2015 and 2016.

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

The Data Profile for FFY 2013 reports Louisiana had 30.70% children who were discharged to adoption did so within 24 months of foster care entry. For all children exiting to adoption, the median number of months to a finalized adoption was 28.7 months. For FFY 2014, 37.20% of children exited to adoption within 24 months and the median number of months to adoption as 27.5. Both measures were improvements over the previous year. The national standards are 36.6% and 37.3 months.

Measure C2.3 – Children in care 17+ months, adopted by the end of the year: The FFY 2013 Data Profile reflects a performance rate of 39.2%, which exceeds the national standard of 22.7% as well as the national median of 20.2%. FFY2014 performance was 36.90%. While this is a decline from FFY2013, it exceeds the national standard. Louisiana has exceeded the standard on this measure for the last five FFYs.

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

Louisiana’s Data Profile for FFY2013 reflects a 22.1% performance on this measure. FFY2014 performance was 22.20%. This exceeds the national standard of 10.9% and the national median of 8.8%. Louisiana has exceeded the standard on this measure for the last 5 FFY.

Measure C2.5 – Legally free children adopted in less than 12 months:

According to the Louisiana Data Profile for FFY2013, of all children who became legally free for adoption (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), 64.7% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. Performance for FFY2014 was 77.30%. Louisiana has exceeded the national standard of 53.7% for the last five FFYs.

Louisiana Data Profile:

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & 2016
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months [national median 25.0%, 75th Percentile = 29.1%]	29.40%	38.30%	37.20%	39.00%	39.70%	40.30%	*
Measure C3 - 2: Exits to permanency for children with TPR [national median 96.8%, 75th Percentile = 98.0%]	89.60%	93.40%	93.30%	92.80%	94.30%	95.00%	*

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

**Federal Data Outcomes not received for FFYs 2015 and 2016.*

Measure C3.1 Exits to permanency prior to 18th birthday for children in care for 24+ months: Louisiana’s performance on this measure for FFY 2013 was 39.70% and was 40.30% for FFY2014. Louisiana has exceeded the national standard of 29.1% for the last six FFYs.

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Measure C3.2: Exits to permanency for children with TPR: Louisiana’s performance on this measure for FFY2013 was 94.3%. FFY2014 reflects a slight improvement to 95.00%. The national standard is 98.0%.

CFSR Review Item 10: This Item focuses on Alternate Planned Permanent Living Arrangement. Permanency Composite 3, Component B – Growing Up in Foster Care – is related to this review item.

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 10: Other planned permanent living arrangement	Strength	11	47.83	16	80.00	11	52.38	18	85.71
	Area Needing Improvement	12	52.17	4	20.00	10	47.62	3	14.29
	Not Applicable	97	NA	100	NA	99	NA	99	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 10: Other planned permanent living arrangement	Strength	14	66.7%						
	Area Needing Improvement	7	33.3%						
	Not Applicable	0	NA						
ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving reunification, guardianship, adoptions or other planned permanent living arrangement	Strength			51	68%	48	64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

* FFY 2015 Q2 item 10 data regarding Other Planned Permanent Living Arrangement was merged into Item 6 for the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016	
		# OF CASES	%	# OF CASES	%
Permanency 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Strength	48	64%	38	51%
	Area Needing Improvement	27	36%	37	49%
	Not Applicable	0		0	

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year

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review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 47.83% conformity in Item 10. Performance improved in each subsequent quarter and was at 85.71% by Q4. In FFY 2015 case review data shows the state had 66.7% conformity in Item 6, previously Item 10. Performance improved by 18 % from data provided in FFY 2014; however, this is an area needing improvement. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY Q4 2015 data for this item includes case review data for FFY Q1 2016.

In FFY 2016 items 8, 9 (Adoption) and 10 (APPLA) information regarding reunification, guardianship, or permanent placement with relatives, changed to be combined into one Item 6 of the 2014 OSRI. CFSR case review data showed Louisiana declined from 64% to 51% from RP3 2015 and RP1 2016.

In FFY 2017, Louisiana exceeded the national standard of Permanency in 12 months with 49.8% of children exiting to permanency as compared to 40.5% nationally. Louisiana exceeded the national standards of exiting to permanency between 12-23 months, with 53.7% as compared to 43.6% nationally and exceeded the national standards of exiting to permanency over 24+ months, with 42.4% as compared to 30.3% nationally. Of all children exiting foster care during SFY 2017-2018, the average length of time to permanency was 14.2 months. Children were typically reunified with their birth family around 8.3 months and exited to permanency through adoption around 29 months on average during SFY 2017-2018. In addition, Louisiana exceeds the national standard of re-entry into foster care by almost 3%. Only 5.4% of Louisiana’s children re-enter care as compared to 8.3% nationally.

Louisiana Data Profile:

Component B: Growing up in foster care	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 & 2016
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]	58.30%	49.20%	49.00%	43.80%	46.40%	35.40%	*

*Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families
Federal Data Outcomes not received for FFYs 2015 and 2016.

Measure C3.3 – Children emancipated who were in foster care for three or more years: FFY 2013 Data Profile shows 46.4% of Louisiana children who were emancipated or aged out of foster care were in care three years or more. Performance improved in FFY 2014 in which only 35.40% of youth exiting to emancipation had spent 3 years or more in foster care. This exceeds the national standard.

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

CQI Case Review:

Transmittal Date June 30, 2019

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ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 11: Proximity of foster care placement	Strength	63	98.44%	59	96.72%	56	96.55%	54	100.00%
	Area Needing Improvement	1	1.56%	2	3.28%	2	3.45%	0	0.00%
	Not Applicable	56	NA	58	NA	62	NA	66	NA

ITEM	OUTCOME	FFY 2015 Q1	
		10/1-12/31/2014	
Permanency 11: Proximity of foster care placement	Strength	51	98.1%
	Area Needing Improvement	1	1.9%
	Not Applicable	23	NA

* The Permanency Item 11 was eliminated from the 2015 OSRI instrument beginning January 2015.

FFY 2014 Q1 CQI case review found the state had 98.44% conformity on Item 11. DCFS does not have a geographic definition of proximity of placement. 40% of children placed in parish of the removal court are used as a state performance measure (LAPAS 23090). This is a Point-In-Time measure calculated as of the last day of each quarter. On the last day of FFY 2013 Q4, 48.19% of children in care were placed in the removal court parish. For FFY 2014 Q4 performance was 49.63%.

In FFY 2015 Q2, the Louisiana CQI team began utilizing the Online Monitoring System (OMS) as well as the updated CFSR OSRI instrument which reduced the number of items from 23 to 18. As a result of this change, item 11 was eliminated from the instrument in order to prevent redundancy. The item is encompassed in other items and therefore, it was determined a separate item was no longer needed. For FFY 2015 Q1, the state had 98.1% conformity on item 11 which was a 2% decrease from the prior quarter.

LaPAS - 23090	12/31/2013	3/31/2014	6/30/2014	9/30/2014	12/31/2014	3/31/2015	6/30/2015	9/30/2015
% of Foster Children Placed in Court Parish	50.95	50.11	50.63	49.63	49.75	49.70	49.61	48.88
	12/31/15	3/31/16	6/30/16	9/30/16	12/31/16	3/31/17	6/30/2017	9/30/2017
	48.58	49.38	48.30	46.52	46.10	46.22		

❖ Data taken from Louisiana Performance Accountability System. These data are extracted based on placement location on the last day of each quarter.

*Federal Data Outcomes not received for FFYs 2015 and 2016.

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
	Strength	43	93.48%	38	92.68%	44	91.67%	34	94.44%

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ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 12: Placement with siblings	Area Needing Improvement	3	6.52%	3	7.32%	4	8.33%	2	5.56%
	Not Applicable	74	NA	79	NA	72	NA	84	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 12/7: Placement with siblings	Strength	41	97.6%	35	89.7%	27	96.4%	35	85%
	Area Needing Improvement	1	2.4%	4	10.3%	1	3.6%	6	15%
	Not Applicable	33	NA	36	NA	47	NA	34	NA

* FFY 2015 Q2 Item 12 information regarding the placement with siblings changed to being captured in Item 7 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 7: Placement with Siblings	Strength	35	85.4%	39	97.5%	42	76%	26	90%
	Area Needing Improvement	6	14.6%	1	2.5%	13	24%	3	10%
	Not Applicable	34	NA	35	NA	29		11	

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 93.48% conformity on Item 12. While performance has fluctuated over the four quarters, Q4 reflects an improvement to 94.44%. The DCFS dashboard enhancement plan includes adding reports on placement with siblings.

In FFY 2015, Q1 case review found the state had 97.6% conformity with item 7, previously item 12. Although there were drops in performance during Q2 and Q4, the average over time has remained above 90% for this item. The overall average for FFY 2014 was 93% compared to a slight drop in FFY 2015 at 92.2%. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

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FFY 2016 RP3 CY2015 case review found the state had 85.4% conformity with Item 7. In RP 1 CY2016 there was improved performance to 97.5% which was an increase of 12.1%. The overall average for FFY 2015 was 92.2% compared to FFY 2016, which showed a slight decrease in performance to 91.5%.

During FFY 2017, in RP 1 2018, 76% of case records reviewed indicated that siblings were placed together and 88% of case records reviewed over time indicates that siblings were placed together. Thirty-eight percent of cases reviewed show that a foster child was placed with all of their siblings and eighty percent of the time there was a valid reason for the child's separation from siblings in placement. *(*Data taken from OMS RP1 2018 Statewide report and Practice Performance Report- ALL PUR's.)*

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 13: Visiting with parents and siblings in foster care	Strength	44	64.71%	39	60.94%	30	46.88%	31	54.39%
	Area Needing Improvement	24	35.29%	25	39.06%	34	53.13%	26	45.61%
	Not Applicable	52	NA	56	NA	56	NA	63	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 13/8: Visiting with parents and siblings in foster care	Strength	38	67.9%	36	61%	29	66%	39	72%
	Area Needing Improvement	18	32.1%	23	39%	15	34%	15	28%
	Not Applicable	19	NA	16	NA	31	NA	21	NA

** FFY 2015 Q2 Item 13 information regarding visitation with parents and siblings in foster care changed to being captured in Item 8 of the 2014 OSRI.*

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# of Cases	%	# of Cases	%
Permanency 8: Visiting with Parents and Siblings in Foster Care	Strength	39	72.2%	39	65.0%	39	54%	20	67%
	Area Needing Improvement	15	27.8%	21	35.0%	33	46%	10	33%
	Not Applicable	21	NA	15	NA	12	NA	10	NA

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**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

FFY 2014 Q1 CQI case review found the state had 64.71% conformity on Item 13. Performance has declined over FFY 2014 to 54.39% in Q4. The DCFS dashboard enhancement plan includes adding reports on parent, child and sibling visits to provide ongoing data resources for the frequency of contacts. The quality of visits will be assessed through the case review process.

In FFY 2015, there was a slight decline from Q1 to Q2; but steady increases from Q2 through Q4. There has been some improvement in this item from FFY 2014 to FFY 2015. The average during FFY 2014 was 56.73%. During FFY 2015, Q4 reached its highest mark at 72% and the overall average was 66.73%, a 10% increase from FFY 2014. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

FFY 2016 RP 3 CY2015 case review found the state had 72.2% conformity with Item 8. In RP 1 CY2016 there was a decline in performance to 65%. The overall average for Item 8 in FFY 2015 was 66.7% compared to FFY 2016, which showed a slight increase in the overall performance to 68.6%.

In FFY 2017, in 75% of the cases, concerted efforts were made to ensure the frequency of visitation between the mother and child was sufficient to maintain or promote the relationship and in 86% of the cases to ensure the quality of the visits between mother and child. In 66% of the cases, concerted efforts were made to ensure the frequency of visitation between the father and child was sufficient to promote the relationship and in 82% of the cases to ensure the quality of the visits between the father and the child. (**Data taken from the OMS Practice Performance Report- ALL PUR's*).

Further review of case review comments for Areas Needing Improvement (ANI) for this item showed the main issues for the state are with regard to poor frequency of visitation between children and parents and children and siblings. For the visits occurring, the quality of visitation was sufficient. Some factors contributing to poor frequency in visitation included:

- Incarcerated parents
- Transportation issues
- Cross regional cases-long distances
- Siblings placed in group homes/ hospitals
- Siblings placed across the state

With the agency's reduction in front line staff as well as support staff, workers have had difficulty managing family visitation, an area where they used to have more assistance.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
	Strength	67	80.72%	59	80.82%	49	65.33%	53	70.67%

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ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 14: Preserving connections	Area Needing Improvement	16	19.28%	14	19.18%	26	34.67%	22	29.33%
	Not Applicable	37	NA	47	NA	45	NA	45	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 14/9: Preserving connections	Strength	54	74.8%	57	80.3%	44	75%	53	73%
	Area Needing Improvement	19	26%	14	19.7%	15	25%	20	27%
	Not Applicable	2	NA	4	NA	16	NA	2	NA

* FFY 2015 Q2 Item 14 information regarding preserving connections changed to being captured in Item 9 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# of Cases	%	# of Cases	%
Permanency 9: Preserving Connections	Strength	53	72.6%	60	80.0%	60	72%	30	77%
	Area Needing Improvement	20	27.4%	15	20.0%	23	28%	9	23%
	Not Applicable	2	NA	0	NA	29	NA	1	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 80.72% conformity on Item 14. Performance declined to 70.67% for Q4.

In FFY 2015, Q1 CQI case review found the state had 74.8% conformity on Item 9, previously Item 14 with a 5.5% increase in Q2. There was a decline in Q3 and Q4 of 7%; however, the overall percentages in FFY 2015 reflect improvement on this item from FFY 2014. The overall average in FFY 2014 was 74.4% and in FFY 2015 it increased to 75.8%. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

FFY 2016 RP3 CY2015 case review found the state had 72.6% conformity with Item 9. In RP 1 CY2016 there was a significant increase to 80% which showed improved performance in Item 9. The overall average for Item 9 in FFY 2015 was 75.8% compared to FFY 2016, which showed a slight increase in performance to 76.3%.

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In FFY 2017, Louisiana performed fairly well with regard to preserving connections for children. In almost 79% of the cases reviewed, concerted efforts are being made to maintain the child's important connections, i.e. neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school and/or friends.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 15: Relative placement	Strength	57	74.03%	54	78.26%	37	52.11%	55	74.32%
	Area Needing Improvement	20	25.97%	15	21.74%	34	47.89%	19	25.68%
	Not Applicable	43	NA	51	NA	49	NA	46	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 15/10: Relative placement	Strength	52	75.4%	57	79.2%	52	90%	53	74%
	Area Needing Improvement	17	24.6%	15	20.8%	6	10%	19	26%
	Not Applicable	6	NA	3	NA	17	NA	3	NA

* FFY 2015 Q2 item 15 information regarding the placement with relatives changed to being captured in Item 10 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# OF CASES	%	# OF CASES	%	# of Cases	%	# of Cases	%
Permanency 10: Relative Placement	Strength	53	73.6 %	65	87.8 %	54	68%	24	62%
	Area Needing Improvement	19	26.4 %	9	12.2 %	26	33%	15	38%
	Not Applicable	3	NA	1	NA	4	NA	1	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 74.03% conformity on Item 15. Q4 performance was 74.32%. The dashboard currently contains limited placement data by placement type, but relative placements is not one of the options. The DCFS dashboard enhancement plan includes additional detailed reports on placement types for children in foster care, which will include

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relative placements. Data on relative placements is periodically reviewed and assessments have been completed to identify strategies to promote certification of non-certified relative caregivers. This is intended to prepare these caregivers to be in a position to adopt or accept legal guardianship if the child cannot be returned home. In addition, a monthly executive management report includes the percentage of foster children placed with a relative. This report is provided to the DCFS Secretary, the state level executive management team and all Regional Administrators.

In FFY 2015, case review found Item 10, previously Item 15 to be relatively consistent across Q1, Q2 and Q4 with percentages ranging from 74% to 79.2%. Q3 reached its highest percentage at 90%. The overall average for FFY 2015 was 79.7% which was a 9.8% increase from FFY 2014. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

FFY 2016 RP3 CY2015 case review found the state had 73.6% conformity with Item 10. In RP 1 CY2016 there was an increase to 87.8% showing a substantial improvement in performance, a gain of 14.2%. The overall average performance in Item 10 for FFY 2015 was 79.7% compared to FFY 2016, which showed a slight improvement in the overall performance to 80.7%.

In FFY 2017, according to CQI case record reviews, concerted efforts to place with relatives appears to be declining over time from 88% in April 2015 down to 71% in October 2015 and an additional decrease to 68% in April 2016.

According to the OMS Practice performance report, in the majority of cases, staff is failing to identify maternal and paternal relatives (70% and 78% respectively). In cases in which relatives are identified, staff did not make concerted efforts to locate maternal relatives in 55% of the cases and paternal relatives in 62% of the cases. In 47% of the cases, maternal relatives were not informed and 45% of paternal relatives were not informed of the need for child's placement. In 62% of the cases, staff did not make concerted efforts to evaluate maternal relatives and in 57% of the cases, staff did not make concerted efforts to evaluate paternal relatives.

Data shows improvements should be made in all areas of identifying, informing those relatives of the child's situation and need for placement and evaluating the relatives for suitability of placement.

However, according to the Monthly Management report, the percent of actual relative placements has remained stable at 42% to 43%, with over 50% of foster children having been placed with a relative at some point in their foster care episode. Over the past two years, DCFS has encouraged certification of relative placements and put emphasis on placing children in certified homes. The decline of concerted efforts to place children in a relative placement could be an unintended consequence of these efforts over time. According to the OMS Practice Performance report, almost 42% of a child's current or most recent placement was with a relative; of those relative placements, 94% were appropriate to meet the child's needs.

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Executive Management Report:											
% of Foster Children Placed with Relative (last day of month)											
Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
41.13%	41.57%	43.13%	42.59%	42.53%	41.77%	41.65%	43.11%	41.44%	41.39%	40.87%	40.71%
Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
41.04%	41.07%	42.40%	42.32%	43.18%	43.19%	43.31%	42.43%	42.37%	43.44%	42.88%	43.77%
Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
43.76%	44.26%	45.83%	44.80%	44.73%	44.02%	42.28%	42.21%	43.25%	42.85%	42.59%	42.16%

❖ Data taken from April, 2016 Monthly Executive Management Report

CQI Case Review:

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 16: Relationship of child in care with parents	Strength	29	50.00%	21	37.50%	11	20.00%	22	43.14%
	Area Needing Improvement	29	50.00%	35	62.50%	44	80.00%	29	56.86%
	Not Applicable	62	NA	64	NA	65	NA	69	NA

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 16/11: Relationship of child in care with parents	Strength	26	49.1%	30	60%	25	66%	32	65%
	Area Needing Improvement	27	51%	20	40%	13	34%	17	35%
	Not Applicable	22	NA	25	NA	37	NA	26	NA

* FFY 2015 Q2 Item 16 information regarding the relationship of the child in care with their parents changed to being captured in Item 11 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 11: Relationship of Child in Care with Parents	Strength	32	65.3%	31	62.0%	36	56%	17	63%
	Area Needing Improvement	17	34.7%	19	38.0%	28	44%	10	37%
	Not Applicable	26	NA	25	NA	20	NA	13	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year

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review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 50.0% conformity on Item 16. Performance declined substantially in Q2 and Q3. Q4 suggests some rebound of performance with 43.14% conformity. DCFS does not currently have a dashboard report for visits between foster children and their parents. This is included in the DCFS dashboard enhancement plan.

In FFY 2015, CQI case review found increases in Item 11, previously Item 16 from Q1 through Q3 and overall increases from FFY 2014 to FFY 2015. In FFY 2015, there was an increase of 16.9% from Q1 to Q3 and there was a slight 1% drop from Q3 to Q4. Overall, there was a significant increase from FFY 2014 to FFY 2015 with a 22.3% rate of improvement. DCFS made significant improvement in two fiscal years; however, this is an area needing improvement.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

In FFY 2016, RP3 CY2015 case reviews found the state had 65.3% conformity for Item 11. In RP 1 CY2016 there was a slight decrease to 62.0%. The overall average performance for Item 11 in FFY 2015 was 60.0% compared to FFY 2016, showing a slight increase in performance to 63.7%.

In FFY 2017, although Louisiana did well with the continuity of family relationships and connections being preserved for children in relation to siblings, the relationship of the child in care with the parents needs improvement. In 69% of cases concerted efforts were made to promote, support or maintain a positive nurturing relationship between the child in care and his/her mother, however in 58% of cases concerted efforts were made to promote, support or maintain a positive nurturing relationship between the child in care and his/her father. (**Data taken from OMS Practice Performance Report- ALL PUR's.*) In the majority of the cases, comments from case reviews (OMS Item Rating Summary for Item 11 ANI's, All PUR's) showed that parents are not being frequently informed of activities and/or appointments involving their children where they may be able to participate and bond with their children outside of regular visitation. In some cases, the parent may have been notified, but not encouraged to attend or the agency did not ensure that the parent had transportation to attend. This is an area where increased engagement with parents may translate into improvement.

WELL-BEING OUTCOME 1:

Families Have Enhanced Capacity to Provide for Their Children's Needs

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17: Needs and services of child, parents and foster parents	Strength	63	52.50%	56	46.67%	43	35.83%	65	54.17%
	Area Needing Improvement	57	47.50%	64	53.33%	77	64.17%	55	45.83%

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ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17/12: Needs and services of child, parents and foster parents	Strength	68	57.10%	56	54.9	64	63%	65	54%
	Area Needing Improvement	51	42.90%	46	45.1	38	37%	55	46%

* FFY 2015 Q2 Item 17 information changed to being captured in Item 12 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 12: Needs and Services of Child, Parents, and Foster Parents	Strength	65	54%	57	48%	41	34%	15	24%
	Area Needing Improvement	55	46%	63	52%	79	66%	48	76%
	Not Applicable	0	NA	0	NA	0	NA	0	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 52.5% conformity on Item 17. Performance fluctuated throughout the year with some improvement in Q4 with 54.17% conformity.

In FFY 2015 Q1 CQI case review found the state had 57.1% conformity on Item 12, previously Item 17. Performance fluctuated throughout the year with declining conformity of 54% in Q4. In comparison, Louisiana's performance in this item decreased slightly from 54.17% for FFY 2014 to 54% for FFY 2015. DCFS has identified (Item 12B) needs and services to parents as an area needing improvement.

The Louisiana case review data collected in FFY 2015 Q1 and Q2 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

FFY 2016 RP3 2015 case review found the state had 54% conformity on Item 12 overall and declined to 48% in RP1 2016. This is an area needing improvement.

In FFY 2017, the overall performance for item 12 has been on a steady decline and continues to fall below 50%, mainly due to poor engagement with parents, mostly fathers.

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CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013	77.50%	1/1-3/31/2014	78.33%	4/1-6/30/2014	68.33%	7/1-9/30/2014	80.83%
Well-being 17A: Needs assessment and services to children	Strength	93	77.50%	94	78.33%	82	68.33%	97	80.83%
	Area Needing Improvement	27	22.50%	26	21.67%	38	31.67%	23	19.17%

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014	79.80%	1/1-3/31/2015	82.4%	4/1-6/30/15	88%	7/1-12/31/15	79%
Well-being 17A/12A: Needs assessment and services to children	Strength	95	79.80%	84	82.4%	90	88%	95	79%
	Area Needing Improvement	24	20.20%	18	17.6%	12	12%	25	21%

* FFY 2015 Q2 Item 17a information changed to being captured in Item 12a of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 12A: Needs Assessment and Services to Children	Strength	95	79%	95	79%	85	71%	35	56%
	Area Needing Improvement	25	21%	25	21%	35	29%	28	44%
	Not Applicable	0	NA	0	NA	0	NA	0	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 77.5% conformity on Item 17A. Performance for Q4 was 80.83%.

In FFY 2015 Q1 CQI case review found the state had 79.8% conformity on Item 12A, previously Item 17A. Performance increased in Q2 and Q3, with Q3 reaching 88%, but conformity declined to 79% in Q4. In comparison, Louisiana's performance in this item decreased slightly from 80.83% for FFY 2014 to 79% for FFY 2015.

As with Item 17/12, case review data collected in FFY 2015 Q1 and Q2 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy.

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In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

FFY 2016 RP3 2015 case review found the state had 79% conformity on Item 12A. In comparison, Louisiana's performance in this item in RP3 2016 remained the same as in 2015, 79%. This is an area needing improvement.

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17B: Needs assessment and services to parents	Strength	49	49.49%	44	43.14%	35	34.31%	42	43.75%
	Area Needing Improvement	50	50.51%	58	56.86%	67	65.69%	54	56.25%
	Not Applicable	21	NA	18	NA	18	NA	24	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17B: Needs assessment and services to parents	Strength	49	50.50%	41	51.9%	55	63%	58	61%
	Area Needing Improvement	48	49.50%	38	48.1%	32	37%	37	39%
	Not Applicable	23	NA	23	NA	15	NA	25	NA

* FFY 2015 Q2 Item 17b information changed to being captured in Item 12b of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016	
		# OF CASES	%	# OF CASES	%
Well-Being 12B: Needs Assessment and Services to Parents	Strength	58	61%	48	48%
	Area Needing Improvement	37	39%	53	52%
	Not Applicable	25	NA	19	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY2014 Q1 CQI case review found the state had 49.49% conformity on Item 17B. Performance declined throughout the year with Q4 reflecting 43.75% conformity.

In FFY 2015 FFY2015 Q1 CQI case reviews found the state had 50.5% conformity on Item 12B, previously Item 17B. Performance increased in Q2 and Q3, reaching 63%, and ended with 61% conformity in Q4. Louisiana's performance in this item increased from 43.75% for FFY 2014 to 61% for FFY 2015. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

FFY 2016 RP3 2015 case review found the state had 61% conformity on Item 12B. Louisiana's performance in this item decreased from 61% to 48% in RP3 2016. This is an area needing improvement.

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CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17C: Needs assessment and services to foster parents	Strength	71	89.87%	59	85.51%	57	83.82%	64	91.43%
	Area Needing Improvement	8	10.13%	10	14.49%	11	16.18%	6	8.57%
	Not Applicable	41	NA	51	NA	52	NA	50	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17C/12C: Needs assessment and services to foster parents	Strength	61	84.7	66	91.7%	62	90%	54	78%
	Area Needing Improvement	11	15.3	6	8.3%	7	10%	15	22%
	Not Applicable	48	NA	30	NA	33	NA	51	NA

* FFY 2015 Q2 Item 17c information changed to being captured in Item 12c of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016	
		# OF CASES	%	# OF CASES	%
Well-Being 12C: Needs Assessment and Services to Foster Parents	Strength	54	78%	56	82%
	Area Needing Improvement	15	22%	12	18%
	Not Applicable	51	NA	52	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 89.87% conformity on Item 17C. Q4 reflects improvement to 91.43%.

In FFY 2015 Q1 CQI case reviews found the state had 84.7% conformity on Item 12C, previously Item 17C. Performance increased in Q2 with 91.7% and declined to 90% in Q3, ending with 78% conformity in Q4. Louisiana's performance in this item decreased from 91.43% for FFY 2014 to 78% for FFY 2015. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

FFY 2016 RP3 2015 case review found the state had 78% conformity on Item 12C. Louisiana's performance in this item increased from 78% in RP3 2015 to 82% for RP1 2016. This remains area needing improvement.

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In FFY 2017, Louisiana averaged 80% with regard to Needs Assessment a Services to Foster Parents, with a slight increase of 4% during RP1 2018. This is consistent with previous reporting periods. The state has averaged 80% in this item since RP3 CY 2015.

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 18: Child and family involvement in case planning	Strength	56	47.86%	59	50.00%	40	34.78%	46	41.07%
	Area Needing Improvement	61	52.14%	59	50.00%	75	65.22%	66	58.93%
	Not Applicable	3	NA	2	NA	5	NA	8	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 18/13: Child and family involvement in case planning	Strength	60	53.10%	57	59.4%	69	69%	79	68%
	Area Needing Improvement	53	46.90%	39	40.6%	31	31%	37	32%
	Not Applicable	7	NA	6	NA	2	NA	4	NA

* FFY 2015 Q2 Item 18 information changed to being captured in Item 13 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 13: Child and Family Involvement in Case Planning	Strength	79	68%	61	53%	51	44%	25	41%
	Area Needing Improvement	37	32%	54	47%	64	56%	36	59%
	Not Applicable	4	NA	5	NA	5	NA	2	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 47.86% conformity on Item 18. Performance declined in Q3 and Q4 to 34.78% and 41.07% respectively.

In FFY 2015 Q1 CQI case review found the state had 53.1% conformity on Item 13, previously Item 18. Performance increased in Q2 and Q3, reaching 69% in Q3 before declining slightly in

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Q4 with 68% conformity. In comparison, Louisiana’s performance in this item increased from 41.07% for FFY 2014 to 68% for FFY 2015. Despite the increase in performance this is an area needing improvement.

FFY 2016 RP3 2015 case review found the state had 68% conformity on Item 13. In comparison, Louisiana’s performance in this item decreased from 68% in RP3 2015 to 53% for RP1 2016. This is an area needing improvement.

In FFY 2017, When reviewing the practice of child and family involvement in case planning, in 76% of the cases, concerted efforts were made to involve the child in case planning and in 68% of the cases, concerted efforts were made to involve the mother in case planning; however, in only 51% of the cases, concerted efforts were made to involve fathers in case planning. Some issues identified by stakeholders’ groups regarding case planning included: parents not participating in case planning meetings in parts of the state, case planning meetings are held without the parents when they do not attend and the language in case plans is not parent friendly.

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013	72.50%	1/1-3/31/2014	73.33%	4/1-6/30/2014	55.83%	7/1-9/30/2014	65.00%
Well-being 19: Caseworker visits with child	Strength	87	72.50%	88	73.33%	67	55.83%	78	65.00%
	Area Needing Improvement	33	27.50%	32	26.67%	53	44.17%	42	35.00%

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014	71.40%	1/1-3/31/2015	83.3%	4/1-6/30/15	86%	7/1-12/31/15	84%
Well-being 19/14: Caseworker visits with child	Strength	85	71.40%	85	83.3%	88	86%	101	84%
	Area Needing Improvement	34	28.60%	17	16.7%	14	14%	19	16%

* FFY 2015 Q2 Item 19 information changed to being captured in Item 14 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 14: Caseworker Visits with Child	Strength	101	84%	100	83%	85	71%	35	56%
	Area Needing Improvement	19	16%	20	17%	35	29%	28	44%
	Not Applicable	0	NA	0	NA	0	NA	0	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year

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review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 72.5% conformity on Item 19. Performance has declined in each quarter of FFY 2014 with Q4 performance at 65.00%. The DCFS reports caseworker visits with children in foster care based on the federal performance requirements. However, the dashboard enhancement plan includes the addition of a report to capture all face to face visits with children in foster care. While this enhanced report will capture the frequency of documented visits with children, the case review process will continue to be an essential tool for assessing the quality of visits.

In FFY 2015 Q1 CQI case review found the state had 71.4% conformity on Item 14, previously Item 19. Performance increased in Q2 and Q3, with 83.3% and 86% respectively, declining to 84% in Q4. In comparison, Louisiana’s performance in this item increased from 65% for FFY 2014 to 84% for FFY 2015. The Annual Federal Caseworker Visits Report indicates 96% conformity, which is the same as FFY 2014 and shows improvement over previous years.

The Louisiana case review data collected in FFY Q1 2015 and FFY Q2 2015 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

FFY 2016 RP3 2015 case review found the state had 84% conformity on Item 14. Louisiana’s performance in this item slightly decreased from 84% in RP3 2015 to 83% for RP1 2016. Louisiana has consistently performed above the 95th percentile with regard to monthly caseworker visits with the child and of those visits during the past two years, 97.5% have been conducted in the child’s home. According to the OMS Practice Performance report, in 18% of cases, workers visited at least twice a month. In 84% of the cases, the quality of the visits between caseworker and child were sufficient.

In FFY 2017, Louisiana has consistently performed above the 95th percentile with regard to monthly caseworker visits with the child and of those visits during the past two years, 97.5% have been conducted in the child’s home. According to the OMS Practice Performance report, in 18% of cases, workers visited at least twice a month. In 84% of the cases, the quality of the visits between caseworker and child were sufficient.

Federal Caseworker Visits Report Results:									
MEASURE	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
% Visits Completed	61%	92%	95%	96%	96%	69%			
% Visits In Residence	89%	84%	88%	89%	89%	97%			

Source: Annual Report Submitted to the Children’s Bureau on Monthly Caseworker Visits with Children in Foster Care

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CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 20: Caseworker visits with parents	Strength	36	36.36%	36	35.64%	24	24.24%	35	36.46%
	Area Needing Improvement	63	63.64%	65	64.36%	75	75.76%	61	63.54%
	Not Applicable	21	NA	19	NA	21	NA	24	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 20/15: Caseworker visits with parents	Strength	39	40.20%	34	43%	53	61%	47	49%
	Area Needing Improvement	58	59.80%	45	57%	34	39%	48	51%
	Not Applicable	23	NA	23	NA	15	NA	25	NA

* FFY 2015 Q2 Item 20 information changed to being captured in Item 15 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 15: Caseworker Visit with Parents	Strength	47	49%	48	48%	32	31%	20	37%
	Area Needing Improvement	48	51%	52	52%	71	69%	34	63%
	Not Applicable	25	NA	20	NA	17	NA	9	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 36.36% conformity on Item 20. Performance declined in Q2 and Q3. Performance for Q4 was 36.46%. While data is available on case worker visits with parents, this is not currently being reported from the information system. The dashboard enhancement plan includes adding a report this item.

In FFY 2015 Q1 CQI case review found the state had 40.2% conformity on Item 15, previously Item 20. Performance improved in Q2 and Q3 with 43% and 61% respectively, declining in Q4 with 49% conformity. In comparison, Louisiana's performance in this item increased from 36.46% for FFY 2014 to 49% for FFY 2015, but this is still an area needing improvement.

FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

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FFY 2016 RP3 2015 case review found the state had 49% conformity on Item 15. In comparison, Louisiana's performance in this item decreased slightly from 49% in RP3 2015 to 48% for RP1 2016. This is an area needing improvement.

In FFY 2017, According to the OMS Practice Report, in 24% of cases, visitation with the mother occurred at least twice per month. In 37% of cases, visitation with the mother occurred at least once per month. In 31% of cases, visitation with the mother occurred less than once per month and in 7% of cases, visits with the mother never occurred. Overall, in 64% of cases, the frequency of visits with the mother was sufficient and in 73% of cases the quality of visits with the mother was sufficient. In 57% of cases, both frequency **and** quality of visits with the mother were sufficient.

Less frequent contact is being made with fathers in addition to lesser quality contacts being made with these fathers. In 14% of cases, visits with the father occurred at least twice per month. In 19% of cases, visits with the father did occur at least once per month. In 47% of cases, visits with the father occurred less than once per month and in 19% of cases, visits with the father never occurred. Overall, in 61% of cases, the frequency of visits with the father was sufficient and in 59% of cases, the quality of visits with the father was sufficient. In 57% of cases, both frequency **and** quality of visits with the father were sufficient.

WELL-BEING OUTCOME 2:

Children Receive Appropriate Services to Meet Their Educational Needs

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 21: Educational needs of the child	Strength	73	83.91%	72	86.75%	59	79.73%	56	81.16%
	Area Needing Improvement	14	16.09%	11	13.25%	15	20.27%	13	18.84%
	Not Applicable	33	NA	37	NA	46	NA	51	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-12/31/15	
Well-being 21/16: Educational needs of the child	Strength	59	78.7%	62	87.3%	61	88.0%	57	83.0%
	Area Needing Improvement	16	21.3%	9	12.7%	8	12.0 %	12	17.0%
	Not Applicable	45	NA	31	NA	33	NA	51	NA

* FFY 2015 Q2 Item 21 information changed to being captured in Item 16 of the 2014 OSRI.

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ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 16: Educational Needs of the Child	Strength	54	83.0%	59	89.0%	58	81%	29	78%
	Area Needing Improvement	12	17.0%	7	11.0%	14	19%	8	22%
	Not Applicable	51	NA	54	NA	48	NA	26	NA

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.*

FFY 2014, Q1 CQI case review found the State had 83.91% conformity on Item 21. Performance has fluctuated during the year with Q4 at 81.16% conformity.

In FFY 2015 Q1 CQI case review found the state had 78.7% conformity on Item 16, previously Item 21. Performance did rise to 88% during FFY 2015 year, but fluctuated ending the year with Q4 at 83% conformity. In comparison, Louisiana's performance in this Item decreased slightly from 83.91 % in Q1 FFY2014 to 83% in Q4 FFY 2015, with fluctuations throughout both years. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

FFY 2016 RP3 2015 case review found the state had 83.0% conformity on Item 16. During RP1 2016, conformity was 89.0% and increase of 6%.

During FFY 2017, in 87% of cases, concerted efforts were made to accurately assess the child's educational needs and in 82% of cases, concerted efforts were made to address the child's educational needs through appropriate services.

Common issues identified through case reviews included: lack of on-going assessments throughout the PUR to identify appropriate services, services not provided to match the child's needs, and appropriate educational services not provided for older youth.

**WELL-BEING OUTCOME 3:
Children Receive Adequate Services to Meet Their Physical and Mental Health Needs**

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 22: Physical health of the child	Strength	83	76.15%	78	72.90%	48	49.48%	74	68.52%
	Area Needing Improvement	26	23.85%	29	27.10%	49	50.52%	34	31.48%
	Not Applicable	11	NA	13	NA	23	NA	12	NA

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ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2015	68.3%	1/1-3/31/2015	73%	4/1-6/30/2015	69%	7/1-9/30/2015	58%
Well-being 22/17: Physical health of the child	Strength	71	68.3%	65	73%	62	69%	56	58%
	Area Needing Improvement	33	31.7%	24	27%	28	31%	41	42%
	Not Applicable	16	NA	13	NA	12	NA	23	NA

* FFY 2015 Q2 Item 22 information changed to being captured in Item 17 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 17: Physical Health of the Child	Strength	56	57.7%	51	56%	24	23%	14	25%
	Area Needing Improvement	41	42.3%	40	44%	80	77%	42	75%
	Not Applicable	23	NA	29	NA	16	NA	7	NA

*Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 76.15% conformity on Item 22. Performance in subsequent quarters has been lower than Q1. DCFS dashboard contains a report on timely initial medical and dental assessments. Additional reports are planned for ongoing medical and dental evaluations. Dashboard reporting will not capture unusual events requiring non-routine medical needs. This level of assessment will continue to be derived through the case review process.

In FFY 2015 Q1 CQI case review found the State had 68.3% conformity on Item 17, previously Item 22. Performance fluctuated during the year with an increase to 73% in Q2. There was a decrease in overall performance in both Q3 to 69% and 58% in Q4. The Louisiana case review data collected in FFY Q1 2015 and FFY Q2 2015 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

FFY 2016 demonstrated a consistent conformity on Item 17 with little variation between the review periods. In RP3 CY2015 CQI case review found the state had 57.7% conformity on Item 17. In RP1 CY2016 CQI case reviews showed a decrease with 56% conformity on item 17.

During FFY 2017, There has been a significant drop in performance in this item since FFY 2015 (46%). Louisiana's performance for Item 17, the Physical Health of the Child, is well below the federal standard of 95%, averaging 47%. Data from case reviews shows that the greatest area needing improvement is with regard to dental health needs of children. In 54% of cases, the agency

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accurately assessed the child’s dental health needs and in 44% of case, the agency ensured that appropriate services were provided to children to address all identified dental health needs. Whereas, in 72% of cases, the agency accurately assessed the child’s physical health needs and in 66% of cases, the agency ensured that appropriate services were provided to children to address all identified physical health needs.

Although there may be rare exceptions, children in DCFS custody are eligible for Medicaid; therefore, medical and mental health services for children are generally covered through Medicaid. All children in DCFS custody receive medical and dental care when medically necessary or required for wellness. Children in DCFS custody are provided a medical home by being linked to a specific health plan and primary care provider through one of the Bayou Health Plans. A medical home assures continuity of medical services, is consistent with national best practice standards, and meets the requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 (Public Law 110-351).

While the state policy is consistent with the AAPD recommendation of dental exams every 6 months, Louisiana has an additional requirement in policy that infants must receive their initial dental exam at the eruption of their first tooth, or age one, whichever occurs first and the exams must be completed by a licensed dentist. This requirement has posed some hurdles for staff due to the fact that many dental providers across the state who accept Medicaid have not been willing to see children at this age. This systemic issue has been discussed in CQI regional exit meetings and discussions are underway as to how to address this problem.

A factor affecting the ratings for item 17 related to dental examination is a change in policy which requires exams every six months when the state’s TIPS system has been set to track the information annually. This problem is being addressed with the state’s AFCARS improvement plan.

In 72% of cases, the agency accurately assessed the child’s physical health needs and in 66% of those cases, the agency ensured appropriate services were provided to children to address all identified physical health needs

CQI Case Review:

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013	85.32%	1/1-3/31/2014	79.38%	4/1-6/30/2014	66.04%	7/1-9/30/2014	84.16%
Well-being 23: Mental/behavioral health of the child	Strength	93	85.32%	77	79.38%	70	66.04%	85	84.16%
	Area Needing Improvement	16	14.68%	20	20.62%	36	33.96%	16	15.84%
	Not Applicable	11	NA	23	NA	14	NA	19	NA

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2015	82.2%	1/1-3/31/2015	79.5%	4/1-6/30/2015	82%	7/1-9/30/2015	75%
Well-being 23/18: Mental/behavioral health of the child	Strength	88	82.2%	62	79.5%	58	82%	56	75%
	Area Needing Improvement	19	17.8%	16	20.5%	13	18%	19	25%

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ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2015		1/1-3/31/2015		4/1-6/30/2015		7/1-9/30/2015	
	Not Applicable	13	NA	24	NA	31	NA	45	NA

* FFY 2015 Q2 Item 23 information changed to being captured in Item 18 of the 2014 OSRI.

ITEM	OUTCOME	RP 3 CY2015		RP 1 CY2016		RP 2 FFY 2017		RP 1 FFY 2018	
		7/1/2015-12/31/2015		01/01/2016-06/30/2016		PUR: April 2016		PUR: October 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Well-Being 18: Mental/Behavioral Health of the Child	Strength	56	74.7%	54	75%	58	81%	29	78%
	Area Needing Improvement	19	25.3%	18	25%	14	19%	8	22%
	Not Applicable	45	NA	48	NA	48	NA	26	NA

*Due to Louisiana switching from a quarterly review cycle to a 6 month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed.

FFY 2014 Q1 CQI case review found the state had 85.32% conformity on Item 23. Performance declined in Q2 and Q3. Improvement is reflected in Q4 with 84.16% conformity.

In FFY 2015 Q1 CQI case review found the state had 82.2% conformity on Item 18, previously Item 23. Performance declined in Q2 with a rating of 79.5%. There was a slight increase in performance in Q3 with a rating of 82%. Performance decreased to 75% in Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

FFY 2016 demonstrated a consistent conformity on Item 18 with little variation between the review periods. In RP3 CY2015 CQI case review found the state had 74.7% conformity on Item 18. In RP1 CY2016 CQI case reviews showed a slight increase with 75% conformity on item 18.

During FFY 2017, in 81% of cases, the agency accurately assessed the child's mental/behavioral health needs and in 70 % of those cases, the agency ensured appropriate services were provided to the child to address all identified mental/behavioral health needs. Additionally, Louisiana provided fairly good oversight of prescription and psychotropic medications, 82% (physical health issues) and 74% (mental health issues) respectively. (*Data obtained from OMS Practice Report- All PUR's and Item Rating Summary for Items 17 and 18 All PUR's.)

UPDATE: PLANS FOR IMPROVEMENT - GOALS AND ACTION STEPS IN 2017
APSR:

STAKEHOLDER PARTICIPATION FOR STRATEGY 1: The DCFS engaged various stakeholders in the review of data and development of strategies, goals and action steps to improve

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outcomes of safety, permanency, and well-being. Stakeholders included a social service director from a federally recognized tribe, the consumer and community stakeholder group (PQI/CQI subcommittee) and the state level PQI/CQI team. Feedback from the regional CQI quarterly case review exit interviews with various levels of staff was used to inform this process as were other collaborative efforts listed below.

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

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

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

The Together We Can Conference, which is a multi-disciplinary training on abuse and neglect for CASA, CAC, Judges, parents' and children attorneys, social workers, Indigent Defenders, law enforcement, educational and mental health professionals and DCFS staff, is supported by the task force efforts.

Update FFY 2016: For additional information on stakeholder involvement please refer to the following sections in this plan:

- Collaboration
- Consultation and Coordination Between the State and Tribes
- Systemic Factor - Agency Responsiveness to the Community
- Foster and Adoptive Parent Diligent Recruitment Plan
- Systemic Factor – Foster and Adoptive Parent Licensing, Recruitment and Retention
- Systemic Factor - Staff Training

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

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

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

Action Steps:

1. Implement and Monitor Advanced Safety Focused Practice

- Centralized Intake (CI) – improve information collection to support accurate assessments and appropriate information for decision-making by completing the following:
 - Supervisor review of Intakes by their staff;
 - Ongoing ASFP refresher trainings;
 - ACCESS and Policy changes relative to Intake assessments;
 - Monitoring of ASFP implementation;
 - Supervisory ownership of assigned measures for ASFP improvement;
- Fully align and integrate alternate responses and investigative practices into overall CPS assessment practice consistent with best practice in safety and risk assessment;
- In collaboration with Training Academy leadership, participate in the development of safety and risk assessment tools and decision-making module for supervisory certification, and integrating trauma informed practice into ASFP;
- Incrementally expand select staff’s knowledge to produce advanced practitioners in safety and risk assessment practice;
- Through the CQI process, review CPS, FS, and FC cases quarterly to support quality safety and risk assessment practice to seek opportunities to appropriately respond to varying impact of traumatic stress on children, caregivers, families, and others who have contact with the child welfare system.
- Hold quarterly meetings at both state and regional level to review progress and maintain fundamental application of effective safety and risk assessment practice through multiple means;
- Continue to seek opportunities to orient the judiciary and legal system (building on the state wide August 1, 2014 meeting) on effective safety and risk assessment practice, through conferences, regional outreach, and other forums that requests ASFP information;
- Develop/coordinate state and regional implementation plans utilizing statewide CQI ASFP reviews/data to include specific improvement targets in the areas of: sufficiency of information collection, recognition of danger, and development of safety and service plans that promote child and family resilience after trauma.
- Develop and implement FS and FC program specific Advanced Safety Focused Practices (ASFP) and training for all Family Services and Foster Care staff.

2015 Update on Action Step 1:

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- Supervisors are now reviewing all intakes by staff prior to approval
- Centralize Intake (CI) has provided on-going trainings for their staff. The focus was on Present Danger, Impending Danger, and the 6 areas of assessment
- New response priorities were implemented by CI and a webinar and overview of new response priorities was conducted
- Policy and ACESS was updated to include the new present and impending danger threats. New Present and Impending Danger Plans were updated and made available in policy management system
- Safety Assessment policy was updated to reflect ASFP practice
- The six areas of assessment were made a part of the CI intake process - they ask reporters information related to the 6 areas and documenting.
- Consultations with field staff was/continue to be provided by Implementation Specialists and CPS Consultants.
- Alternative Response (AR) was aligned and integrated in to the overall CPS assessment practice on August 3, 2014
- Program partnered with Marsha Silas and Training Academy to develop specialized supervisory training
- Ongoing work continued on the development of steps in the continuum of learning and application or the safety model
- Specific regional training was developed for Orleans Region and conducted by CPS Consultant and Implementation Specialist
- Consultant Matthew Gephardt offered refresher workshops on ASFP for the region during Nov./Dec. 2014
- Consultant Matthew Gephardt conducted a review of intakes for CI at the end of 2013.
- Several webinars were conducted focusing on the overview of safety and on the specific six areas of assessment (they were posted on the intranet for staff review at any time
- The CQI staff reviewed (second level reviewed were conducted by CPS program staff) 120 CPS cases a quarter with result utilized to inform policy and training/consultation needs. These reviews and resulting data were shared with each respective region to be utilized in their regional plans to improved ASFP
- ASFP was presented at a Judge's meeting in January in Orleans Parish. Judges state-wide attended
- The fall "Together We Can Conference" had presentations ASFP – panel and workshop which included court ordered safety plans
- Program staff presented Mandated Reporter trainings at NASW included information on ASFP
- An August 1, 2014 state wide CW meeting was held with Bureau of General Consul, Regional Administrators, Area Directors, Operation Managers and state office program staff on safety and court ordered safety plans

2016 Update – Action Step 1:

- The Pelican Center Training and Education Committee met monthly meeting which is held via conference call with attorneys, stakeholders, Judges, DCFS staff, foster parents, and

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other community partners on education around the Advanced Safety Focused Practice Model.

- In January 2015, the department's ASFP model was presented at the 2015 City Family Juvenile Judges Conference in New Orleans.
- Each quarter 120 Child Protective Services cases were reviewed by the CQI implementation team to assess the implementation of advanced safety focused practice and strategies for improvements.
- The CQI reviewers consulted with CPS supervisors and workers statewide, quarterly, from January-December of 2015 to discuss CPS Investigation cases randomly selected for review during the sampling period.
- A new Form 5 FAC Safety Assessment for Facilities has been created in ACESS which will be applicable for Residential Care Facilities and Day Care Centers to capture the roles in facility investigations and to create performance metrics for facility investigations.
- The Observation page in ACESS will have an increase in the character limit on each section on the page to 5000 characters to enable better documentation of ASFP (update scheduled for May 2016).
- The AFSP Implementation Team continued to meet weekly, as part of the ongoing strategy to improve the safety practice to develop next steps, review data, and research/develop supports.

2. Provide Supervisor Mentoring and Support:

- Each year state office staff will mentor a 20% collective sample of the CW supervisors in the CPS, FS and FC programs on integrating ASFP principles in the assessment of safety, risk, and the assessment of family functioning and case planning within the context of their respective programs;
- Develop targeted staff training through various mediums to address challenging practice areas (i.e. vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences);
- Develop a competency assessment tool to be utilized by front line staff, supervisors and managers/consultants with guidance from the Casey Foundation
- In order to improve the relationships of children in care with their parents, fully utilize/increase referrals to the visit coaching services provided by the Family Resource Centers (FRC) statewide by having FRC staff present to staff in each region on a quarterly basis and have that staff supported by state office program staff (CQI case review Item 11).
- Conduct a webinar, develop practice pointers and provide ongoing training via the DCFS intranet for field staff on the ways parents can be more involved in their child's care while in foster care. (CQI case review Item 11).

2015 Update on Action Step 2:

- A Safety Plan Development (SPD) curriculum was developed by the State Office Implementation team as a means to strengthen staff's competency in development appropriate safety plans that supported the ASFP model. This developed curriculum was folded into a "two-day workshop" for delivery to staff. The workshops rolled out

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November 13, 2014 in the regions and concluded in April 2015. Feedback from the workshops were positive and appeared to help staff better understand how to safety plan to keep children safe.

- Formalized mentoring of 20% of the child welfare supervisors is still being developed. However, program staff have been involved in a number of consultative activities with supervisors and their staff around ASFP
- Ongoing work continues with Casey Foundation and the ASFP Implementation team around the refining a competency assessment for front line child welfare staff
- Case Planning training will be made available to staff the fall of 2015 in an effort to develop skills in the area of addressing present and impending danger affecting children and the parental/caregiver's protective capacities.

2016 Update on Action Step 2 CPS & FS:

- A Comprehensive Enterprise Social Services System (ACCESS) was upgraded in March 2015 to reflect Present and Impending Danger assessments.
- All new CW staff now receive training on the ASFP model in the New Worker Orientation (NWO).
- Moving forward with the department's goal to provide additional support and training the field to reinforce the basics of the safety practice, in November and December of 2014, and January 2015 refresher training was conducted by Matthew Gebhardt, consultant, in all regions.
- The Implementation Specialists and CW Program Consultants provided over 140 consultations around the safety practice utilizing a mentoring approach with staff's live cases.
- A CPS streamline Pilot was initiated (Lafayette and Covington Regions) with a goal to increase work efficiencies while maintaining/increasing the quality of documentation and assessment in investigation cases.
- Developed a "Behavioral Goal" training curriculum that will address appropriate goal writing to match identified safety threats. Training dates to be later in the year.
- Six (6) Program Consultants from the CPS, FS, and CQI programs participated in the Supervisors as Safety Decision Makers Lab on Present Danger, facilitated by ACTION for Child Protection – This was in response to improve internal consultative capacity around the safety practice.
- Each quarter a regional exit meeting is held with each region to discuss the data with regards to the Child Protective Services cases which were reviewed by the CQI team.
- The Safety Implementation Specialists concluded a statewide ASFP safety plan writing training from January through May of 2015

2016 Update on Action Step 2 FC:

- A two-day training was provided by State Office FC Program staff to field staff statewide on the use of the SFP model in FC practice to utilize the assessed dangers and diminished caregiver protective capacities in targeting goals for enhanced parental functioning to manage the dangers and safely care for the children.
- Teaming practice for engagement and case planning with families was expanded from the pilot regions of Lafayette, Lake Charles, Shreveport and Monroe into statewide practice

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with the addition of Covington, Baton Rouge, Orleans, Thibodaux and Alexandria regions and incorporation of teaming philosophy throughout FC policy.

- DCFS State Office FC Program staff provided a one-day training statewide to field staff in the FC and Adoptions programs as well as some FS staff on the integration of SFP, SDM, Assessment of Family Functioning and Case Planning through use of the teaming process to help staff understand how to more effectively manage their day-to-day job responsibilities.

Measures/Data Sources for CI:

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

Measures/Data Sources for CPS and FS:

- OSRI
- Safety Focused Practice (SFP) case review instrument
- Structured Decision Making (SDM) reviews
- ACCESS reports: Initial Face to Face contact (ACN0004) and Investigation Compliance Report ACN0005
- Family Services Web Focus/LaPas reports
- Repeat Maltreatment (Web Focus)

Incremental Improvement Plan:

Centralized Intake - Outcome Measure	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2016 data)	Year 4 – 2016 APSR (FFY 2017 data)	Year 5 – 2017 Final Report (FFY 2018 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Intake Cases Reviewed for Sufficient Information Regarding the Extent of the Maltreatment	48%	92% Achieved	100% Achieved			

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CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
CPI – Timely initiation of face to face contact with Alleged Victims	79.64%	IG: 80% AP: 78.11%	IG: 81% AP: 82.06%	82% AP: 77.84%		
CPI – Timely completion of Present Danger Safety Assessments	83.48%	IG: 85% AP: 82.50% (297 yes out of 360 reviews)	IG: 86% AP: 87.03% (416 Yes out of 478 reviews)	87% AP: 84.2% (101 Yes out of 120 Reviews)		
FS – Absence of Maltreatment Occurrence (cases with an open date during a period of time)	82.73 **See notes below	IG: 83% AP: 85.18%	IG: 84% AP: 86.17%	85% AP: 84.78%		

❖ Data extracted WebFocus ACESS Dashboard report ACN0007; data updated 4.27.2016.

❖ Data extracted QATS Rollup Reports from Advanced Safety Focused Practice Case Reviews.

Family Services Safety and Permanence Measure: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date). Ex: For FFY 2014 FS Children with an Open Date between 10/01/2013 and 09/30/2014

For the outcome measure FS –Absence of Maltreatment Occurrence, the actual performance rate exceeded the improvement goal of 83%. The performance rate of 85.18 % for the 2014 reporting period may be attributed to an array of services made available to families through nine Child Welfare Resource Centers and services provided by three Infant Teams. Advanced Safety Focused Practice (ASFP) training and consultation has been available to staff statewide, including training, conferences, and onsite practice consultation. Performance for FFY 2015 was 86.17%, which continues to exceed the established Improvement Goal for the reporting period.

In considering measurement of Safe Reduction of Risk, the intent is to capture data by way of dash board reporting. Details of data collection have not been finalized. Based on discussions, this measure may involve examination of SDM risk levels (i.e. higher to lower risk levels or reduction of risk factors), and referrals or incidences involving reoccurrence of child maltreatment.

Final Update (Absence of Maltreatment in FS) FFY 2016: There continues to be progress in the absence of repeat maltreatment occurrence involving FS families. As cases loads have increased in the FS program, supports continue to address appropriate FS referrals, adherence to practice, policy updates, and the utilization of services that address actual safety threats. Additionally, FS program staff highlighted in case consultation, training, and reviews the

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importance of information gathering/clarity at transfer staffing as a means to better focus the FS intervention. Consultative opportunities utilize the FS field staff's actual cases to improve upon the practice.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 2:

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

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

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

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

DATA SOURCES AND ANALYSIS: Please refer to previous pages for data on federal outcome measures for Strategy 2.

STAKEHOLDER PARTICIPATION for STRATEGY 2: The DCFS continues to engage various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders, those invited to participate and those who did not participate, included a social service director from federally recognized tribe, the consumer and community stakeholder group (PQI/CQI subcommittee), the state level PQI/CQI team and the DCFS Child Welfare executive management team. Further, feedback from the regional CQI quarterly case review exit interviews which included various levels of staff was used to inform this process as well as other groups listed below.

The CQI staff continues review of the new Youth in Transition Plan with the specially developed case review instrument. All involved stakeholders continue to be consulted for collaboration in developing follow-up training as a result of issues identified through the training process and as additional issues arise in practice.

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

Update FFY 2016: The Louisiana CIP has staff assigned to the board of The Pelican Center. By way of a Memorandum of Understanding (MOU) with DCFS and Southeastern Louisiana University, The Pelican Center created the Louisiana Child Welfare Training Academy (LCWTA). One of the LCWTA's goals is to provide ongoing training to foster/adoptive families; the training is viewed as a means of helping to improve the retention of foster/adoptive families. During FFY 2015, surveys were conducted to obtain input from certified foster/adoptive parents and DCFS

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staff on training needs of foster/adoptive parents. Dr. Corie Hebert, with Southeast Louisiana University, was the survey project lead. The data collection came from three primary sources: 1) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3) an open inquiry sent to the DCFS workers (2015). In the written survey, foster parents were asked to rank order a list of training topics from MOST to LEAST important. The survey included an open ended question which asked foster parents to list additional suggestions for training. There were 54 surveys completed; the descriptive data collected included: 1) age range – from 32 to 83; 2) gender – 38 females and 16 males; and 3) race – 27 African-American; 20 Caucasian; 2 Latino; 1 Native American; and 1 Not Stated. When the interactive survey of foster parents was conducted: 82% agreed foster parents should have prescribed training classes after pre-service training; 81% indicated having child care during training was very important; and most preferred guided discussions and role playing in training over videos/lectures.

During the inquiry for feedback from the DCFS CW staff, responses were received from a variety of staff at different levels: FC Supervisors, FC Workers, consultants to the agency, CQI and some staff asked foster parents for their input. A total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested. The list of proposed trainings included ten topics. The top listings for the workers included: #1 - Mental Health Problems and How to Engage Birth Parents; #2 – Agency Expectations and Foster Parent Roles/Responsibilities; and #3 – Child Development. The top listings for the foster parents included: #1 – Understanding the Foster Child; #2 – Behavior Management; and #3 – Agency Expectations and Foster Parent Roles/Responsibilities. The Foster Parent Feedback on the open-ended questions included the following:

- We need CPR training/certification;
- How to navigate the system for resources for kids/how to work better with case workers;
- How to help teenagers who are aging-out; and
- We want to attend the same trainings workers attend.

The LCWTA, using the above survey results, is working towards the development of a comprehensive foster parent training plan. This plan will outline the ongoing training foster parents must receive following initial certification. More details on training are outlined under the Systemic Factor – Training section.

The DCFS continues to advocate for the inclusion and participation of certified foster/adoptive parents on various departmental projects, such as Continuous/Performance and Quality Improvement (CQI/PQI) processes. The foster/adoptive parents' level of participation is recorded in minute/meeting notes.

Due to efforts of the faith-based and private sector community partners, there has been an increase in activities from a state and regional level related to the recruitment and retention of foster/adoptive parents. The Faith in Families Initiative has continued to provide an avenue to access members of the faith-based community through a key contact (Louisiana Family Forum).

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There has been a commitment from the organization to not only recruit foster/adoptive parents, but provide a means of support services for foster/adoptive parents (e.g., respite, mentor, trainings, heart gallery, etc.) and bring about a greater awareness of the DCFS children that are in need of a forever family.

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

The Louisiana Adoption Advisory Board held another rally at the State Capitol in an effort to bring attention to the need for foster/adoptive parents and the number of children awaiting foster/adoptive families.

Update FFY 2016: For additional information on stakeholder involvement please refer to the following sections in this plan:

- Collaboration
- Consultation and Coordination Between the State and Tribes
- Systemic Factor - Agency Responsiveness to the Community
- Foster and Adoptive Parent Diligent Recruitment Plan
- Systemic Factor – Foster and Adoptive Parent Licensing, Recruitment and Retention
- Systemic Factor - Staff Training

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

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

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

Action Steps:

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

- Continue implementation of FTM principles for family engagement and case planning to include expansion statewide;
- Continue implementing Family Teaming process in relation to youth team building for youth transition planning;
 - Improve engagement of families or youth from initial contact. To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
- Family Teaming is required from initiation of case work to closure in every case.
- All Youth Transition Planning shall incorporate Family Teaming in case planning
- Building a Trusting Relationship with Families/Youth
- Engage parent(s)/youth to get to know them and their family.

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- Talk with parent(s)/youth about how they would like the department to help them.
- Introduce Family Teaming Process to Families/Youth
- Explain the Family Teaming process and discuss the benefits of creating a team of support to help with case planning and to remain a support for the family/youth after the department is no longer involved with them.
- Work with the family/youth to plan a location and time for the Family Team Meeting.
- Identifying, Locating, and Notifying Team Members for the Family/Youth
- Help parent(s)/youth make a list of people (formal and informal supports) in their life, and identify strengths of those, who can be part of their team.
- Youth ages 14 and older may identify 2 or more people (other than the worker or foster caretaker) to participate specifically as their team members.
- Obtain contact information for people identified.
- Have parent(s) sign a release (may use FTMP form) to allow case manager to contact team members and invite them to be part of the family team (not necessary for youth in DCFS custody).
- Notify parent(s) of scheduled Family Team Meeting by form 475FTM and notify formal supports (all involved attorneys, CASA, FP, IL Provider) by copy of the 475FTM.
- Meeting with the Team Members for the Family/Youth
- Contact team members and engage them by making introductions and advising that they have been identified to be part of a family or youth's team of support.
- Explain what it means to be part of a family team and how to participate in a Family Team Meeting.
- Assess whether each team member can positively support the family/youth.
- Working with the Family/Youth's Team - The Meeting
- First team meeting is held within 3 to 4 weeks of the parent(s)/youth's contact with the department.
- At the beginning of the Family Team Meeting obtain signatures and dates of signatures on the Family Team Meeting Confidentiality and Sign in Sheet.
- The family/youth tells their story and strengths are identified.
- Review non-negotiable issues for parents related to the child's safety, permanency, and well-being.
- Document goals and action steps related to non-negotiables for parents that are developed with the family in the meeting.
- After the Team Meeting
- Type names of participants into Case Plan Cover sheet in FATS.
- Transfer notes, goals, and action steps from meeting into the appropriate assessment and planning domains on the case plan document in FATS.
- Contact required participants (foster caretaker, attorney, CASA, or IL Provider) who did not take part in the meeting to collect input.
- Any changes to the case plan (after the meeting with non-involved participants) must be discussed with the parent(s)/youth and agreed upon.
- Finalize case plan within 5 days of the final meeting of a team.
- Obtain signatures and dates of signatures for parent(s) and youth (over age twelve) prior to submitting the case plan to the court.

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- Initial case plan must be completed with signatures by the 45th day after foster care entry.
- Provide copies of case plan to parent(s)/youth, professional partners, and the court within a minimum of 10 days prior to the next court hearing. Parent(s) may provide non-professional team members copies of the case plan. Caretakers (foster parents) are provided copies of the case plan related to any child placed in their home.
- Meetings to assess progress and update case plans must continue to be held every 4-6 months after the plan is established. (Updates to case plans are required at a minimum of every 6 months from the date the child entered foster care).
- Maintaining the Family Youth Team
- Continue contact with the family/youth and team members throughout the life of the case via phone, email, and/or in-person contacts.
- Utilize the case plan goals to drive each conversation with the family/youth and their team members.
- Document the following: ongoing involvement of team members in case documentation notes in FATS; changes in parental protective capacities in the Assessment of Family Functioning in FATS; and, progress in completing case action steps in the appropriate case plan domain in FATS.
 - Exercise engagement strategies to improve family or youth involvement in case planning; To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
- staff shall allow the family to invite individuals to participate in case planning who can support them in enhancing caretaker protective capacities and reducing safety threats (Refer to attached Practice Pointer to determine who would be appropriate to invite.);
- staff shall allow youth ages 14 and older to identify individuals to participate in their portion of case planning who they wish to have as supports and to advocate for them;
- staff shall schedule the Family Team Meeting at the convenience of the family and team members and within reasonable and safe parameters; and,
- staff shall not enter the meeting with a pre-developed case plan.
 - Encourage family or youth to share their family experiences for thorough assessment purposes;
 - Empower family or youth in the planning, decision making regarding case planning, goal setting, and identification of actions to achieve those goals.
- Develop a supplemental review instrument (that will be utilized by CQI staff in conjunction with the OSRI review instrument) to drill down on the effectiveness of the Family Teaming process and the impact on involvement in case planning.
- Utilize the right evidence-based or evidence informed mental health services, when applicable
- Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
- Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

Update FFY 2016 Action Step 1:

- FTM principles for family engagement and case planning was expanded statewide;

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- In collaboration with the CWPPG presented the Family Teaming process in relation to youth team building for youth transition planning;
- Family Teaming is now required through policy from initiation of case work to closure in every case of a child in foster care.
- All Youth Transition Planning is expected to incorporate Teaming with the youth and the youth's support system in development of the youth's case plan
 - Federal requirements for youth ages 14 and older to be allowed to include a minimum of two individuals of their choosing in case planning activities was incorporated into policy
 - Webinar training was provided to DCFS staff statewide on the federal requirements and DCFS policy changes
- A supplemental review instrument (that is utilized by CQI staff in conjunction with the OSRI review instrument) was developed to drill down on the effectiveness of the Family Teaming process and the impact on involvement in case planning.
- An observation process was developed for the 4 pilot regions (Lafayette, Lake Charles, Monroe and Shreveport) to allow for a few team meetings per quarter to be monitored by state office program consultants to insure consistency with the Teaming model.

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

- Ensure each child exiting foster care has a permanent connection;
 - Monitoring through CQI reviews;
 - Utilize YTP training with staff to promote the of importance of establishing permanent connections;
- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice improvement and tracking potential around concurrent planning;
 - Utilizing supervisory mentoring of FC supervisors by program staff to guide in planning for multiple permanency options in case planning;
 - Develop targeted staff training through various mediums to address challenging practice areas, i.e., vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences, etc.
 - Employ a “strength based approach” that assists staff in looking for strengths and the capacity to do what is best for children in all families;
 - Partner with other agencies and systems that interact with children and families
 - TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

Update FFY 2016 Action Step 2:

- Ensure each child exiting foster care has a permanent connection;

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- YTP training was provided statewide on two different occasions with all foster care and adoption staff to promote the of importance of thorough case planning, engagement of teams of support in achieving youth goals as well as establishing permanent connections and mentors for youth
- Chafee IL contract providers were engaged as partners in preparing the statewide YTP training;
- CASA and older youth were engaged in the first round as partners in preparing the statewide YTP training
- The second round of training was provided through collaborative work between the State Office Foster Care Program and CQI staff
- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice improvement and tracking potential around concurrent planning;
 - Policy clarifications were made by program staff to guide field staff in planning for multiple permanency options in case planning;
 - The guidance on staff development of a teaming philosophy in working with families encouraged
 - Employing a “strength based approach” to assist staff in looking for strengths and the supporting development of the capacity to safely parent the children in the family;
 - Partnering with other agencies and systems that were serving those children and families to coordinate more effective service delivery
 - TIPS data collection system improvements continued to be planned for through the AIP process to allow for multiple case goals and a history of case goals for children in foster care.

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

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

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

Year 2 – Continue data collection outlined in/from Year 1 and increase compliance by 1%. Host training with Louisiana Department of Education (LDE) regarding trends for Louisiana children. Review a random selection of cases to determine compliance with educational progression. The

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review will capture whether the youth is in the age appropriate grade, current standardized testing results, and IEP/504 Plan status, if needed.

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

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

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

Update FFY 2016 Action Step 3: Efforts continued to pull Regional DCFS Educational Liaisons together on a monthly basis to review challenges to improved educational outcomes with children in foster care and work collaboratively to identify solutions.

DCFS worked with the LDH to develop a protocol for health screening of children entering foster care within the first 72 hours after foster care entry to establish physical health baselines on children entering foster care and insure immediate identification of any health issues to guide foster caretakers in more effective physical care of the children. Within a few months of establishing the contract services and training staff within LDH and DCFS in utilization of the process, budgetary restraints required dissolution of this process. Other available processes such as Urgent Care Clinics and Emergency Rooms were encouraged through policy when needs were assessed which could not be immediately addressed through the child's current pediatrician. Availability of 72-hour health screenings was discussed in the process of identifying priority health care plans through the Healthy LA managed care system for the care of children in foster care.

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

Year 1 – Fully implement usage of the Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form to more effectively track and support educational progress of children in foster care. Establish baseline for compliance. The Department will host meetings with the tribal, consumer & community stakeholder groups and state level PQI/CQI teams to identify elements to be included in an electronic system which will yield reports regarding the progression of foster youth through the primary, secondary and post-secondary education systems.

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

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

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

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

Update FFY 2016 Action Step 4:

- Psychotropic medication tracking forms were implemented;
- Psychotropic medication web-based training was developed and disseminated statewide;
- A form was developed for use in working to engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children in foster care;
- A process is used at the state level to provide psychiatric consultation to field staff in decision making regarding children prescribed multiple psychotropic medications;

(Adoption/Home Development Programs)

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

Year 1:

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

Year 2:

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

Years 3-5:

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

FFY 2016 Update on years 1 & 2 of Action Step 5:

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- The Faith Based Collaborative meets every other month to discuss foster parent recruitment needs of the Department and support services needed for current foster parents.
- The Faith Based Collaborative has identified Department Liaisons and Faith Based Liaisons in every region.
- The Department was awarded two grants from the Dave Thomas Foundation to for two Wendy's Wonderful Kids (WWK) recruiters. Adoption incentive funds were utilized to employ two more WWK recruiters. These recruiters provide child focused recruitment to children without an identified adoptive resource. These recruiters, adoption and home development staff meet quarterly in each reach to discuss children who are freed for adoption without an identified resource.

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

Year 1:

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

Year 2:

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

Years 3 and 4:

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

Year 5:

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

FFY 2016 Update on Year 1 & 2 for Action Step 6: The regions evaluated their foster parent recruitment needs; and developed a plan to recruit foster parents for the identified populations. As stated above, the WWK recruiters perform child focused recruitment for children with an unidentified resource. The WWK recruiters, adoption and HD regional staff meets quarterly to

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staff those children and any new children who may need a WWK recruiter. The Department started the process of evaluating the Quality Parenting Initiative (QPI) to determine if it should be implemented.

Measures/Data Sources:

- CQI case review findings (Item 18, Item 10, Item 9, and Item 8)
- YTP case review instrument;
- TIPS/INFOPAC reports;
- dashboard reports;
- AFCARS AIP;
- Federal outcomes report;
- FTM data tracking reports;
- Monthly Home Development statistical reports;
- Bureau of General Counsel TPR tracking reports;
- New data measures will be identified or developed;
- Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form

Incremental Improvement Plan:

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2015 data)	Year 4 – 2018 APSR (FFY 2016 data)	Year 5 – 2019 Final Report (FFY 2017 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
*Involvement of family in case planning	Baseline= FFY2013= 72.7%	1.1%+72.7%= Goal 73.8% Actual 55.52%	2%+72.7%= Goal 74.7% Actual 68% (CQI case review Item 13)			
**Increase % of exits to permanency within 12 months for children in care 12 to 23 months	57.92%	Goal 58.92% Actual 59.11	Goal 59.92% Actual 56.16%			
Increase number of new foster/adoptive families certified	***697 total	IG: Increase by 2% AP: 2% increase -total of 717 homes	IG: Increase by 2% (731); AP 4%; Increase – total of 748 homes			

* Baseline revised to include data from CQI reviews in FFY 2013.

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***Using CFSR3 Permanency Performance Area 2: Of all children in foster care on the first day of the 12-month measurement period who had been in foster care between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period. For FFY 2013, the denominator is the children who were in care on 10.01.2012 who had been in care 12 to 23 months. The numerator is the number of those children who exited to permanency (reunification with parents or primary caretakers, living with other relative(s), adoption and guardianship) by 09.30.2013.*

**** Data extracted from the DCFS Tracking and Payment Information System/Louisiana Adoption Resource Exchange System.*

For decreased performance with involvement of family in case planning DCFS identified the following issues in cases reviewed through the CQI process:

- Lack of worker discussion with one or all family members regarding needs and services to address needs;
- Lack of worker efforts to work with one or all family members to establish case goals or evaluate progress in achieving case goals;
- Children on runaway status during timeframe reviewed;
- Parent whereabouts unknown during timeframe reviewed;
- Lack of worker efforts to locate fathers;
- Mothers not keeping worker advised of contact information;
- No documentation of worker providing mother copy of case plan;
- Lack of worker efforts to engage ICPC support in working with family and monitoring progress when parents were out of state;
- No indication of case plan meeting held;
- No case plan developed for fathers;
- Inconsistent efforts by workers to maintain regular contact with parents.

Update FFY 2015: Based on information from regional staff, the increase the number of newly certified foster/adoptive family resources is attributed to efforts put forth to make orientation and training sessions more accessible to potential applicants. Orientations were held at churches, hospitals, regional/parish offices, libraries and college campuses. Training sessions were held on various days of the week and at least one weekend session monthly, throughout the regions. Ongoing community partnerships and events such as Over the Edge and Wait No More – 2014 have resulted in potential applicants and newly certified families. Four of the nine regions reported certification of homes were referred to the department through our partnership with Louisiana Baptist Children’s Home.

Update FFY 2016: During this time period DCFS exceeded it goal in recruiting foster/adoptive parents by 100%. The goal was to increase by 2%, but instead the department increased by 4%.

- **Efforts to address lack of worker discussion with one or all family members regarding needs and services to address needs included the following:**
 - FTM principles for family engagement and case planning was expanded statewide;
 - In collaboration with the CWPPG presented the Family Teaming process in relation to youth team building for youth transition planning;
 - Family Teaming is now required through policy from initiation of case work to closure in every case of a child in foster care.

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- All Youth Transition Planning is expected to incorporate Teaming with the youth and the youth's support system in development of the youth's case plan
 - Federal requirements for youth ages 14 and older to be allowed to include a minimum of two individuals of their choosing in case planning activities was incorporated into policy
 - Webinar training was provided to DCFS staff statewide on the federal requirements and DCFS policy changes
- A supplemental review instrument was developed to drill down on the effectiveness of the Family Teaming process.
- An observation process was developed for the 4 pilot regions (Lafayette, Lake Charles, Monroe and Shreveport) to allow for a few team meetings per quarter to be monitored by State Office Program Consultants to insure consistency with the Teaming model.
- **Efforts to address lack of worker efforts to work with one or all family members to establish case goals or evaluate progress in achieving case goals included the following:**
 - Please refer to expansion efforts related to the Teaming process noted in the previous item.
- **Efforts to address the issue of children on runaway status during timeframe reviewed included the following:**
 - DCFS has extensive policy to ensure federal guidelines related to NCMEC and NCIC are followed; the state police are notified; efforts to locate the child are implemented; and steps are taken to assess the well-being and meet the needs of the child when returned from runaway status.
 - Assessment of the child upon return from runaway status include assessment of any potential risk of involvement in trafficking.
 - DCFS has resources for referral of youth for additional assessment and/or support if behaviors indicate a high or very high risk of runaway behavior.
 - This is provided through collaboration with the Chafee IL providers.
- **Efforts to address the issue of parent whose whereabouts were unknown during timeframe reviewed included the following:**
 - DCFS utilizes the Thomson Reuters CLEAR web-based search tool to try to locate parents whose whereabouts are unknown.
 - DCFS partners with the department's, Child Support Enforcement program to utilize the Federal Parent Locator Service to locate parents whose whereabouts are unknown.
 - DCFS has policy to guide field staff in consistent, ongoing activities to attempt to locate parents whose whereabouts are unknown.
- **Efforts to address the lack of worker efforts to locate fathers included the following:**
 - DCFS has policy to guide field staff in the location, notification and engagement of all parents of a child in foster care, which includes requesting court intervention during case review hearings to have the judge order any parent or other family members present to provide information on any missing parent.
- **Efforts to address the issue of mothers not keeping worker advised of contact information included the following:**

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- DCFS has policy to guide field staff in advising all parents of a child in foster care as well as a Parents Rights and Responsibilities document to provide those parents, which includes advising the parent of the responsibility of keeping the worker advised of contact information.
- Additionally, DCFS policy guides workers who are experiencing difficulty in this area to request court intervention during case review hearings to have the judge order any parent for whom this is a problem to provide current contact information.
- **Efforts to address the issue of no documentation of worker providing mother copy of case plan included the following:**
 - DCFS has policy which requires provision of case plan documents to all parents, youth, foster caretakers of children in foster care and legal stakeholders, including parents' attorneys.
 - Policy will be updated to clearly state staff are required to make a case note documenting they actually provided a copy of the case plan to all involved parties as indicated, including the mother.
- **Efforts to address the lack of worker efforts to engage ICPC support in working with family and monitoring progress when parents were out of state included the following:**
 - This will be addressed through policy updates in the coming year and through webinar discussion with field staff.
- **Efforts to address the issue of no indication of case plan meeting held included the following:**
 - DCFS has policy which requires case plan meetings a minimum of every six months with all families with a child in Foster Care.
 - Completion of case plan revisions every six months based on the case plan meetings have to be documented in the TIPs data system in the section for Case Events.
 - Staff are required to meet with supervisors every six months to review the department recommendations to be made during the case plan meeting based on parental progress and the best interests of the children.
 - All of these activities are required to be documented in the case record.
 - The case plan developed during case plan meetings is required by law and policy to be submitted every six months to the court for case plan review and approval.
- **Efforts to address the issue of no case plan developed for fathers included the following:**
 - The information provided in the previous item related to no indication of a case plan meeting would be applicable to the development of case plans developed for fathers.
- **Efforts to address the inconsistent efforts by workers to maintain regular contact with parents included the following:**
 - DCFS follows SDM guidelines for contact with parents for the duration of the department's efforts to support the parents in achieving reunification
 - DCFS policy guides staff to continue contacts with parents on a minimum of monthly or more frequently if necessary to achieve the best interests of the child for the duration of the department's work with that family which typically

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concludes at the point of termination of the parent's rights to all children in the family or the resolution of an appeal following a termination of parental rights

- Staff are only allowed to minimize contact with parents when parents refuse contact, a parent is in an institution such as a prison which denies agency contact or approved through the court by court order

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PLANS FOR IMPROVEMENT FOR FFY 2018: In 2016 DCFS narrowed the focus of plans for improvement for FFY 2017. The focus was on the areas where performance data has consistently shown the need for improvement. In 2017, after an assessment of the most recent case review data, it appears these goals, strategies and action steps still need improvement and are being carried over for FFY 2018.

Through the CQI case review process, DCFS has consistently performed below expected outcome levels in Items 5, 6, 8, 11, 12B, 13 and 15 of the current federal OSRI. These areas include timely establishment of an appropriate permanency goal, timely achievement of a permanency goal, visits between parents, children and siblings, the relationship of child in care with the parents, a needs assessment and services to parents, child and family involvement in case planning and caseworker visits with parents. Louisiana Data Profile has not been available for the last two reporting years; however, previous reports of federal data indicated that DCFS has performed below the federal outcome measure in the areas of repeat maltreatment and placement stability.

The department believes these federal outcome measures could be positively impacted by the revised goals and action steps outlined on the following pages.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 1:

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

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

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

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

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

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

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

Population and geographic information: (Children, under 18 years of age, and families in which there have been reports of abuse and/or neglect). Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home.

Children ages 0-5, including substance affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk

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for increased safety and risk concerns. Services are provided on a statewide basis through 9 regional offices and 48 parish offices.

Action Step 1: Ongoing Monitoring of Safety Focused Practice (SFP)

- Continue efforts to fully align and integrate overall CPS assessment consistent with best practice in safety and risk assessment;
- In collaboration with the Louisiana Child Welfare Training Academy (LCWTA), participate in the development of safety and risk assessment tools and decision-making module for supervisory certification program;
- Develop/coordinate state and regional improvement plans utilizing statewide CQI ASFP reviews/data to include specific improvement targets in the areas of: sufficiency of information collection.

Update Action Step 1 FFY 2017: Efforts continue to improve safety practice during 2016-2017, while focusing on ensuring that the review process assisted in improving practice. A workgroup was developed to enhance Quality Assurance in the review protocols. The workgroup included all CPS consultants, the Safety Focused Practice (SFP) Implementation Specialists, and the CQI Safety Focused Practice (SFP). The workgroup consisted of eight trainings/meetings in which each SFP review question was reviewed amongst team members to ensure the questions were understandable, accurate, and reliable. Several cases were reviewed to ensure reliability and accuracy among panel members. The goals of the group were achieved as reviewers were able to improve consistency in review practices and dissemination of review data to field staff. This effort reduced the amount of errors found by the second level reviews of the SFP reviews recently conducted. Exit Conferences were held with field staff to discuss the results of the individual case reviews.

In May of 2016, a regional exit meeting was held with each region to discuss the data with regards to the child protective services cases which were reviewed. In attendance in each meeting were the Regional Administrator, Area Directors, Supervisors, Managers, CPS Consultants, FS Consultants, CPS Manager, and the FS Manager. Information was provided to the region with regards to the six areas of assessment, identifying Present and Impending Danger, identifying Caretaker Protective Capacities, and Structured Decision Making (SDM). The regions data was discussed through a PowerPoint presentation to reflect the regions current data as well as prior data from previous quarters. CPS Program Consultants led these meetings and provided feedback for the regions during these conferences. CPS Consultants highlight strengths and areas of improvements with each region. Information as to next steps and areas where the region feels they would benefit from assistance were discussed. This data was placed on the DCFS intranet where it is now readily available to all staff. Since this information is now placed on the intranet, regional staff is able to use this information to assist them with overall performance throughout multiple time periods. In an effort to strengthen SFP with the regional staff, an emphasis was placed on ensuring that the Advanced Safety Implementation Specialists completed individual consultations with supervisors and managers as new workers received SFP training from an SFP implementation specialist during their new worker orientation. 223 SFP case consultations were completed this year which was an increase from prior years. The goal was to ensure that these consultations were not with regional management, but with frontline workers and supervisors so staff felt comfortable

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asking questions about information they may not know, but feel as though they should know. Emphasis was always placed on ensuring that the consultations were completed to where the person is able to understand present danger, impending danger, and the six areas of assessment.

When assessing the data comprehensively, it suggested that workers are predominantly continuing to conduct allegation-based investigations rather than conducting an overall assessment to guide decision-making. Much work has been done to address this, such as specific exercises regarding present and impending danger scenarios were sent by to each group of field staff scheduled for a consultation. Staff was expected to identify present danger and impending danger in each example prior to meeting. During the meeting each employee had to read their answer discussing their rationale, and then had to read the corresponding definition for the answer selected. The employee was asked if the information met the definition description and the process continued until the employees made a correct determination for threats for each example. Workers generally made the correct determination after reading the threat definition without the consultant giving the correct answer. The consultant provided guidance for the exercise/examples through discussions. The consultation did not end until each person understood how to assess present danger and impending danger for each exercise and understand how it applied to all cases assessed. Workers brought individual cases to work through to assist with determination of present and impending danger. The six areas of assessment were discussed to include necessary information to make a determination about the safety of the child(ren) within the home.

Activities Planned for Action Step 1 in FFY 2018:

- Continue efforts to fully align and integrate overall CPS assessment consistent with best practice in safety and risk assessment;
- Continue the distribution of data on safety reviews and conversations around the results of reviews to directly impact practice.

Action Step 2: Assess staff knowledge and skills in family engagement, assessment, case planning and service delivery.

- Analyze CQI findings from case reviews and findings from Teaming Observations to assess integration of the teaming process in staff practice of engaging, empowering and planning with families and their team of support.
- Utilize analysis of CQI case reviews and Teaming Observations to develop training plan to educate field supervisors in more effectively guiding field staff in more supportive and purposeful contacts with families and their teams to engage them more fully, and complete better assessments of family situations, and thus better inform the case planning and service delivery process.
- Train staff statewide via KIT conferences and utilize the Child Welfare Policy & Practice Group (CWPPG) to conduct training on making contacts matter with families, family supports, caretakers of children in foster care and stakeholder more meaningful and productive.
- CQI will develop, pilot and explore implementation of practice focused supervisor consultation with supervisors in the Supervisory Training and Professional Development Program through the Child Welfare Training Academy.

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- In the PQI data subcommittee drill down on case review data to client demographic and program specific levels and determine a plan of action.

Update Action Step 2 FFY 2017:

- Teaming observations were ended to prioritize other agency endeavors. The time of the CWPPG and the funds available for their services was dedicated to a pilot with the East Baton Rouge Parish field supervisors to provide one-to-one mentoring in more effectively managing the daily work efforts of staff.
- FC Program staff was available for consultation as needed by field staff.
- DCFS strives to continue to provide field staff with information to assist them in their work with children. Foster Care Program provides monthly webinars to provide information to case managers. Some of the most recent topic for kit conferences has been the JAG Program, JOB Corps, Youth Challenge, Annual Legislative Updates and Current issues on Psychopharmacology.
- CQI piloted the practice focused supervisor consultation program with 7 front line supervisors participating in the CWTA Supervisory Training and Professional Development Program. In January 2017 a new group of 22 supervisors began the program. The subject of consultations provided by CQI staff is on the top areas needing improvement related to the items in the OSRI instrument. The curriculum includes 6 modules with an optional 7th module.
- The CQI data subcommittee (formerly PQI data subcommittee) meets quarterly to analyze and develop reports on drill down case view data. In FFY 2017 the subcommittee held two meetings with middle management to present data findings and to conduct planning sessions.

Activities Planned for Action Step 2 in FFY 2018:

- Staff will continue to be available for consultation as needed by field staff.
- Continued efforts will be placed on one-to-one mentoring in more effectively managing the daily work efforts of staff.
- The CWTA Supervisory Training and Professional Development Program will continue. The subject of consultations provided by CQI staff is on the top areas needing improvement related to the items in the OSRI instrument. The curriculum includes 6 modules with an optional 7th module.
- The CQI data subcommittee will continue to meet quarterly to analyze and develop reports on drill down case view data.

Measures/Data Sources for CI:

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

Measures/Data Sources for CPS and FS:

- OSRI
- SFP case review instrument

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- SDM reviews
- ACCESS reports: Initial Face to Face contact (ACN0004) and Investigation Compliance Report ACN0005
- Family Services WebFocus/LaPas reports
- Repeat Maltreatment (WebFocus)

Incremental Improvement Plan:

Centralized Intake - Outcome Measure	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2016 data)	Year 4 – 2016 APSR (FFY 2017 data)	Year 5 – 2017 Final Report (FFY 2018 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Intake Cases Reviewed for Sufficient Information Regarding the Extent of the Maltreatment	48%	92% Achieved	100% Achieved	95% Achieved		

CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
CPI - Timely initiation of face to face contact with Alleged Victims	79.64%	IG: 80% AP: 78.11%	IG: 81% AP: 82.06%	IG: 82% AP: 77.84%		
CPI – Timely completion of Present Danger Safety Assessments	83.48%	IG: 85% AP: 82.50% (297 yes out of 360 reviews)	IG: 86% AP: 87.03% (416 Yes out of 478 reviews)	IG: 87% AP: 84.2% (101 Yes out of 120 Reviews)		
CPS - Repeat Maltreatment +	93.5	94.2	Not Available at this time	Not Available at this time		
FS - Repeat Maltreatment Occurrence (cases with an open date during a	82.73 **See notes below	IG: 83% AP: 85.18%	IG: 84% AP: 86.17%	IG: 85% AP: 84.78%		

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CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)				
period of time)						

***FS Repeat Maltreatment Measure: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date). For FFY 2014 FS Children with an Open Date between 10/01/13 and 09/30/14.*

+ Louisiana Federal Data Profile

In considering measurement of Safe Reduction of Risk, the intent is to capture data by way of dash board reporting. Details of data collection have not been finalized. Based on discussions, this measure may involve examination of SDM risk levels (i.e. higher to lower risk levels or reduction of risk factors), and referrals or incidences involving reoccurrence of child maltreatment.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 2:

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

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

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

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

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

Goal: Improve family/youth engagement and youth in transition planning

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

Action Steps:

1.) Continue implementation of family engagement and empowerment strategies for case planning

- Improve engagement of families or youth from initial contact.

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- To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
 - Developing family and youth support systems for case planning
 - Preparing supportive partners for participation in case planning
 - Incorporating family, youth and support system recommendations in the case plan goals and actions
- Provide field supervisors statewide training
 - To assess field staff practice to identify areas for development and provide supportive guidance
 - Engaging and empowering families and youth
 - Having more effective and purposeful contacts with families, youth and supportive partners
 - Utilize the case plan goals to drive each conversation with the family/youth and their team members.
 - Continue to engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children.
 - Increase referrals to Family Resource Centers (FRC) for children and families served in the foster care program
 - Promote greater utilization of and involvement in the FRC's Visit Coaching program for both staff and families.
- Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
 - Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

Update Action Step 1 FFY 2017: Targeted support related to Teaming practice was provided in the Baton Rouge region through one-to-one supervisory mentoring by the Child Welfare Policy and Practice Group through November and December 2016 to strengthen supervisory skill in guiding staff practice with families. In March and April 2017 additional training on the Teaming practice was provided to staff in the FS and FC programs in Baton Rouge region to ensure clarity in how the concepts of teaming with families should inform practice and more fully engage families and their support systems in facilitating the case planning process.

Foster Care Consultants began providing monthly case consultation to field staff working with each youth preparing to age out of foster care within the upcoming six-month timeframe to ensure a permanent connection was established for each youth and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth's ability to transition into adulthood successfully.

Foster Care Consultants and Family Services Consultants share contract monitoring responsibility for the FRC holding joint calls to assess service delivery successes and challenges. They have worked together to encourage greater field utilization of services through contact with field CW Managers. Consultants make joint visits to the FRCs periodically to assess service delivery.

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The FS Unit and FC Unit have partnered in the statewide rollout of the trauma screening practice which is in the final stages of implementation. They have worked jointly with Tulane University in providing the training to field staff, updating policy where necessary, providing field support in implementation, and developing tracking mechanisms to monitor the utilization of the trauma screening process.

Activities Planned for Action Step 1 in FFY 2018:

- The assessment of the service array available for parents of children in foster care will be a targeted area for work.
- There will be greater emphasis on improved utilization of case contacts and more purposeful interactions with families to assess the progress of parents in improving their capacity to care for their children safely.
- The service delivery and case planning around youth ages 14-17 in FC has been separated into a new unit within DCFS for High Risk Youth. The development of this unit to more effectively utilize department resources in preparing youth for the transition to adulthood will be a primary focus of the department.
- Provide ongoing support to the regions in the implementation of the Trauma Screening process for children and consider improvements needed in the screening of parents for how trauma impacts their capacity to make effective change in their caregiving capacity.
- Emphasize the further development of treatment services to support parents in achieving change to safely care for their children.

2.) Establish timely and appropriate permanency for children in foster care and ensure each child exiting foster care has a permanent connection;

- Effective 10/2016, implement case review staffing on a subsample of cases from the CQI case review sample in all regions throughout the state. (i.e. process similar to the one utilized in the Alexandria Region in early 2016).
- Follow-up on statewide YTP training to field staff by offering programmatic mentoring to supervisory units to promote the importance of establishing permanent connections and offer guidance in YTP planning around establishing permanent connections;
- Analysis of CQI findings from YTP reviews to identify potential practice improvement opportunities and provide tracking data around concurrent planning for programmatic and supervisory use in staff guidance and support in the case planning process, particularly when youth have a case goal of APLA.
- Make TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.
- Ensure each child exiting foster care has a permanent connection;
 - Monitoring through CQI reviews;
 - Utilize CQI case review staffing using the CASEY modified Permanency Roundtable guidelines for those older youth (16-17) with an unidentified adoptive resource or permanent connection.
 - Follow up on statewide YTP training to field staff by offering programmatic mentoring to supervisory units to promote the of importance of establishing

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permanent connections, and offer guidance in YTP planning around establishing permanent connections;

- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice guidance around concurrent planning, particularly for youth with APLA goal

TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

Provision of policy updates and webinar education to field staff on importance of identification of relatives for placement of children who are capable of achieving certification

- Develop staff awareness of how to effectively educate families on the benefits of certification to the achievement of long-term permanency of children
- Support field staff in the development of strategies for overcoming barriers to relative certification

Update Action Step 2 FFY 2017: Webinar trainings, mentoring to field staff and supervisory units, and individual case consultation to promote the importance of establishing permanent connections, and offer guidance in YTP planning around establishing permanent connections were offered. These included promoting the use of the Foster Club Permanency Pact.

CW staff continues to work with systems staff and IT staff to improve the TIPS data collection system through the AIP process to allow for multiple case goals and a history of case goals for children in FC. Continued challenges in achieving timely change include: availability of IT staff resources to complete changes, department focus and allocation of funds to researching and developing overall system replacement as opposed to current system enhancement, the complexity of the technological change process, and the need for prioritization of FC specific technological changes in the queue of CW needs.

Staff works with the regions on assessing each non-certified relative placement and determining the barriers to the certification of the relative caretaker. Staffings are held with field staff in each region at least monthly to continue monitoring progress of relative placements in the certification process and brainstorming solutions to any barriers.

A new foster/adoptive family pre-service training curricula (The Journey Home) was developed and is being rolled out statewide, which has a special module for relative caretakers to help ensure their understanding of the role they are committing to fulfill.

Activities Planned for Action Step 2 in FFY 2018:

- Develop case tools to support staff decision making in planning for the most appropriate case goal for children and families.
- Provide practice support in continued staff skill development in utilization of teaming principles to more fully engage and guide families in goal achievement.

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- Explore the Open Table model for use in building teams of permanent connections for youth as they age out of care.
- The department will endeavor to recruit foster/adoptive parents committed to working with older youth to ensure more stable and permanent outcomes for older youth, through the “Wendy’s Wonderful Kids” (WWK) project.

3.) Assess data on placement stability and analyze reasons for placement disruption.

- Obtain comments entered into OMS for Item 4 of the CQI case review process to identify trends related to placement stability.
- Convene a workgroup of staff, youth, foster parents, residential providers, and behavioral health providers to review identified trends and develop recommendations for improved outcomes.

Update Action Step 3 FFY 2017: Several youth panel discussions have been held in relation to the Legislative Task Force on Youth Aging Out of Foster Care, the Louisiana Youth Leadership Advisory Council, and the Child Welfare Assistant Secretary’s Youth Needs Focus Groups. The information gathered from these discussions has been helpful in identifying challenges to placement stability and will be a source of information for further analysis in moving forward with planning for achieving greater placement stability, particularly for older youth in foster care.

Activities Planned for Action Step 3 in FFY 2018: Continued analysis of CQI data and utilization of information collected from various youth panels over the past year in planning for achieving greater placement stability, particularly for older youth in foster care.

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

- Utilize CQI case review staffing, as mentioned in Action Step 2 above using the CASEY modified Permanency Roundtable guidelines, for those older youth (16-17) with an unidentified adoptive resource or permanent connection.
- Review trends and identify practices utilized in the staffing process in the Alexandria Region pilot that resulted in achieving more timely permanency or permanent connections, and communicate through policy as well as providing guidance/consultation to other regions in implementing similar practices.

Update Action Step 4 FFY 2017: Webinar training, mentoring to field staff and supervisory units were offered. Individual case consultations were offered to promote the importance of establishing permanent connections, and offer guidance in YTP planning around establishing permanent connections, which included promoting the use of the Foster Club Permanency Pact.

Foster Care Consultants began providing monthly case consultation to field staff. The consultations included working with each youth preparing to age out of foster care within the upcoming six-month timeframe to ensure a permanent connection was established and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth’s ability to transition into adulthood successfully.

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The Quality Parenting Initiative (QPI) was introduced statewide to change the staff perspective on greater partnering with foster caretakers in the way children and youth are served. Emphasis was placed on encouraging improved relationships between foster caretakers and the families of the children and youth, and developing greater commitment of foster caretakers to the parenting role.

Activities Planned for Action Step 4 in FFY 2018:

- Explore the Open Table model for use in building teams of permanent connections for youth as they age out of care.
- Recruit foster/adoptive parents committed to working with older youth to ensure more stable and permanent outcomes for older youth, through the WWK project.
- The QPI will expand statewide to include focus on developing families with greater commitment to supporting the successful transition of older youth to permanency and ensuring staff commitment to improved partnership in working with foster caretakers of our youth.
- Use the tracking system to collect data that includes: the date of TPRs, the date of transfer from foster care to adoption, the date of filed petition, and the date of adoption finalization. This information will be submitted monthly by the adoption units to identify trends/barriers to permanency.
- WWK recruiters will begin to accept youth with the goal of APLA to assist in identifying permanent connections.

Measures/Data Sources:

- OSRI;
- YTP case review instrument;
- TIPS/INFOPAC reports;
- dashboard reports;
- AFCARS AIP;
- Federal outcomes report; and
- Bureau of General Counsel TPR tracking reports.

Incremental Improvement Plan:

FC/AD & HD Outcome Measures	Baseline (FFY 2013)	Year 1 – 2015 APSR (FFY 2014)	Year 2 – 2016 APSR (FFY 2015)	Year 3 – 2017 APSR (FFY 2016)	Year 4 – 2018 APSR (FFY 2017)	Year 5 – 2019 Final Report (FFY 2018)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
*Involvement of family in case planning	Baseline= FFY2013= 72.7%	1.1%+72.7%= Goal 73.8% Actual 41% (CQI case review Item 18)	2%+72.7= Goal 74.7% Actual = 68% (CQI case review Item 13)	2.5%+72.7= Goal 75.2% AP = 53%		

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FC/AD & HD Outcome Measures	Baseline (FFY 2013)	Year 1 – 2015 APSR (FFY 2014)	Year 2 – 2016 APSR (FFY 2015)	Year 3 – 2017 APSR (FFY 2016)	Year 4 – 2018 APSR (FFY 2017)	Year 5 – 2019 Final Report (FFY 2018)
	%	Improvement Goal (IG) & Actual Performance (AP)				
**Increase % of exits to permanency within 12 months for children in care 12 to 23 months	57.92%	Goal= 58.92% Actual= 59.11	Goal= 59.92% Actual = 56.16%	Goal= 60.92% Data Not Available		
Placement Stability +	92.4%	92.4%	Data Not Available	Data Not Available		

* *Baseline revised to include data from CQI reviews in FFY 2013.*

***Using CFSR3 Permanency Performance Area 2: Of all children in foster care on the first day of the 12-month measurement period who had been in foster care between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period. For FFY 2013, the denominator is the children who were in care on 10.01.2012 who had been in care 12 to 23 months. The numerator is the number of those children who exited to permanency (reunification with parents or primary caretakers, living with other relative(s), adoption and guardianship) by 09.30.2013.*

*** *Data extracted from the DCFS Tracking and Payment Information System/Louisiana Adoption Resource Exchange System.*

+ *Louisiana Federal Data Profile*

Update FFY 2018: Since the submission of the Louisiana Statewide Assessment, the CQI case reviews for RP 1 2018 were completed on March 31, 2018 and the data from those reviews can be found in charts within this report. The data reflects continued declines in areas of safety and areas involving engagement with parents and assessment of needs.

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PLANS FOR IMPROVEMENT FOR FFY 2019: Louisiana participated in a PIP development pilot led by the Children’s Bureau and the Capacity Building Center for States and Courts to examine root cause analysis (see below) and to develop a theory of change and logic model (see below) in conjunction with key stakeholders across the state.

Root Cause Analysis:

- There has been a significant decline in staff and increase in the Child Welfare client population.
- Caseloads have increased to one and a half more than the policy standard on average.
- Higher caseloads have become unmanageable for staff, leaving staff members to prioritize most important task over others.
- Supervisors are functioning outside of their leadership roles, some are carrying cases and unable to provide the supervision, guidance and support to their employees.
- Inexperienced staff with minimal supervision and support become less confident in their abilities to complete adequate assessments or make safety and permanency decisions.
- There is no mechanism in place to ensure Child Welfare Caseworkers best practice and policy are aligned.
- There is an insufficient resource to support client needs (foster homes, client services).
- Supervisors are promoting at a faster rate, thereby having less experience and capacity to provide strong supervision and guidance to staff.

Theory of Change: The pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory knowledge and skills.

The Quality Improvement Center’s Workforce Development Project will implement Job Redesign and Teaming as an experimental design to improve Child and Family Outcomes. The job redesign aspect of the intervention included a comprehensive job analysis and process mapping to determine which tasks needed to be retained by the child welfare worker and which tasks could be assigned to a newly created professional position (called the Child Welfare Team Specialist, or CWTS). The CWTS will work in close partnership with the child welfare worker, assuming those duties generally categorized as administrative, so the child welfare worker will be able to focus on more clinical tasks. The Teaming concept encompasses the Prevention and Permanency units collectively working to meet the needs of children and families.

Prior to the onset of this meeting, Louisiana engaged in numerous problem exploration efforts, analyzing data and engaging stakeholders, to dig deeper into problem areas (quality assessment, engagement, workforce development, service array, and quality legal representation). Louisiana has been supported by the expertise of the CASEY Foundation, the Annie E. Casey Foundation as well as receiving one of eight workforce grants through the Quality Improvement Center for Workforce Development. Throughout this process, Louisiana also received the assistance of the Capacity Building Center for States and Courts to assist with deeper problem exploration on areas identified by DCFS, the creation of a data book and preparation of the results meeting. A series of in person and virtual meetings were conducted allowing the State to engage in activities focused on the steps of deeper problem exploration and root cause analysis.

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During the onsite PIP development meeting, a group of 69 individuals including representatives from DCFS, Louisiana Department of Health, service providers, individual court systems, parents, foster parents, relative caretakers, and youth convened for a four- day planning session March 25-28, 2019, to collaborate on Louisiana's CFSR PIP root cause analysis.

After a data overview, participants chose one of three groups including Safety, Permanency or Well-being. The groups defined foundational root causes on areas needing improvement. Four cross cutting themes emerged from these groups including: safety and assessment, engagement, workforce development and service array. The meeting resulted in the findings below.

QUALITY ASSESSMENT:

- Current assessment tools are fragmented, disjointed and overcomplicated causing poor flow of information;
 - Improvement needed to develop tools reflecting a common understanding and supporting information collection and purpose of assessment throughout the life of a case.
- Lack of understanding of safety principles in every program and system wide partners; and
- Lack of fundamental understanding of child, family systems and drivers of behavior to accurately assess and/or identify needs.

ENGAGEMENT OF YOUTH, CAREGIVERS AND OTHER SYSTEM PARTNERS:

- Families and caregivers are not consistently engaged in case planning or service delivery.
- The pathway to improving engagement with families begins at the initial contact and continues throughout the life of the case.
- Families will be valued as partners and foster care will be viewed as a temporary protective service.

WORKFORCE DEVELOPMENT:

- Over the past several years, Louisiana has experienced a high turnover rate. There has been a significant decline in staff and an increase in child-welfare client population; additionally supervisors need a greater depth of knowledge and skills to effectively guide staff.
- The pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory skills.
- The child-welfare job redesign along with the implementation of the teaming approach and a revised supervisory training program will result in casework which supports client needs with available resources.

SERVICE ARRAY:

- Louisiana families are often unable to access appropriate services and supports to address their needs, strengthen parental capacity to prevent maltreatment, avoid removals, or facilitate timely reunification.
- The pathway to improving outcomes for children and families is by building the capacities of DCFS, service providers, courts, and local communities to provide a comprehensive array of services and effective delivery of services.

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- Families and children who encounter Louisiana's child welfare system will have reduced incidents of maltreatment and recurrence, entry into care, and shortened foster care stays through the development and administration of a coordinated and comprehensive array of accessible, available, and individualized trauma informed services and supports, a collaborative communication, referral, and tracking process, and consistent service assessments and approval processes.

QUALITY LEGAL REPRESENTATION:

- Parents and children do not consistently have access to quality representation because attorneys may not be timely appointed, not always trained in child welfare best practices, principles, law and competencies, included in family team meetings, nor able to access collateral supports to effectively advocate for their clients.
- The pathway to improving safety and permanency outcomes for children and families is by ensuring timely, quality legal representation for children and families.
- Children will enter foster care only when a safety threat to a child cannot be mitigated by parental protective capacity. Those entering foster care will be returned home as soon as it is safe to do so, or reach permanency timely, when Louisiana has an adequate number of qualified, competent attorneys with specialized child welfare knowledge and high standards of practice to work with families at the earliest time possible to present the department and courts with all the information about the family available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

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SECTION 2: COMPLIANCE WITH FEDERAL REGULATIONS AND LEGISLATION:

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

AFCARS Review Findings: The official AFCARS Review findings were received February 10, 2014, and the AFCARS Improvement Plan was provided to the Dallas Regions VI ACF office on March 13, 2014.

Staff identified areas needing modification and initiated planning for changes immediately following the review.

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

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

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

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

- Changes to service authorization sort to allow for more accurate results;
- The capacity level for institutions was changed from 15 beds to 13 beds;
- Updated major/minor service codes;
- Removed default coding with regards to placement settings;
- “Home of Parent” is no longer coded as “Relative Foster Care”;
- Reassigned values for case closure;
- Updated eligibility and payment codes;
- Remapped disability codes.
- An AIP report was submitted July 15, 2014.

AIP reviews became part of the CQI process in April 2014. Between April 2014 and September 30, 2014 there were 47 cases reviewed. There were many errors identified with date of birth of caretakers. The Hispanic origin of the family and the court location are generally accurately recorded. The reasons for the child’s removal usually include only one reason as opposed to all the reasons for removal. The caretaker family structure documentation is typically inaccurate. Both the caretaker dates of birth and caretaker family structure typically reflect the initial foster caretaker(s) of the child as opposed to the caretakers from whom the child is removed at initiation of the foster care episode.

Successes in the AIP implementation have included:

- Greater staff awareness of importance of timely, complete and accurate data entry;
- Greater staff understanding of the data elements;
- Greater program awareness of necessary technological changes and data reporting to support practice; and
- Enhanced program and operations collaboration in planning for improved data collection.

Concerns in the AIP implementation have included:

- Lack of a SACWIS system for more effective data collection and reporting;
- Multiple legacy systems which must be assessed for compatibility and assessed for impact related to proposed technological changes;
- Coordination of change efforts with another government agency under another government department;
- Lack of clarity on federal expectations regarding some data elements;

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- Separation of Information Technology staff from DCFS and placement in a centralized agency under another government department with much more strenuous protocols and lengthier timelines for achieving technological changes; and
- Staff shortages across the department impacting the intensive, focused work needed to achieve AIP goals timely, provide training, improve data entry, etc.

A goal of the Child Welfare Program in the 2015-2019 CFSP was to begin utilizing data more effectively in the management of the program. To achieve this more accurate, complete and timely data entry is necessary. The successes of the AIP have supported this achievement.

AIP tasks completed:

1) General Requirements:

- Monthly data report on case events for periodic reviews and case plans completed. Report is provided to CQI staff for each region. CQI staff alert workers regarding reviews coming due or overdue. Workers are required to update data entries. Action to improve data entry is implemented at each phase of the reporting process.
- Conference call held with regional Performance Measures Consultants regarding where the child is removed from a custodial parent and placed with a non-custodial parent with DCFS holding legal custody of the child to inform and achieve more accurate data collection.
- The DCFS piloted a centralized data entry portal for linking all legacy systems called CAFÉ. CAFÉ provides staff with alerts regarding case events coming due and alerts to supervisors when case events are overdue to help monitor timely entry of data. CAFÉ training was provided to training facilitators in CW statewide 3/2014. CAFÉ training was provided to staff in CW statewide 5/2014.
- Management report developed to flag key AFCARS data elements that are potential errors. Training developed and delivered on June 17, 2014 for Supervisors to teach them how to use WEBFOCUS management reports.

2) Elements:

- *Local Agency (FIPS Code)* - FIPS code re-mapped to court of original jurisdiction and does not change from point of FC entry. Conference call held with Performance Measures Consultants regarding change to court location as the source of the FIPS code. Provided instructions for updating the court screen in TIPS (103 screen).
- *Date of Most Recent Periodic Review* – The DCFS reviewed and confirmed accuracy of code used to extract data from case events. The OJJ corrected data field. Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Has the child been clinically diagnosed with a disability* – A field was added to the case events to identify if the child received an examination. Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Date of first removal from the home* – Coding added to replace open date with first IV-E placement if the first placement is non-IVE.

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- *Date child was discharged from last foster care episode* - Gap coding removed. Do not count children in care less than 24 hours. Do not count episodes in which the only placement of the child was a non-IVE placement.
- *Date of placement in current foster care setting* – Gap coding removed.
- *Number of previous placement settings* – Gap coding removed.
- *Actions or conditions associated with child’s removal* - Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Is current placement setting outside of the state or tribal service area* - Changed coding to look at STATE field instead of PARISH field. If STATE is not Louisiana and not blank, then value set at out of state. If STATE is not Louisiana and blank, then blank stays blank. Otherwise, not out of state.
- *Caretaker family structure* – OJJ completed programmatic corrections.
- *Year of Birth (First Principal Caretaker)* – OJJ completed programmatic corrections.
- *Year of Birth (Second Principal Caretaker)* – OJJ completed programmatic corrections.

AIP Tasks Completed FFY 2014-2015:

- Corrected FIPs coding to reflect court of original jurisdiction to ensure it would not change from point of entry for children entering DCFS custody through court order
- Established parish of case record location as FIPS code for children entering by voluntary placement agreement as these cases are only open on a temporary basis, do not have court involvement, and do not change location.
- An AFCARS case review instrument was implement
- DCFS developed and trained on June 17, 2014 for field supervisors to teach them how to use WEBFOCUS management reports for planning around practice improvement.
- Webinar meetings are held every two weeks with Regional Administrators and Performance Measures Consultants as well as other DCFS staff as appropriate to stress the importance of accurate and timely data entry, provide feedback on identified problem areas, and offer guidance on improved performance
- Removed system defaults related to child’s race and ethnicity
- Modified programming code to determine if a child entered foster care as a safe haven relinquishment and then automatically report FC element 16 (Has the child ever been adopted?) as “unable to determine” to ensure data consistency
- System adapted to capture age of child at previous adoption if child is identified as having been previously adopted.
- Removed gap coding related to the way the number of previous placement settings during a removal episode is calculated.
- Coding modified to check and accurately reflect in the data submission whether the child’s current placement setting is outside of the state service area.
- Modified coding to more accurately map to the reason for discharge of the child from FC.
- Completed program coding modifications around the determination of eligibility of the child for IV-E benefits.

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- Completed program coding modifications to accurately extract information on children still in foster care receiving pre-adoption assistance.

Additional AIP Tasks Completed and Underway FFY 2015-2016:

- Findings from the AFCARS case review were used to provide a statewide webinar on improving data quality related to the assessed elements
- Webinar meetings continue to be held every two weeks with Regional Administrators and Performance Measures Consultants as well as other DCFS staff as appropriate to stress the importance of accurate and timely data entry, provide feedback on identified problem areas, and offer guidance on improved performance
- Enhanced system to capture more accurately when a child was in DCFS custody less than 24 hours
- Implemented system changes to capture information on private agency adoptions
- Made system change to allow for identification of primary special need in determining child eligibility for adoption subsidy
- Developing a new program code to track placement of a child with a non-custodial parent
- Developing a new program code to track when a child is placed in a certified relative/fictive kin placement, but the placement is opting to receive SSI rather than IV-E eligible maintenance payments
- Improved case event coding for Administrative Reviews, Case Review, and Case Goal establishment
- Provided staff training on accurate and complete data entry related to child race and ethnicity to include data entry related to all identified races of the child
- Worked on ensuring consistency in race data reported in NYTD and TIPS
- Coding changes to more accurately report first removal from home in conjunction with first eligible placement
- Programming code revised to remove gap logic for counting placements and number of removals of the child from the home and determination of when the child was discharged from foster care
- Improved extraction coding related to identification of date of placement of child in current foster care setting
- Programming changes and staff training to more accurately reflect all actions or conditions associated with a child's removal
- Changes to coding to more accurately reflect child's current placement setting and map to the most accurate description for AFCARS reporting purposes
- Clarification of policy around identification and data entry on caretaker family structure and marital status for both children's parents and foster caretakers
- Modified the program code to check if the child's adoption subsidy agreement is for Medicaid only, and ensured this would map to "yes" for AD element 35 (Is the Child Receiving a Monthly Subsidy)
- Change was made to calculate the monthly adoption subsidy amount by multiplying the payable rate by the number of days in the month. The rate used is from the payment detail record and not from the adoption agreement. AD element 36.

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Additional AIP Tasks Completed and Underway FFY 2016-2017:

- Initiated work on case plan goal history table to show timeframes for all case goals throughout history of case, including any concurrent case goals and timeframes applicable.
- Drafted screens for more accurate disability coding, with capacity to retain a history table of disabilities along with begin and end dates of diagnoses
 - Capacity to enter data only once in the TIPS system and push to other systems automatically where disability information is stored
 - Revision of TIPS and LARE data systems to align in the manner in which disability information is reflected and have it auto-populate from TIPS to LARE reducing data entry and potential for human error
- Continued to achieve improved data extraction through improved data entry by continuing staff education on timely, accurate data entry as measured by CQI case reviews
- Started technical changes to create capacity to collect and store information on both biological and legal parents of a child who enters care after an adoption, so the original information on the biological parents does not get erased and replaced by the information on the child's current legal parents at re-entry
- Started technical changes to modify programming code to collect date of mother's parental rights termination and date of legal/putative father's parental rights termination
- Completed coding and extraction logic around race and ethnicity of foster caretakers
- Improved data extraction coding related to identification of child as Safe Haven in FC element 16 to set response to "unable to determine"
- Improved data extraction coding related to identification of how old a child was when adoption was legalized.
- Completed technical changes to prevent system from showing a change in placement for a child when the status of the placement provider changed, e.g., when a non-certified relative placement gets certified.

Update FFY 2018:

- Completed work on temporary, planned absences from the child's placement
- Preparing response to federal ANPRM
- Completed programming to prevent identification of placement with a non-custodial parent as a foster care placement.
- Completed system changes to track voluntary placements in the history table along with court records to prevent voluntary placements from being overwritten and incorrectly reported in AFCARS when court orders are later received in the case.
- Training provided to caseworkers to enter every location the child resides at during a removal episode, even if only temporarily and without changing the child's actual designated placement.

Update FFY 2019: Training was provided to caseworkers to enter every location the child resides during a removal episode, even if only temporarily and without changing the child's actual designated placement. DCFS continued planning for improved data quality in current data system. DCFS assessed local data quality challenges. The department targeted local mentoring and training as needed from both program and data integrity staff to improve local practices impacting data quality.

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

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

Update FFY 2018:

- Louisiana DCFS passed the title IV-E Review held January 23-27, 2017 and continued to monitor areas identified as needing improvement (e.g. court orders and fingerprint background checks).
- DCFS offered mandatory court training to educate staff on Contrary to the Welfare and Reasonable Efforts.
- DCFS instituted a multilevel monitoring plan for ensuring completion of fingerprint background checks.

Update FFY 2019:

- Trainings on title IV-E eligibility requirements were provided in person to Child Welfare Supervisors and via Webinar to Child Welfare staff statewide. Training was provided to East Baton Rouge parish Juvenile Court staff.
- The Federal Programs Section manages the Title II and Title XVI Social Security benefits DCFS receives for children in foster care.
- DCFS has made changes to the agency's program and eligibility policies in compliance with the Family's First Prevention Services Act of 2018. Policy changes are related to age of eligibility for Adoption Subsidy,

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

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

1. Initial medical screenings

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

2. Regular periodic medical screenings:

- Must occur after birth as follows for children under 2 years of age
 - 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - 2 years
- All screenings must be at least 30 days apart.
- Must occur a minimum of annually for children ages 2 through 17.
 - Clarification:
 - Exam to be scheduled no sooner than 12 months from the date of the previous exam and no later than 14 months from that date
 - Exam to occur during this 12 to 14-month time frame even if the child has had other medical exams in the interim.
- Will include screening of current development, medications, immunization status, hearing, speech and vision,

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

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- No later than the child's first birthday if the infant has no teeth,
 - Within 60 days of FC entry unless child is under age one with no teeth,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.
6. Regular periodic dental screenings.
- Every 6 months,
 - More frequently as indicated by risk or susceptibility to oral disease,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.
7. Inter-periodic dental screenings may occur when:
- Oral health concerns arise,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.
8. Initial mental health screening.
- Completed within 15 days of FC entry,
 - Completed by child's FC case manager.
9. Follow-up mental health screenings.
- Arranged based on indicators:
 - in the initial screening,
 - in child's current level of functioning in child's home, school, and/or social environment,
 - in child's emotional condition.
 - Will be completed by professionally licensed and credentialed:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.
 - Shall utilized only tests and diagnostic tools absolutely necessary to adequately assess identified areas of concern,
 - Shall result in documented description of child's mental health status and recommendations for ongoing mental health care.

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

1. Treatment for identified medical care needs:
- Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,

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- Immunizations to follow current American Academy of Pediatrics “Recommended Immunization Schedule”,
 - Specialized vaccinations to be provided upon recommendation of child’s current physician in periods of widespread epidemic,
 - Will be completed by licensed physician, physician’s assistant, or nurse practitioner,
 - Shall result in documented description of child’s medical status and recommendations for ongoing medical care, equipment and services.
2. Treatment for identified dental care needs:
- Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child’s oral health and recommendations for ongoing dental care.
3. Treatment for identified mental health care needs:
- Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence of child’s current level of functioning in child’s home, school, and/or social environment,
 - Child’s emotional condition,
 - Child’s readiness to participate in treatment.
 - Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.
 - Involve medication only when: medically necessary and all other options insufficient, and the minimum necessary dosage are utilized,
 - Documentation of the description of child’s mental health status,
 - Documentation of ongoing mental health care.

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

Updating a child’s health information

- The child’s foster caregiver collects documentation of all health care services provided to a child at the point of service.
- FC case managers collect documentation of health care services during monthly visits with the child and the child’s caregiver.

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- FC case managers maintain health care services documentation in the child's case record.

Sharing a child's health information.

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

Development and implementation of an electronic health record.

- A database is maintained for electronic documentation and the updating of children's health records within the case plan system.
- The database is accessible to all departmental staff to track child's health care updates from different areas of the state, when feasible.

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

Monitoring for medical, dental and mental care needs:

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

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

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All youth age 16 and older will be informed by their foster care, adoption or juvenile justice worker of the importance of establishing a health care power of attorney, known as a health care proxy or health care mandate. The worker will explain to the youth that a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions for him or herself. The worker will explain that the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18 and explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

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

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

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care: Through creation of the Medicaid managed care system known as Healthy LA the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider network to resume healthcare services.

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

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

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

Monitoring for medical, dental and mental care needs:

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

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

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

Update FFY 2015: The CW Division of the department provides comprehensive health care services for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Louisiana Department of Health (LDH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, LDH and OJJ. Currently, there are no changes or additions to the Health Care Oversight and Coordination Plan developed previously.

- For children entering FC, an infectious and communicable disease screening by a qualified medical practitioner must occur within 72 hours of the time the child enters custody and the initial physical examination must now occur within 5 calendar days of FC entry. The only exception currently allowed is when the child entered foster care from a medical facility.
- DCFS has re-established the MOU to with OCDD which ensures a coordinated system of support and services including Early Steps services and Medicaid Waiver services for

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children and youth with developmental disabilities who are in the custody of DCFS or at risk of placement.

- Psychotropic Medication Use with Children in custody - Policy expectations regarding oversight and safe, effective use of psychotropic medications by children in foster care have been developed, and teleconference training has been provided to staff.
- DCFS continues to have a regular data sharing routine with LDH which now includes the identification of those children in custody on multiple psychotropic medications.
- DCFS is conducting bi-weekly scheduled psychopharmacology consultations with an Office of Behavioral Health (OBH) representative, a Board Certified Child Psychiatrist and staff, on children in foster care identified as being on multiple psychotropic medications.
- DCFS worked in collaboration with The Louisiana Child Welfare Trauma Project (LCTP) to improve access to needs-driven, evidence-based mental and behavioral health services in childwelfare. Training and trauma assessment tools were piloted in Covington Region.
- Included Adoption staff in CWPPG training on the teaming process in the pilot regions of Lake Charles, Lafayette, Shreveport and Monroe to insure teams of support is built around children available for adoption and families who have committed to adoption to help achieve more timely and successful adoptions.
- Policy revisions for case staffing reviews quarterly by supervisors and workers on each case in foster care to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.
- Introduced principles of teaming and the use of teaming with children freed for adoption and for families who have committed to adopting a child to build teams of support to help the achieve timely, sustainable adoptions in the five new regions (Baton Rouge, Thibodaux, Covington, Orleans and Alexandria) where teaming will be implemented in the latter part of this FFY (2015) and next FFY (2016).
- Regular Medicaid healthcare providers (pediatricians and Family Physicians) provided EPSDT services to children through the regular exam protocol documented herein.

Update FFY 2016:

- DCFS works in collaboration with the LCTP to improve access to needs-driven, evidence-based mental and behavioral health services in child welfare. Training and trauma assessment tools are now being provided in the following regions: Baton Rouge, Lafayette, Covington and Alexandria.
- Continued partnership with a group of stakeholders which includes representatives from LDH-OBH (the state's behavioral health managed care entity), OCDD, OJJ, LDOE and the state Medicaid program in forming a ADHD taskforce working to develop best practices surrounding proper utilization of psychotropic medications, developing and adopting parameters for use of psychotropic medications with children in FC and discussion of solutions on how to best serve Louisiana youth.
- Staff is being trained on psychotropic medications through the new worker, 24-week training curriculum. Psychotropic medication with children in FC is a requirement for part of the in-service training for foster/adoptive parents.

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- DCFS has continued to regularly share data with LDH to identify those children in DCFS custody on multiple psychotropic medications. Information is shared via DCFS and LDH data systems (i.e., TIPS, MMIS-MARS).
- Continued bi-weekly psychopharmacology consultations with OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in FC identified as being on multiple psychotropic medications. As a result, practice and procedure regarding the use of psychotropic and children in foster care is being better implemented ensuring best practice methods.
- DCFS has worked with HP Serve to develop both Risk of Homelessness assessments and potential Human Trafficking (HT) victim assessments for use in working with youth in FC to more effectively serve these populations of youth; this is including development of policy around getting medical exams and referring for services when youth are returned from a runaway episode or identified as being involved in sex trafficking.

Update FFY 2017:

- A trauma representative is now included in bi-weekly psychopharmacology consults to assist in identifying treatment needs and improve access to needs-driven, evidence-based mental and behavioral health services.
- Conduct follow-up psychopharmacology consultations on foster care cases identified as having more extreme circumstances as an additional departmental effort to assure continued oversight and safe, effective use of psychotropic medications by children in state custody.
- Offering quarterly webinar trainings to educate/train staff on psychotropic medication.
- Continuing to utilize the Homelessness Risk Assessment and the HT Risk Assessment in working with youth.

Update FFY 2018:

- Conducted bi-weekly and follow-up psychopharmacology consultations with an OBH representative who is a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications. As a result, practices and procedures regarding the use of psychotropic medications and children in foster care are being better managed ensuring children's needs are assessed and treated.
- Worked in collaboration with stakeholders in the continued review and refining of a proposal, which calls for the establishment of a tele-psychiatry program for a complex cohort of children/adolescents in the foster care system in Louisiana.
- Continued with implementation, utilization and updating of Homelessness and HT Risk Assessment Tools in identifying those youths in FC at high risk, at risk or identified as being trafficked.
- Quarterly Psychopharmacology WebEx educational training sessions are conducted by DCFS and the OBH contracted Child Psychiatrist which are available to all FC staff.
- The DCFS Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018 and held a meeting on June 5, 2018 to discuss initial plans to address needed changes to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, that result in placements that are not foster family

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homes. Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018.

Update FFY 2019:

- Collaborate in setting up a taskforce to pilot a project designed to test the viability of a tele psychiatry program which may allow for enhanced continuity in care for a designated group of foster care clients to be identified based on case complexity.
 - Offer Quarterly Psychopharmacology educational training sessions conducted by DCFS and the OBH contracted Child Psychiatrist, which will be available to all Foster Care staff.
 - Although Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. The following is the initial outline of procedures and protocols Louisiana will enact to ensure children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, which result in non-home based. The DCFS will work with the Louisiana Department of Health, their contractors and other health experts to develop and receive recurring reports detailing prevalence of diagnoses of mental illness, other emotional/behavioral disorders, medically fragile conditions and developmental disabilities. Together we will track and report the prevalence of these conditions; work to determine if existing diagnoses are appropriate; determine how to overturn/obsolete inappropriate diagnosis; and work to ensure no additional inappropriate diagnosis are made. Together we will work to ensure that foster care children in Louisiana achieve stable and durable placement in a foster family homes when they exhibit big behaviors which mimic signs and symptoms of health disorders or developmental delays, which may be better understood as an expression of trauma secondary to abuse or neglect, or effects of child welfare involvement. Louisiana Child Welfare will establish advisory boards of clients, health experts and system partners to review data and to advise on processes and procedures to ensure children in foster care are not prevented from achieving a family-home setting due to inappropriate diagnoses. Together we will consider the unique needs of the foster care population and how health services and supports can be used to address these needs. Together we will consider changes to the existing eligibility and authorization criteria used to allow access to services and supports to reduce prevalence of inappropriate diagnosis, and increase family living situations for children in foster care.
- **Identified partners on this work:**
 - Current Foster Care Youth
 - Former Foster Care Youth
 - Families currently involved with Child Welfare
 - Families formerly involved with Child Welfare
 - Louisiana (LA) Medicaid
 - LA Office of Behavioral Health
 - LA Office of Citizens with Developmental Disabilities
 - Local Human Service Districts and Authorities
 - Pediatricians
 - Licensed Mental Health Practitioners
 - LA Managed Care Organizations

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- Courts
- Mental Health Advocates
- CASA
- School Personal

Addendum (ACYF-CB-PI-18-06):

HEALTH CARE OVERSIGHT AND COORDINATION PLAN:

Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
Prevent inappropriate diagnosis of mental illness, other emotional or behavioral disorders.	<p><i>(Policy 3-220 Trauma and Behavioral Health Screening and Assessment of Children)</i></p> <p>Within 30 days of Foster Care entry and every 6 months thereafter</p> <p>Department of Children and Family Services (Department of Children and Family Services) staff ensure a Trauma and Behavioral Health Screening is completed by the caregiver and by the child age seven and older. The caregiver version is completed for children ages birth through six (6) years.</p> <p>Department of Children and Family Services follow-up on screening</p>	<p>Develop data reporting along with Louisiana Department of Health and Managed Care Organizations related to inappropriate diagnoses and inappropriate or multiple medication usage based on child's developmental stage and physical age.</p> <p>Develop initial and ongoing training for</p>		<p>Develop Memorandum of Understanding and process for data exchange by 12/31/18. Will run reports monthly. Will have monthly review of data reports by Child Welfare Foster Care, Child Welfare Behavioral Health, and Child Welfare Data staff to assess areas for planning/action. Report out quarterly to regions or more frequently if needed based on findings.</p> <p>Department of Children and Family Services</p>	<p>Department of Children and Family Services- Foster Care Unit, Behavioral Health Unit, Data Unit, State Office Bureau of General Counsel</p> <p>Louisiana Department of Health Office</p>

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Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
	<p>indicators of potential areas of concern are monitored by Continuous Quality Improvement staff in case record reviews bi-annually. Department of Children and Family Services monitors through field Child Welfare Managers in monthly case reviews.</p> <p>Department of Children and Family Services follow-up</p>	<p>Department of Children and Family Services Child Welfare field staff and caretakers to ensure understanding of Child Development and Mental Health in coordination with how childhood trauma impacts presenting symptoms or behaviors at a particular point in time. As a support to the knowledge development, case specific consultation will be provided with a Child Psychologist as requested by field staff to assess concerns related to specific children regarding current development and diagnoses.</p>		<p>will work with the Child Welfare Training Academy to develop an initial and an ongoing training for staff by July 1, 2019. All Department of Children and Family Services Child Welfare staff will have mandatory training annually for each designated Department of Children and Family Services training year (SFY) with existing staff having until June 30, 2020 to complete training the first year.</p>	<p>of Behavioral Health, Managed Care Organization Medical Directors and Case Managers</p>

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Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
	<p>with treatment provider recommendations as appropriate to the child's current functioning is occurring as indicated is monitored by Continuous Quality Improvement staff in case record reviews bi-annually. Department of Children and Family Services monitors through field Child Welfare Managers in monthly case reviews.</p> <p>Engage in regular discussions with Behavioral Health Medical Directors and Care Managers of the Managed Care Organizations to consult on clinical presentation of child symptoms/behaviors.</p>				<p>Department of Children and Family Services-Child Welfare Training Academy and regional training coordinators</p>
<p>Prevent inappropriate diagnosis medically fragile conditions.</p>	<p><i>(Policy 6-1105 Ongoing Medical and Dental Care)</i> Within 30 days of Foster Care entry Department of Children and Family Services provides all children a medical evaluation and within 60 days of</p>	<p>Continue to work on staff compliance with policy regarding routine and follow-up examinations along with documentation of compliance</p>		<p>Present and ongoing.</p>	<p>Department of Children and Family Services Child Welfare-Foster Care Unit, Behavioral Health Unit and Data Unit.</p>

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Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
	Foster Care entry a dental evaluation with annual medical reassessment and bi-annual dental reassessment or more frequent evaluation if presenting symptoms indicate a need.	and data analysis to monitor compliance.			
Prevent inappropriate diagnosis of developmental disabilities.	<p><i>(Policy 6-720 Application Process for Federal Benefits)</i> Within 6 months of Foster Care entry Department of Children and Family Services provides a Supplemental Security Income screening for any indicators of developmental disabilities and reassessment annually.</p> <p><i>(Policy 6-1310 Coordination of Services with Another Public Agency)</i> Department of Children and Family Services refers any child with indicators of developmental disabilities for Supplemental Security Income, Early Steps and/or Office of Citizens</p>	Update Department of Children and Family Services Child Welfare and Louisiana Department of Health Office of Citizens with Developmental Disabilities Memorandum of Understanding, then adhere to Memorandum of Understanding agreements for shared annual training regarding the services provided by the Human Services Districts and how to effectively access those		Update Memorandum of Understanding by 12/31/2018. Provide training annually on a Department of Children and Family Services regional basis statewide through the local Human Services Districts ongoing within the SFY.	Department of Children and Family Services Child Welfare-Foster Care Unit, Behavioral Health Unit, Training Unit and State Office Bureau of General Counsel. Louisiana Department of Health-Office of Citizens with Developmental Disabilities.

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Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
	with Developmental Disabilities services under the Human Services Districts, as applicable.	services Department of Children and Family Services Child Welfare clients.			
	Department of Children and Family Services works with other stakeholders to ensure initial assessment, provision of appropriate services, and at least annual reassessment for developmental disabilities through Interagency Services Coordination processes; Statewide Interagency Coordinating Council participation; and, local school district Individualized Family Service Plan, Individualized Education Plan and 504 evaluation processes.				
Prevent placement in settings that are not foster family homes as a result of an	<i>(Policy 6-1205 Replacement)</i> Preservation staffing process. State Office Residential Case	Emphasized recruitment of homes with the skill to manage challenging diagnoses of children whether		Initiate efforts with Home Development and Wendy's Wonderful Kids Recruiters by 12/31/2018 with development of	Department of Children and Family Services Child Welfare-Foster Care Unit, Home Development

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Prevent inappropriate diagnosis	Current Policy/Procedures	Actions to Improve Practice	Policy References	Timeline for Action Implementation	Responsible Parties
inappropriate diagnosis.	Consultation process. Level of Care recommendation process. Wendy's Wonderful Kids regional recruiters	mental, behavioral, emotional or medical.		a targeted statewide recruitment plan developed.	Unit, Wendy's Wonderful Kids Unit, Behavioral Health Unit, and Adoption Unit.

Update FFY 2019: Child welfare ensures the wellness of children in foster care by ensuring connection to developmentally appropriate screening and treatment for primary care, dental care and behavioral health. DCFS has revised/updated its Healthcare MOU. The MOU is currently in the process of circulation to stakeholders for final review of any needed expansions, additions, changes and/or updates.

SERVICES TO CHILDREN UNDER AGE 5: In FFY 2014 the department served the following children (by **race**) who were age 5 or younger who had a goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1328	49.11%	586	44.13%	1	0.08%	1	0.08%
Male	1376	50.89%	617	44.84%	3	0.22%	1	0.07%
Total	2704	100.00%	1203	44.49%	4	0.15%	2	0.07%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	1328	49.11%	662	49.85%	43	3.24%	2	0.15%	33	2.48%
Male	1376	50.89%	661	48.04%	52	3.78%	2	0.15%	40	2.91%
Total	2704	100.00%	1323	48.93%	95	3.51%	4	0.15%	73	2.70%

In FFY 2015, the department served the following children (unduplicated count, by **race**) who were age 5 or younger and had a goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1383	49.52%	587	42.44%	2	0.14%	1	0.07%
Male	1410	50.48%	635	45.04%	3	0.21%	1	0.07%
Total	2793	100%	1222	43.75%	5	0.18%	2	0.07%

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Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	1383	49.52%	701	50.69%	54	3.90%	1	0.07%	37	2.68%
Male	1410	50.48%	670	47.52%	57	4.04%	1	0.07%	43	3.05%
Total	2793	100%	1371	49.09%	111	3.97%	2	0.07%	80	2.86%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

Updated Data for FFY 2016:

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1,346	50.51%	561	41.68%	0	0.00%	0	0.00%
Male	1,319	49.49%	522	39.58%	1	0.08%	1	0.08%
Total	2,665	100%	1,083	40.64%	1	0.04%	1	0.04%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	1,346	50.51%	696	51.71%	51	3.76%	1	0.07%	37	2.75%
Male	1,319	49.49%	703	53.30%	56	4.25%	1	0.08%	35	2.65%
Total	2,665	100%	1,399	52.50%	107	4.02%	2	0.08%	72	2.70%

Updated Data for FFY 2017: In FFY 2017 the department served the following children (by race) who were age 5 or younger, who currently have a goal of reunification. Age is based on the child's age on the first day of the FFY. All counts are unduplicated.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1,308	49.3%	514	39.3%	0	0%	1	<1%
Male	1,345	50.7%	509	37.8%	0	0%	0	0
Total	2,653	100%	1,023	38.6%	0	0%	1	<1%

Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	706	54.0%	44	3.4%	3	<1%	40	3.1%
Male	753	56.0%	49	3.6%	0	0	34	2.5%
Total	1,459	55.0%	93	3.5%	3	<1%	74	2.8%

❖ Data extracted on March 12, 2018 from Web Focus Developer Studio

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal of reunification in FFY 2014.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
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Female	1328	49.11%	42	3.16%	1,172	88.25%	114	8.58%
Male	1376	50.89%	34	2.47%	1,221	88.74%	118	8.58%
Total	2704	100.00%	76	2.81%	2,393	88.50%	232	8.58%

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal of reunification in FFY 2015.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	1383	49.52%	47	3.40%	1244	89.95%	92	6.65%
Male	1410	50.48%	34	2.41%	1278	90.64%	98	6.95%
Total	2793	100%	81	2.90%	2522	90.30%	190	6.80%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal of reunification in FFY 2016.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	1,346	50.51%	32	2.38%	1,210	89.90%	104	7.73%
Male	1,319	49.49%	32	2.43%	1,204	91.28%	83	6.29%
Total	2,665	100%	64	2.40%	2,414	90.58%	187	7.02%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

❖

Updated Data for FFY 2017: In FFY 2017 the department served the following children (by **ethnicity**) who were age 5 or younger, who currently have a goal of reunification. Age is based on the child's age on the first day of the FFY. All counts are unduplicated.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	1,308	49.3%	36	2.8%	1,152	88.1%	120	9.2%
Male	1,345	50.7%	30	2.2%	1,220	90.7%	95	7.1%
Total	2,653	100%	66	2.5%	2,372	89.4%	215	8.1%

❖ Data extracted on March 12, 2018 from Web Focus Developer Studio

In FFY 2014 the department served the following children (by **race**) who were age 5 or younger who had a goal other than the goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	597	46.97%	222	37.19%	0	0.00%	1	0.17%
Male	677	53.14%	251	37.24%	3	0.45%	1	0.15%
Total	1274	100.00%	473	37.21%	3	0.24%	2	0.16%

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Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	597	46.97%	338	56.62%	25	4.19%	0	0.00%	11	1.84%
Male	677	53.14%	372	55.19%	37	5.49%	2	0.30%	8	1.19%
Total	1274	100.00%	710	55.86%	62	4.88%	2	0.16%	19	1.49%

In FFY 2015, the department served the following children (unduplicated count, by **race**) who were age 5 or younger and had a goal other than reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	735	46.11%	269	36.60%	0	0.00%	0	0.00%
Male	859	53.89%	311	36.20%	2	0.23%	0	0.00%
Total	1594	100%	580	36.69%	2	0.13%	0	0.00%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	735	46.11%	424	57.69%	30	4.08%	0	0.00%	12	1.63%
Male	859	53.89%	481	56.00%	50	5.82%	2	0.23%	13	1.51%
Total	1594	100%	905	56.78%	80	5.02%	2	0.13%	25	1.57%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

In FFY 2016, the department served the following children (unduplicated count, by **race**) who were age 5 or younger and had a goal other than reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	791	46.75%	288	36.41%	0	0.00%	0	0.00%
Male	901	53.25%	323	35.85%	2	0.22%	0	0.00%
Total	1,692	100%	611	36.11%	2	0.12%	0	0.00%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	791	46.75%	448	56.64%	38	4.80%	0	0.00%	17	2.15%
Male	901	53.25%	498	55.27%	61	6.77%	2	0.22%	15	1.66%
Total	1,692	100%	946	55.91%	99	5.85%	2	0.12%	32	1.89%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

In FFY 2017 the department served the following children (by **race**) who were age 5 or younger, who currently have a goal other than reunification. Age is based on the child's age on the first day of the FFY. All counts are unduplicated.

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Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	667	48.8%	252	37.8%	0	0%	0	0%
Male	701	51.2%	239	34.1%	1	<1%	1	<1%
Total	1,368	100%	491	35.9%	1	<1%	1	<1%

Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	366	54.9%	31	4.6%	0	0%	18	2.7%
Male	405	57.8%	47	6.7%	0	0%	8	1.1%
Total	771	56.4%	78	5.7%	0	0%	26	1.9%

❖ Data extracted on March 12, 2018 from Web Focus Developer Studio

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal other than the goal of reunification in FFY 2014.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	597	46.97%	19	3.18%	548	91.79%	30	5.03%
Male	674	53.03%	14	2.08%	613	90.55%	50	7.39%
Total	1271	100.00%	33	2.60%	1,191	91.13%	80	6.28%

The table below addresses **ethnicity** of children who were age 5 or younger what had a goal other than reunification in FFY 2015.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	735	46.11%	15	2.04%	678	92.24%	42	5.71%
Male	859	53.89%	11	1.28%	789	91.85%	59	6.87%
Total	1594	100%	26	1.63%	1467	92.03%	101	6.34%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

The table below addresses **ethnicity** of children who were age 5 or younger what had a goal other than reunification in FFY 2015.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	791	46.75%	17	2.15%	728	92.04%	46	5.82%
Male	901	53.25%	14	1.55%	834	92.56%	53	5.88%
Total	1,692	100.00%	31	1.83%	1,562	92.32%	99	5.85%

❖ Data extracted on April 29, 2016 from Web Focus Developer Studio

In FFY 2017 the department served the following children (by **race**) who were age 5 or younger, who currently have a goal of reunification. Age is based on the child's age on the first day of the FFY. All counts are unduplicated.

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Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1,308	49.3%	514	39.3%	0	0%	1	<1%
Male	1,345	50.7%	509	37.8%	0	0%	0	0
Total	2,653	100%	1,023	38.6%	0	0%	1	<1%

Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	706	54.0%	44	3.4%	3	<1%	40	3.1%
Male	753	56.0%	49	3.6%	0	0	34	2.5%
Total	1,459	55.0%	93	3.5%	3	<1%	74	2.8%

❖ *Data extracted on March 12, 2018 from Web Focus Developer Studio*

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

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

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

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

Specific policy addresses how to assess and work with Substance Exposed Newborns and their families. The policy provides guidance on conducting a thorough assessment of the infant,

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caregivers and the environment in order to determine what services, if any, are appropriate for the family.

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

Infant mental health services are provided by three infant teams in the state in the Orleans and Baton Rouge Regions. (For additional information on the Infant teams please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship.

The numbers of children and families served are listed below:

- **Baton Rouge Infant Team** –
 - In SFY 2012-2013 the infant team worked with 85 children representing 67 families.
 - In SFY 2013-2014 the infant team worked with 69 children representing 65 families.
 - In SFY 2014-2015 the infant team worked with 99 children representing 76 families.
 - In SFY 2015-2016 the infant team worked with a total of 62 children and their parents/caregivers. Infant team services were discontinued during SFY 2016.
- **Tulane Infant Team** –
 - In SFY 2012-2013 the infant team worked with 60 children representing 51 families.
 - In SFY 2013-2014 the infant team worked with 56 children representing 27 families.
 - In SFY 2014-2015 the infant team worked with 56 children representing 27 families.
 - In SFY 2015-2016 the infant mental health services were incorporated into the service array of the Tulane Parent Education Center (T-PEP).
- **Orleans Infant Team** – (services provided through Louisiana State University Health Sciences Center).
 - a. In SFY 2012-2013 the infant team worked with 34 children representing 29 families.

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- b. In SFY 2013-2014 the infant team worked with 55 children representing 32 families.
- c. In SFY 2014-2015 the infant team worked with 43 children representing 41 families.
- d. In SFY 2015-2016 the infant team worked with 65 children and their parents and caregivers.
- e. In SFY 2016-2017 the infant team worked with 20 children representing 18 families.

Approach for working with this group: DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents. DCFS foster/adoptive parents certified prior to May 1, 2015, were allowed eight dependents including foster children and their own children. They could not care for more than six foster children at any given time and there could not be more than two children under the age of two years, including their own children. Effective May 1, 2015, DCFS changed its policy to allow only five children in the home with two children under the age of two. The plan is to keep the capacity as 8 for families certified prior to May 1, 2015 and for families certified after May 1, 2015 the capacity is five.

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

Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

How the state addresses training and supervision of caseworkers and foster parents and other providers regarding this population: Information related to child development is integrated into all training initiatives provided through DCFS. Specifically, child welfare training has a child development component in new worker training entitled "Separation and Attachment" and "Basic Interviewing".

The department's MAPP/GPS training contains a child development component which focuses on separation and attachment, stages of development, impact of placement on children's growth and development; behaviors exhibited by abused/neglected children, discipline and behavior

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management. The DCFS Foster Parent Handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child, starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five.

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

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in FC to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.

The department works with the LDH Nurse and Parent Partnership program to gain greater access to this program for child welfare families and youth in the early months of caring for their first child to insure knowledge and skills in caring for these young children to prevent FC entry of the infants.

Update FFY 2016: Baton Rouge Infant Team (Infant Child and Family Services-ICFC): In SFY 2014-2015 the infant team worked with 99 children, representing 76 families. The ICFC team worked collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care and mental health care systems. In the goal to reduce the chance of further maltreatment, they provided services to improve developmental trajectory of children and strengthen child/caregiver relationship. Louisiana policy in the Baton Rouge region requires that all children under the age of 6 years who are involved with DCFS, including all substance exposed newborns be referred to ICFC. Families involved with Family Services Program where children are in home are referred to ICFC if they have children who are 0-5. This program is funded by an alternate funding source (TANF).

Orleans Infant Team (services provided through Louisiana State University Health Sciences Center). In SFY 2014-2015 the infant team worked with 43 children, representing 41 families.

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- 25 parents participated in the evaluation process
- 17 parents participated in treatment
- 53 additional adults worked with the team as relative or non-relative potential caregivers; for 38 of these children, a permanent placement was achieved
- 22 children were reunified with at least one of their biological parents
- 12 children were adopted by relatives
- 4 were adopted by non-relatives
- 20 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Tulane Infant Team - In SFY 2014-2015 the Tulane infant Team is no longer a standalone program but has been incorporated and included in the Tulane Parent Education Program as a Family Resource center. Trough T-PEP families receive a variety of services including assessments and services for children ages 0-5

Update FFY 2017: Tulane Infant Mental Health services continue to be provided by the Tulane Parent Education Program (T-PEP). The program offers intensive intervention for infants and young children, between the ages of birth and 60 months, who have experienced some form of maltreatment. Referrals to the team are received from DCFS staff. The team works in collaboration with community based entities to provide assessment and treatment for this young, at risk population. The number of children receiving infant mental health services through the Tulane Parent Education Program, has been included the Tulane Parent Education Program (T-PEP) data.

Baton Rouge Infant Team (Infant, Children, and Family Center or ICFC), services were discontinued during the SFY 2016. The contractual agreement between DCFS and the Infant, Children, and Family Center terminated as of June 30, 2016. The Infant Mental Health service provider did not enter into an additional agreement with DCFS to continue the provision of infant mental health services for infants and children. Services to infants and children continue to be available through the CW FRC, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the Louisiana Department of Health. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

The LSU Health Sciences Center (LSUHSC) Orleans Parish Infant Team will continue to provide infant team services for children ages 0-5 years old, in the Orleans Region. The provider continues to provide ongoing treatment services to children and their parents/caregivers. Caregivers may include biological parents, foster parents, or any biological relatives involved in seeking custody of the child based on their availability. Agency case planning outcomes for children and families referred for services vary as some of the children were successfully reunited with biological parents or adopted by a relative. Other outcomes include termination of parental rights or surrender of the child by the parent. The Orleans infant team members have worked in collaboration with the agency in providing monthly court reports and participating in monthly case staffing(s) in the provision of mental health services for children ages 0-3.

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CW FRC services are available in all DCFS Regions. During prior reporting periods, FRC services were unavailable for the Monroe Region. A contract was entered into between the Louisiana DCFS and the Children's Coalition of Northwest Louisiana during the FFY 2015. The department did not increase the number of referrals to the FRCs by 10% in FFY 2017 as there was a reduction in the number of staff referrals to some FRCs. FRC State Office and Regional Liaisons will continue efforts to improve the partnership between local office staff and FRC staff. Efforts are underway to improve the FRC Service Array to include additional evidence based parent education programs, as well as services to support families of substance exposed newborns. FRC staff continues to review fidelity measure for Family Skill Building and Visit Coaching sessions. FRC teams convene meetings to review standards and expectations of these services. Family assessment tools, pre and post-test material and information are under review. Workgroups including staff from DCFS and CW FRC, continue actions to enhance practice and service delivery. Skill development workshops and activities continue, as well as, FRC staff consultation with clinical staff of the Tulane Parent Education Program (T-PEP). Statewide FRC staff has reviewed models and peer review processes in an effort to ensure quality practice and continuity of care for families served by child welfare FRC staff.

Update FFY 2018:

- Program and Orleans Infant Team staff continued efforts to improve data collection and reporting for children ages 0-5 and their parents/caregivers;
- DCFS and Tulane Parent Education Program staff continued efforts to improve data reporting for children ages 0-5;
- Staff continued to work collaboratively with the Tulane Parent Education Center to coordinate services for families served;
- Emphasis on improved data collection, data analysis, and service outcomes continued to be considered and staff continued to engage in discussions of future planning;
- There were continued efforts to work collaboratively with providers of infant mental health services toward achieving the goal of improved data collection and reporting;
- Efforts were made to support FRC staff and DCFS local office staff in incorporating Quality Parenting Practice (QPI) principles into practice;
- Assistance and guidance to FRC staff and DCFS local office staff providing support services to families of substance exposed infants were offered; and
- Continued efforts with the FRC's and regional liaisons to increase the number of referrals by 10% in FFY 2018 to ultimately improve staff referrals by 30% over the next five years and improve services being provided by the FRC.
- The Louisiana Department of Children and Family Service (DCFS) Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018 and held a meeting on June 5, 2018 to discuss initial plans to address needed changes. Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. Within the planning meeting the following was discussed as a starting point for the PI Addendum:
 - Assess what is currently working.
 - Maintain and potentially expand what is working.
 - Assess what is still needed.
 - Develop resources to meet needs going unserved or underserved

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- Areas identified for further assessment/consideration:
 - Policy revisions related to staff expectations for family identification and family notice through all program areas.
 - Protocols for sharing information (case staffings) across programs during case transfer.
 - Expand QPI work around Foster Caretaker and Biological Family relationship building to engage Foster Caretakers in helping DCFS collect more information from families related to the child's relatives and involvement in the child's life.
 - Target staff skill development in improved transitions of children, particularly very young children into foster care, out of foster care, between placements and in maintaining relationships across placements for the well-being of the child (Look at how supervisors and staff can make this consideration of healthier transitions part of every case staffing/discussion).
 - Partner with Home Development to ensure greater prioritization of family certification for very young children and development of support networks for those caretakers.
 - Work more intensively with community partners and other involved stakeholders to immediately begin emphasizing support network development for parents of these young children to enhance potential for successful behavioral change, sustained change and reunification earlier.
 - Develop potential for multiple avenues of intensive home-based services including the child based on unique family needs to ensure consistent, regular family mentoring and guidance in the early stages of case work to support family engagement in the change process and ongoing connection and relationship with the children.
- Initial identified stakeholders for involvement in developing this portion of the plan:
 - DCFS staff at state office and local/regional level
 - Federal tribes
 - Parent Advocate/Mentor groups
 - Human Services District staff
 - Early Steps Program staff
 - Social Work School professors with expertise in working with families involved in substance use
 - Mental Health Professionals experienced in In-Home Based Services
 - Infant Mental Health and Development professionals
 - Family members who have served as foster care placement providers for children
 - Early Childhood Education Programs professionals
 - Child Special Needs Advocates
 - Private Foster Care Program providers

Addendum (ACYF-CB-PI-18-06):

SERVICES TO CHILDREN AGE 5 AND UNDER:

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
Activities to reduce length of time children under age five are without a permanent family	<ol style="list-style-type: none"> 1. Department of Children and Family Services Child Welfare-Family Team Meetings 2. Department of Children and Family Services Child Welfare Nurturing Parent Program 3. Department of Children and Family Services Child Welfare - Visit Coaching Program 4. Department of Children and Family Services Child Welfare Homebuild-ers In-home Services Program 5. Department of Children and Family Services Wendy’s Wonderful Kids Recruiters 6. Department of Children and Family Services Child Welfare-ADOPT US Kids Photo-listing 7. Department of Children and Family Services Child Welfare-Annie E. Casey Foundation Family and Youth Engagement Workgroup 8. Department of Children and Family Services Child Welfare- 	<p>*Targeted policy for each program area outlining policy requirements and practice expectations specific to children under age five.</p> <p>*Initiate case planning for all children under age 5 by 15th working day after FC entry and finalize by 30th day or begin family planning by 5th day after opening an FS case with a child under age 5.</p> <p>*Develop model case staffing forms for use in transitioning cases of children under age 5 from Child Protection Services to Family Service or Foster Care and for transitioning from Foster Care to Adoptions.</p> <p>*When relatives are unable to provide placement to children under age 5 or support the family in working toward permanency at case initiation, reconnect with relatives every</p>	<ol style="list-style-type: none"> a. Designated Program Consultant in each Department of Children and Family Services program review current policy for areas requiring changes and develop new sections of policy and forms specific to serving the needs of children under age 5. b. Program Consultants provide onsite staff mentoring to field staff in developing practice changes and assessing effective-ness in improving perman-ency outcomes for families. c. Utilize Foster Care Manager reviews of practice to identify strengths and challenges in field staff practice with relative engagement and case goal assessment. 	<ol style="list-style-type: none"> a. Complete policy/ form review/ changes by December 31, 2018. b. Initiate consulta-tion protocol based on program by April 1, 2019. c. Start Foster Care Manager reviews July 1, 2019. 	<ol style="list-style-type: none"> a. Foster Care-Heidi Bourgeois; Adoption-Sylvia Gray; Child Protection Services-Walter Fahr; Family Services-Laura St. Amand b. Foster Care-Heidi Bourgeois; Adoptions-Sylvia Gray; Child Protection Services-Walter Fahr; Family Services - Laura St. Amand; Data Unit c. Foster Care-Heidi Bourgeois;

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
	<p>Quality Parenting Initiative work</p> <p>9. Department of Children and Family Services Child Welfare Promoting Health Transitions for Children</p> <p>10. Parent Partners Programs (Lafayette, New Orleans)</p>	<p>three months to review their capacity for involvement in the case.</p> <p>*Reassess appropriate-ness of case goals for families with children under age 5 every 3 months as opposed to every 6 months.</p> <p>*Utilize only the most skilled Quality Parenting Initiative practicing foster caretakers for placement of the children under age 5 and ensure assignment of a parent mentor/parent partner for the parents of children under age 5 to ensure full engagement of parents in the successful achievement of timely permanency for these young children.</p>	<p>d. Work with Home Develop-ment Program and Training Academy to develop training module for Department of Children and Family Services staff and foster caretakers specific to the develop-mental needs of children under age 5 for both initial/ pre-service training and for ongoing training.</p> <p>e. Review regional Quality Parenting Initiative efforts around relationship building and assess effective-ness of initiatives to determine potential for statewide implementa-tion. (Consult with Kaaren Hebert.)</p>	<p>d. Finalize training modules by December 31, 2019.</p> <p>e. Consult with Kaaren by 8/31/2018. Discuss findings with work-group members by September 30, 2018. Assign to program consultants from each program for consideration in policy/</p>	<p>d. Foster Care Program Unit; Home Develop-ment Program Unit; Child Welfare Training Academy</p> <p>e. Child Protection Services, Family Services, Foster Care, Adoptions, Home Develop-ment program staff; regional Quality Parenting Initiative leads</p>

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
				practice changes by October 15, 2018. Adapt practice changes and refer to program consultants for use in field staff mentoring by February 28, 2019.	
Services and activities to address the developmental needs of all vulnerable children under age five.	<ol style="list-style-type: none"> 1. Louisiana Department of Health- Nurse Family Partnership Program 2. Louisiana Department of Health - Coordinated System of Care 3. Louisiana Department of Health - Early Steps Program (under age 3) 4. Louisiana Department of Education- Early Childhood/Child Care Assistance Program 5. Individual-ized Family Service Plans in Early Childhood Education Programs 	Review programmatic materials and websites on partner services to develop knowledge base and assess Department of Children and Family Services Child Welfare utilization of available programs in effectively serving children under age 5 in all program areas.	Designated programmatic leads initiate and hold at least bi-annual consultation meetings with identified program leads from other departments to assess effectiveness of utilization of available programs in serving children under age 5 through Child Welfare, unless otherwise Department of Children and Family Services Child Welfare liaisons exist. If current liaison exist, develop expectation of bi-annual reports disseminated through Continuous Quality Improvement newsletters on available services and effectiveness/ success of Department of Children and Family Services	Initial meetings held and initial reports due by December 31, 2018. Follow up meetings and reports due thereafter by at least June 30 th and December 31 st annually.	Coordinated Systems of Care-Behavioral Health Unit Manager (Yvonne); Early Steps- FC Unit Consultant (Charmaine); Early Childhood/ Child Care Assistance Program – Foster Care Unit Consultant (LaTrese); Individualized Family Services Plan / Early Childhood Education- Foster Care Consultant (Charmaine)

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
			Child Welfare in utilizing those services to meet the needs of children under age 5 through the Child Welfare programs.		
Additional services and activities to address the developmental needs of foster children specifically, who are under age five.	<ol style="list-style-type: none"> 1. Department of Children and Family Services Child Welfare - Trauma and Behavioral Health Screening 2. Department of Children and Family Services Child Welfare - Trust Based Relational Intervention Training for all staff and foster caretakers 3. Department of Children and Family Services Child Welfare - The Journey Home training for staff and foster caretakers 4. Tulane and LSU Infant Mental Health Programs (Orleans Region only) 	Continue pilot of Trust Based Relational Intervention curriculum developed by Texas Christian University for use through Family Resource Centers in working with biological families and with Parent Partners in mentoring biological families. Ensure targeted information is provided in the training regarding working with families of children under age 5. If evidence supports the effectiveness of the program expand statewide.	<ol style="list-style-type: none"> a. Already started in Lafayette Region. Develop plan for assessment of effective-ness and continued rollout statewide. Start developing contract amendments necessary to adapt service array with Family Resource Centers. 	<ol style="list-style-type: none"> a. Develop-plan for assessment by December 31, 2018. Begin reviewing and identify contract terms requiring amendment by December 31, 2018. Assess effective-ness of Lafayette Family Resource Center implementa-tion of Trust Based Relational Intervention and amend contract terms by June 30, 2019. Enter discussions with other Family Resource Centers and plan for expanding statewide by December 31, 2018. Complete rollout to other regions by December 31, 2020. 	<ol style="list-style-type: none"> a. Department of Children and Family Services Child Welfare - Training Unit; Home Develop-ment Unit; Foster Care Unit; Adoptions Unit; Family Services Unit; Child Protection Services Unit; Data Unit; Family Resource Center representa-tive; Foster/ Adoptive/ Relative/ Biological Parent representatives.

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
		<p>Develop Adoption Support Groups statewide to offer responsive, ongoing support long-term, post-adoption in recognizing develop-mental issues, trauma responses and potential manifestations of symptom/ behaviors which are related to childhood abuse/ neglect to sustain families created for children when they were under age 5, but for which family dynamics change over time.</p> <p>Continue supporting staff and foster caretaker knowledge development around trauma and the impact of trauma on child development, child health, and child behavior through continued use of the Trauma and Behavioral Health screening tool, continued</p>	<p>b. Begin meetings with Louisiana Adoption Advisory Board, Private Adoption Agencies, Foster/ Adoptive Parent Association and Court Appointed Special Advocate to consider how to effectively support the needs of adoptive parents and children long-term; and, to plan for how to engage communit-ies in developing these support groups for the families.</p> <p>c. Convene Department of Children and Family Services Child Welfare Programs meeting to collaborate in developing plan for</p>	<p>b. Hold initial meeting by March 31, 2019. Hold monthly meetings through June 30, 2019 to assess issues. Develop plan for community engage-ment and support group develop-ment by September 30, 2019. Begin plan implement-ation by January 31, 2020. Complete implement-ation by September 30, 2020.</p> <p>c. Hold initial Department of Children and Family Services Child Welfare Programs meeting by September 30, 2018. Develop training plan and communi-cation plan by November 30, 2018.</p>	<p>b. Department of Children and Family Services Child Welfare Programs- Foster Care Unit, Adoptions Unit, Home Development Unit; Court Appointed Special Advocate representa-tive; Foster/ Adoptive/ Relative Parent representa-tives; Private Adoption Agency representa-tives.</p> <p>c. Department of Children and Family Services Child Welfare Programs- Training Unit; Child Protection</p>

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommended Action	Implementation Timeframes	Responsible Parties
		Trust Based Relational Intervention training, continued Journey Home training, and continued Tulane and Louisiana State University Infant Mental Health Program collaboration.	ongoing communication regarding staff and foster caretaker knowledge development opportunities around trauma, the unique needs of children under age 5 and coordinating follow-up mentoring after staff or caretakers go through training.	Reconvene annually by September 30 th to reconsider plan for ongoing staff and foster caretaker knowledge development, with new training and communication plans developed by November 30 th each year. Develop initial mentoring plan for follow-up after training by February 28, 2019, and reconvene by February 28 th annually to review and revise mentoring plan.	Services Unit; Family Services Unit; Foster Care Unit; Adoptions Unit; and, Home Development Unit.
Any services and/or activities targeted to address the developmental needs of children served in the in-home services program or other community based setting specifically, who are under age five.	1. Department of Children and Family Services Child Welfare - Training Academy co-sponsored a six-part training series on the Foundations of Infant Mental Health with participants from a wide array of community agencies including Child	a. Support Family Resource Centers and other interested community partners in developing Parent Partners programs to provide parent mentoring and advocacy	a. Research National Child Traumatic Stress Network website for information on these types of programs to identify opportunities for developing Louisiana practices.	a. Complete research by December 31, 2018. Make recommendations to appropriate partners internally and externally based on findings by March 31, 2019.	a. Services for Children Under Age 5 workgroup

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
	<p>Welfare who serve many citizens, not just Child Welfare clients.</p> <p>2. Drug Courts (Four Family Preservation Programs statewide). This includes participation within the Drug Court System.</p>	<p>when risk of Child Welfare involvement exists through consulta-tion and contract expansion where possible.</p> <p>b. Work with partners such as Louisiana Department of Health and the Managed Care Organizatio ns in the expansion of the availabil-ity of the Home-builders model for in-home services for Medicaid recipients with targeted training provided for working with families with children under age 5.</p> <p>c. Continued co-sponsor-ship of the training on the Founda-tions of</p>	<p>b. Consult with other states and their Child Welfare programs regarding information on these types of practice efforts to identify opportunit-ies for developing Louisiana practices.</p> <p>c. Work with Child Welfare Training Academy and the Picard Center to identify and</p>	<p>b. Complete consulta-tion by December 31, 2018. Make recommendat ions to appropriate partners internally and externally based on findings by March 31, 2019.</p> <p>c. Convene initial meeting to discuss by</p>	<p>b. Services for Children Under Age 5 workgroup</p> <p>c. Department of Children and Family Services</p>

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APSR Requirements	Current Practice	Identified Areas for Practice Development	Recommend-ed Action	Implementa-tion Timeframes	Responsible Parties
		<p>Infant Mental Health.</p> <p>d. Work with Court Improvement Program and Pelican Center in assessing effectiveness of Family Preservation Program in assuring permanency for children under age five and in effectively sustaining parental custody of children during parent treatment and preventing repeat maltreatment of children.</p>	<p>dedicate funds and develop working agreements for ongoing provision of the Foundations of Infant Mental Health Training</p> <p>d. Provide information to other Juvenile courts with high numbers of family cases involving drug use by parents to encourage consideration for development of the Family Preservation Program in their own jurisdictions</p>	<p>October 1, 2018. Establish working agreements and contracts by June 30, 2019.</p> <p>d. Initiate meeting of partners to discuss plan for assessing current effectiveness by October 1, 2018. Develop snapshot of assessment and presentation on benefits of and process for creating a Family Preservation Program for provision to the judiciary by June 30, 2019. Begin presentations at 2019 Together We Can conference.</p>	<p>Child Welfare Training Unit and Picard Center</p> <p>d. Court Improvement Program and Pelican Center</p>

Update FFY 2019: Embedding of Quality Parenting practices has continued throughout the state. In May of 2018, initial/comfort calls and ice breaker meetings were implemented into policy for

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all programs. Comfort calls are made when a child is entering foster care or is moving to another caregiver's home. The call is initiated by the placing caseworker to parent and/or former caregiver upon the child arriving to the current caregiver's home. The purpose of the call is to assure the parent or former caregiver the child has arrived safely to the current caregiver's home as well as allowing the opportunity for the parent or former caregiver to provide specific information related to the child's needs to the current caregiver. This call lays the groundwork for the parent and current caregiver to develop a mutually supporting relationship in co-parenting the child. The ice-breaker meeting a face-to-face meeting held within 3-5 days of the child entering care or moving to a new caregiver's home. The meeting is strictly focused on the needs of the child and how the parent and caregiver can work together in meeting the specific needs of the child. Regions are required to document comfort calls and ice breaker meetings and provide quarterly reports to the State QPI lead regarding numbers of calls and ice breaker meetings as well as successes and/or barriers encountered with the practices. Positive reports throughout the state have been noted. The calls and ice breaker meetings have assisted in developing more positive and supportive relationships between the parent and caregiver. This is leading to a better adjustment of the child while in foster care as well as both the parent and caregiver being supported in their efforts to promote the child achieving permanency. Efforts are currently underway by the state QPI lead with Tulane Infant Mental Health to provide statewide training to staff and caregivers in planning transitions when infants and children move including reunification, adoption or different foster home placements. It is recognized transitions, particularly with infants and very young children must be carefully planned and take into consideration the attachment and development of the child. It is important to transition the child to minimize trauma and support healthy attachments as the child moves to a different caregiver setting. The training is targeted to begin in May 2019.

Foster parent pre-service training was updated in 2017 and is entitled *A Journey Home*. An entire training session is devoted to childhood development with a focus on early childhood development. Two additional sessions in pre-service training are focused on understanding infant and childhood trauma and helping infants and children heal from trauma and how to support healthy attachments.

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

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

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

In 2005 the state expended \$1,300,615 of the grant on foster care maintenance. Non-federal funds expended by the state for foster care maintenance payments for FFY 2005 were \$433,538. The state assures that funding for this service will not exceed the 2005 expenditure levels. DCFS budget and fiscal staff confirm that none of these funds were used for child care or adoption assistance payments.

For this CFSP, the department will continue to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS child welfare practice principles will guide the service delivery process as well as the ongoing implementation of the Advanced Safety Focused Practice Model (ASFP) [known as Safety Focused Practice (SFP)], the Family Team Meeting (FTM) Model and continuous quality improvement efforts. The department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

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

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CHILD PROTECTIVE SERVICES (CPS):

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

Service Coordination: Advanced Safety Focused Practice (ASFP) was initially implemented in the CPS Program as a component of the Program Improvement Plan (PIP) with support from the National Resource Center for CPS and Action for Child Protection. As noted above, after implementation in CPS, the department made the decision to implement ASFP as a component of Centralized Intake (CI). The implementation of ASFP in intake was supported by Action for Child Protection through the development of training material for intake staff and providing on going technical and fidelity reviews during the first six months of implementation. The addition of ASFP in CI resulted in better information collection regarding who to serve and how quickly field staff should respond to assess the family.

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

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

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

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

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

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

STATISTICS:				
FFY	CPS Intake Cases Established	Number of CPS Investigations	Total number of ARFA cases	CPS Unduplicated Victim Report
Baseline				
2013	49,889	21,563	6,574	10,919
2014	49,992	23,490	3,445	12,392
2015	51,969	25,825	0	12,749
2016	53,260	24,184	0	11,421
2017	50,060	20,385	0	10,666
2018	52,775	21,087	0	9,589

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

Update FFY 2015: All policies were updated to reflect Safety Focused Practice in December 2014. A Comprehensive Enterprise Social Services System (ACESS) was upgraded in March 2015 to reflect Present and Impending Danger assessments. Due to policies and systems being updated, information is now consistent statewide. The State’s goal of all new CW Staff receiving training on the ASFP model in the New Worker Orientation (NWO) and program specific trainings has been reached as currently all new CW Staff having received the NWO have received the ASFP training.

In November, December of 2014, and January 2015 CPS staff, Regional Administrators, CW Managers, and Supervisors were able to receive refresher training with regards to ASFP by National Consultant Matthew Gebhardt moving forward with the State’s goal of providing additional support and training to reinforce and extend expertise in safety and risk assessment practice, and to guide others in the fidelity application of the programs.

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Implementation specialists, and CW Program Staff, are responsible for providing training and consultation to field staff to ensure staff is able to effectively identify Present and Impending Danger. Implementation specialists and CW Program Staff are assigned to specific regions where they provide case specific consultation as requested by the region. There were 140 consultations provided. During these consultations staff was able to ask questions about safety decisions, which furthered knowledge and development of skills to support ASFP.

In August 2014, an overview of ASFP and Instant Court Ordered Safety Plans was held in Baton Rouge for DCFS Bureau of General Counsel, Regional Administrators, and CW Managers. State Office Field Operations, CW Program Staff and the DCFS Training staff participated in the workshop. This workshop provided information with regards to ASFP to the DCFS legal team statewide. In addition, information was presented regarding the new Instant Court Ordered Safety Plans which was included as an alternative to removal as a result of a bill passed in the 2014 Legislative Session. Starting in October Implementation Specialist provided a series of workshops on how to write a Present Danger (PD) and Impending Danger (ID) plan to alleviate the safety threats identified during the department's intervention with families.

Additional ASFP training regarding Present and Impending Danger plans was implemented in September 2014. The training provided additional information discussing how to write a Present and Impending Danger plan, assessment to determine an appropriate safety monitor for a family if needed, how to engage a family in the safety plan decision making process, and how safety threats are identified and used to develop case plans for FC and FS. Staff was taught how to develop a plan that should provide services to enhance the parent's protective capacities. Staff was taught that information collection in the six areas of assessment, (extent of maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting, and disciplinary practices) is critical as this information is used to assist FC and FS with their Family Teaming. There was an opportunity for feedback and evaluation. This training has been completed in every region.

In October 2014, Stakeholders, DCFS Staff, Foster Parents, Public Defenders, District Attorney's, and other Legal representatives were able to receive information regarding ASFP. Information was provided on how ASFP will assist in making safety decisions for children as it relates to the LA Children's Code. In January 2015 ASFP information was provided at the 2015 City Family Juvenile Judges Conference in New Orleans.

There were 120 CPS cases reviewed by the CQI implementation team to assess the implementation of the safety focused practice. In the following section you will find a chart of the data pulled from the department's Quality Assurance Tracking System (QATS) for FFY 2014 and 2015 with regards to ASFP. It should be noted that FFY 2014 Q2 was baseline data.

Update FFY 2016: Below is information on the ASFP quarterly review for FFY 2015-2016. The sampling period began January 1st and ended December 30th for the 2015-2016 fiscal years. The cases reviewed were pulled from a statewide random sample derived from all cases served during the sampling period based on the assigned worker and the worker's location in ACCESS and TIPS. The following key points are assessed during the life of a case for a comprehensive family assessment:

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Identifying and assessing Present Danger (PD): Present danger occurs early in the life of a CPS case and is totally transparent. Approximately 85% of the time, in Q1 2016 present danger or a lack of present danger was assessed correctly. In 3.3% of the cases reviewed, present danger was identified without sufficient cause. In 3.3% of the cases reviewed, present danger was not identified when it should have been. In 8.3% of the cases reviewed, the case record lacked sufficient documentation. Data indicates that there was a slight decrease in assessing present danger in the FFY 2016 1st quarter compare to the 3rd quarter in FFY 2015, but it was an increase from the 1st, 2nd quarters in FFY 2015.

Sufficiency of Information: Assuring sufficient information is captured during the information-gathering phase leads to better decision making regarding safety, risk and case disposition. An additional component to complete the six areas of assessment (Extent of Maltreatment, Circumstance Surrounding the Maltreatment, Child Functioning, Adult Functioning, General Parenting, and Disciplinary Practices) is identifying Caretaker Protective Capacities.

The data indicates that in Q1 of 2016, 49.2% of the cases reviewed resulted in a sufficient rating in the areas of Extent of Maltreatment and 55.0% in Circumstances Surrounding the maltreatment. There is a slight decrease in quality information collection in the remaining areas of assessment as compared to Q3 2015. The data for the 120 cases reviewed in Q1 of 2016 rated sufficiency of information as follows for the remaining areas: Child Functioning, 40.8%; Adult Functioning, 23.3%; General Parenting, 30.0%. There was a slight increase in the area of disciplinary practices to 35.8%. Data indicates that improvement is needed in gathering relevant information in the areas of Child Functioning, Adult Functioning, General Parenting and Disciplinary Practices.

Understanding protective and diminished caretaker capacities is significant to the application of the Advanced Safety model in practice. The presence of threats always requires us to consider whether a caretaker has the ability to be protective. Data indicates that in 49.2% of the cases reviewed, caretaker protective capacities were identified in the case and in 49.2% of the cases reviewed capacities were not identified.

Identifying and assessing Impending Danger (ID): ID refers to threats to child safety that are not obvious or occurring at the onset of CPI investigation. To accurately assess for ID, sufficient information gathering in the six areas of assessment is crucial.

In 63.3% of the 120 cases reviewed, ID was correctly identified. There was not sufficient information documented to make a determination regarding ID for 23.3% of the cases reviewed. This correlates with the previous data in the 1st and 2nd quarter of 2015 regarding lack of sufficient information gathering in the six areas of assessment. There was a slight increase for 2016 in the gathering of sufficient data to make decisions regarding ID.

Collecting sufficient information is the necessary first step to effectively assess safety. Having sufficient information can only be of real value to decision making if it is clearly understood why information is important and how that information is used to analyze family conditions and caregiver functioning in order to determine if there is impending danger to the child. Therefore, it is critical that workers understand the importance of information collection as it relates to identifying impending danger.

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Structured Decision Making (SDM)/Risk Assessment: The department uses the SDM assessment tool to guide staff in determining levels of risk for children within the family structure, during abuse/neglect investigations. Goals of SDM are to reduce maltreatment to children, reduce subsequent referrals, substantiations, subsequent injuries and subsequent foster care replacements.

The data indicates in approximately 95% of the 120 cases reviewed the risk assessment tool was completed on the correct household. In 57.5% of the cases reviewed, risk was assessed timely (within 30 days). In 65% of the cases, information documented to determine the risk level was incorrect. This indicates that workers are not endorsing risk factors accurately on the SDM assessment tool. A decrease was maintained in all areas of the SDM for Q1 2016 from Q1, Q2, and Q3 of FFY 2015.

Area of Practice	FFY 2014 Q2 Jan 1-March 31, 2014 (Baseline=7 regions)			FFY 2014 Q3 April 1- June 30, 2014		FFY 2014 Q4 July 1- Sept 30, 2014		FFY 2015 Q1 Oct 1-Dec 31, 2014	
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %
Identification of Present Danger	119	97	81.51%	96	80.00%	95	79.17%	100	83.4%
Extent of Maltreatment	120	26	21.67%	23	19.17%	33	27.50%	34	28.3%
Circumstances Surrounding Maltreatment	120	35	29.17%	29	24.17%	42	35.00%	48	40.0%
Child Functioning	120	9	7.50%	11	9.17%	21	17.50%	27	22.5%
Adult Functioning	120	4	3.33%	7	5.83%	4	3.33%	7	5.8%
General Parenting	120	5	4.17%	5	4.17%	13	10.83%	133	10.8%
Disciplinary Practice	119	3	2.52%	7	5.83%	10	8.33%	10	8.3%
Caregiver Protective Capacities	119	25	21.01%	29	24.17%	53	44.17%	50	41.7%
Identification of Impending Danger	119	57	47.90%	67	55.83%	67	55.83%	61	50.8%
Correct Household	118	110	98.22%	117	97.50%	119	99.17%	114	95.0%
Timely Approval	118	60	50.85%	56	46.67%	71	59.17%	75	62.5%
Consistency	118	76	64.41%	73	60.83%	83	69.17%	66	55.0%

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Area of Practice	FFY 2014 Q2 Jan 1-March 31, 2014 (Baseline=7 regions)			FFY 2014 Q3 April 1- June 30, 2014		FFY 2014 Q4 July 1- Sept 30, 2014		FFY 2015 Q1 Oct 1-Dec 31, 2014	
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %

***The number of cases for FFY Q3 2014, FFY Q4 2014, FFY Q1 2015 is 120.

Area of Practice	FFY 2015 Q1 Jan 1-March 31, 2015 (Baseline=7 regions)			FFY 2015 Q2 April 1- June 30, 2015			FFY 2015 Q3 July 1- Sept 30, 2015		
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Reviewed	# of Cases Meeting Practice	%	#of Cases Reviewed	# of Cases Meeting Practice	%
Identification of Present Danger	120	100	83.4%	120	85	70.8%	120	107	89.1%
Extent of Maltreatment	120	60	50.0%	120	55	45.8%	120	63	52.90 %
Circumstances Surrounding Maltreatment	120	59	49.2%	120	65	54.2%	120	73	60.8%
Child Functioning	120	33	27.5%	120	48	40%	120	51	42.5%
Adult Functioning	120	17	14.2%	120	24	20%	120	28	23.3%
General Parenting	120	17	14.2%	120	37	30.8%	120	36	30%
Disciplinary Practice	120	23	19.2%	120	39	32.5%	120	40	33.3%
Caregiver Protective Capacities	120	39	32.5%	120	47	38.3%	120	51	42.5%
Identification of Impending Danger	120	54	32.5%	120	52	43.3%	120	73	60.9%
Correct Household	120	113	94.2%	120	110	91.7%	120	114	95%
Timely Approval	120	76	63.3%	120	74	61.7%	120	78	65%
Consistency	120	52	43.3%	120	58	48.3%	120	53	44.2%

Note: There were no safety focused reviews conducted in Q4 of the CQI case review process.

Area of Practice	FFY 2016 Q1 Jan 1- March 30, 2016		
	# of Cases Reviewed	# of Cases Meeting Practice	Percentage meeting practice
Identification of Present Danger	120	102	85.0 %
Extent of Maltreatment	120	59	49.2%
Circumstances Surrounding Maltreatment	120	66	55.0%

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Area of Practice	FFY 2016 Q1 Jan 1- March 30, 2016		
	# of Cases Reviewed	# of Cases Meeting Practice	Percentage meeting practice
Child Functioning	120	49	40.8%
Adult Functioning	120	28	23.3%
General Parenting	120	36	30.0%
Disciplinary Practice	120	43	35.8%
Caregiver Protective Capacities	120	59	49.2%
Identification of Impending Danger	120	76	63.3%
Correct Household	119	114	95.8%
Timely Approval	120	47	57.5%
Consistency	120	42	35.0%

NOTE: SFP practice reviews were only conducted in the first quarter of FFY 2016.

Below is a comparative analysis of the ASFP quarterly review for FFY 2014-2015. The sampling period began January 1st and ended December 30th for both 2014 and 2015 fiscal year. The cases reviewed were pulled from a statewide random sample derived from all cases served during the sampling period based on the assigned worker and the worker's location in ACCESS and TIPS. The following key points are assessed during the life of a case for a comprehensive family assessment:

Identifying and assessing Present Danger (PD): With the exception of the 3rd quarter, FFY 2015 had an increase of assessing PD accurately compared to FFY 2014. In 2014, there was a decrease in assessing PD in the first, second, and third quarter.

Sufficiency of Information: During the FFY 2015 review period, changes were made to the ASFP instrument to obtain a more accurate data. When assessing the accuracy of sufficient information gathered in 2015, partially sufficient was removed leaving sufficient and insufficient as ratings for each of the assessment areas. Therefore, sufficient and partially sufficient data for FFY 2014 were added together to provide an overall percentage of sufficient information collected.

There continued to be improvement in obtaining sufficient information in the six areas of assessment. There was an increase of gathering sufficient information in FFY 2015 data in the areas of extent of maltreatment and circumstances surrounding the maltreatment compare to FFY 2014 data. There was a slight increase in 2015 data compare to 2014 in the areas of child functioning, adult functioning, general parenting, and disciplinary practices.

Assessing the Caregiver Protective Capacities (CPC) is crucial during the family functioning assessment. CPC are personal characteristics that contribute to a person being protective of their children. These capacities are apparent in three domains: cognitive, emotional, and behavioral. The presence of threats always requires an assessment to determine whether a caretaker has the ability to be protective. There was a slight increase in assessing CPC in the FFY 2015 2nd and 3rd quarter compare to the 2nd and 3rd quarter in FFY 2014. In FFY 2015 4th quarter, there was a slight decrease compare to FFY 2014 4th quarter data.

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Identifying and assessing Impending Danger: The second quarter of FFY 2014, 47.9% of cases accurately assessed impending danger, 55.83% accurately assessed ID for the third quarter, and 55.83% accurately assessed ID for the fourth quarter. For FFY 2015, 50.8% of cases accurately assessed impending danger in the first quarter, 32.5% of cases accurately assessed ID in the second quarter, 43.3 % assessed impending danger accurately in the third quarter, and 60.9% in the fourth quarter. There was a decrease in assessing ID in the second and third quarter of 2015 compared to the second and third quarter in 2014. In the fourth quarter of 2015, there was an increase in assessing ID compared to the fourth quarter in 2014.

Structured Decision Making (SDM)/Risk Assessment: SDM is an evidence-based assessment instrument that promotes safety and well-being for children who are most at risk. Since the Risk Assessment is used to guide decision-making regarding the ongoing need for services, it is important that the SDM is created on the correct household, completed based on all information gathered surrounding the six areas of assessment and the caretaker's protective capacities, and approved timely to prevent delay of services, if warranted.

The accuracy of the SDM is based on the three following factors:

1. SDM completed on the correct household
2. Timely approved
3. SDM consistency

In 2015, 94.2% of the risk assessments were created on the correct household in the second quarter. This was an increase from 2014 second quarter which was 93.2%. In 2014, the third quarter had 97.5% and fourth quarter had 99.17% of the risk assessments completed on the correct household. In 2015, the third quarter had 91.7% and the fourth quarter had 95%. There was a slight a decrease in creating the risk assessment on the correct household in the second and third quarter of 2015 compared to the third and fourth in 2014.

In August of 2014, an SDM approval check box was added to ACESS for CPS Investigation type In-Home-Family. The SDM approval check box was added to ensure that Supervisors reviewed and concurred with the information the CPS worker endorsed on the instrument tool. Since the addition of the SDM approval box, the department continued to make improvement on approving the SDM instrument tool. The data for approving the risk assessment timely in the second quarter of 2014 was 50.9%, the third was quarter 46.7%, and fourth quarter was 59.2%. In 2015, the percentage of cases timely approved in the first quarter was 62.5%, second quarter was 63.3%, third quarter 61.7%, and fourth quarter was 65%. There was an increase in approving the risk assessment timely in 2015 compared to 2014.

In 2015, there was a decrease in completing the risk assessment accurately compared to 2014. In the second quarter of 2014, 64.4% of the instrument tool was completed accurately, 60.8% for the third quarter, and 69.7% for the fourth quarter. In 2015, 55.0% was completed accurately for the first quarter, 64.4% of the instrument tool was completed accurately for the second quarter, 60.8% for the third quarter, and 69.2% of the instrument tool was completed accurately for the fourth.

Progress was made in 2015 in applying the ASFP model. More emphasis is needed on gathering sufficient information in the six areas of assessment, in particularly child and adult functioning, as

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well as, the caretaker protective capacities to adequately assess ID. This information is crucial in decision making to determine if children are safe or unsafe. Ongoing training and consultations were scheduled in 2015 to enhance the staff knowledge of the ASFP application model.

Safety Implementation Team: As part of the implementation and progression of learning of the ASFP model, a team composed of ASFP Implementation Specialists, CW Program Staff, and stakeholders met every Thursday from January–December of 2015. The team discussed innovated strategies to enhance field staff knowledge of ASFP to improve present and impending danger assessments and safety decision making to ensure the safety of our children.

Child Protective Services Consultant (CPS), Continuous Quality Improvement (CQI), and ASFP Implementation Specialist: The CPS, CQI, and the DCFS ASFP Administrators experts supported field staff in improving ASFP which ultimately led to improving services to families we served, increased positive outcomes, and provide supported continuous learning of the ASFP ensuring the safety of our children. From January through December of 2015, the safety experts reviewed a random sample of 120 in-home child protection investigation cases statewide on a quarterly basis. A strenuous in depth protocol was implemented to further discuss cases reviewed and closed with child safety concerns.

DCFS/CPS System Improvement: ACESS, TIPS, and DCFS/CPS Policy Management System were streamlined from January-December of 2015 to incorporate accessible tools essential to assess safety, provide consistency in safety decision making, and gather accurate data critical for improving safety and well-being of our children.

In January of 2016, the department embarked on a reorganization effort with the election of a new Governor, Governor John Bel Edwards, and appointment of a new Secretary for DCFS, Marketa Garner Walters. Reorganization efforts are on-going and focus on regaining program integrity throughout the department, by separating the administration and oversight of the programs within DCFS, particularly CW, Child Support and Economic Stability. The emphasis of the department has been on CW, particularly with ensuring that CW is led by CW professionals, as well as advocating for CW to have the resources needed to support our work. The reorganization efforts have resulted in the extinction of the Field Services Unit, with more resources and oversight being placed at the regional and local levels. The department has already seen a reduction in the amount of staff turnover, leading to hope that this will assist in having staff that are knowledgeable and are able to apply the safety practice model consistently.

DCFS continued in its' efforts to improve safety practice during 2016-2017, while focusing on ensuring that the review process assisted in improving practice. A workgroup was developed to enhance QA in the review protocols. The workgroup included all CPS State Office Consultants, the ASFP Implementation Specialists, and the CQI Safety Focused Practice (SFP). The workgroup consisted of eight trainings/meetings in which each SFP review question was reviewed amongst team members to ensure the questions were understandable, accurate, and reliable. Several cases were reviewed during this group to ensure reliability and accuracy among panel members. The goals of the group were achieved as CPS consultants, Implementation Specialists, and CQI reviewers were able to improve consistency in review practices and dissemination of review data to field staff. This effort resulted in more consistency in ratings amongst all reviewers, and reduced

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the amount of errors found by the second level reviews of the SFP reviews recently conducted. Exit Conferences were held with field staff to discuss the results of the individual case reviews.

SFP reviews were not completed for Q1, Q3, and Q4 during this fiscal year due to the need to organize the workgroup to ensure reliability as well as transitioning to aligning the reviews to be consistent with the CFSR timeframes for reviews, six month periods of time. Only one quarter of ASFP cases was reviewed during this FFY; however, safety practice was continuously assessed through the on-going CQI reviews utilizing the CFSR instrument used throughout the year. Item #2 “Did the agency make concerted efforts to provide services to the family to prevent the children’s entry into foster care or re-entry after reunification”, and item #3 “Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care” focuses on the safety of the children. The department plans to review the practice area strengths and needs, and target efforts to strengthen particular areas of safety focused practice.

Update FFY 2017: A review instrument was developed to focus on the same critical decision points in practice as well as to assess supervisor's guidance provided to workers throughout the life of the case. A reporting tool was developed to track trends in specific practice areas that can be targeted for monitoring by State Office and Regional leadership. The primary areas of focus for CPS include reducing repeat maltreatment and enhancing protective caretaker capacities. Items from the review instrument that will be included in tracking and monitoring are:

6. # Cases SDM completed correctly
7. # Cases SDM used accurately for decision making to determine case closure, referral for services or removal
8. # Cases Present Danger was assessed accurately
9. # Cases Impending Danger was assessed accurately
10. # Cases Protective Capacities were explored and identified

The Manager reviews are scheduled to start in July of 2017. Reports from the reviews will be forwarded to Regional and State office leadership quarterly and reviewed during Management and Leadership meetings. Information from the reviews will be used to:

- Track trends at the State Office level to inform policy clarifications or changes
- Assess practice areas for additional training and/or mentoring needs
- Identify areas of practice for supervisory focus during consultation with managers

Update FFY 2018: As the department continues to remain committed to improving Safety Focused Practice a focus of building capacity among supervisors was made. A shift was made to have CW Managers review a minimum of 5 cases per month to assess practice in their assigned areas. The goal of the reviews was to utilize the information to identify areas of practice where supervisors may need additional training or mentoring, with an ultimate goal of improving the overall practice within the Manager's team and office.

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A review instrument was developed to focus on the same critical decision points in practice as well as to assess the supervisor's guidance provided to workers throughout the life of the case. A reporting tool was developed to track trends in specific practice areas that can be targeted for monitoring by State Office and Regional leadership. The primary areas of focus for CPS included reducing repeat maltreatment and enhancing protective caretaker capacities. The review instrument includes 11 items:

1. History review conducted, when applicable
2. Response priority met
3. Investigation contacts sufficient
4. Present danger assessment accuracy
5. Sufficient information collected
6. Protective capacities explored
7. SDM risk assessment completed correctly
8. Impending danger assessment accuracy
9. The accuracy of validity decisions
10. The accuracy of dispositions, and
11. Evidence of supervisory guidance

Only certain items on the instrument are tracked and monitored. Items from the review instrument that are included in the tracking and monitoring are:

1. Present Danger was assessed accurately
2. Protective Capacities were explored and identified
3. Cases SDM completed correctly
4. Impending Danger was assessed accurately, and
5. The accuracy of Disposition

The Manager reviews started in July of 2017(3rd quarter), however due to managers learning how to use the instrument, and learning how to complete the reviews the data was not collected and reported for this quarter. The data was collected and reported from October 2017 until December 2017 (4th quarter). The data and reports for the reviews from Q4 were forwarded to Regional and State office leadership, and reviewed during Management and Leadership meetings. Information from the reviews was used to:

- Track trends at the State Office level to inform policy clarifications or changes
- Assess practice areas for additional training and/or mentoring needs
- Identify areas of practice for supervisory focus during consultation with managers

There were 122 CPS cases reviewed by the CPS managers for Q4 of 2017. The data indicates that in 105 cases, which are 86.0% of the time, present danger was assessed correctly, and in 17 cases, which are 14.0% of the time, present danger was not assessed correctly. The data indicates that present danger was identified correctly in Q1 of 2016, which is 85% of the time, which is a slight increase using the manager reviews.

The data indicates that protective capacities were explored and identified correctly in 96 cases, which is 78.7% of the time, and in 22 cases protective capacities were not identified or explored, which is 18% of the time. In 4 cases or 3.3% of the time protective capacities were not applicable

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to explore or identify, as the case would have been closed as unable to locate, client non-cooperative, or another special closure reason. In Q1 of 2016 protective capacities were identified correctly 49.2% of the time. The data reflects a significant increase in Q4 of 2017 from Q1 of 2016.

The data indicates that the SDM was completed correctly on 100 cases, which is 82% of the time, but in 19 cases, which is 15.6% of the time, the SDM was not completed correctly. In 3 cases or 2.4% of the time the worker was unable to complete the SDM which would have been due to the case being closed as a special closure, such as, unable to locate, client non-cooperative, or another special closure reason. In Q1 of 2016 the SDM was completed correctly 35.0% of the time. The data from Q4 of 2016 reflects a significant increase.

The data indicates that impending danger was identified correctly on 88 cases which is 72.1% of the time, but in 24 cases which is 19.7% of the time impending danger was not identified correctly. In 10 cases impending danger was not applicable, which is 8.2% of the time. In Q1 of 2016 the data reflects that 63.3% of the time impending danger was identified correctly. From Q1 of 2016 until Q4 of 2017 there was only a slight increase in assessing impending danger correctly.

The data indicates that the disposition of the case was accurate on 104 cases which were 85.2% of the time, but in 15 cases, which are 12.2% of the time, the cases disposition was not accurate. In 3 cases the disposition of the case was not applicable, which is 2.6% of the time. The case disposition was not captured in Safety Focused Practice Reviews in 2016 so therefore there is no data to compare this to.

The data from these reviews has been provided to leadership, included Regional Administrators, and Child Welfare Managers in State Office during leadership meetings. The purpose of providing this data to leadership is so that trends can be reviewed, areas of practice needing improvement can be identified, additional training, and mentoring can be identified. Currently there is not enough data to determine what additional training needs to be provided from these reviews. The department continues to utilize our mentoring program, and this data is provided to our mentoring Child Welfare Manager to assist our field staff during their mentoring sessions.

CPS managers have indicated that once they complete the instrument they use this instrument during their weekly supervision meetings with their supervisors as a way to discuss trends that are observed with regards to workers and supervisors. These instruments have provided front line managers with information as to how decisions are being made, and where a supervisor may need additional assistance with a certain areas of focus. Although these reviews are extremely early in the process managers have continued to utilize this data to assist them with changing practice.

CPS consultants continue to provide ongoing consultations and continue to participate in high risk staffing's. CPS consultants provide consultation though Eckerd consultations, regional case consultations requested by the local offices, and through case crisis reviews. When areas that need further attention are identified the CPS consultants conduct a monthly WebEx for all CPS staff throughout the State, to receive training in the area that has been identified as an area that needs further attention. CPS consultants have completed WebEx's on the following topics:

- Is this Present Danger

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- Substance Exposed Newborns and Introduction to Legislation
- State Central Registry Clearances
- Daycare Investigations
- ACCESS Updates
- Child Fatality and Life Threatening Injury, and
- Parentings Making a Placement for Their Children

These WebEx's are recorded so staff can review them at a future date, or if new staff need additional training in a certain area they can obtain this training through these recorded WebEx's. Due to these trainings being interactive and always having a question and answer portion of the training, trainings have been extremely beneficial to our front line staff. CPS consultants have observed front line staff to be engaged during these WebEx's, and they have seen areas of practice become enhanced once these WebEx's have been completed.

DCFS implementation specialist conducted 63 Safety Focused Practice Consultations from October of 2016 until September of 2017. These consultations included up to 12 people at a time from, the CPS, FC, and FS program. During this time, DCFS implementation specialist noticed that the quality of assessments continued to improve. DCFS implementation specialists have continued to see a reinforcement of information from all staff which appears to be impacting our workers' improvements. These reinforcements of information have come through a change in the New Worker Orientation module as well as through DCFS implementation specialist, and CPS consultations completing consultations jointly. DCFS implementation Specialist are focusing on "bridging the gap" when cases are transferred from CPS to FC or FS. Since implementation specialist have started observing Family Team Meetings they are able to identify strengths in areas of practice, as they are able to observe what information is being transferred to FC and FS. Although the number of safety consultations decreased in 2017 this is due to the Eckerd consultations that were implemented in July of 2017. From July 2017 until September 30, 2017 the implementation specialist completed 23 Eckerd consultations with our local field supervisors and workers. DCFS implementation specialist discuss Safety Focused Practice each time they have an Eckerd case consultation as this model allows the consultants to ask questions centered around our Safety Focused Practice Model.

Update FFY 2019:

- Manager Reviews began that were inclusive of safety issues, however the requirement for regions to continue the reviews and submit to State Office ended. Receiving the CFSR results has indicated the need to re-evaluate our focus on safety, how it is measured and monitored.
- CPS Consultants provided ongoing statewide consultations and participated in staffing high-risk cases to identify strengths and effective practices, as well as, areas needing further attention for CPS Program improvement to ensure the safety of children. CPS Program conducted WebEx's to ensure areas needing further attention were addressed.
- DCFS Implementation Specialists examined the quality of assessments and information gathering throughout a case by statewide case consultations as well as through Eckerd consultations.

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- CPS Supervisory Guidance to Case Sufficiency Training was provided throughout the state to all CPS supervisors. Supervisors were given guidance on how to use existing tools and policy to improve decision making and safety outcomes at critical periods during the case.
- Safety Decision Making training was provided statewide to staff through collaboration with the Pelican Center for Children and Families. The training explored determining if a child is safe, the areas of assessment, risk and safety assessments, and appropriate safety plans.

Substance Exposed Newborns (SEN): The department continues to see a rise in the number of SEN. As a result, DCFS policies were updated to ensure all cases involving a SEN receive a Priority 1 (24 hour) response by CPS Staff to determine the safety of the newborn infant. The CPS policy prioritizes these reports to make contact with the mother prior to discharge from the hospital. The development of an investigative plan between the worker and supervisor are required on all cases involving a SEN. These cases require a high risk staffing with the Parish CW Manager. The PD plan is to be completed within 24 hours of initial contact with the parent and infant. The father shall be contacted to determine his level of care and commitment to the infant, his knowledge of the mother’s substance use during pregnancy, and to assess him for substance abuse, mental health issues and domestic violence. All individuals who will be assisting with the care of the infant will be assessed for the same items.

If PD is assessed a safety plan must be put into place immediately. The safety plan can either be an in-home safety plan or an out-of-home safety plan (foster care through a court order). If an in-home safety plan is appropriate, the Bureau of General Counsel is contacted to determine if a protective order or a petition should be filed to assure the family’s compliance with the safety plan. The case is then transferred to FS for continued assessment and service provision.

Policy was strengthened relating to a family’s second SEN. The Bureau of General Counsel must be consulted to pursue necessary court intervention if agency history reveals this is a subsequent SEN. The chart below provides specific data on the number of CPS cases where SEN were identified and the disposition of the case:

Disposition of # of children w/allegation of SUBSTANCE EXPOSED NEWBORNS (SEN)						
FFY	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Valid	1,113	1,301	1,395	1,677	1699	1,927
Not Valid	143	131	125	134	164	257
Total	1,256	1,432	1520	1,811	1863	2,184

**Note: Information regarding: Structured Decision Making (SDM), A Comprehensive Enterprise Social Services System (ACCESS), and Centralized Intake (CI) can be found in the CAPTA section.*

Update FFY 2016: Child Protective Services (CPS): Action for Child Protection provided six safety implementation team members with the supervisors as “Safety Decision Makers Training”. This training began in March 2015 and ended in November 2015 and included nine days of in-person training. This module focused on PD and after this training was completed all six implementation team members were able to correctly assess present danger according to Action for Child Protection. These six implementation team members are now considered experts in assessing present danger.

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The Pelican Center Training and Education Committee have a monthly meeting which is held via conference call with attorneys, stakeholders, Judges, DCFS staff, foster parents, and other community partners to teach these providers about the ASFP Model. This is to ensure that the model is being implemented correctly in all professions, and professionals have the same understanding of present and impending danger. By having these meetings this ensures better consistency in services and better outcomes for our families and children as all stakeholders, Judges, community partners, legal, DCFS staff, etc. all understand safety. This call provides an opportunity for concerns regarding services and needs that require attention.

Each quarter a detailed report is developed from the case reviews and this report is provided to executive staff. The report entails the purpose of the review, the overall assessment for identifying PD, the summary of data regarding assessment of present danger, sufficiency of information, overall assessment for sufficiency of information, overall analysis of safety assessment/ID, and overall analysis of risk assessment/SDM.

The Safety Implementation Specialists launched a statewide ASFP safety plan writing training from January through May of 2015. The ASFP safety plan writing was piloted and tested in Lake Charles and Thibodaux regions in September of 2014. Alexandria, Covington, Orleans, Monroe, Shreveport, and a statewide makeup safety plan training was held January through May. The ASFP safety plan writing training objective was to give field staff a thorough understanding of child safety decisions as it relates to a comprehensive assessment of the family's strengths, caretaker's protective capacities, child functioning, present/impending danger assessment, safety analysis, safety planning, and the management of PD and/or ID threats to child safety. The Safety Implementation Specialist presented an ASFP safety seminar at the Together We Can conference in October of 2015.

The CPS consultants conducted quarterly ASFP exits from January-December of 2015 with the Regional Administrators, Area Directors, and Managers to discuss ASFP case review data and assess additional support and training to reinforce and enhance field staff expertise in safety and risk assessment practice to continue improvement of the ASFP. As a result, the CPS Consultants conducted several refresher ASFP trainings with CW Managers, Supervisors, and Workers. The areas of focus were gathering sufficient information and using critical thinking skills to assess safety and decision making.

The CQI experts consulted with CPS supervisors and workers statewide quarterly from January - December of 2015 to discuss CPS cases randomly selected for review during the sampling period. The consultations focused on identifying and assessing PD/ID, sufficiency of information collection, and identifying the CPC.

The CPS Regional Consultants conducted statewide consultations from January-December of 2015 to discuss present/impending danger safety, sufficiency of information documented in the six areas of assessment, utilizing information gathered to assess safety and decision making.

The Safety Implementation Specialist conducted several statewide onsite consultations to provide a comprehensive assessment of CPS Investigations as it related to present/impending danger assessments, child functioning, adult functioning, caretaker protective capacities, and sufficiency

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of information. From July through December of 2015, the Safety Implementation Specialist provided consultations in Lafayette, Monroe, Shreveport, and Lake Charles regions.

CPS new employees are required to attend four consecutive weeks of new worker orientation (NWO). Prior to the orientation, the supervisor and worker complete pre-class assignments. The orientations are scheduled between one week and six weeks of the worker's hire date. The NWO curriculum provides a series of trainings designed to prepare the worker with the knowledge and skills needed to effectively perform the duties of a CPS worker. January through December of 2015, 260 CPS workers attended the NWO.

A regional exit meeting is held each quarter to discuss data regarding CPS cases. In attendance in each meeting are the Regional Administrator, Area Directors, Supervisors, Managers, CPS Consultants, FS Consultants, CPS CW Program Manager, and the FS CW Program Manager. Information is provided to the region with regards to the six areas of assessment, identifying PD and ID, identifying CPC, and SDM. CPS Program Consultants lead these meetings and provide feedback for the regions during these conferences.

DCFS continues to strengthen the policies and procedures and trainings to ensure that all children who are under the age of three are referred to Early Steps when a developmental delay is suspected. Certain cases have a mandatory referral to Early Steps. Through our collaborative effort with multiple addictive disorder professionals DCFS has continued to place an emphasis on ensuring that addiction services are available to all clients. DCFS partnered with LDH through the Substance Use Disorder Collaborative as alternative medications may be utilized to some clients who have substance abuse disorders. On November 30, 2015 the agency no longer utilized Magellan for mental health or behavioral health services. The Healthy LA Plans became the new provider for DCFS clients.

Update FFY 2017: CPS new employees are required to attend four consecutive weeks of NWO. Prior to the orientation, the supervisor and worker complete pre-class assignments. The orientations are scheduled between one week and four weeks of the worker's hire date. The NWO curriculum provides a series of trainings designed to prepare the worker with the knowledge and skills needed to effectively perform the duties of a CPS worker. There were 86 new CPS workers required to attend these trainings from January 2016 to December 2016.

DCFS has worked with the CW Law and Advanced Institute to provide a multi-disciplinary training, SDM, which is based off the American Bar Association publication, Child Safety: A Guide for Judges and Attorneys. This training was developed and implemented initially this year, with the majority of training sessions extending into next year. Through this effort, attorneys, Judges, children's advocates, and DCFS staff will be trained in the SFP model, along with other stakeholders. It is anticipated that through education of our legal partners and other stakeholders, it will increase the knowledge of SFP and ultimately lead to consistency in its application. The Louisiana Court Improvement Project (CIP), as well as Court Appointed Special Advocates (CASA), are sponsoring these trainings, and on March 24, 2017 a training was held. More training will be implemented in 2018. This effort is part of a larger initiative through the CIP to improve SFP in the State of Louisiana.

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The Pelican Center for Children and Families along with CPS consultants, DCFS legal, Mental Health advocates, IV-E students, a local Judge, and others, embarked on a six-month initiative to develop a mock trial for a large statewide conference and recording for future use. This training consisted of a case that was presented from the Continued Custody hearing through a Permanency Review hearing. This training was designed to assist DCFS workers, legal partners, foster families, and other stakeholders in their understanding of the investigative and court processes. This training was acted out, videoed and will be used for multiple other trainings to assist with understanding the DCFS investigative and court process that takes place when a child enters FC. This training was presented at the Together We Can (TWC) conference and positive feedback was received with regards to this training.

DCFS provided multiple trainings on human trafficking (HT) to multiple different stakeholders. These trainings were presented to the Homeland Security Information Networking Group, the TWC conference, and Children's hospital. These trainings reached multiple disciplines including law enforcement, medical professions, social workers, and others.

In May of 2016, a regional exit meeting was held with each region to discuss the data with regards to the CPS cases which were reviewed by the CQI team. In attendance in each meeting are the Regional Administrator, Area Directors, Supervisors, Managers, CPS Consultants, FS Consultants, CPS CW Program Manager, and the FS CW Program Manager. This data was placed on the DCFS intranet and is available to all staff. Staff is able to use this information to assist them with overall performance. In an effort to strengthen SFP with the regional staff, an emphasis was placed on ensuring that the Advanced Safety Implementation Specialists completed individual consultations with supervisors and managers as new workers received SFP training from an SFP implementation specialist during their NWO. A total of 223 SFP case consultations were completed this year which is an increase from prior years. The goal has been to ensure that these consultations are not with regional management, but with frontline workers and supervisors so staff felt comfortable asking questions about information they may not know, but feel as though they should know. Emphasis is always placed on ensuring that the consultations are completed to where the person is able to understand PD, ID and the six areas of assessment.

A comprehensive assessment suggests that workers are predominantly continuing to conduct allegation-based investigations. Specific exercises regarding PD and ID scenarios were sent to each group of field staff scheduled for a consultation. Staff was expected to identify PD and ID prior to meeting and send the exercises back to the consultant. Each employee read their answer, discussed their rationale and read the corresponding definition for the answer selected. The process continued until the employees made a correct determination for threats. Workers generally made the correct determination after reading the threat definition. The consultant provided guidance.

Workers brought cases to review to assist with determining PD and ID. Information for the six areas of assessment was discussed to include necessary information to make a determination about the safety of the child(ren) within the home.

Policy has been updated throughout the year regarding safety planning activities, conducting safety assessments in out-of-home investigations, changes to approval level required to reverse a validity finding, adding the allegation of Life Threatening Injury to allegations of abuse/neglect, and providing additional guidance and forms in completing court-ordered safety plans. Policy was not

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updated to include the work of the Tulane Trauma Project as it implements a process to screen children for Post-Traumatic Stress Disorder (PTSD) and other mental health needs. Policy was updated to include the Tulane Project, but it's located in a section of policy where all programs can use the policy. Much of the focus with the trauma grant has focused on the FS and FC population; therefore, it was not mandated in CPS policy. CPS staff is trained on how to complete the screening tool.

CPS Program Consultants implemented monthly WebEx conferences with field staff which are held on two different dates each month and are recorded so field staff can understand how to address difficult cases. To date, three WebEx's have been conducted focusing on Out of Home Investigations, the six areas of assessment, safety plans, and fatality investigations. Positive feedback has been received and topics have been submitted for future WebEx topics.

CPS and the Children's Justice Act completed multiple activities this FFY to increase the training needs of staff, specifically addressing the areas of risk and safety. Some of these highlights were:

- Provide Child Victims with Disabilities training to 1011 DCFS workers and other CW Multi-Disciplined partners.
- Fund a total of 150 slots for the statewide DCFS staff to attend the 2016 TWC Conference.
- Fund a total of 37 slots for DCFS staff and multi-disciplined CW Professionals to attend the 2016 Connections Count Conference in Lake Charles.
- Launch the CJA funded APP "Louisiana Help Desk" including all safe haven sites.

Substance Exposed Newborns: In December 2015, the department added the drug/alcohol identification page to the ACESS system. Policy on how to correctly complete the drug/alcohol identification page was completed in December 2015. When substance abuse/drug use is alleged, the CPS worker assesses whether the parent or caregiver has a past or current substance abuse/alcohol abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug or alcohol use is not considered an alcohol or drug problem. The worker makes diligent efforts (drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use) to verify the drug use and documents the findings.

Interference in the parent's or caretaker's functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement;
- Marital or family relationships, ability to provide protection, supervision, and care for the child;
- Arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- Self-report;
- Treatment received;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use; and/or
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

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The worker must complete this page on every household member who has a drug/alcohol addiction. The worker must enter the drug/alcohol category (i.e. Opiates, Benzodiazepines, Cannabinoids, Alcohol, Amphetamines, Barbiturates, Cocaine, MDMA, Methadone, Methamphetamines, Phencyclidine, Propoxyphene, and other), and the Diagnosis Category. If the infant was diagnosed by a Physician with NAS or FASD then it is endorsed. The worker may enter comments as well and comments are mandatory if “other” is identified as the drug/alcohol category. With this new drug/identification page the department will be able to identify trends within the SEN (i.e. geographical areas, medical concerns, need for treatment programs).

The department has designated members from the CPS Program, FS Program, and regional managers to serve on the NAS Committee. Community partners participate in this workgroup (i.e. hospital staff, the Nurse Family Partnership, Intensive Home-based Service providers, and members of the court system). The goal of this group is to reduce NAS in Lafayette Parish by 15% by December 2018 as measured by DCFS, Medicaid Patients, Lafayette General Data, Our Lady of Lourdes, Women and Children’s Hospital, Drug Court Data, Office of Public Health, and Local Treatment or Public Health Services. The objectives of this group is to increase collaboration among public, private, and non-profit agencies, integrate behavioral health into primary care, and increase policy initiatives to protect unborn children. This committee meets monthly.

The department has a designated member who works with LDH on the Substance Use Disorder Collaborative. “The Substance Use Disorder Collaborative exists to lead Louisiana’s efforts in SUD treatment reform through inter-departmental prevention efforts, early identification, enhanced benefit design, data-driven decision-making, integrated care models, innovative delivery and payment models. The project hopes to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels” is the mission.

Update FFY 2017: The Drug/Alcohol Identification page in ACCESS allows the department to collect data regarding the substances mothers of affected newborns are using. This allows targeted treatment opportunities in areas of need. Data from 2016 reveals that the highest trends were: Cannabinoids (913), Methamphetamines/Amphetamines (303), and Opioids (301). This data has been used to educate stakeholders and staff about substance use in their communities. This data was used for planning efforts regarding implementation of the Comprehensive Addiction and Recovery Act of 2016 (CARA). The Governor signed Act 359 on June 22, but it is effective upon promulgation of rules, and the emergency rule went into effect on 10/1/17.

Efforts to date include:

- Development of a DCFS workgroup that meets weekly to plan for implementation of CAPTA requirements, including establishing additional committees; and revising applicable laws, rules, and agency policies;
- Establishment of a state collaboration to begin implementing provisions to the state plan relating to infants affected by substance use. Through this collaboration, existing services have been discussed, along with strategies to fill identified gaps in services. One such effort includes the exploration of expedited substance abuse assessments for DCFS clients, revising practices to strengthen the referral process and provision of services for Early Steps.

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- Plans of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a FASD are being developed. The plan of safe care will address the health and substance use disorder treatment needs of the infant and affected family or caregiver.
- Development of proposed legislation to meet the new requirements of CAPTA;
- Submission of request for required system changes to capture the required NCANDS data elements;
- Through the collaboration, address the development and implementation by the State of monitoring systems regarding the implementation of the plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for the infant and affected family and caregiver. This includes exploring the use of regional committees comprised of DCFS staff and community stakeholders to regularly review the provision of services, identify gaps in the delivery of services, and strategize to improve the outcomes of the families affected by substance use/abuse.
- The

The department continued to work with the Substance Use Disorder Collaborative and the NAS Committee to bring awareness to the public regarding SEN and reducing the numbers of SEN. Through these efforts, the department participated in a Governor's commission on the prevention and treatment of Opioid use and as a result was instrumental in the development of the Louisiana Substance Use in Pregnancy Clinicians-Toolkit. The department has become an active participant in the Governor's Commission on the Prevention and Treatment of Opioid Use, which recently submitted a report to the legislature that includes recommended changes to enhance screening practices, and services available for families in need.

Update FFY 2018: CPS new employees are required to attend four consecutive weeks of NWO. Prior to the orientation, the supervisor and worker complete pre-class assignments. The orientations are scheduled between one week and four weeks of the worker's hire date. In April of 2017 the New Worker Orientation Safety Focus Practice portion of the NWO training was revised by our safety implementation specialist, and the decision was made to have our safety implementation specialist train the safety focus practice portion of the training each month when NWO is offered. With the safety implementation specialist revising the Safety Focused Practice portion of NWO training, and the CPS consultants attending CPS specialized week to provide policy clarifications, assistance with high risk staffings, substance exposed newborns, definitions of allegations, out-of-home investigations, and changes in policy we have noticed our workers have a better understanding of the Safety Focused Practice model. There were 38 new CPS workers that attended these trainings from January 2017 until December 2017. The department continues to focus on workforce development which has caused a decrease in the number of CPS workers.

DCFS has continued to work with the CW Law and Advanced Institute to provide a multi-disciplinary training, SDM, which is based off the American Bar Association publication, Child Safety: A Guide for Judges and Attorneys. Through this effort, attorneys, Judges, children's advocates, and DCFS staff have been trained in the SFP model, along with other stakeholders. The Louisiana Court Improvement Project (CIP), as well as Court Appointed Special Advocates (CASA), has sponsored these trainings and they were held on February 15, 2017, March 24, 2017, Transmittal Date June 30, 2019

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April 6, 2017, May 31, 2017, July 6, 2017, July 19, 2017, October 16, 2017, and October 27, 2017. From January 2017 until December 2017, 777 participants have completed this training which ultimately leads to consistency in its application, and increased knowledge in SFP for our staff, stakeholders, and legal partners. Introductory training on human trafficking for DCFS staff and external partners was delivered in every region of the state. This was a 90-minute pre-recorded video of an interview with a survivor of human trafficking and a Louisiana human trafficking service provider. The training was provided as a state-wide WebEx for all DCFS workers on October 30, 2017. A juvenile sex trafficking screening instrument was developed and training was provided to CPS staff across the State on the CPS juvenile sexual trafficking screening instrument. Work has been proceeding with the Child Welfare Training Academy and local human trafficking provider, HP Serve, with the development of a computer based HT training that will be available to DCFS staff and anyone else who can utilize this training. DCFS state office staff has been participating in the development of the training. One of the DCFS recommendations was to include a human trafficking survivor and service provider speaking in the videos. In partnership with HP Serve, LA Child Advocacy Centers, Louisiana State Police, Children's Cabinet (Governor's Office), and the National Criminal Justice Training Center developed and hosting day long Regional Human Trafficking Summits across the state. DCFS staff participated at the Summits held during 2017, which was as excellent learning opportunity.

DCFS implementation specialist conducted 63 Safety Focused Practice Consultations from October of 2016 until September of 2017. These consultations included up to 12 people from, the CPS, FC, and FS program. During this time, DCFS implementation specialist noticed that the quality of assessments continued to improve. DCFS implementation specialists have continued to see a reinforcement of information from all staff which appears to be impacting our workers' improvements. These reinforcements of information have come through a change in the New Worker Orientation module as well as through DCFS implementation specialist, and CPS consultations completing consultations jointly. DCFS implementation Specialist are focusing on "bridging the gap" when cases are transferred from CPS to FC or FS. Since implementation specialist have started observing Family Team Meetings they are able to identify strengths in areas of practice, as they are able to observe what information is being transferred to FC and FS. Although the number of safety consultations decreased in 2017 this is due to the Eckerd consultations that were implemented in July of 2017. From July 2017 until September 30, 2017 the implementation specialist completed 23 Eckerd consultations with our local field supervisors and workers. DCFS implementation specialist discuss Safety Focused Practice each time they have an Eckerd case consultation as this model allows the consultants to ask questions centered around our Safety Focused Practice Model. Policy has been updated throughout the year to provide clarification in certain critical areas, and to comply with State and Federal laws that have been enacted. The policy updates have provided a streamlined approach to policy so information can be obtained easier. The critical policy updates for this year include:

- Policy updates for the release of information on the SCR for employment purposes and for DCFS volunteers and services providers. The revisions updated the procedure for SCR clearances for CASA volunteers. The release of information incorporated changes is statute and administrative code.
- New policy was issued to address the CPS investigation process with Native American/Indian children to include policy specific to identifying possible Indian Children, the process for determination of tribal affiliation, services to Indian families and

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the court process with Indian children and children who may be eligible for membership in a federally recognized Indian tribe.

- Policy and procedure for Out of home investigations of child day care centers and family child day care homes were combined into one policy part entitled Child Care Provider Investigations. It updated the assessment of safety and safety planning; removed administrative culpability from an assessment with valid abuse/neglect in day care centers, incorporated the statutory change of the state licensing department and coordination between DCFS and the Louisiana Department of Education with these investigations. The format was streamlined for increase clarity of expectations and readability.
- The allegations of child abuse/neglect were updated with a definition of Safe Haven for more accurate identification and tracking of safe haven relinquishments. The out of home deficiency allegations were revised to include deficiencies or concerns to report to LDOE as per their request.
- CPS case record policy was issued as a new policy part in order to simplify the process for staff to determine the correct documentation of case activities and decisions, reduce the duplication of documentation requirements throughout other policy sections and to simplify the process of updating documentation changes in the future.
- The substance exposed newborn policy was updated, due to the expectations of CARA legislation. A plan of safe care was implemented in CPS policy as well as FS policy.

CPS consultants continue to provide ongoing consultations and continue to participate in high risk staffing's. CPS consultants provide consultation though Eckerd consultations, regional case consultations requested by the local offices, and through case crisis reviews. When areas that need further attention are identified the CPS consultants conduct a monthly WebEx for all CPS staff throughout the State, to receive training in the area that has been identified as an area that needs further attention. CPS consultants have completed WebEx's on the following topics:

- Is this Present Danger
- Substance Exposed Newborns and Introduction to Legislation
- State Central Registry Clearances
- Daycare Investigations
- ACCESS Updates
- Child Fatality and Life Threatening Injury, and
- Parentings Making a Placement for Their Children

These WebEx's are recorded so staff can review them at a future date, or if new staff need additional training in a certain area they can obtain this training through these recorded WebEx's. Due to these trainings being interactive and always having a question and answer portion of the training, trainings have been extremely beneficial to our front line staff. CPS consultants have observed front line staff to be engaged during these WebEx's, and they have seen areas of practice become enhanced once these WebEx's have been completed.

CPS and the Children's Justice Act completed multiple activities this FFY to increase the training needs of staff. Some of these highlights were:

- Fund a total of 150 slots for the statewide DCFS staff to attend the 2017 TWC Conference.

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- Fund a total of 37 slots for DCFS staff and multi-disciplined CW Professionals to attend the 2017 Connections Count Conference in Lake Charles.
- Sponsored 9 one-day training events throughout Louisiana in April and May 2017 entitled Understanding Infant Death from an Investigative Perspective. This specialized training focused on understanding the different types of SUID, SIDS, and CAN deaths. Trainers were Ms. Beoncia Loveless and Major Connie Shingledecker. In addition, regional nurse coordinators with the Louisiana Bureau of Family Health served as faculty for the training, presenting Louisiana specific data and information.
- Due to the overwhelming success and notoriety of the original 10 CVD Training events held in 2015-2016, word spread throughout the state. Responding to the request from those professionals who hadn't attended earlier, the Task Force funded an additional three DVD training events delivered in January and February 2017. Another 353 child welfare professionals attended and received training. Thus, a total of 1,386 Louisiana child welfare professionals have received quality training related to child victims with disabilities in the past two reporting periods.
- Fund 15 DCFS staff to attend the Investigation/Prosecution track of the 2nd Annual LACAC Conference in October 2017 in New Orleans.

DCFS updated legislation, and created a Protective Services Review Team Unit that will start July 1, 2018 to comply with the ACF Legislation to conduct child abuse/neglect clearances on all child care providers. This unit will work closely with the Division of Administrative Law as well as the Department of Education to ensure that each owner, operator, employee, prospective employee, or volunteer in an Early Learning Center receives a State Central Registry Clearance and due process if they are identified as a perpetrator on the State Central Registry. State Legislation was revised to require facilities licensed by DCFS to complete State Central Registry Clearances, and this will begin on October 1, 2018. State Legislation has been enacted to enhanced the existing due process to include allowing any perpetrator who is validated to appeal that valid finding through the Division of Administrative Law before being placed on the State Central Registry. This process will become effective on July 1, 2018.

Eckerd Rapid Safety Feedback(ERSF) High Risk Staffing protocol was implemented on July 3, 2017 in Louisiana. The ERSF model of high risk staffing uses predictive analytics to identify cases with a high likelihood of a poor outcome. Cases identified through this process will either be reviewed by an ERSF reviewer or a Child Welfare Manager. Cases staffed by an ERSF reviewer follow the Eckerd staffing model. Cases staffed by a Child Welfare Manager follow the normal office procedures for staffing high risk cases. The ERSF process follows a quality assurance, proactive approach to discussion and assessing cases in order to actively address safety-related issues on our most "at risk" population. This model is framed around a teamwork and mentoring approach of shared responsibility on critical cases. In implementing this model, Louisiana is looking to reduce the incidence of substantiated fatalities or near fatalities for children already known to DCFS. Known to DCFS is defined as having a prior report regardless of the final finding or service delivery within a 24-month period.

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Substance Exposed Newborns Update for FFY 2018:

- During the month of September 2017, the Comprehensive Addiction and Recovery Act of 2016 (CARA) informational stakeholder meetings were held in each region. These meetings served to introduce and educate the community on CARA, Louisiana Act 359, and the department's plans to satisfy the federal monitoring requirement. At a systematic level, the department will monitor plans of care via Regional Quarterly Stakeholder Teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. Some stakeholders invited to participate during the quarterly meetings include: Kid-Med, Local Hospital staff, Office of Behavioral Health, Office of Public Health, Bureau of Family Health, Early Steps, Home Builders providers, Local Governing Entities, and other community agencies providing Addictive Disorders Treatment and/or services to Substance Exposed Newborns and affected parents/caregivers.
- The Governor signed Louisiana Act 359 and rulemaking occurred to establish specific procedures for notifications to the department of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning that a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. The Physician Notification of Substance Exposed Newborns No Prenatal Neglect Suspected form was developed to notify the department of these newborns. The form includes a plan of safe care to ensure the needs of the family are met upon discharge from the hospital. Beginning October 1, 2017, physicians began completing the form and submitting it to the department. This form is a notification for data gathering purposes and does not constitute a report of abuse/neglect.
- DCFS has updated both CI and CPS policy to include receipt of all reports/notifications of SEN identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder. CPS policy was updated to provide more direction and focus on the development of Plans of Safe Care, including the newborn's mother/family/caregivers.
- Through statewide WebEx's, consultations, and trainings, CPS staff received guidance regarding policy updates on Substance Exposed Newborns and Plans of Safe Care.
- The department continued to work with the Substance Use Disorder Collaborative and the NAS Committee to bring awareness to the public regarding SEN and reducing the numbers of SEN. Through these efforts, the department participated in a Governor's commission on the prevention and treatment of Opioid use and as a result was instrumental in the development of the Louisiana Substance Use in Pregnancy Clinicians-Toolkit. Louisiana's IAP-SUD Substance Use in Pregnancy Clinician's Toolkit was published and distributed to the obstetricians/gynecologists in September 2017.
- The first two-day module of Louisiana's substance use disorders and child welfare curriculum series has been developed and a group of internal and external trainers selected and initially trained. Additional practice refinements are being added to the initial training as well as prioritizing content to be included in the next module in the series. An introductory on-line 4.5-hour course created by the National Center on Substance Abuse and Child Welfare has been made available to staff, foster parents, partners etc. through

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the Louisiana Child Welfare Training Academy website. In-person training will not be offered until SFY 2018-2019.

- Rising costs associated with our existing system of record for Child Protection Intakes and Investigations (ACCESS) required DCFS to replace ACCESS with a system that would duplicate the existing functionality along with adding the updates that were needed to meet the CARA requirements. ACCESS 2.0, the new version of our Child Protection system, is anticipated to go live on June 18, 2018. As a result, many of the planned activities were put on hold to focus on this replacement of ACCESS, preventing changes from being made to the current system. Changes could not be made on 10/1/17 to capture the required data for CARA implementation. However, the new system will have the functionality to gather the required data to meet the CARA requirements.

Substance Exposed Newborns Update FFY 2019:

- Implemented ACCESS 2.0 in August 2018 gathering all new data required by CARA. The new system:
 - Captures data in regards to notifications of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning that a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. It captures if a plan of safe care was developed and referrals made to ensure the needs of the family are met upon discharge from the hospital.
 - Captures data of whether or not a plan of safe care was developed and monitored for screened in reports, including services/referrals for the affected family or caregiver. This data is pushed to our TIPS system to allow for NCANDS reporting.
 - In light of the pending priority for completion of CCWIS upgrades, DCFS does not have data since implementation of ACCESS 2.0 data regarding substance exposed newborns.
- Continued on a systematic level, the department continued to monitor plans of safe care via regional quarterly stakeholder teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. On a case specific level, all accepted cases were monitored on a supervisor level to ensure a plan of safe care was developed, appropriate referrals are made, and there was follow up on those referrals.
- Developed a two day, in-person substance abuse and co-occurring disorders curriculum through the Training Academy roll out in May 2019. This assisted staff in understanding the dynamics of substance abuse, the unique characteristic involving Opioid use, enhancing engagement skills, and to assist staff in assessing safety/risk in substance using families.
- Continued to participate on the Governor's Commission on Heroin and Opioid Prevention. Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. DCFS served on the Heroin, Opioid Prevention and Education Council (HOPE). The HOPE Council completed two primary tasks, developing a statewide website to capture data related to the opioid epidemic and a comprehensive listing of all initiatives occurring in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee.

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- Continued to provide better quality services to clients through collaboration and training with community stakeholders including judges, and legal partners.
- Continued with workforce development to retain staff and strengthen the integrity of CW practice to keep a knowledgeable workforce.
- Distributed and discussed data to the management team on management reviews to directly impact practice.
- Reinforced community experts/programs (i.e. Early Steps, Addictive Disorder, and Mental Health Practitioners) to assess and ensure service needs are promoting child safety.
- Provided training on safety topics, updated laws, and other areas of practice to staff as needed via WebEx.
- Updated system requirements to ensure compliance with state and federal laws.
- Implement State Central Registry clearances for Early Learning Centers licensed by the Department of Education, and facilities licensed by DCFS.
- Implemented of Tiered Validity and Due Process.
- Continued to partner with CJA to provide training to staff.
- Continued Eckerd Rapid Safety Feedback High Risk Staffings. This protocol was applied to identify high risk cases with the likelihood of poor outcomes and with a goal of achieving better outcomes for victims of abuse/neglect.
- Continued Comprehensive Addiction and Recovery Act (CARA) efforts in each region and collaborate with local partners through the regional leads .
- Continued Safe Haven legislation that clarifies definitions to improve practice.
- Continued planning to implement provisions of the Family First Act.
- Continued CPS Supervisor Training across the state to provide guidance to case sufficiency by using existing tools and policy to improve practice in assessing the safety of children.

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

Prevention and Family Services:	
FFY	# of Families Served
Baseline: 2013	3,193
2014	3,792
2015	4,007
2016	4,019
2017	3,885
2018	4,023

Note: Unduplicated Families: (Web FOCUS ad hoc report <FS_Cases>)

Update FFY 2015: DCFS staff participation in the Louisiana Department of Health (LDH) sponsored Infant Mental Health (IMH) Training has been ongoing since 2013 as a result of the DCFS Child Welfare Division/LDH Office of Public Health partnership focused on the care and safety of infants and very young children. FS staff has been invited to participate in cross training with staff of the Nurse Family Partnership and LDH Maternal and Child Health staff. Infant mental Health training is offered to DCFS staff two times each year. During the FFY 2014, DCFS staff participated in a six series Infant Mental Health training beginning January 2014 and ending March 2014. Approximately twenty FS Workers were trained in Infant Mental Health assessment and intervention during this period. The six session series include the following topics: Introduction, Social-emotional development, Attachment, Social and ethnic influences on parenting, parenting styles, Risk factors, Pathology, Assessment including child and maternal health, and Interventions.

ASFP training was offered in Shreveport and Monroe Regions during FFY 2015. Three training sessions were offered in the Shreveport Region during the month of November 2013 with approximately 81 Family Service (FS) and Foster Care (FC) staff participating. Two training sessions were offered in the Monroe Region during November 2013 with approximately 50 FS and FC staff participating. Two additional training sessions were offered in the Monroe Region during December 2013 with approximately 50 FS and FC staff participating. Advanced Safety Training consultations were offered and remain available to staff in all Child Welfare programs statewide.

Per the department’s goal to continue to update policy, several policy updates were made to strengthen practice, specifically policies referring to families in FS where their cases are being closed due to compliance and completion of the case plan. Specific FS policy revisions were completed in an effort to provide further clarification and guidance in the following areas:

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Assessment of Safety and Risk, Frequency and Nature of Contacts with Families and Collaterals, Visitation Expectations, Family Engagement and Assessment, Working with the Court, Case Closure and After Care Planning.

Per the goal initially set efforts were made to enhance supervisors and field staff's knowledge, skills and practice related to safety, risk and family functioning as FS program consultants conducted refresher SDM® workshops to improve practice, completion, and timeliness of the SDM® tool in Alexandria (February 2014), Lafayette (March 6, 2014), and Lake Charles (March 19, 2014). Trainers accommodated 30-60 per SDM refresher session. Moreover, webinars were offered to all field staff on topics such as the six areas of assessment.

In FFY 2015 and FFY 2016, FS staff was able to participate in the following teleconferences/webinars:

FFY 2015 Teleconferences and Webinars for FS Staff:	
Date	Topic
12/04/2013	Achieving Sufficiency in the Six Areas of Assessment
03/25/2014	2014 Behavioral Health Partnership Update
04/16/2014	Human Trafficking
05/07/2014	ICPC
06/04/2014	Family Resource Centers (FRC and Visit Coaching)
08/13/2014	FATS and YTP Changes

FFY 2016 Teleconferences and Webinars for FS Staff:	
Date	Topic
01/30/15	AAPI (Adult & Adolescent Parenting Inventory)
03/04/15	Guardianship
03/20/15	Exposure to Violence & Child Development
03/24/15	Reasonable Candidacy
04/17/15	Empathy & Building Nurturing Families
05/06/15	Indian Child Welfare Act (ICWA)
08/05/15	LA Legislative Update
09/08/15	Women, Infants, and Children (WIC)
12/02/15	An Overview of Visit Coaching: Building on Family Strengths to Meet Children's Needs
02/05/16	Understanding Adverse Childhood Experiences: Building Self-Healing Communities (Prevent Child Abuse Louisiana Webinar)
04/26/16	Brain Development and the Impact of Toxic Stress on Children and Teens (Prevent Child Abuse Louisiana Webinar)
06/17/16	Communicating with R-E-S-P-E-C-T (Prevent Child Abuse Louisiana Webinar)

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Update FFY 2016: DCFS, Child Welfare (CW) staff, cross training opportunities with Nurse Family Partnership and LDH/Maternal and Child Health staff continues to strengthen the interagency partnership. Staff from each department participates in discussions and share details, including success, and challenges experienced relative to safety, health and welfare of children and families. FS case workers were allowed to participate in training sessions during FFY 2016. Infant Mental Health (IMH) training events were scheduled and conducted on the following dates: January 26-27, 2015; February 17-18, 2015; April 5-6, 2015. IMH Training topics included the following: Infant Mental Health 1 (overview, social-emotional development, attachment, values); Keys to Caregiving; Infant Mental Health 2 (social and cultural impact of parenting, parenting styles and roles); Infant Mental Health 3 (psychopathology); Infant Mental Health 4 (assessment: environmental, parent, infant, relationship); Infant Mental Health 5 (implications and interventions).

In partnership with the Louisiana CW Centers, DCFS CW case workers were invited to participate in the Nurturing Parenting Program Facilitator. The three-day training event was held on July 22-24, 2015 in Baton Rouge, LA. The training was facilitated by staff of Prevent Child Abuse Louisiana (NPP Trainer/Consultant), and Family Resource Center NPP Trainers. Family Services staff from several DCFS regions attended the sessions to become trained as NPP facilitators, and gain knowledge of the NPP Curriculum.

Trauma Informed Practice is a focus of DCFS staff. In partnership with Tulane University, DCFS staff is committed to training of staff in all regions of the state, with follow up consultation on the TBH Screening Instrument. Provider training on Youth PTSD (YPT) was conducted in Baton Rouge region on January 1/20/15; Lafayette region on April 2, 2015; Alexandria region on 9/29/15; and Monroe region on 12/15/15. As of March 14, 2016, approximately 4000 TBH screens have been completed. TBH training in the Covington region was conducted in 2014, with implementation in Baton Rouge, Lafayette, and Alexandria regions in 2015. Regions for future TBH expansion during years 2016-2017 include Monroe, Orleans, Thibodaux, Shreveport and Lake Charles. TBH 2015 training dates for Baton Rouge, Lafayette, and Alexandria Regions are included below:

Baton Rouge Region TBH Training Dates: (January 6, 2015, January 12, 2015, January 13, 2015), with approximately seven follow up consultative visits to offices within the Baton Rouge Region during the months of February 2015 through June 2015.

Lafayette Region TBH Training Dates: (May 7, 2015, May 8, 2015), with approximately fifteen follow up consultative visits to offices within the region during the months of June 2015 through September 2015.

Alexandria Region TBH Training Dates: (October 22, 2015, October 23, 2015), with approximately nine follow up consultative visits to offices within the region during the months of November 2015 through January 2016.

Future plans are being discussed regarding incorporating TBH training into DCFS CW NWO. TBH training is currently available in Moodle. TBH Quarterly Steering Committee meetings

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include members from DCFS, Louisiana Department of Health, Medicaid and Healthy LA representatives.

FS Consultants participated in New Worker Orientation (NWO) to review essential policies pertaining to child safety, assessment of risk, safety planning, family assessment, home visitation expectations, and case planning. FS Consultants offer practice guidance, consultation, and participate in skill building activities with Case Management and Supervisory staff assigned to the FS Program. During NWO and during subsequent staff training and consultation, FS Consultants and staff discussions include CW Client Rights and Responsibilities (CW Client E & R – FS, Revised May 2015). Staff will assist clients and families with translation needs, such as translator services and tools to aid in communication. Families are encouraged to request special accommodations necessary to ensure understanding and clarity of the DCFS involvement.

FS staff participated in Family Team Meeting (FTM) training events during the 2015 calendar year. FTM observations and consultative sessions were offered in an effort to enhance family engagement skills, needs and strengths identification, as well as, appropriate planning and service provision. FTM 1 training consists of a two-day training session on “Facilitating the Family Team Meetings Process.” FTM 2 training consists of one training session on “Incorporating Teaming into Everyday Practice.”

FTM training events were scheduled and conducted as follows:

Alexandria Region:

FTM 1 Training: (9/8/15-9/9/15; 9/10/15-09/11/15; 9/28/15-9/29/15; 9/30/15-10/1/15);

FTM 2 Training: (10/19/15; 10/26/15; 11/24/15; 12/8/15);

Baton Rouge Region:

FTM 1 Training: (9/1/15-9/2/15; 10/19/15-10/20/15; 10/21/15-10/22/15);

FTM 2 Training: 10/26/15; 10/28/15; 11/2/15);

Covington Region:

FTM 1 Training: (10/15/15-10/16/15; 10/27/15-10/28/15; 10/29/15-10/30/15; 11/2/15-11/3/15;
11/4/15-11/5/15);

FTM 2 Training: (11/10/15; 11/12/15; 11/13/15; 11/19/15; 11/20/15);

Thibodaux Region:

FTM 1 Training: (9/15/15-9/16/15; 10/26/15-10/27/15; 10/28/15-10/29/15);

FTM 2 Training: 11/5/15; 11/9/15; 11/23/15);

Orleans Region:

FTM 1 Training: (9/23/15-9/24/15; 10/13/15-10/14/15; 10/15/15-10/16/15);

FTM 2 Training: (11/3/15; 11/4/15; 11/15/15);

ASFP training with follow up ASFP consultation was offered throughout the 2015 calendar year. Training events were scheduled and conducted for staff in Alexandria, Covington, Lake Charles, and Orleans Regions during the month of January and February 2015. During the first quarter of

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2015, training sessions primarily focused on effective and appropriate safety plan development. Subsequently, during the months of February, March, and April 2015, additional ASFP training and follow up staff development activities were scheduled and conducted for staff in the following regions: Monroe, Shreveport; consultative sessions were offered for staff throughout the state. Safety plan development activities continued into the second quarter of 2015. During the second quarter (May 2015), ASFP training was offered for staff in Lake Charles. ASFP review and refresher training was offered for staff in Thibodaux Region during the month of May 2015. During the third quarter of 2015, ASFP consultation sessions were offered for staff in Lafayette Region in July 2015.

Follow up ASFP consultative sessions were conducted for staff in the Monroe region during the month of August 2015. Staff in the Lafayette region received follow-up ASFP consultation during the month of September 2015. During the fourth quarter of 2015, DCFS staff presented an ASFP conference workshop during the *“Together We Can Conference”* during the month of October 2015 in Lafayette, LA. In October 2015, ASFP consultation was offered for staff in Shreveport Region. Subsequently, during the month of November 2015, ASFP consultation was offered to staff in Lake Charles and Lafayette Regions. Finally, during the month of December 2015, ASFP consultation sessions were offered to staff in Central and North Louisiana, including Lafayette, Lake Charles, and Shreveport Regions.

FS policy was updated to include the Indian Child Welfare Act (ICWA). Policy Reference is FS Program Policy, Chapter 5: Appendix 5-C, with an effective date of May 1, 2015. As of May 2015, Indian Child Welfare Act (ICWA) course offering is available in Moodle.

FS policy was updated to include human trafficking. Policy Reference is FS Program Policy, Chapter 5: 5-1100 with an effective date of August 1, 2015. Human Trafficking and Trauma training was provided to child welfare staff in all nine regions of the state beginning March 2015 through June 2015. Human trafficking training was offered to foster caregivers or providers, residential providers, and Court Appointed Special Advocates (CASA) staff.

Update FFY 2017: CW Consultants assigned to the FS Program continue staff development efforts by participation in staffing and consultation sessions with local office staff statewide. State Office CW Consultants offer feedback and guidance by leading and participating in onsite training, webinars and consultation sessions with frontline staff. Consultation with staff may be onsite or by telephone conferences. Family Services Program Consultants and CW Managers are actively involved in workgroups and collaborations to support the continued development and coordination of services to ensure availability of assessment and treatment of families caring for substance exposed infants. Efforts are underway to improve coordination of services to support assessment and treatment of families with identified substance use or behavioral health needs. Families are receiving services through collaborative efforts involving state agencies, community providers, and drug courts. Substance use treatment efforts have been supported by Memoranda of Understanding or contractual agreements between the Louisiana DCFS and the Louisiana Department of Health.

Trauma Informed Practice is a focus of DCFS staff. In partnership with Tulane University, DCFS state office CW staff is committed to training of staff in all regions of the state, with follow up

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consultation on Trauma Behavioral Health (TBH) Screening and treatment. Trauma Behavioral Health (TBH) assessment and treatment training and follow up consultation have continued throughout the Federal Fiscal Year. TBH training was provided to staff and therapeutic providers with follow up consultation provided with assistance from staff of Tulane University, New Orleans. Training and consultation sessions included an introduction to TBH Screening instruments, and implications for intervention and treatment. Efforts have continued toward statewide implementation of TBH screening and treatment practices. TBH screening is a vital process to assist professionals in designing plans to address the specialized needs of children and families affected by traumatic events and experiences.

Provider training on Youth PTSD (YPT) was conducted in New Orleans on May 17, 2016; Thibodaux on June 14, 2016; Shreveport October 20, 2016 and Lake Charles March 9, 2017. As of March 20, 2017, approximately 9000 TBH screens have been completed. TBH training has been completed in Monroe, Orleans, Thibodaux, Shreveport and Lake Charles in 2016-2017 so that all regions have been trained and have begun using the TBH screen. Regional training dates are listed below:

Monroe Region TBH Training Dates: January 13-14, 2016 with 4 follow up consultative visits to each of the five offices within the Monroe Region during the months of February 2016 through June 2016.

Orleans Region TBH Training Dates: June 13 and 15, 2016 with four follow up consultative visits with each of the two offices within the region during the months of July 2016 through October 2016.

Thibodaux Region TBH Training Dates: July 12 and 25, 2016 with four follow up consultative visits each of the four offices within the region during the months of August 2016 through January 2017.

Shreveport Region TBH Training Dates: November 2-3, 2016 with four follow up consultative visits to each of the four offices within the region during the months of December 2016 and March 2017.

Lake Charles Region TBH Training Dates: March 15-16, 2017. The follow up visits will be held within the following 4 months. Data sharing agreements have been signed with Medicaid in order to use diagnostic and treatment data from that system in conjunction with data collected from completion of the TBH screens and DCFS case data to further inform the agency and provider agencies of the treatment needs of DCFS children and to further examine the wellbeing of children involved with DCFS.

Update FFY 2018: DCFS Child Welfare (CW) Consultants assigned to the Family Service (FS) Program continue staff development efforts by participation in staffing and consultation sessions with local office staff statewide. They are involved in new worker training, training of supervisors, and provide training to field staff within the regions. Consultation is provided at the request of managers and supervisors within the regions regarding complex cases, or when clarification is needed regarding Structured Decision Making (SDM), developing case plans, or safety focused

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practice. Consultation may be onsite or via phone. Cases in FS are reviewed by consultants for many reasons: case crisis reviews, human trafficking, SDM and safety practices, use of Trauma and Behavioral Health (TBH) screening, providing expertise for CQI reviews (red flag cases) or to better understand the practice within each office. State Office CW Consultants offer feedback and guidance by leading and participating in onsite training and webinars, as well as consultation sessions with frontline staff.

The following subjects were offered as training opportunities in the field: safe sleep, behavioral goals/case planning, safety/safety planning, TBH screenings, supervising FS cases, CPS/FC to FS transfer staffings.

FS Program Consultants and CW Managers are actively involved in workgroups and collaborations to support the continued development and coordination of services to ensure availability of assessment and treatment of families caring for substance exposed infants. Efforts are underway to improve coordination of services to support assessment and treatment of families with identified substance use or behavioral health needs. Families are receiving services through collaborative efforts involving state agencies, community providers, and drug courts. Substance use treatment efforts have been supported by Memoranda of Understanding or contractual agreements between the Louisiana DCFS and the Louisiana Department of Health.

FS staff has been involved in other workgroups including:

- Developing protocol for screening, assessing, providing services, and monitoring families where human trafficking is suspected;
- Coordinating with community partners regarding training and staff development needs for trauma focused work with CW families;
- Work with Tulane, Medicaid, and Louisiana Department of Health (LDH) for data sharing to assess trauma and track long term benefits from identifying mental health needs and appropriate treatment for CW children;
- Participated in the Bureau of Family Health's work on coordination of developmental screening needs for all children.

Work on the Trauma and Behavioral Health (TBH) screening has continued. All regions were trained in the use of the screening tool. Follow-up visits were made to Thibodaux, Shreveport, and Lake Charles regions to support the staff in incorporating the use of TBH. All state office program staff, including trainers from the Training Academy were trained in TBH. Data from the five year grant work was collected and disseminated through a steering committee, the redesigned website, illustrative charts and stakeholder animated videos. Grant partners (Tulane and DCFS) completed the grant work. Training materials were revised and updated. Plans to incorporate updated materials in new worker training and foster parent training are ongoing. Parts of the training were turned into animated videos. Work continues regarding transferring the database into a DCFS managed database. Reports from the database are being developed that will help track completion and results of the screens.

Family Resource Center (FRC) contracts managed by FS consultants include: monthly meetings assessing services provided, communication with DCFS staff, trouble-shooting, and providing expertise regarding DCFS to support the centers. In addition to providing a variety of parenting

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services, the centers have worked with DCFS to plan and host CARA meetings, participate in the QPI initiative by developing “ice breakers” and transitions for children in care, and are heavily involved in learning TBRI (Trust Based Relational Intervention) practices.

Each region is assigned a DCFS Regional CARA liaison who is responsible for ensuring that the Regional Quarterly Stakeholder Meetings are held, adhering to the process. The Liaisons are responsible for scheduling or coordinating quarterly meetings, collaboratively working with community partners to ensure that meetings are scheduled each quarter and further coordinating planning efforts with community partners to prepare for quarterly meetings. The Liaison will continue to seek and coordinate meetings with existing stakeholder groups for future meetings, to avoid duplication of efforts and encourage better participation of stakeholders.

Update FFY 2019:

DCFS Child Welfare (CW) Consultants assigned to the Family Services (FS) Program continue staff development efforts by participation in staffing and consultation sessions with local office staff statewide. FS Staff continue to be involved in efforts to improve coordination of services to support assessment and treatment of families identified to have issues with substance abuse and behavioral health needs. In addition, involvement includes monitoring of families where human trafficking is suspected and coordinating with community partners for development of trauma focused work with CW families and continued involvement with community partners to track and identify families with the identified needs.

Workers in all nine regions of the state were trained in completing the Trauma and Behavioral Health Screening (TBH) screening for all Family Services cases. The Memorandum of Understanding (MOU) with the Louisiana Department of Health (LDH) was completed and data transfer has been implemented. The agencies continue to work on matching DCFS data to the requested Medicaid data and the transfer process. This data will be used to further our understanding of the results of the TBH Screening and types of services DCFS children are receiving through Medicaid. Reports have been developed to assist managers and supervisors in monitoring completion of TBH screens for each case. We have identified a new process for monitoring completion in hopes that it will provide additional, more robust reports regarding the mental and behavioral health of the children we served by breaking down areas of need and referencing the placement, race, gender, age, and region. The training materials have been shared with the training staff who has integrated TBH training into New Worker training and is integrated into training for foster parents as well as the trauma training offered to staff.

Workgroups including staff from DCFS and Family Resource Centers (FRC) will continue to enhance practice and service delivery. Skill development workshops and activities will continue, as well as, FRC consultation with clinical staff from the Tulane Parent Education Program (T-PEP). The Department will continue efforts with the Family Resource Centers to increase the number of referrals by 10% to ultimately improve staff referrals by 35% over the next three years and expand services being provided by the Family Resource Centers. Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) will be provided at the Family Resource Centers. DCFS Contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the Child Welfare Family Resource Center

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Each region continues to have a Comprehensive Addition and Recovery Act (CARA) liaison assigned in each DCFS Region. Quarterly regional CARA meetings with community stakeholders are held and documented to ensure the needs of the drug and alcohol affected infants and their families are addressed and include discussions of Early Steps referrals and potential barriers. DCFS will continue to conduct an annual state level CARA meeting, addressing any barriers to implementation.

Family Services continues to support the use of family teaming principles when working with families and jointly developing case plans. An assessment of Family Functioning continues to occur in Family Services for families due to the birth of a substance exposed newborn. The assessment includes providing a status of the infant by obtaining documentation of the newborn's medical and developmental history and determining the special needs of the infant. A substance abuse assessment of the mother and father is to determine current or history of substance use. Another factor is the manner in which the mother and father bond with the newborn. In addition, the parental protective capacities are assessed as it relates to their ability to care for the needs of the substance exposed newborn.

Following the comprehensive needs assessment related to medical needs and substance use treatment needs of the infant and family, a plan of safe care continues to be incorporated into the family's case plan or service agreement. The plans of safe care detail the specific needs of the infant and provide a safe plan of care for the family to safely care for the vulnerable child. The plans included referrals for possible services (Early Steps and Maternal and Child Home visits, if recommended); support services recommendations post discharge; preparations for safe sleep and necessities for infant; and referrals for infant and family based on recommendations from medical examinations and substance abuse assessments by clinicians. In addition, substance abuse relapse plans are incorporated in the plan of safe care.

All accepted cases continue to be monitored on a supervisory level to ensure a plan of safe care is developed, appropriate referrals are made, and there was follow up on those referrals.

Kinship Navigator: In October 2018, LA DCFS was awarded a grant from the Administration for Children and Families to develop a Kinship Navigator Program. The overarching goal of a kinship navigator program includes assisting kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

To guide the development of our kinship navigator program, a steering committee comprised of DCFS staff, kinship caregivers and other community stakeholders was formed. To further guide the development work, focus groups were held across the state and surveys administered to identify the specific needs and experiences of relative caregivers as well as gather demographic data on the families providing care to relative children.

The greatest needs identified through these processes by kinship caregivers included financial assistance, expedited foster home certification for families with children in state custody, child care assistance (for those with preschool children), assistance in addressing behavioral or mental

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health needs of the child, access to legal information, and parenting/child development education. Based upon these findings, the department has prioritized development of services and supports to kinship families.

- DCFS has collaborated with LA Methodist Children’s Home, a licensed child-placing agency to train, assess, and expedite certifications of kinship families providing care to children in state custody. As families reported certification timeframes of several weeks to several months during the focus group meetings, this expedited process seeks to complete family certifications within 45 days and provide 90-days of support after initial certification. This strategy will ensure kinship families receive necessary initial training and information soon after placement of the children in their home, as well as, financial assistance through foster care board payments. This initial strategy seeks to expedite certifications to 120 families between May 2019 and September 2019.
- To address the cited issue and need for legal information by kinship caregivers, the Pelican Center for Children and Families and DCFS have partnered to conduct research and develop legal resource information guides, fact sheets, and a legal training curriculum to be available to kinship caregivers regardless of their involvement or connection to DCFS. The goal is to have this information available by September 2019.
- DCFS is developing updated Kinship Caregiver Information Guides to provide kinship caregivers with basic information on kinship care, available federal and state financial resources for which they may be eligible, and how to access local community resources for information or assistance.
- DCFS is collaborating with LA 211 to determine services available to expedite access to needed information by kinship caregivers.
- DCFS has secured access to national kinship care resource material and information in the KINCARE Today magazine to provide this information to 1200 kinship families and DCFS staff and family resource centers assisting those families.
- Interim updates to the DCFS website are in process providing additional kinship information to assist families while further exploration of a stand-alone Kinship Navigator website takes place.

The department continues to develop this program through next year and has applied for an additional grant award to support implementation of a robust kinship navigator program.

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FOSTER CARE: Services are provided statewide in all 64 parishes through 9 regional and 48 parish offices. The foster care program provides services for a planned period of time when an abused or neglected child must be separated from parents or family, and when the state has been awarded legal custody of the child through the court of jurisdiction. The chart below gives the total number of children and youth served during the federal fiscal years.

FFY	Cumulative FFY
Baseline: 2013	7,437
2014	7,973
2015	8,406
2016	8,108
2017	7,996
2018	9,207

❖ *Data obtained from Web Focus Report*

Update FFY 2015: The following services reflect the Department’s foster care activities. Safety Focused Practice (SFP) case studies were completed on safety assessments and then consultation was provided to staff to help improve assessment skills based case study findings.

In the area of risk assessment, SDM refresher training was provided statewide to Foster Care (FC) staff, supervisors and managers with guidance on using along with safety assessments. SDM trainings were held between January and March 2014 in all regions and State Office.

Case Planning efforts continued the partnership with Casey Family Programs and the Child Welfare Policy and Practice Group (CWPPG) to continue to develop basic knowledge of the teaming process for case planning in Lafayette, Lake Charles, Shreveport and Monroe regions, as well as continuing to build Facilitators and Coaches in those regions to support sustainability of the process over time. DCFS partnered with Michael Seider in this work to assist the implementing regions in managing court system relationships and providing guidance to field supervisors in how to supervise differently to support staff development in the use of the teaming process.

- **Youth Transition Planning** – YTP trainings were held between May and August 2014 in all regions and State Office for DCFS staff and foster caretakers. Trainings were developed with input from CFCIP providers, youth, CASA, foster caretakers and staff.
- The Department supported the education of staff and stakeholders on unique issues faced by older youth transitioning to adulthood through the youth conferences. Conference dates include.

YOUTH CONFERENCE DATES:						
Region	SFY 2014	SFY 2015	SFY 2016	*SFY 2017	SFY 2018	SFY 2019
Alexandria/Shreveport	June 5	June 4	June 2	N/A	N/A	N/A
Lafayette/Lake Charles	June 6	June 4	June 2	N/A	N/A	N/A
Baton Rouge/Covington	June 9	June 1	May 26	N/A	N/A	N/A

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New Orleans/Thibodaux	June 11	June 11	June 2	N/A	N/A	N/A
Monroe	June 12	June 11	June 9	N/A	N/A	N/A

*Youth Conferences with not held in the SFY 2017 due to the delay in approval of CFILP contracts. DCFS has however scheduled youth meetings where executive staff can meet with youth to determine areas of need and areas of improvement within the department. These meetings will be held prior to the end of SFY 2017.

The Youth in Transition program was developed for youth aging out of care at 18, within one year of completing secondary education program, planning to continue in secondary education program, and performing satisfactorily. Below is a list of the number of educational stipends awarded to youth in Louisiana's foster care system.

YOUTH IN TRANSITION DCFS STIPENDS:						
Region	Vouchers Awarded SFY 2014	Vouchers Awarded SFY 2015	Vouchers Awarded SFY 2016	Vouchers Awarded SFY 2017	Vouchers Awarded SFY 2018	Vouchers Awarded SFY 2019
Alexandria	3	0	0	3	2	0
Baton Rouge	0	0	2	1	2	0
Covington	9	4	3	2	11	3
Lafayette	4	2	2	5	2	3
Lake Charles	2	0	1	0	1	0
Monroe	1	2	0	1	2	1
Orleans	7	1	1	9	6	3
Shreveport	7	2	5	1	6	0
Thibodaux	0	1	1	1	4	1
Grand Total	33	12	15	23	36	11

Youth stipends remain in effect until the youth graduates, receive a GED (HiSET) or continue to attend school and perform satisfactorily. If the youth turns 18 in April and graduates in May, the youth will only get the stipend for the months of April and May. Alternatively, DCFS may enter into an arrangement with the youth to provide a stipend for one year as long as the youth remains in school. Excessive absences, however, will result in the termination of the stipend.

DCFS collaborated with the Louisiana Housing Corporation (LHC) to offer housing options in the state that were more accessible to youth aging out of foster care. The LHC allotted 25 housing vouchers to DCFS for assignment to older youth. The LHC agreed to use a youth's status as aging out of foster care to prioritize youth for consideration in other housing programs as well. From the periods of July 2014 through April 2015, there were total of nine (9) referrals made, and two (2) vouchers awarded as opposed to the previous years' referrals of fifty-three (53) and twenty-five (25) awarded vouchers. Two vouchers were awarded in the July/2014-April/2015 period either because a youth lost his/her voucher due to some form of non-compliance, or because a youth decided to give up the voucher due to other living arrangements. It is at that time the Department has the opportunity to offer those vouchers to other youth on a waiting list for the service. Vouchers are non-renewable, and are only awarded at two-year time frame intervals. Consequently, during the months of July and August, most vouchers will expire and become available to other youth exiting foster care.

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Not all referrals result in a voucher award as there are insufficient awards to meet the demand. The referrals are prioritized based upon the number of available vouchers at the time. A youth with a child is prioritized over a youth with no child. Youth with no connections or relatives is prioritized over a youth that does have identifiable, documented and supportive connections and relatives. A youth with a child results in the consumption of two vouchers as opposed to one, according to LHC guidelines.

Vouchers are lost by youth as a result of a variety of situations including the following:

- youth allowing other people to reside within the rental property;
- youth not following the rules of the property in relation to such things as noise level;
- youth not maintaining sanitary conditions within the dwelling.

On a few occasions, the LHC had to work with property owners due to unhealthy living conditions that prevented the youth from moving into the property right away. In those instances, LHC allowed landlords a brief time frame to improve the conditions or find a replacement rental.

- **Human Trafficking Service Continuum** – Collaborate continues with legal and faith based organizations to fully identify and serve survivors of human trafficking (labor and sex), reduce high risk behaviors, and improve permanency outcomes for those children from FC involved in these situations. Departmental staff that serve on the task force through the Governor’s office include many public and private organizational representatives. In partnership with Louisiana Baptist Children’s Home, a few specialized foster homes were developed for sex trafficking victims in FC. These homes experienced many challenges in the care of the placements they received, and further work will be needed to sustain these specialized types of homes. In partnership with HP Serve, a faith based organization with specialized training in providing support to sex trafficking victims, DCFS was able to identify sex trafficked victims from foster care with resources to cope with their victimization. A specialized tool was developed for FC workers to use with youth returning from runaway status to assess potential involvement in sex trafficking activities.

Update FFY 2016:

Safety Focused Practice – Dates for the upcoming training have not been set at this time.

Case Planning –The FC supervisor mentoring program began in February 2016 with bi-monthly meetings and supervisor participants. The training will provide the supervisors with 6 Modules and an optional 7th module focused on Youth Transition Planning.

Casey Family Programs and CWPPG – The Department will continue work with the Casey Family Programs and the CWPPG. The teaming process training has been completed statewide. All nine regions have been trained and teaming has been implemented.

Master Coaches – This was developed by CWPPG in the Lake Charles, Lafayette, Shreveport and Monroe regions in the beginning of the fiscal year 2015 to become practice experts for ongoing consultation. Currently master coaches are monitoring teaming in process and providing

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immediate feedback on the implementation of the teaming principles. The coaches provide follow up feedback and training as requested.

Youth Transition Planning – A baseline for the quality of Youth Transition Plans is being developed. CQI staff review and evaluate the accuracy of the Youth Transition Plans to ensure compliance and completion.

The Department will support the education of staff and stakeholders on unique issues faced by older youth transitioning to adulthood through the youth conferences.

Human Trafficking Service Continuum – DCFS has continued its work to combat Human Trafficking (HT). In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. In March 2013, screening for HT was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. In addition to the screening tools, procedures were added to the policy regarding identification of trafficking and specialized staffing to determine needs and services. Between July 2015 and August 2015 additional policy regarding HT was added for Child Protective Services (CPS), Family Services (FS), and Foster Care (FC). The additional policies include updated definitions of HT/Sex Trafficking, lists of criteria for determination of “Confirmed/Identified Victim,” “High-Risk of Trafficking”, or “At Risk of Trafficking”, procedures to identify and assess trafficking victims, and guidance regarding service provision for sex trafficking victims. DCFS has established protocol for Centralized Intake to assess for HT and refer for further services as indicated. The policy and additional training to support the protocol for Centralized Intake is currently in draft. Screening tools for the FS and FC programs have been developed and submitted for addition to the Family Assessment Tracking System. These tools align with the identification lists already in policy and screen for Sex Trafficking with categories of, “Confirmed/Identified Victims”, “High-Risk of Trafficking”, and “At Risk of Trafficking”. Policy will direct FC case managers to complete the screening tool on all children/youth age 10-17 a minimum of once every six months, prior to any identification of trafficking, along with the regular assessment updates. The screening tool for FS will be completed upon indication by policy of the need to do so. During FFY 2016 CPS will be implementing a screening tool for Sex Trafficking.

DCFS works to collect data regarding human trafficking victims within Louisiana. This required many meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015 annual report to the Louisiana Legislature on Human Trafficking, which is the second report completed of this type.

A representative from the data unit and from CPS, have been participating as one of the three state/county child welfare representatives on the HHS Human Trafficking Work Group. This group has been developing the data elements to enhance ACF’s capability of collecting data on human trafficking and child welfare. The work group is scheduled for a final wrap up on May 10. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACCESS and TIPS, to be able to identify and track which cases have human trafficking involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group meet and make plans to improve collection of data.

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Beginning in 2015, DCFS attended meetings regarding combating human trafficking within Louisiana with a group that included representatives from the Court Improvement Program (CIP), Louisiana State Police (LSP), and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continues to meet and plans to have the screening tool developed and in use prior to the end of 2016. Through these meetings DCFS was able to work with LSP to create an MOU regarding protocol and information sharing for Human Trafficking cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children's Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on HT that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of HT. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents, residential care providers, and CASA workers were invited to attend. This training was performed as in-person training in all regions of the state. DCFS is currently working with the Pelican Center for Children and Families to post the training on their website for viewing by all. In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for Human Trafficking. DCFS has partnered with the Child Welfare Training Academy (LCWTA) and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the Train, the Trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are underway to bring Love 146 to Louisiana to provide a train the trainer for their Not a #Number curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and Louisianachildren.org will be working with stakeholders to partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis.

A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have been part of the placement group work. The group has been working to develop specialized foster homes for youth who are victims of human trafficking or are at high-risk of human trafficking. The work regarding these homes includes development of policy, procedure, board rates, criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group has been working with current residential providers to ensure they receive training on human trafficking on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff are being engaged to discuss what their needs are relative to housing this population and what types of supports are warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing a protocol/ best practices quick reference guide for placement providers to utilize once a child is placed with them that is a victim of HT. Work on development of this guide should continue through FFY 2016 and possibly into FFY 2017.

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DCFS works with multiple stakeholders to combat human trafficking. Meetings with stakeholders are held at different times within the year by DCFS, Louisianachildren.org, or HP Serve and have included work with the following for FFY 2015 and FFY 2016:

- The Court Improvement Program
- Department of Juvenile Services (BR)
- Louisiana Children's CJA Task Force
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff's Association
- Louisiana State Police
- Office of Juvenile Justice
- Louisiana Baptist Children's Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries
- Child Advocacy Centers of Louisiana

Update FFY 2017:

Safety Focused Practice – Individual case reviews have been provided through the FC Consultants. Consultants have staffed cases and reviewed the safety focused practice through case consultation.

Case Planning – The FC supervisor mentoring program has been successful. The supervisors were provided with 6 Modules and the optional 7th module focused on Youth Transition Planning (YTP) will take place by the end of this fiscal year. FC supervisors will understand how to plan and review YTPs of their workers and how to encourage adequate completion of the YTP. Due to high turnover, the policy and practice unit met with field staff of Baton Rouge Region to assist with practice development and how to assist with the case planning process.

Youth Transition Planning – In following up with the YTP training that was completed in 2016, follow up staffing have been implemented. FC Consultants are having monthly calls to staff youth that are aging out of foster care. The purpose of the calls was to ensure youth are aging out of care with at least one permanent connection and a place to live. FC Consultants review the YTPs and then discuss the agency's plan for the youth to exit foster care with a viable resource and plan as he/she transitions to adulthood. The calls were implemented in November 2016 and FC Consultants have staffed all youth that are 6-12 months from aging out of FC. Assisting field staff have been vital to determine youth eligible for stipends, ETV and other resources otherwise not known by field staff. FC Consultants have encouraged and reiterated to field staff to refer youth to our Independent Living Providers and that they provide case management services to youth aging out until age 26.

CQI staff has assisted in reviewing youth transition plan and have provided onsite mentoring to case managers/supervisors to improve practice. CQI and FC Consultants collaborated together to review youth transition plans to ensure the assessment of supervisors' decision making can be consistent with best practice standards. The evaluation of YTPs by CQI staff has indicated

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weaknesses in developing adequate transition plans for youth aging out of foster care. In January and February 2017, CQI staff, in partnership with FC State Office Staff, conducted focus groups in each region with multiple levels of staff to determine reasons for the lower outcome ratings. The information from those focus groups is currently being formulated into a report so recommendations can be made. Due to some of the immediately noticed needs regarding YTP development, a new YTP review instrument has been developed to begin use in April 2017. This new review instrument narrows focus in YTP development to the most basic needs of a youth aging out of foster care to allow staff to develop expertise incrementally.

Human Trafficking Service Continuum – DCFS works on the development of specialization and expertise within the department for work on human trafficking, the establishment of specialized multi-disciplinary staffings for human trafficking cases, and further outreach and development of support services specific to victims of Human Trafficking, to include mental health providers.

DCFS works in collaboration with other community partners in developing resources to serve victims of human trafficking. Policy has been developed for FC to guide staff in serving youth. A statewide webinar was conducted in July 2016 to explain the additional to policy and assist staff with understanding these changes regarding human trafficking. A human trafficking tool was developed and placed in policy. This tool is used for youth ages 12 and over that are at risk or have indicated his/her involvement in human trafficking. The tool was updated and added into FATS system to assess youth 12-17 years of age to determine if he/she is at risk of being a victim of human trafficking. The agency provided an interactive “Lunch and Learn” to provide field staff with further information on the implementation of the human trafficking tool along with how and when to complete it. DCFS serves on the Human Trafficking Task Force through the Governor’s Office.

Early Childhood – DCFS ensures all children entering or in FC have had an Early and Periodic Screening, Diagnosis, and Treatment (EPDST) assessment (birth-age 1) and referral to the Early Steps (birth-age 3), Louisiana’s Early Intervention system for those infants and toddlers with disabilities upon entrance into foster care according to LDH guidelines. The agency ensures any recommendations made as a result of these assessments are followed. Identified areas of disability will be tracked in TIPS with greater detail by the end of the fiscal year regarding the child’s conditions provided through other electronic data collection systems such as FATS, cumulative school records and the school counselor notification form. This is a year for extensive revision and greater data collections through the AIP process.

DCFS and the Children’s Code Committee are part of legislated task force (2015/2016 – HCR 125; 2016/2017 – HCR 34) charged with reviewing and improving DCFS policies and Louisiana laws around continued contact between children, families, siblings and relatives when a child is involved in a CINC case. Policies were revised in February 2015 and a statewide webinar was conducted in September 2016 to further reiterate the importance of maintaining family connections for youth in FC. DCFS has been revised pre-service training for foster parents and the LCWTA revised the New Worker Orientation (NWO) training.

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Update FFY 2018:

Safety Focused Practice (SFP) – The Department will continue to assess the SFP by reviewing cases and evaluating what specific trainings are needed to ensure safety measures for foster youth are being used accurately. The field staff will work to develop behaviorally focused case plan goals that are directed targeted to the reason why the child entered FC.

Case Planning – Once the initial round of FC supervisors has completed his/her mentoring program along with the optional 7th module focused on YTPs, FC Consultants will be able to evaluate the mentoring program and how effective the youth training planning module has assisted supervisors with evaluating and assisting his/her workers in developing effective and useful youth transition plans for foster youth. As information is received and the module is evaluated the FC Consultants will make adequate training adjustments to provide the information and training that FC supervisors require to be successful in obtaining and documenting information in the youth transition plan.

Youth Transition Planning – FC Consultants will continue to have monthly calls with staff regarding foster youth aging out of care. This will be an ongoing process to ensure foster youth have what they need upon exiting foster care. The calls will continue until all of the foster youth are being staff 18 months prior to aging out of care. By staffing 18 months prior to their 18th birthday, the Department should be able to implement better plans for youth to have more than one permanent connection and adequate housing plans to ensure foster youth aren't homeless upon aging out of care.

Human Trafficking Service Continuum – DCFS will continue to work on the development of specialization and expertise within the department for work on human trafficking, the establishment of specialized multi-disciplinary staffings for human trafficking cases, and further outreach and development of support services specific to victims of Human Trafficking, to include mental health providers. DCFS is working on AFCARS 2.0 changes to be input in TIPS.

DCFS will continue to work in collaboration with other community partners in developing resources to serve victims of human trafficking (HT). Policy was developed for FC to guide staff in serving this youth. The DCFS Risk Screening for Sex Trafficking tool for all youth ages 14-17 and any child under age 14 for whom sex checking is a concern was placed in policy. The screening toll will be completed within 30 days of a child entering into foster care, prior to each youth 14 birthday, and every six months thereafter. This tool will be used to obtain statistical data on our foster youth and determine what services are needed to better serve this youth at risk or being victims of HT. The data will assist the agency in providing data in regarding to what factors increase and/or decreases a foster youth's risk of being a victim of HT. The tool will be completed every 6 months on foster youth and the data will provide the answer to what is needed for this population. DCFS will continue to serve on the HT Task Force through the Governor's Office.

Early Childhood – DCFS will continue to ensure all children entering or in FC have had an Early and Periodic Screening, Diagnosis, and Treatment (EPDST) assessment (birth-age 1) and a referral to the Early Steps (birth-age 3), Louisiana's Early Intervention system for those infants and toddlers with disabilities upon entrance into foster care according to LDH guidelines. The agency will continue to ensure any recommendations made as a result of these assessments are followed.

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Identified areas of disability will be tracked in TIPS by labeling the data collection as “History of Diagnosed Conditions” which will replace the need to document the child’s condition in any other electronic data collection systems such as FATS and cumulative school records. The school counselor notification form will still be required to provide adequate information to the school regarding the child’s diagnosed conditions that require special accommodations.

DCFS and the Children’s Code Committee are part of legislated task force (2015/2016 – HCR 125; 2016/2017 – HCR 34) charged with reviewing and improving DCFS policies and Louisiana laws around continued contact between children, families, siblings and relatives when a child is involved in a CINC case. DCFS revised its policies and conducted a statewide webinar in to further reiterate the importance of maintaining family connections for youth in foster care. DCFS has been revised pre-service training for foster parents and the Child Welfare Training Academy revised the New Worker Orientation (NWO) training. Based on numerous sources of case consultation it will be determined what further training will be needed regarding continued contact with families and children.

DCFS worked with a legislated task force on the status of foster care in Louisiana, which developed recommendations for consideration in improving outcomes for children in foster care as follows:

1. DCFS policy and practice changes:
 - a. Exploration and adaptation of evidence-based practice initiatives focused on working with children ages 5 and under in Foster Care as well as working with parents experiencing substance use issues;
 - b. Provision of complete child information available to the department to all potential placement options with discussion regarding the information prior to making placement;
 - c. Consistent policies across Child Welfare programs regarding presentation of information to families on children being considered for relative, foster and/or adoptive placement;
 - d. Use a Child Specific Recruitment Plan for all children in state custody from initial placement to any replacement efforts;
 - e. Inclusion of CASA volunteers in DCFS efforts to locate appropriate placements
 - f. DCFS follow up with the family once reunification occurs to ensure the child is safe and progressing
2. Louisiana Legislative changes:
 - a. Legislative study resolution to fully explore the issue of children age 5 and under entering foster care, the linkage with substance use by the parents, and the availability of an adequate service continuum statewide to effect safe, timely reunification for those families.
 - b. Legislative authority for either DCFS or the court to institute a reunification safety plan with families with ongoing monitoring by the court for a brief (identified) period of time to avoid relapse of the family and re-entry of the child into foster care

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- c. Financial resources and staffing authority for DCFS to increase staff resources at the appropriate educational level, with adequate training to effectively serve the client needs and fulfill the expectations of a state foster care program.
 - d. Financial resources for DCFS to provide adoption as well as guardianship subsidies which are equal to foster care maintenance payments rather than reduced to 80%.
 - e. Financial resources and legislative authority to extend foster care to age 21 and staffing authority to increase DCFS staff capacity to adequately serve the extended population of youth.
 - i. The extension of foster care to 21 would:
 - 1. Give youth more time to mature and learn from their mistakes;
 - 2. Give young adults and caretakers more support during the transition process;
 - 3. Reduce the number of foster youth who become homeless after discharge;
 - 4. Allow youth who left the system thinking they could manage on their own, a contingency plan when they encounter challenges;
 - 5. Keep young adults connected to caretakers who know them;
 - 6. Give youth a better chance of completing high school or HiSet diploma/certificate;
 - 7. Give some youth a chance to begin a college or trade program;
 - 8. Give youth a chance to gain employment experience and/or improve their employment situation to earn more income
 - 9. Give caretakers more opportunity to find an adequate living arrangement for young adults in transition
 - 10. Give all more time to establish permanent connections.
 - 11. Give caretakers more time to connect young adults with other systems such as the adult mental health system or developmental disabilities system.
 - ii. States with foster care extended to 21 make it clear to youth they have to meet certain expectations to continue to receive support.
 - f. Financial resources and mandated interagency collaboration to fully develop the service continuum necessary to address the complex societal issues impacting the capacity of parents to safely care for their own children.
3. Adequate service continuum for clients:
- a. Clinicians to provide professional evaluation when foster caretakers raise concerns regarding a child's behavior
 - i. Child's therapist should attend the hearings, particularly if the child is expected to testify, in order to assist the child in remaining calm and processing what is happening in the court.
 - b. CASA volunteers should be appointed at the beginning of the case
 - c. Child-friendly court rooms and waiting areas when children are waiting for the hearings.
 - d. Resources for families after reunification which are necessary to avoid relapse and re-entry into foster care
4. Alleviate the foster home shortage:
- a. Shorten the time in foster care to decrease the need for foster homes

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- i. Begin a reunification plan with families within 24 hours of the time the child is removed and monitor the progress with the family weekly
 - b. Find alternate ways to protect children within the birth home and prevent removal from ever occurring
 - i. Provide appropriate and fuller array of in-home services to help parents after abuse or neglect is reported
 - ii. Provide on-the-spot and continuing evaluation of the parents' protective capacity
 - c. Use stabilizing kin
 - i. Use as in-home help, or
 - ii. Use as placement for the child, when needed
 - d. Mobilize the community
 - i. Find or develop resources for to support the child's family (and to support the foster family when the child has to be placed in foster care)
 - 1. These resources could be identified in the following ways:
 - a. among their friends,
 - b. local churches,
 - c. local community organizations
 - d. former foster children
 - e. former parents who have been involved with Child Welfare and successfully achieved permanence with their own children
 - f. former foster parents who no longer have placements of their own but can provide support
 - e. Give foster parents a significant voice in case planning and court
 - i. Provide legal standing in the proceedings along with CASA
 - f. Pay foster parents a living wage at a level equivalent to the standard expected in our own households
 - i. Provide a salary to foster parents
 - 1. Allow a standard of living which will allow one parent or an only parent to be a stay-at-home parent
 - ii. Provide sufficient financial support as opposed to reimbursement for expenses
 - 1. Allow sufficient funds for foster parents to select and utilize a supportive child care provider they believe best to meet the needs of the child for whom they are providing care regardless of status of child care provider as having certain training, offering a certain program of development/enrichment activities, being licensed or holding a particular type of license.
5. Other:
 - a. All participants in the child welfare system have a thorough understanding of the roles of all other participants
 - b. Co-parenting training to allow parents and foster parents to work together to meet the needs of the children.

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Update FFY 2019: Youth Transition Planning –Transitioning Youth Consultants have provided consultation on all cases of 17-year-old youth in foster care and some additional 15 and 16-year-old youth in foster care who are on a Specialized Youth Worker caseload throughout the year. These consultations are held bi-monthly to monthly dependent upon the youth’s needs throughout the life of the case and until the youth exits care. Consultations are primarily in person with staff and are at times completed by phone. The focus of consultation is on preparedness to exit care, permanent connections, permanency plans, independent living preparedness and referral for services, housing past 18 years of age, and any other needs relevant to the individual youth. Since the start of consultation we have seen improvement in outcomes as youth age out. For example, for youth cases receiving consultation that aged out during the quarter October 2018-December 2018, a 27% increase in youth had stable housing plans past 18. Over the past year, there has been an average of a 6% increase in youth aging out permanent connections, an average of 9% increase in youth aging with have one or more permanency pacts signed, and an average of 7% increase in youth receiving Independent Living Services. For youth aging out each quarter, we have consistently seen an increased percentage of youth with positive outcomes in the areas listed above.

Human Trafficking Service Continuum: DCFS has continued to work on the development of expertise within the department for work on Human Trafficking. Trainings and consultations have continued to occur throughout the year to include more state office staff and field staff. As Human Trafficking cases occur, continued consultation to field staff is provided by the specialized team. DCFS has continued to work with Child Advocacy Centers statewide and the Community Response Team in Shreveport to develop Human Trafficking specific MDTs, and most recently in Baton Rouge and New Orleans. Work will continue to develop MDTs statewide. In April, DCFS will participate in a statewide conference with numerous stakeholders to further develop MDTs. DCFS continues to work on AFCARS 2.0 changes to reflect human trafficking.

DCFS continues to collaborate with numerous stakeholders regarding human trafficking services. DCFS is participating in the LA Human Trafficking Commission. Within this group work is being done to determine service needs and gaps statewide. DCFS staff continue to utilize the HT screening tool and track data regarding HT services pertaining to victims served.

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MONTHLY CASEWORKER VISITS: DCFS will continue ensure that by FFY 2016 and thereafter, 95% of the children in the custody of the state will be visited each and every month by their caseworker and 50% of these visits take place in the home of the child. Departmental policy requires that caseworker visits occur each and every month in the home of the child and allows a supervisor to temporarily assign another worker to a case when the normal worker is out of the office for an extended period of time. If this type of reassignment occurs, it is documented in the electronic case record activity log.

Use of Monthly Caseworker Visit Funds:

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

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

MONTHLY CASEWORKER VISITS/DATA (Statistical and Supporting Information): This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care. Sampling methodology is provided below. The table below tracks the annual progress of 95% of children in foster care being visited by their worker each and every month with 50% of the visits taking place in the child’s residence.

Caseworker Visit Compliance:				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child’s residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2013	90%	94.62%	50%	88.36%
2014	95%	95.86%	50%	88.73%
2015	95 %	96.34%	50%	89.26%
2016	95%	96.05%	50%	97.34%
2017	95%	96.19%	50%	97.53%
2018	95%	95.46%	50%	97.29%

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

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

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

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Data Reporting Population:

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

Data Utilized for Computation and Verification:

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

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

The percentage of visits that occurred in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care that occurred in the residence of the child and dividing it by the total number of monthly visits

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made to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

1. Web Focus Business Intelligence reporting application was used to develop reports related to caseworker visits with children in foster care. Web Focus is a robust application that supports such as integration of data from multiple sources TIPS and FATS and languages (DB2, SQL).
2. Case level data was extracted from TIPS using basic AFCARS and visitation inclusion criteria (in state custody and in a qualified placement for at least one full month during the FFY). The extraction criteria included a data 'flag' to identify which months were full months in care and which months were not full months in care. The TIPS extraction file served as the reporting population.
3. Case level data was extracted from the FATS for all children indicated as foster children in FATS. The extraction criteria included a data flag to identify the months that contain a recorded face-to-face visit and the months that did not reflect a face-to-face visit. An additional flag was created as an indicator of visits occurring in the child's residence or not in the child's residence.
4. The data file from TIPS was merged with the date file from FATS. The merged file was used to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits that occurred in the child's residence.
5. Testing and verification included case matches between TIPS and FATS to insure that all children qualifying for inclusion in the reporting population in TIPS are captured in the FATS system. Case record reviews were conducted to verify the accuracy of the extraction logic.

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

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

For FFY 2014 and 2015, DCFS continued with activities listed in the CFSP as they have proven successful in meeting the federal outcome measures for caseworker visits. DCFS child welfare achieved/exceeded the goals of 95% of the children in the custody of the state visited each and every month by their caseworker and 50% of these visits take place in the home of the child.

FFY	# of Children Served in FC at Least 1 Full Month FFY 2014 (unduplicated)	# of Full Months in Care	# of Full Months in Care with Face to Face Visit by Assigned Worker	# of Qualifying Visit Months with a Visit in the Child's residence	% of Full Months in Care with Face to Face Visits	% of Qualifying Visits that occurred in the Child's Residence
2014	6,695	47,294	45,338	40,227	95.86%	88.73%
2015	6,828	49,313	47,510	42,407	96.34%	89.26%
2016	7,015	50,866	48,933	47,652	96.05%	97.34%
2017	6,626	50,010	48,1034	49,916	96.19%	97.53%
2018	6,782	50,293	48,008	46,708	95.46%	97.29%

❖ Data extracted on March 3, 2016 from Web Focus Developer Studio

Update FFY 2017: The Department ensures that children in FC are visited by their worker each and every month with 50% of the visits taking place in the child's residence. Monthly updates of visit documentation will be provided to the regional Performance Measures Consultants and Area Directors to begin monitoring case worker visits monthly.

Update FFY 2018: The Department uses the regional Performance Measures Consultants to monitor case worker visits monthly by providing the visit logs to the Area Directors. The Area Director then sends this information to the Child Welfare Managers to ensure the visits are updated in FATS timely. Many offices have put procedures in place where children are visited early in the month and documentation of the visit will be completed by the end of the month. This procedure has assisted in maintaining caseworker visit compliance of at least 95%.

Update for FFY 2019: The Department continues to use Performance Measures Consultants to monitor caseworker visits monthly by providing visit logs to Area Directors and the logs are subsequently updated by the Managers. Strategies to ensure children in FC are visited by their worker each and every month with 50% of the visits taking place in the child's residence were implemented, however the outcome decreased to 46.71% for the current reporting period.

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

Regional Analysis of Children Transferred from DCFS to OJJ:

Number of Children Custody Transferred						
Region of Child's Domicile	FFY 2013 Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
No Court Identified	0	0	1	0	0	0
Orleans/Jefferson	2	3	3	2	3	2
Baton Rouge	1	1	1	0	1	1
Covington	1	1	3	1	3	1
Thibodaux	0	0	1	1	2	0
Lafayette	0	1	1	2	1	2
Lake Charles	0	2	0	2	3	1
Alexandria	0	0	0	0	0	1
Shreveport	0	2	1	2	0	0
Monroe	1	0	0	0	0	0
TOTAL	5	10	11	10	13	8

- Data extracted from WebFocus Developer Studio

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

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FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families that meet the needs of the infants, children, youth served by the child welfare (CW) agency. Please refer to the Systemic Factor portion of this plan on Foster and Adoptive Parent Licensing, Recruitment and Retention for additional information on foster/adoptive parent recruitment.

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

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

Update FFY 2016: On May 2, 2016, there were a total of 4,361 children in FC. The racial breakdown shows that 1,720 were African-American; 2,385 were Caucasian; and 256 were Other. (This is information obtained from WebFocus.)

Update FFY 2017: On March 14, 2017, there were a total of 4,373 children in FC. The racial breakdown shows that 1,637 were African-American; 2,443 were Caucasian; and 293 were Other.

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	***697 total	IG: Increase by 2% (711) AP: 2.9% increase -total of 717 homes	IG: Increase by 2% (731) AP: 4% Increase – total of 748 homes	Increase by 2% (762) AP: 16% Increase – total of 870 homes	Increase by 2% (887) AP: 2.6% Decreased- Total of 847 homes	Increase by 2%

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Update FFY 2018: The demographic data shows the following racial makeup of 1,128 single parent families:

- 454 Caucasians (454 females and 0 males)
- 670 African-Americans (670 females and 0 males)
- 2 American Indian/Alaska Native (2 females and 0 male)
- 1 Asian/Pacific Islander (1 female and 0 males)
- 1 Unknown (1 female and 0 males)

Of the 1,128 single parent families, 1,083 were not Hispanic; 14 were Hispanic; and 31 were Unknown. The remaining 2,295 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,751 (Parent 1) and 1,722 (Parent 2)
- African-Americans – 530 (Parent 1) and 552 (Parent 2)
- American Indian/Alaska Native – 6 (Parent 1) and 7 (Parent 2)
- Asian – 3 (Parent 1) and 7 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 2 (Parent 2)
- Unknown – 4 (Parent 1) and 5 (Parent 2)

Of the 2,295 – 2,185 (Parent 1) and 2,192 (Parent 2) were not Hispanic; 31 (Parent 1) and 33 (Parent 2) were Hispanic; and 79 (Parent 1) and 70 (Parent 2) were Unknown.

Update FFY 2019: The demographic data shows the following racial makeup of 1,068 single parent families:

- 446 Caucasians (446 females and 0 males)
- 615 African-Americans (615 females and 0 males)
- 5 American Indian/Alaska Native (5 females and 0 male)
- 2 Asian/Pacific Islander (2 females and 0 males)

Of the 1,068 single parent families, 1,032 were not Hispanic; 13 were Hispanic; and 13 were Unknown. The remaining 2,240 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,769 (Parent 1) and 1,739 (Parent 2)
- African-Americans – 454 (Parent 1) and 478 (Parent 2)
- American Indian/Alaska Native – 7 (Parent 1) and 7 (Parent 2)
- Asian – 8 (Parent 1) and 8 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 3 (Parent 2)
- Unknown – 1 (Parent 1) and 5 (Parent 2)

Of the 2,240 – 2,149 (Parent 1) and 2,155 (Parent 2) were not Hispanic; 32 (Parent 1) and 34 (Parent 2) were Hispanic; and 59 (Parent 1) and 51 (Parent 2) were Unknown.

Specific strategies to reach out to all parts of the community: The DCFS continuously, through ongoing efforts seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the FC program. During the previous five years, the Department experienced tremendous strides (as result of the designated regional recruiters), as well as some minor delays (resulting from the dissolving of the regional recruiter

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positions). Moving forward, the Department began to expand its utilization of community partners and stakeholders in the recruitment, certification and retention process. The partners include the Louisiana Foster/Adoptive Parent Association, members of the Faith in Families Initiative, the cooperative agreement with the Louisiana Baptist Children's Home, the Court Improvement Project and Wendy's Wonderful Kids (WWK).

Update FFY 2016: The DCFS partnered with Louisiana Foster/Adoptive Parent Association and the Faith Based Collaborative (Louisiana Baptist Children's Home, Cross Road NOLA, Healing Place Church, Our Savior's Church and Catholic Charities) to assist with the recruitment, certification and retention of foster/adoptive parents. Foster parents were offered support through parent's night out, training opportunities, family days and other support services.

Partnership continued with the Dave Thomas Foundation. Two grants were awarded to the Department to employ two child focused WWK recruiters. The WWK trained two additional staff members as WWK recruiters. The WWK program served 82 children and finalized six adoptions. Ten children are placed in pre-adoptive homes awaiting adoption finalization. Six children have been matched with families who are awaiting placement.

Update FFY 2017: The Quality Parenting Initiative (QPI) rollout began in 2016. The focus of QPI is partnering of the Department, birth parents and caregivers with a goal of strengthening families. QPI is an approach to strengthening FC including kinship care, by refocusing on excellent parenting for all children in the CW system. It is a process designed to help a site develop new strategies and practices, rather than imposing upon it a predetermined set of "best practices." When parents cannot care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, while working effectively with the system to achieve the best possible permanency option for that child. Both the caregiver's parenting skills and the system's policies and practices should be based on child development research, information and tools. QPI is an effort *to rebrand* FC, not simply by changing a logo or an advertisement, but by changing the expectations of and support for foster parents and other caregivers.

QPI kickoffs were held in Covington and Lafayette regions in the summer of 2016. Focus groups were held and committees were developed to determine the needs of the child welfare system; and determine what each region's priorities are as it relates to ensuring that the state is providing quality parenting for children. In August 2016, a state kickoff was held that included staff, foster parents, birth parents, judges, attorneys, CASA and community partners. The group listed four items that are needed to make a good foster parent, which will be embedded in our QPI philosophy.

In the summer of 2016, the HD Program along with a few foster parents and community partners began the development of a new foster parent pre-service training (*A Journey Home*). *A Journey Home* was created to include the QPI philosophies as well as ensure that foster parents were more prepared to care for children from hard places. *A Journey Home* includes creating partnerships with the agency and birth parents; as well as providing information regarding normalcy, sex abuse, substance abuse, attachment, trauma and Trust Based Relational Intervention (TBRI). A new kinship curriculum was developed to ensure that relatives were better prepared to be relative caregivers. In January 2017, HD Units around the state began to train new foster parents in *A Journey Home*. All foster parents and staff will receive a one-day overview of *A Journey Home*.

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In February 2017, QPI rolled out in Orleans and Thibodaux regions and a Program Manager was hired to manage QPI; especially as it relates to building community partners in the faith based community. Their role will be to assist in the recruitment of QPI foster parents and supportive services for those parents. In April 2017, QPI will roll out in Alexandria, Monroe, Shreveport and Lake Charles and in May 2017 in Baton Rouge.

Update FFY 2018: A State Office QPI Implementation Team was established in March 2017 to oversee statewide implementation of QPI. The team consists of the QPI Program Manager, QPI State Implementation Lead and QPI State Implementation Co-Lead. This team works with the nine regions to assist with ongoing implementation and support of quality parenting within the regions. The QPI Implementation Team works with State Office Child Welfare Managers to identify develop and/or change program policies and practices to support quality parenting.

Statewide implementation of QPI was completed in May 2017 when the final QPI Kick-Off was held in Baton Rouge. Each of the 9 regions has established QPI regional steering committees and task force groups to identify, develop and implement strategies to support quality parenting based on the needs of their particular regions. The regional task force meetings are held monthly and consist of agency personnel, foster caregivers and community partners. Regional QPI steering committees are held quarterly to oversee implementation of the strategies recommended by their task force groups. Regions submit quarterly summaries of their region's QPI implementation progress to the State Office QPI Team. Monthly conference calls are held with QPI regional leads to monitor progress and offer guidance with ongoing regional implementation. Statewide QPI meetings are held bi-annually and attended by regional management, regional QPI leads and task force members along with State Office Management to review progress, share information and assess continued needs to further embed QPI philosophies into day-to-day practice. Targeted success measures are being developed to determine the success of QPI implementation as related to: increased number of quality parenting foster homes, foster home retention, reduced placements in group homes, reductions in unplanned placement changes, reduced number of sibling separations, and achieving timely permanency.

A Quality Parenting Partnership Plan Agreement was developed in 2017 outlining clear expectations of foster care providers as well as expectations of DCFS staff to support Quality Parenting. The partnership plan is presented in the new pre-service foster parent training and families sign the agreement before certification. For families certified before *A Journey Home* Pre-Service training, training was developed and presented statewide in a mandatory training that provided an overview of the Journey Home training along with the Department's expectations of foster caregivers and staff as related to Quality Parenting. The Quality Parenting Partnership Plan Agreement was presented during this training and staff and foster care givers were asked to sign the agreements at training. For those foster caregivers that could not attend the training in person, online training was made available. Supervisors present and review the Partnership Plan with all new DCFS Child Welfare employees.

In January 2018, DCFS staff expectations in support of Quality Parenting were incorporated into staff performance evaluations. QPI role cards were created for foster caregivers and DCFS staff providing specific ways to support Quality Parenting in their individual roles within the child

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welfare system. The role cards were distributed in January 2018 and are shared with all new DCFS employees and with new foster caregivers.

Community involvement to assist with support of foster care givers along with improved communication among foster caregivers, birth families, the Department and the court system have been primary areas of focus in each of the regions' QPI implementation efforts. Most regions have faith/community task force groups that work with faith and community partners to identify, develop and implement specific ways to support foster caregivers, some of which include: sponsoring special events for foster families, sponsoring monthly foster parent support groups, sponsoring training for foster care givers, providing foster care supply closets, funding extracurricular activities such as dance, art or sports for children in care and hosting foster home recruitment events. One region has implemented a foster parent mentoring program and several regions are in the process of establishing foster parent mentor programs. Many of the regions have worked with their court systems to improve foster parent involvement and communication with the courts as related to care of the children in the foster caregivers' homes and the caregivers' support of the birth families where applicable. Several regions, along with court personnel, have developed forms for the foster parents to submit information to the court. Courts in several regions are now offering training to foster caregivers to assist the caregivers in gaining a better understanding of court procedures and several courts are now providing private waiting areas for foster caregivers, children and their families.

As statewide QPI implementation has progressed, three core practices have been identified and are being implemented into DCFS policy to improve relationship-building, reduce trauma in the life of the child in care, establish trust and develop better communication among the Department, foster caregivers and birth families in efforts of enhancing quality parenting for children in care. The three core practices include: initial phone call at time of placement; icebreaker meetings and transition planning. The initial phone call is made by the placing worker to the birth parent at the time the child is placed in the caregiver's home to advise the child has arrived at the home and allows the caregiver and birth parent an opportunity to discuss the child's immediate needs or any other information pertinent to the care of the child. The Icebreaker meeting is a face-to-face meeting that includes the caregiver, birth parents and child and is held within 3-5 days of the child being placed in the caregiver's homes. The meeting is facilitated by the DCFS worker and lays the foundation for the foster caregiver/birth parent relationship. The meeting provides the opportunity for the birth parent to share important information about the child and learn about the caregiver's home environment and provides the caregiver the opportunity to learn more about the birth parent and the child. Transition planning is a deliberate and coordinated plan of action to ease the transition of a child from one caregiver to another and is tailored to each child's individual developmental stage and psychological needs. Training on the three core practices has been developed by the State Office QPI Team and is being presented to DCFS staff, caregivers, courts and community partners March 2018-May 2018. DCFS is working with Tulane University Infant and Early Childhood Mental Health to develop more in-depth training on transitions.

A Louisiana QPI website is being developed to highlight QPI progress throughout the state and provide resources and tools for staff, caregivers and community partners to support quality parenting. The QPI Program Manager and other DCFS personnel have worked with the Governor's Office on a campaign entitled "Louisiana Fosters" that was established by the First Lady in 2017

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to promote foster care in Louisiana and encourage community support of foster care. An event was held at the Louisiana Governor's mansion in September 2017, introducing the campaign with key faith and community leaders from around the state in attendance. Attendees were provided with numerous ways community and faith organizations could support children in foster care and foster families and attendees were asked to pledge their support. A "Louisiana Fosters" website was unveiled at the event to promote foster home recruitment and community support of foster care. Enhancements to the "Louisiana Fosters" website are currently underway to identify community support for foster caregivers and children in care available by region. In addition, DCFS community liaisons are identified in each of the 9 regions to assist in connecting community support with specific needs of children and caregivers.

Update FFY 2019:

State Level: The QPI Implementation Team continued to oversee implementation strategies and practices established to support best practices through the Quality Parenting Initiative. Monthly implementation calls were facilitated by the state team with the QPI leadership teams in all nine regions. Monthly calls were designed to provide feedback on current strategies as well as highlight areas of improvement and needs across the state. Each region was able to provide information on specific activities organized within their regions to support implementation of QPI at the local levels. Semi-annual state meetings were held bringing together over 90 representatives from all regional QPI teams. Teams were comprised of DCFS staff, birth families, foster parents, CASA, community partners and stakeholders from the legal, faith based, and other advocacy entities. National QPI leadership provided information on national trends and implementation strategies. The meeting provided teams the opportunity to plan for the upcoming year and share information with their peers on successful strategies and achievements from their areas. QPI champions were identified from every region and awarded certificates of achievement for their contribution to implementation of QPI. In response to feedback from QPI teams and managerial staff, additional training to follow up on initial introductory training was identified as a need. QPI Year 2 training curriculum was developed with 18 trainings delivered across all regions. Over 350 staff, foster parents, and community partners participated in this secondary level training on prioritized core QPI practices of Initial or Comfort Calls, Icebreakers meetings, and Transition Planning.

In 2018, DCFS supported staff and foster parents representing all levels and regions of the state to attend the National QPI Conference in New Orleans which afforded them opportunity to meet with and share information with colleagues and peers from across the nation on Quality Parenting practices, challenges, etc... Additionally, through the robust partnerships established within the regions, key community partners and stakeholders, including birthparents were able to attend. This collaborative attendance afforded the opportunity to strengthen their regional partnerships.

State policies and guidance memoranda were revised to incorporate best practice standards and the goals of QPI including the implementation of Initial or Comfort Calls, Icebreaker meetings, and Transition Planning, and the timely sharing of comprehensive information with foster caregivers. Additional policy revisions are in process. Foster parent and kinship caregiver pre-service and in-service training curriculums were revised and implemented statewide to reflect the practices, principles, and philosophies of QPI.

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Training videos filmed in collaboration with Child Welfare Training Academy and Youth Law Center were developed. Staff, birth parents and foster parents participated in addressing issues, best practices and strategies from “on-the-ground” perspective to be available to all staff and foster parents.

To support interest, collaboration, and involvement of community partners, state and regional level staff participated in QPI trainings for CASA staff in 5 regions (Shreveport, Alexandria, Lake Charles, Hammond and New Orleans) in collaboration with state CASA. The trainings focused on state implementation, core principles and practices and strategies of support by CASA personnel.

Regional Areas of Focus: Regions include community partners, staff and stakeholders on their steering committees to identify strategies to provide improved services and support to foster caregivers, birthparents, and children within their care. Key staff at various levels within each region work as QPI Leads to support implementation at their local level and share information with state leadership as to needs as well as progress achieved. Regions are continuing their implementation via:

- 1) Regional steering committee meetings comprised of staff, stakeholders and community partners focusing on achieving agreed upon goals and areas of focus
- 2) Community outreach to meet identified foster parent and child supports and services, particularly to support normalcy and activities for children in foster care.
- 3) Quarterly regional reports provided by regions on QPI implementation status, barriers, and strategies to address implementation issues.
- 4) Utilization of semi-annual performance reviews for all staff focusing specifically on QPI implementation.
- 5) Participation in monthly statewide QPI implementation calls for peer support and information
- 6) A Birth Parent and Foster Parent Forum was held in Lafayette, LA in November 2018 with approximately 20 participants discussing impact of QPI on participants, continued areas of focus needed and recommendations from stakeholders. Forum filmed by LCWTA for use as on line training resource.
- 7) DCFS staff at the invitation of the Youth Law Center of California participated in on line webinar with Cuyahoga County, Ohio to share information on successful QPI implementation.

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

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

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- 4) Child focused recruitment will focus on recruitment of families with the child's needs and wants as factors when recruiting. This type of recruitment is conducted by the WWK recruiters.

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

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

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community: Develop orientation/training pre-service schedule to cover at least a six-month period of time; post community partners' information on the DCFS website; send notification via e-mail to community partners regarding DCFS regional orientation/pre-service training schedules once posted on-line; opening *A Journey Home* Training and Train the Trainers community partners.

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

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Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: The DCFS developed a new pre-service training for foster parents entitled *A Journey Home*. One session of the curriculum focuses on Cultural Diversity. Staff was trained during a train the trainer session in December 2016. The Child Welfare Training Academy (LCWTA) offers trainings for staff on working with diverse communities.

Update FFY 2016: Training was offered entitled “Increasing Competency in Practice with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth in Child Welfare Systems”. The HD staff compiled information on “Working with Diverse Families” and “Good Customer Service” to be handed out and discussed with regional staff.

Update FFY 2017: The LCWTA offered staff training on working with LGBTQ youth. In January 2017, LCWTA began offering training in Cultural Diversity to all foster parents. This is a mandatory training for foster parents that must be completed by the end of December 2017.

Update FFY 2018: The LCWTA has continued to offer Cultural Diversity training to all foster parents and staff. Cultural Affirming Care training was offered 62 times throughout the state. Orleans region offered 7 trainings; Baton Rouge region offered 13 trainings; Covington region offered 5 trainings; Lafayette region offered 6 trainings; Thibodaux region offered 6 trainings; Lake Charles region offered 4; Alexandria region offered 5 trainings; Shreveport region offered 11 trainings and Monroe region offered 5 trainings. Recently, Parenting LGBTQ youth training was placed on line for foster parents and staff.

Update FFY 2019: The Louisiana Child Welfare Training Academy has developed online training for staff and foster parents to work with diverse communities including cultural, racial, and socio-economic variations. The online trainings and number of participants for SFY 2018 include:

- Helping the Bullied (176);
- Cultural Compassion: Addressing Implicit Bias (299);
- *A Journey Home* refresher (392);
- Domestic Violence (486);
- Foster Parents & Responsibilities PT 1 (561);
- Foster Parents and Responsibilities PT 2 (446);
- Icebreakers: Meetings between Foster/Adoptive parents & Birth Parents (298);
- Opening doors: working with LGBTQ children youth and families in Child Welfare (130);
- Providing Culturally Affirming Care Pt 1 (302);
- Providing Culturally Affirming Care Pt 2 (231), Removed (399);
- Supporting and Affirming LGBTQ children and youth (154);
- The Connected Child (319), Understanding Girls (424);
- Working with LGBTQ Youth (315).

Pre-Service Training for prospective foster parents includes a 3-hour session on Cultural Diversity including working with LBTGQ children/youth.

Strategies for dealing with linguistic barriers: The DCFS has a responsibility to provide Limited English Proficiency (LEP) persons with access to programs and services. Staff utilizes the foreign

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language interpreters, when necessary and each region has an internal protocol for accessing an interpreter. The Department has membership with Language Line Services which allows staff to communicate with LEP individuals in various languages 24 hours per day, seven days per week. The service allows staff to utilize the bilingual services when communicating with families who do not use English as their first language. Of course, staff can seek assistance from other staff that may be proficient in a language other than English.

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

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement: A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two-week period. The DCFS partners with faith-based communities to feature the “Heart Gallery” and assist with child specific digital stories. Through the partnership with Louisiana Heart Gallery, photos and videos of children who are available for adoption are displayed on the LHG’S website, traveling exhibits within local churches and at various state events throughout the year.

Youth who are freed for adoption and do not have an identified resource, can be referred to the WWK program. The WWK recruiters conduct child focused recruitment for youth who may be hard to place. The child focused recruitment considers an individual child’s history, experiences and needs in order to find an appropriate adoptive family.

Update FFY 2015: Characteristics of children for whom foster and adoptive homes are needed: As of the end of FFY 2014, there was 1,756 (African-American); 2,280 (Caucasian); 133 (Multi-Race) and 99 (Other) children in foster care which equates to 41.14% being African-American; 53.42% being Caucasian; 3.11% being Multi-Race; and 2.33% Other.

The recruitment/retention plans (2014) from five of the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objective (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams). The staff obtained data from the DCFS CW Dashboard (WebFocus). The recruitment strategies were developed based upon the regional data. As of the end of FFY 2014, there were 2,528 active certified; this number reflects foster/adoptive families that were active at any point during the FFY. There were 4,268 children in care. Based upon the above racial breakdown for children care, the two largest populations were Caucasian and African-American. Of the 2,528 certified families 1,536 were Caucasian families and 970 were African-American families.

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Based upon a review of the recruitment information submitted by the staff, most regions were utilizing the strategies set forth in their plans. Orleans Region set a goal of increasing the new certifications by 10%; their 2014 numbers showed 105 new certified compared to the prior year number of 84. The majority of the Orleans's recruitment activities were child specific; their main focus was on adoptive resources for the child awaiting adoption. Covington Region projected an increase in new certifications and public awareness. There was slight increase by four new certifications; and the recruitment activities included presentations at churches, libraries, restaurants, etc. Thibodaux Region showed a slight decrease in the number of new homes by four. The region's plan was to mainly utilize general and child specific recruitment. Lake Charles region noted the region's need for families of all races and ethnic background willing to accept children of any age and with a special need. The region presented information about FC/adoption at some of the following functions: Community Health Walk, annual community baby shower, Kiwanis Club; Walk for Cystic Fibrosis and Making Stride against Breast Cancer Walk. Alexandria Region set a goal of 55 new homes; for FFY 2014, they certified 58 new homes.

In FFY 2014 there was an increase (717) from the previous year in the number of new families. There was a decrease (688) in the number of closures from the previous. The average number of new families can range from 600 to 700 and these numbers reflect an average for the number of closures per fiscal year. In some cases, the new certifications are child specific for fostering and/or adoption; when this is the case, this does not allow the department to have a pool of available foster/adoptive homes. Child specific certifications allow the child to remain with individuals they have a connection/bond with. The Department's families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that's awaiting adoption.

Update FFY 2016: Characteristics of children for whom foster and adoptive homes are needed: As of the end of FFY 2015, there was a total of 4,515 children in FC; of which 1,770 were African-American; 2,448 were Caucasian; 186 were Multi-Race; and 111 were Other. This equates to 39.20% being African-American; 54.22 % being Caucasian; 4.12 % being Multi-Race; and 2.46% being Other.

The recruitment/retention plans (2015) from seven of the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objective (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations).

In FFY 2015 there was an increase of 126 new foster homes; totaling 843 newly certified homes. There was a decrease of 29 home closures from the previous year; totaling 659 total homes closed. Many of the new homes certified were child specific. This does not allow the Department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals they have a connection/bond with. The Department's families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that's awaiting adoption.

The staff obtained data from the DCFS CW Dashboard (WebFocus). The recruitment strategies were developed based upon the regional data. As of the end of FFY 2015, there were 3,000

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active/certified families; this number reflects foster/adoptive families that were active at any point during the FFY. There were 4,515 children in care. Based upon the above racial breakdown for children in care, the two largest populations were Caucasian and African-American. Of the 3,000 certified families, 1,815 were Caucasian families and 1,164 were African-American families.

Update FFY 2017: The recruitment/retention plans (2016) from the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objectives (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations).

In FFY 2016 there was an increase of 251 new foster homes; totaling 1,024 newly certified homes. There was a decrease of 114 home closures from the previous year; totaling 773 homes closed. Many of the new homes certified were child specific. This does not allow the Department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals they have a connection/bond with. The Department's families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that's awaiting adoption. On March 14, 2017, there were a total of 4,373 children in FC. The racial breakdown shows that 1,637 were African-American; 2,443 were Caucasian; and 293 were Other.

Update FFY 2018: As of May 2017, QPI was officially implemented in each region of the state. The recruitment/retention plans (2017) from the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objectives (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations) and strategies to recruit homes based on the needs identified in the data.

In FFY 2017 there was an increase of 24 new foster homes; totaling 1,051 newly certified homes. There was an increase of 232 home closures from the previous year; totaling 1005 homes closed. The agency continues to have more child specific homes certified. This does not allow the Department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals they have a connection/bond with. The Department's families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that's awaiting adoption. At the end of FFY 2017, there were 4,384 children in Foster Care. The racial breakdown shows that 1,636 were African-American; 2,460 were Caucasian; and 178 were Other.

Update FFY 2019: Region-specific, targeted recruitment plans from the 9 regions are reviewed quarterly. Each plan indicates the demographics of the children and the certified families, as well as the targeted objectives (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations) and strategies to recruit homes based on the needs identified in the data.

In FFY 2018 there was a decrease of 139 new foster home certifications; totaling 912 newly certified homes. There was a decrease of 39 home closures from the previous year; totaling 966 homes closed. The agency continues to have more child specific homes certified. This does not

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allow the Department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals who have a connection/bond. The Department's families initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home awaiting adoption. At the end of FFY 2018, there were 4,478 children in Foster Care. The racial breakdown shows that 1,690 were African-American; 2,528 were Caucasian; and 260 were Other.

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

A review of the listing of some of the regions' recruitment activities shows that staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to: maintain an awareness of the need for foster/adoptive families for provide temporary care of children in foster care; focus on specific needs of children in care; and seek out potential foster/adoptive resource for children awaiting adoption. Wendy's Wonderful Kids recruiters conducted child focused recruitment for children freed for adoption without an identified placement resource.

Update FFY 2016: Opportunities continue to be sought to obtain input from certified foster/adoptive parents in an effort to improve the retention of foster/adoptive homes. The LCWTA conducted a survey to identify training needs from the perspective of the foster/adoptive parent(s) and the DCFS staff. Dr. Corie Hebert with Southeast Louisiana University (community partner) was the survey project lead. The data collection came from three primary sources: 1) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3) an open inquiry sent to the DCFS workers (2015). In the written survey, foster parents were asked to rank order a list of training topics from MOST important to LEAST important. The survey included an open ended question which asked foster parents to list additional suggestions for training; 54 surveys were obtained.

When the interactive survey of foster parents was conducted:

- 1) 82% agreed foster parents should have prescribed training classes after pre-service training;
- 2) Most preferred guided discussions and role playing in training over videos/lectures; and
- 3) 81% indicated having child care during training was very important.

During the inquiry for feedback from the DCFS CW staff (FC Supervisors, FC Workers, consultants to the agency, and CQI), a total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested.

Update FFY 2017: Partnership continued with the Louisiana's Baptist Children's Home, Crossroads NOLA, Louisiana's Foster/Adoptive Parent Association and Healing Place in the recruitment and support of foster/adoptive parents. They completed 41 home studies and assisted

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in training and supporting foster parents. Those regions who have rolled out QPI, have identified foster parents who are willing to work with the HD Program to help mentor current foster parents and recruit more foster parents to become certified. The WWK recruiters recruited for 111 youth and finalized 12 adoptions and two guardianships. The program is projected to finalize an additional five adoptions before the end of FFY 2017.

Update FFY 2018: DCFS developed a new diligent recruitment and retention plan for staff in September 2017. These plans will help staff develop strategic, data-driven recruitment plans that will help build and retain foster families who meet the QPI expectations and can meet the needs of the children in care. Each region of the state has a WWK program recruiter. The WWK Program is fully staffed and since October 2017 has assisted in the completion of nine adoptions and one guardianship. They are currently recruiting for 100 youth and there are currently twenty children placed in adoptive placements waiting on their adoption finalizations. DCFS continues to work with community organizations to recruit and support foster parents. Beginning in July 2018, the Department plans to implement a strategic training plan for foster parents. This support will assist in supporting foster parents.

On October 1, 2017, DCFS implemented a 2 tier rate adjustment for Therapeutic Foster Homes in an attempt to recruit more specialized homes for specific populations of children that require more specialized care. There are currently a total of 139 TFC beds and 92 certified TFC homes. Efforts are underway by DCFS and the 8 child placing agencies to recruit TFC homes to serve children who have development delays, have been involved in sex trafficking, identify as LGBTQ, have serious conduct/behavioral issues, are older youth, and youth who have histories of sexual aggression

Update FFY 2019: Data-driven, region-specific recruitment plans that help build and retain foster families who meet the QPI expectations and can meet the needs of the children in care continue to be used. All 9 regions have Wendy's Wonderful Kids Recruiters. Partnership has continued with the Louisiana's Baptist Children's Home, Crossroads NOLA, Louisiana's Foster/Adoptive Parent Association and Healing Place in the recruitment and support of foster/adoptive parents. Louisiana Baptist Children's Home held 62 orientations statewide in 2018 and completed 39 home studies for foster parent certification. Crossroads NOLA held 36 orientations in 2018.

Louisiana Fosters, an initiative of the First Lady of Louisiana created in 2017 has continued to grow. Louisiana Fosters unites support organizations and businesses in efforts of supporting children in foster care and the families caring for them. There are currently 65 organizations as part of Louisiana Fosters.

DCFS recently issued a solicitation for a statewide Foster Care Support Organization and is currently negotiating the contract with a provider. Expected services include: local foster parent support organizations in all 9 regions of the state that will offer support groups, child and family activities, a foster parent peer-to-peer mentorship program, 24 hour crisis line, recruitment activities and statewide communication system for foster parents including a website and newsletter.

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

Louisiana Baptist Children's Home (LBCH) and Crossroads NOLA continue to work with the Department to recruit and provide orientation/training for potential foster/adoptive parents; and provide support to certified foster/adoptive families. The Louisiana Heart Gallery (LHG) staff continues to partner with the department to facilitate professional photography of children awaiting adoption and without an identified adoptive resource. In addition to the LHG, there are at least four Heart Gallery websites listed for Louisiana. The sites feature children that are in the custody and care of DCFS. The children awaiting adoption are featured on Adopt Us Kids website and the DCFS website. Within the regions, the following methods of dissemination of information were used: presentations, flyers, billboards and media (television and newspaper).

Update FFY 2016: During FFY 2015, the LHG featured approximately 80 children. The Heart Gallery was displayed approximately 10-15 times in Louisiana. It was displayed at the Louisiana State Capitol steps, Louisiana Foster/Adoptive Parent Association's Conference, Together We Can Conference (TWC), Governor's Prayer Breakfast, Over the Edge, and several churches throughout the state. The LHG filmed three youth in FFY 2015. The films have been posted on the AdoptUsKids and the LHG's websites. The films are shown at regional MAPP/GPS classes and other recruitment events.

Update FFY 2017: The LHG continued to assist with the recruitment of adoptive families by displaying the gallery at events throughout the state. There 30 children who had professional photos taken and videos were made for six children. Local TV stations throughout the state continue to feature children available for adoption. Interviews with local newspapers and radio stations were facilitated in order to bring awareness to adoption and the need for foster/adoptive parents; especially for youth with special needs. The Adoption Program (AP) needs to continue to work on the AdoptUSKids website. There has not been one consistent person available to manage the website. DCFS is in the process of hiring staff that will be able to manage the website and assist adoption staff in filtering inquiries on children available for adoption.

Update FFY 2018: WWK's recruiters present child specific information during Session 8 of the *A Journey Home* Pre-Service Training. They work very closely with the children on their caseloads network in the hopes of finding adoptive resources for their youth. This often includes explaining the certification process, foster care and adoption. The recruiters will send child specific information to local associations and groups (i.e. Autism Association) in the hope of identifying families willing to adopt children with specific needs. The Department features all children freed for adoption without an adoptive resource on the Adopt Us Kids website, the Department's website and on the Louisiana Heart Gallery. One manager has been working to keep these resources up to date and accurate. Further, a new recruitment message was developed to convey the Department's QPI principles and need

Update FFY 2019: A new recruitment message that includes supporting Quality Parenting has been incorporated into pre-service orientations and training. The Annie E. Casey Foundation in working with Louisiana DCFS in several areas—one of which is Resource and Development for homes for children and youth. AECF is working with DCFS in efforts of improving general and

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targeted recruitment and is working to enhance the new recruitment message to encompass needs for all types of homes for children and youth. DCFS Communications is working the AECF Resource and Development Group on developing printed materials and public service announcements (PSA's). The work group is working to improve regional recruitment plans to meet the specific needs of children in the respective regions. Louisiana Heart Gallery has active support in seven regions and has display exhibits in all nine regions of the state. DCFS continues to work with Adopt US Kids in national recruitment efforts. WWK recruiters continue to share information during pre-service training regarding children and youth in need of adoptive resources. QPI language has been incorporated into orientation and pre-service training.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community: DCFS HD staff prepares schedules for orientation and pre-service trainings and send the information to State Office HD Section. Each region submitted a listing of the region's scheduled orientations and pre-service training for calendar year 2017. The information was posted on the DCFS website for community access.

Update FFY 2015: A review of the 2014 calendar year listing of orientations shows there were approximately 152 orientations held statewide. Orientations were held at various locations: churches, hospitals, regional/parish offices, libraries and college campuses. Regional staff held approximately 50 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 10 evening trainings (7 sessions each) and a one-day training (4 sessions); on Thursdays, there were 19 evening trainings (7 sessions each); and on Saturdays, there were 19 trainings (two – three sessions each). The trainings were held in various locations: parish offices (17); regional offices (19); churches (11); college campus (3); library (2) and hospital (2). This indicates the working relationship between the department and community partners.

Update FFY 2016: A review of the 2015 calendar year listing of orientations show there were approximately 142 orientations held statewide. Orientations were held at various locations, such as, universities, community centers, churches and libraries. Regional staff held approximately 47 pre-service trainings statewide on various days and times. The locations of these training sessions were held at various locations in the community: church (2); college campus (2); library (1); parish office (16); and regional office (26). The Department continues to enhance their relationships with community partners.

Update FFY 2017: A review of the 2016 calendar year listing of orientations shows there were approximately 198 orientations held statewide. Orientations were held at various locations: churches, regional/parish offices, libraries and college campuses. The orientations were held in various locations: parish offices (73); regional offices (92); churches (9); and libraries (24). Regional staff held approximately 301 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 95 evening trainings (7 sessions each) and on Thursdays there were 127 trainings (7 sessions); there were 14 trainings held on Wednesdays; two on Mondays (one session each); and on Saturdays, there were 63 trainings (two – three sessions each). The trainings were held in various locations: parish offices (27); regional offices (24); churches

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(5); college campus (2) and library (1). This indicates the working relationship between the Department and community partners.

The LCWTA offered trainings on cultural diversity and trauma to foster parents. Through LBCH and Crossroads NOLA, foster parents are able to attend an Empowered to Connect Training through a statewide simulcast. Foster parents are mandated to take the one day *A Journey Home* training before the end of the year (2017). This training focuses on QPI, Effective Partnerships, Normalcy, Sex Abuse, Substance Abuse, Trauma and Trust Based Relational Intervention (TBRI). This is just an overview of new information given in the foster parent pre-service training.

Update FFY 2018: A review of the 2017 calendar year listing of orientations shows there were approximately 163 orientations held statewide. Orientations were held at various locations: churches, regional/parish offices and libraries. The orientations were held in various locations: parish offices (35); regional offices (106); churches (16); and libraries (6). Regional staff held approximately 309 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 76 evening trainings (8 sessions each) and on Thursdays there were 159 trainings (8 sessions); there were 8 trainings held on Wednesdays; and on Saturdays, there were 74 trainings four – five sessions each). The trainings were held in various locations: parish offices (20); regional offices (23); churches (2) and a library (1). This indicates the working relationship between the Department and community partners.

The LCWTA offered trainings on cultural diversity and trauma to foster parents. Through LBCH and Crossroads NOLA, foster parents are able to attend an Empowered to Connect Training through a statewide simulcast. Foster parents completed the mandated one day *A Journey Home* training before the end of the year (2017). This training focuses on QPI, Effective Partnerships, Normalcy, Sex Abuse, Substance Abuse, Trauma and Trust Based Relational Intervention (TBRI). This is just an overview of new information given in the foster parent pre-service training. Kinship parents attended the *A Journey Home*-Kinship pre-service training. Orleans region, Covington region, Thibodaux region and Lafayette region offered separate *A Journey Home*-Kinship pre-service trainings to applicants. The other five regions incorporated child specific applicants into the regular *A Journey Home* trainings.

Update FFY 2019: A review of the 2018 calendar year listing of orientations shows there were approximately 191 orientations held statewide. Orientations were held at various locations: churches, regional/parish offices and libraries. The orientations were held in: parish offices (41); regional offices (115); and libraries (33). Regional staff held approximately 333 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 95 evening trainings (8 sessions each) and on Thursdays there were 149 trainings (8 sessions); there were 11 trainings held on Mondays; 8 trainings were held on Wednesdays; and on Saturdays, there were 70 trainings four – five sessions each). The trainings were held in various locations: parish offices (16); regional offices (27) and churches (8). This indicates the working relationship between the Department and community partners. In 2018, LCTWA added the following online trainings for foster parents: Medication Management, Infant Safety: Tragedy in the Backseat, *A Journey Home* Refresher Module 1: Overview, *A Journey Home* Refresher Module 2: Effective Partnership & Normalcy, *A Journey Home* Refresher Module 3: Substance Abuse, *A Journey Home* Refresher Module 4: Intro to TBRI, *A Journey Home* Refresher Module 4: Intro to TBRI, Culture Clash:

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Bringing the Perspective of Child Development to Social Services and Family Court, QPI:Parent Perspective for System Change, and Maximizing the Power of Adolescence.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: Information on working with diverse communities was explored/research via the internet. This information will be presented to the staff via teleconference and/or webinar.

Update FFY 2016: Staff received the training titled Competency in Practice with LGBTQ Youth in the CW System.

Update FFY 2017: The LCWTA offered training to staff on working with LGBTQ youth and has developed training for foster parents. This training will be available to foster parents in 2018. Since foster parents have to be trained in the one day, *A Journey Home*, training and Cultural Diversity, it was not mandated that they attend an additional training.

Update FFY 2018: In-person LGBTQ training was not offered by the LCWTA in FFY 2017 due to a change in trainers and curriculum. LGBTQ training is currently being offered across the state by Dr. Gary Mallon online and face-to-face. National QPI Just in Time trainings are offered to foster parents and staff by the LCWTA and in partnership with Crossroads NOLA. The LCWTA began the process to register all foster parents in Moodle (the online training platform) where they can gain access to a wide variety of online trainings to meet their specific needs at any given time.

Update FFY 2019: Moodle has been made available for DCFS staff as well as Community Partners and Foster Parents. The online trainings as follows are available to DCFS staff and Foster Parents: Culturally Affirming Care – Part 1, Culturally Affirming Care – Part 2 Cultural Compassion: Addressing Implicit Bias, Opening Doors: LGBTQ & Foster Care Supporting and Affirming LGBTQ Children and Youth.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement: *(Please refer to Adoption Service section of report beginning on page 336)*

Update FFY 2016: From January 2015 – December 2015, regional staff held 61 pre-service trainings statewide in various locations to accommodate potential applicants. See previous section which outlines the number of orientations and trainings that were held during calendar year 2015. There were approximately 843 newly certified families during calendar year 2015.

Update FFY 2017: The Faith Based Collaborative did not meet this fiscal year. However, individually they have assisted/supported DCFS in the launch of QPI. Staff will begin working again to assist with the recruitment and retention of foster parents willing to practice QPI.

Update FFY 2018: In 2017, the Department held 309 pre-service training session statewide in various locations to accommodate potential applicants. See previous section which outlines the

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number of orientations and trainings that were held for specific details. QPI will continue to be implemented across the state to increase the pool of foster parents able to serve children.

ADOPTION:

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

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

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

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

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intra-family, and private adoption petitions.

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

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

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

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

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specific recruitment strategies are implemented. The regions can develop a recruitment team, which would consist of the HD and AD Unit, as well as community partners.

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

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

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

The Department was awarded a Wendy's Wonderful Kids (WWK) grant. In 2014 two dedicated recruiter positions were established and now there are four full-time recruiters. The recruiters focus on child specific recruitment for older youth and/or children who have been available for adoption greater than one year and for whom no permanent adoptive resource has been identified. The recruiters collaborate with the assigned DCFS Adoption Specialist and identified child using the WWK Child Focused Model. Performance expectations include that each recruiter matches a minimum of 10 children with a permanent family.

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

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

Strengths of the AD program include: Increase in foster/adoptive parent adoptions; Continual increase in the number of adoptions over the past five years; HD staff worked closely with community partners to identify adoptive resources and/or permanent connections; diligence in preparing the child for the adoption process; provides continued support to families throughout the adoption process; and, ongoing assessment of adoptive family's eligibility for adoption subsidy services

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Barriers include: Lack of consistent practice regarding involvement of adoption staff early in the case, at the point of permanency goal change; and, lack of sufficient adoptive and post adoptive services and resources

Population Served: Children placed by the Department as a result of child abuse and/or neglect are typically rendered available for adoption through the legal processes of involuntary termination of parental rights, a voluntary act of surrender of parental rights or parental death. The majority of foster children available for adoption with a goal of adoption and who are in need of an adoptive placement are older, special needs, and/or members of sibling groups.

Number of Individuals/Families Served: As of April 1, 2014 there were 4,208 children in FC; 461 were available for adoption and 360 were in need of adoptive placements. Of the 360 children, 99 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with the AdoptUSKids website at www.adoptuskids.org/states/la. Of the 99 children actively photo-listed, 67 were males and 32 were females, 32 were white, 66 were African American, and 1 was listed as other race, 13 were members of a sibling group and approximately 75% were deemed physically, emotionally or intellectually challenged.

As of April 2014, adoptions were subsidized for 5,890 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

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

- The Adoption Section collaborates with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is to bring various members of the adoption community together to share different perspectives, seek common understanding and promote initiatives that pertain to adoption.
- Louisiana collaborates with other states to provide Medicaid coverage for adopted children who live in another state and for those children that move from other states to Louisiana.
- HD staff (in designated regions) works with CASA to recruit families for children and youth freed for adoption without an identified placement resource.
- The DCFS will continue to work in partnership with the Louisiana Family Forum on the Faith in Families initiative which focuses on adoption awareness and/or permanency connections and the recruitment/retention of foster/adoptive families for older youth.
- The DCFS began working in partnership (via a grant) with the Dave Thomas Foundation to implement the WWK child focused adoption recruitment model. The population served will be older youth (12-17); younger children with special needs; sibling groups; and children with an Alternative Permanent Living Arrangement goal.

Adoption Activities Planned for FFY 2015-2019: Departmental staff will reach out to state, local agencies and organizations to promote adoption, to develop working relationships, to enhance involvement of foster/adoptive parents in promoting foster/adoption awareness, to coordinate Annual Governor's Adoption Celebration, and to increase adoption awareness. Staff will provide

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information to the community regarding adoption services, support child specific recruitment (e.g., statewide exchange meetings, heart gallery, digital stories), and to provide pre- and post-adoption services to families and children, including private and international adoptions. Technical assistance and consultation will be provided to adoption staff and staff will promote Voluntary Registry awareness.

Update FFY 2015: Number of Individuals/Families Served: As of April 2015 there were 4,314 children in FC; 473 were available for adoption and 133 were in need of adoptive placements. Of the 473 children, 117 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 117 children actively photo-listed, 79 were males and 38 were females, 37 were white, 79 were African American, and one was listed as other race, 13 were members of a sibling group and approximately 90% were deemed physically, emotionally or intellectually challenged.

As of April 2015, adoptions were subsidized for 6,140 children. Of this number, 87 families are living out of the state of Louisiana. Additionally, there are 1,297 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,384 families.

The Department's collaboration with the faith-based community has been consistent. The community partners have provided services to help identify foster/adoptive resources for children awaiting adoption and to increase public awareness of the need for adoptive families.

In May 2014, the department participated in two activities hosted by the Focus on the Family organization: Over the Edge and Wait No More. The Over the Edge activity took place in downtown Baton Rouge on May 8th and 9th. The focus of the activity was to raise community awareness about FC and adoption; and to recruit foster/adoptive families. The event was attended by: The Louisiana governor's wife, celebrities, foster/adoptive families, prospective foster/adoptive families, local organizations, lawmakers and DCFS staff.

The Wait No More event was held in Baton Rouge at the Istrouma Baptist Church on May 10, 2014 from 10a.m. - 2p.m. Based upon information received from the host, Focus On the Family, more than 200 people attended the event. Those individuals represented approximately 80 different families. Of those in attendance, 22 families initiated the process of adoption from foster care at the event; and nine families indicated their desire to get involved by praying, wrapping around an adoptive family or giving support to Wait No More. There were 13 agencies (inclusive of DCFS HD/Adoption staff) and ministries on-site to answer participants' questions and help start the process of fostering/adoption; approximately 60 churches were represented. All participating families received complimentary copies of Focus on the Family resources: Handbook on Thriving as an Adoptive Family; Wait No More: One Family's Amazing Adoption Journey; Wrapping Around Adoptive Families; Attachment in adoption; Sensory Deprivation; and Love and Loss in Foster Care.

In May and November of 2014, the department held two Centralized Exchange Meetings at DCFS State Office in Baton Rouge. In addition to the departmental staff, invitations were sent out to

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least six local organizations (private adoption agencies and faith-based community partners). Refer to the Adoption Incentive Section for more information on the Centralized Exchange Meetings.

During the month of November, there are several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The Annual Governor's Adoption Celebration was held in November 2014 to celebrate families that adopted children during FFY 2014. There were 630 children adopted by 450 adoptive families. Staff from across the state participated in this event.

Around the state, in November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) "Walk for Adoption" followed by a balloon release; this included foster/adoptive parents, family/juvenile court judges, and community partners; 3) hosting fun day for foster/adoptive families; 4) regional selection of an adoptive family of the year; one region partnered with the mayor and CASA to show appreciation and celebrate adoptive families.

November 20, 2014 Louisiana Adoption Advisory Board (LAAB) in conjunction with DCFS and community partners held a recruitment activity at the Louisiana State Capitol to bring awareness to the need for adoptive families.

Local and state level foster/adoptive parent associations seek ways to: 1) promote foster/ adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; participate in legislative lobbying to obtain laws that will help them be more effective in their community. Some regions, local associations will select an Adoption Specialist as "Worker of the Year"; provide care packages for children; and support to newly certified foster/adoptive parents.

In the Department's effort to promote Voluntary Registry awareness, DCFS enhanced the DCFS website by establishing an e-mail address and making the necessary document for Voluntary Registry available to the public. This website is in addition to the 1-800 inquiry line for the registry. For all adoption recruitment activities, the community is provided with brochures on the Louisiana Adoption Voluntary Registry.

Update FFY 2016: As of April 2016, there were 4,361 children in FC; 467 were available for adoption. Of the 467 children, 101 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 101 children actively photo-listed, 67 were males and 33 were females; 33 were Caucasian, 65 were African-American and 2 were listed as other race; 20 were members of a sibling group; 42 were age 9-13; and 48 were 14 and older.

As of May 2016, adoptions were subsidized for 6,499 children. Of this number, 656 families are living out of the state of Louisiana. There are 677 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides services for 1,237 families.

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During FFY 2015, approximately 87 children were served through guardianship subsidies. From October 2011 to May 2016, approximately 118 children have received a guardianship subsidy.

The Department's collaboration with the faith-based community has been consistent. The community partners have provided services to help identify foster/adoptive resources for children awaiting adoption and to increase public awareness of the need for foster/adoptive families. They have continued to provide supportive services to families; assisted the department in identifying training needs; and assisted in the recruitment of adoptive families for children who are in need of a forever family.

In May 2015, the department participated in two activities hosted by the Focus on Family organization: Over the Edge and Wait No More. The Over the Edge activity took place in downtown Baton Rouge on June 19th. The focus of the activity was to raise community awareness about foster care and adoption; and to recruit foster/adoptive families.

In November, there were several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The Annual Governor's Adoption Celebration was scheduled to be held on November 6, 2015, but unfortunately there was severe weather and the event was cancelled. However, staff from across the state participated in events within their regions to celebrate adoption and those 662 children who were adopted and their families.

Around the state, during the month of November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) "Walk for Adoption", followed by a balloon release; this included foster/adoptive parents, family/juvenile court judges and community partners; 3) Race for a Forever Home, followed by a fun day for foster/adoptive families; 4) 5K Race and Fun Run; 5) Orphan Sunday, an event to raise awareness about the plight of children needing homes; 6) a regional selection of an adoptive family of the year; and 7) one region partnered with the mayor of the city and CASA to show appreciation and celebrate adoptive families.

Local and state level Foster/Adoptive Parent Associations seek ways to: 1) promote foster/adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; participate in legislative lobbying to obtain laws that will help them be more effective in their community. Some regions, local associations will select an Adoption Specialist as "Worker of the Year"; provide care packages for children; and support to newly certified foster/adoptive parents.

Update FFY 2017: As of March 2017, there were 4,361 children in FC; 452 were available for adoption. Of the 452 children, 142 were placed in pre-adopt homes and were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 101 children actively photo-listed, 67 were males and 33 were females; 33 were Caucasian, 65 were African-American and 2 were listed as other race; 20 were members of a sibling group; 42 were age 9-13; and 48 were 14 and older.

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As of March 2017, adoptions were subsidized for 6,499 children. Of this number, 656 families are living out of the state of Louisiana. There are 677 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides services for 1,237 families.

During the month of November, there were several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The Annual Governor's Adoption Celebration was held on November 4, 2016, and the state celebrated the highest number of adoptions in history, 735. There were a total of 236 attendees; 182 were parents and children.

Around the state, during the month of November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) "Walk for Adoption", followed by a balloon release; this included foster/adoptive parents, family/juvenile court judges and community partners; 3) Race for a Forever Home, followed by a fun day for foster/adoptive families; 4) 5K Race and Fun Run; 5) Orphan Sunday, an event to raise awareness about the plight of children needing homes; 6) a regional selection of an adoptive family of the year; and 7) one region.

Local and state level Foster/Adoptive Parent Associations seek ways to: 1) promote foster/adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; participate in legislative lobbying to obtain laws that will help them be more effective in their community.

DCFS participated in LAAB's Annual Conference. The Adoption Program Staff presented on: Adoption Registry and How to Recruit Homes for Older Youth and Youth with Special Needs.

Healing Place Church partnered with DCFS on the State Wide Adoption Exchange in June 2016. They hosted the exchange, provided the LHG as well as food and technical support.

The LHG partnered with DCFS in the recruitment of adoptive homes for children freed for adoption. 30 children were photographed and 6 children videoed. All of the photos and videos were uploaded to the LHG website. The website is accessed through the AdoptUSKids website.

The LHG is displayed at events throughout the state and is a recruitment tool for those children available for adoption. The videos are shown at the adoption session of foster parent pre-service training as well as at different events throughout the state.

WWK Recruiters recruited for 111 youth and finalized 12 adoptions and 2 guardianships. The program is projected to finalize an additional five adoptions before the end of FFY2017. The WWK Grant was expanded in January 2017 to include 4 additional recruiters totaling 8 recruiters statewide. Each region will have a WWK recruiter with the exception of Monroe and Shreveport who will share one recruiter. The new recruiters are projected to be hired by May 1, 2017.

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With the development of the new pre-service curriculum for foster/adoptive parents, *A Journey Home*, a session on Adoption was added to the curriculum. The session focuses on the Adoption Journey, Transracial Adoption, and the Adoption Process.

Update FFY 2018: As of March 2018, there were 4,447 children in foster care; 488 were available for adoption. Of the 488 children, 171 were placed in pre-adoptive homes; 114 were photo-listed on the Louisiana Adoption Resource Exchange (LARE) and registered as active with AdoptUSKids (www.adoptuskids.org/states/la). Of the 114 children actively photo-listed, 75 were males; 38 were females; 45 were Caucasian; 68 were African-American; and one was listed as other race. Eight were members of a sibling group; 39 were ages 9-13; and 16 were 14 or older.

As of March 2018, adoptions were subsidized for 7,113 children. Of this number, 696 families are living out of the state of Louisiana. There are 700 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides services for 1,396 families.

During the month of November, there were several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The annual Governor's Adoption Celebration was held on November 16, 2017; the state celebrated the highest number of adoptions in history, 771. There were a total of 331 attendees; 264 were parents, children and stakeholders.

Around the state, during the month of November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) Race for a Forever Home, followed by a fun day for foster/adoptive families; 3) a regional selection of an adoptive family of the year; 4) carnival celebration; 5) backyard barbeque; 6) balloon release; and 7) superhero party.

Local and state level Foster/Adoptive Parent Associations seek ways to: 1) promote foster/adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; and participate in legislative lobbying to obtain laws that will help them be more effective in their community. The associations partnered with Together We Can to provide training to foster parents.

Healing Place Church partnered with DCFS on the State Wide Adoption Exchange in October 2017. They hosted the exchange, provided the Louisiana Heart Gallery (LHG) as well as food and technical support.

The Adoption Program continues to work with LHG to ensure that pictures of all children, without an identified adoptive resource, are taken and posted on the AdoptUSKids website. In March 2018, nine children were videoed by America's Kids Belong (AKB) in partnership with LHG. In April 2018, 32 additional children will be videoed. These videos are placed on AdoptUSKids, DCFS', social media and LHG's websites. The videos are played at different events and foster parent trainings throughout the state.

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The Adoption Program continued to partner with television stations around the state that featured our children on local news programs. Some of the stations included: WWL-A Home of My Own; WVLA -Wednesday's Child; and KTBS-ArkLATex Angel.

The Wendy's Wonderful Kids (WWK) Program is fully staffed and has assisted in the completion of 9 adoptions and 1 guardianship since October 2017. Currently, they are recruiting for 100 youth and 20 children are placed in adoptive placements awaiting finalization.

The Adoption Program in partnership with the Trust Based Relational Intervention (TBRI) Fellows Program is in the beginning stages of developing a Pre and Post Adoption Support Group to current and former adoptive parents. The following has been accomplished: the need has been identified; development of the curriculum has started; timeframes for implementation; and identification of possible facilitators in the regions.

Update FFY 2019: DCFS makes every effort to reach out to state and local agencies and organizations in an effort to promote adoption. The Adoption Section continues to collaborate with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is to bring various members of the adoption community together to share different perspectives, seek common understanding and promote initiatives that pertain to adoption. Louisiana continues to collaborate with other states to provide Medicaid coverage for adopted children who live in another state and for those children that move from other states to Louisiana. The DCFS continued to work in partnership with the Louisiana Family Forum on the Faith in Families initiative, which focuses on adoption awareness and/or permanency connections and the recruitment/retention of foster/adoptive families for older youth. DCFS began working in partnership (via a grant) with the Dave Thomas Foundation to implement the WWK child focused adoption recruitment model. The population served will be older youth (12-17); younger children with special needs; sibling groups; and children with an Alternative Permanent Living Arrangement goal. The Department has been working to get TBRI support groups started in the New Orleans and Covington area. The adoption program has collaboration with the DCFS media program to promote awareness of adoption.

Number of Individuals/Families Served: As of April 30, 2019 there were 4142 children in foster care; 637 were available for adoption and 150 were in need of adoptive placements. Of the 150 children, 87 registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 87 children active on www.adoptuskids.org/states/la 54 were males and 33 were females, 31 were white, 55 were African American, and 1 was listed as other race, 7 were members of a sibling group and approximately 8% were deemed physically, emotionally or intellectually challenged.

As of April 2019, adoptions were subsidized for 7,614 children. Of this number, 728 families are living out of the state of Louisiana. There are 722 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,450 families.

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ADOPTION & LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Services the state expects to provide to children and families using Adoption & Legal Guardianship funds: DCFS anticipates utilizing the adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services, will include, but not be limited to the following: media, contract assistance for timely completion of home studies for families interested in adoption, child specific recruiter, and statewide match exchanges.

Should there be additional funds as a result of the changes to how adoption incentive funds are disbursed by the ACF, Children’s Bureau, the Department will assess the feasibility of increasing the number of days for post adoption respite beyond the current 25-day limit allowed in the adoption subsidy. Additionally, the Department will assess the feasibility of covering therapeutic services for those families that are ineligible to receive services through Louisiana Behavioral Health Partnership.

The state’s plan to ensure timely expenditure of the funds in accordance with section 473A (e) of the Act: To ensure timely expenditure of the funds DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditures use; identify cost of services and; coordinate with the Department’s budget section to ensure funds are appropriately utilized and expended within allocated timeframe.

During the FFY 2013 and 2014 the state has not encountered any issues or challenges relating to expending adoptive incentive funds in a timely manner.

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child (age 9 and older)	Amount Awarded
FFY 2013	739	733	179	\$1,692,000
FFY 2014	630	624	141	\$2456,000
FFY 2015	662	645	125	\$1577,250
FFY 2016	735	735	152	648,000
FFY 2017	771	771	175	\$420,000
FFY 2018	912	904	226	\$1268,000

Data extracted on March 2018 from WebFocus Developer Studio.

***This grant amount includes adoption and legal guardianship.*

NOTE: Special Needs adoptions include all finalized adoptions during FFY in which either a payment or service subsidy is provided.

NOTE: During FFY 2015, approximately 87 children were served through guardianship subsidies. Since October 2011 to May 2016, an approximate total of 118 children have received a guardianship subsidy.

Update FFY 2015: Adoption incentive funds were utilized to: 1) support ongoing recruitment efforts (e.g., purchase of informational booklet to help educate the community about the foster/adoptive process); 2) adoption subsidies (e.g., non-recurring expenses); 3) assist in alleviating barriers to adoption (Adoption Purchase of Service contracts); and 4) child specific recruitment.

In FFY 2014, a total of 630 children were adopted. In prior years, the department was able to access data from the National Resource Center for Child Welfare Data and Technology that

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provided a preliminary estimate on the number of special needs and older children. Within the last two reporting periods, this information has not been available; therefore, going forth there will be no reporting on the number of special needs and older children, until the data is available.

During the 2015 FFY, adoption incentive funds were utilized to secure adoption services assistance in other states for children adopted outside of Louisiana. There were seven Purchase of Service Agreements completed to assist in the placement of eight children with seven certified adoptive families residing in other states. The adoption incentive funds have been used in conjunction with the Wendy's Wonderful Kids (WWK) grant award to staff five WWK positions (four recruiters and one supervisor). Information regarding WWK is outlined under the Child Focused Recruitment Section.

In May and November 2014, a Statewide Centralized Exchange Training/Meeting was held at the State Office in Baton Rouge. The purpose of the meeting was to: 1) bring together DCFS regional Adoption/Home Development (AD/HD) staff, community partners and stakeholders; 2) facilitate the matching of children awaiting adoption with available adoptive families; 3) provide our community partners and stakeholders with an understanding of the needs of the children in the custody of DCFS; 4) facilitate the sharing of recruitment ideas among the AD/HD staff; 5) update on department permanency efforts, initiatives and strategies, and 6) identify existing barriers as well as regional strategies and practices that have positively impacted timely permanency outcomes for children. Approval was granted for each regional Adoption and Home Development supervisor and one staff person to attend the training/meeting.

In May 2014, in addition to the departmental staff, invitations were sent out to at least six local organizations (private adoption agencies and faith-based community partners). The speaker was the director of Mississippi Families of Kids organization; she provided information on the placement of children with private agency families. There were in attendance approximately 36 regional staff, 10 state office staff, 10 staff persons from private/community organizations. During this training/meeting, each regional Adoption Unit presented two children awaiting adoption and each regional Home Development Unit presented two families awaiting placement of a child. There was at least one potential match made; however, it did not move toward adoption finalization due to the adoptive family experiencing some unexpected family issues.

In the November 2014, there were approximately 53 individuals in attendance at the training/meeting; there were 33 AD/HD staff; four DCFS Wendy's Wonderful Kids recruiters and one supervisor; two Dave Thomas Foundation for Adoption staff; six community partners (private adoption agencies and faith-based community partners); and seven State Office staff. One of the focuses of the training/meeting was the presentation of children and adoptive families to facilitate the matching of children awaiting adoption with available adoptive families. The AD staff featured approximately 18 children awaiting adoption and the HD staff featured approximately 18 certified foster/adoptive families that were awaiting an adoptive placement. The private adoption agencies were given an opportunity to feature their adoptive families.

The training for staff centered on new federal legislation; staff was provided an opportunity to discuss the AD/HD policy revisions/updates. In addition, information was provided on the WWK Child-Focused Model by the Dave Thomas Foundation for Adoption and WWK staff. There was

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discussion and stories shared regarding adoption successes, challenges and lessons learned.

Update FFY 2016: Prior to the current FFY, the Department utilized the chart above to show data regarding foster child adoption, special needs, older child (age 9 and older) and the Adoption Incentive Award amount. The Adoption Incentive Program was renamed the “Adoption and Legal Guardianship Incentive Payments” program. In FFY 2015, the Department was awarded \$606,571 in Adoption and Legal Guardianship Incentive Payments. Incentive funds will be used to perform child focused recruitment for children freed for adoption without an identified adoptive family. DCFS will continue to hold an annual adoption exchange, utilize media to recruit homes, employ two child focused adoption recruiters and contract home studies for child specific certification.

In order to ensure timely expenditure of the funds, DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditures use; identify cost of services; and coordinate with the Department’s budget section to ensure funds are appropriately utilized and expended within allocated timeframe. During FFY 2015 and beyond the state has not encountered any issues or challenges relating to expending adoptive incentive funds in a timely manner. The DCFS did not have a statewide adoption exchange. Each month the Wendy’s Wonderful Kids (WWK) recruiters would come together to discuss available children and homes that were available for placement. A statewide exchange is being coordinated for June 2016. WWK grants were renewed for an additional year. Two child focused WWK recruiters were employed under the grants and two additional recruiters are employed with the adoption incentive funds. The WWK model served 82 children and finalized six adoptions. There are currently 10 children placed in pre-adopt homes awaiting finalization; and six children have been matched with families who are awaiting placement.

Update FFY 2017: Louisiana’s Adoption and Legal Guardianship Incentive Payments have decreased significantly. DCFS has not experienced any challenges in expending prior award Adoption and Legal Guardianship Incentive payments in a timely manner. Utilizing these funds, DCFS researched and prioritized specialized recruitment programs and retention and placement support activities and services focusing on achieving timely permanency for special needs and harder to place children in foster care. Specific permanency strategies funded included: Implementation and subsequent expansion of Wendy’s Wonderful Kids Specialized Adoption Recruitment; Implementation of the Quality Parenting Initiative (used for four recruiters and one supervisor, who recruited for 111 youth and finalized 12 adoptions and two guardianships.); Trauma training for front line staff and foster caregivers; Out of state adoptive placement support and supervision services; Membership in national adoption exchange; and, Post placement adoptive support services including adoption subsidy assistance to eligible children and families.

With implementation and support of the above areas of focus, DCFS has continued to achieve strong outcomes on overall numbers for permanency through adoptions and legal guardianship, adoptions of special needs children, as well as timeliness of permanency.

Update FFY 2018: Louisiana’s Adoption and Legal Guardianship Incentive Payments have continued to decrease over the last couple of years. However, DCFS has not experienced any challenges in expending prior award Adoption and Legal Guardianship Incentive payments in a

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timely manner. Utilizing these funds, DCFS researched and prioritized specialized recruitment programs, retention and placement support activities, and services focusing on achieving timely permanency for special needs and harder to place children in foster care. Specific permanency strategies funded included the expansion of Wendy's Wonderful Kids (WWK) Specialized Adoption Recruitment. These funds were used for four recruiters and one supervisor until June 2017, when an additional four recruiters were hired. They recruited for 127 youth and finalized 14 adoptions and a guardianship. Implementation of the Quality Parenting Initiative (QPI) continued in FFY 2018. Trauma training for front line staff and foster/adoptive caregivers continued. In partnership with Crossroads Nola, five staff members were trained to become Trust Based Relational Intervention (TBRI) practitioners. Two-day TBRI trainings were offered to staff and foster/adoptive parents in the Orleans, Covington and Thibodaux regions. There were Empower to Connect Simulcasts offered to foster/adoptive parents throughout the entire state. Membership in the national adoption exchange and post placement adoptive support services, including adoption subsidy assistance to eligible children and families, continues. Out of state adoptive placement support and supervision services continue.

Update FFY 2019: DCFS remains committed to supporting ongoing implementation of the initially stated strategies (e.g. child specific recruitment, contracted home studies, media) which have proven successful. The department's continued assessment and prioritization of each of these strategies will be necessary, in light of continued reductions in the amount of the Adoption and Legal Guardianship Incentive Payment in the most recent award period. The WWK Program will continue through June 2019. The eight WWK recruiters utilized the child focused recruitment model to find forever homes for the Department's harder to place youth. The child focus recruitment focus on exhaustively on an individual child's history, experiences and needs in order to find an appropriate adoptive family. The department continued to train staff and foster/adoptive parents in TBRI. Seven staff completed the TBRI Practitioner Training in April 2018 and additional staff were enrolled in the TBRI Practitioner training in September 2018. The implementation of QPI continued throughout the state. The Department's Adoption Program continues to assess the possibility of implementing a support group for pre- and post-adoptive parents in every region.

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SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES:

Activities that the state has undertaken to support the families of children adopted from other countries: Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program which assists families to record adoptions in Louisiana and then obtain a revised birth certificate. Additionally, regional Family Resource Centers (FRC) provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody that experience adoption disruption and/or dissolution Louisiana provides/provided ongoing foster care services, to include: board rate, independent living, and educational support services, medical assistance, psychological support, and clothing replacement services.

Inter-country Adoption Data:

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
Baseline 2012-2013	27
2013-2014	23 (1 of which ended in disruption/dissolution)
2014-2015	11(1 of which ended in disruption/dissolution)
2015-2016	16
2016-2017	35
2017-2018	22
TOTAL	134

The data was derived from the TIPS download files for the Adoption Petition Program. All cases reported above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed.

Activities Planned for FFY 2015-2019 to support children adopted from other countries, including the provision of adoption and post-adoption supports: The Department will conduct a quarterly review of adoption dissolution reports, identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

Update FFY 2015: Each month, a DCFS production report is provided which identifies children that have been adopted with a status of adoption disruption and/or dissolution. This report is reviewed and contact is made with the appropriate region to determine the current status.

DCFS continues to provide services to one child who was originally adopted internationally. The 17-year-old female from China continues in foster care. Her previous placement, of approximately 1½ years, with a foster family in Zachary, Louisiana disrupted in January 2015. The reason for the disruption was due to the family’s inability to cope with the child’s reestablished relationships with her adopted sister and godmother in Colorado. After she reconnected with the adopted sister and godmother, she was making plans to move to Colorado after graduation. However, these plans

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are no longer viable. The female teen is currently in a non-certified foster home placement. This placement setting is in the family home of the grandmother of one of her friends. She is in the 11 grade at Zachary High School. She has a grade point average of 3.0; additionally, she scored a 20 on her ACT test. The family with whom she is currently residing is going through the foster/adoptive certification process. At this time, they are committed to making a permanent connection with the teenager after she reaches the age of majority. The teenager has established additional relationships with another foster family in the area where she on occasions will spend weekends and join the family for dining out. This family has expressed an interest in maintaining permanent connections with the teenager.

Agency Who Handled the Placement/Adoption – According to DCFS legal staff in the Baton Rouge Region, multiple attempts were made to find out the name of the private adoption agency the adoptive family worked with during the placement and foreign adoption finalization. At the point the adoption disrupted, the family was not cooperative with providing information, even after being court ordered to do so. It was learned that the child was adopted from China and the Chinese adoption was made executory in Louisiana. The legal documents that were obtained by the Department from the adoptive parents did not identify the adoption agency.

Reason for Disruption or Dissolution – As previous reported, the child (then 14 years old) was presenting serious behavioral issues (e.g., standing over the adoptive father at bedtime with a knife, being aggressive at school and fighting). She was hospitalized in November 2011 at a psychiatric facility. At the time of her discharge, her adoptive parents failed to pick her up thereby abandoning the child. Subsequently, the child entered foster care the latter part of November 2011.

Plans for the Child – The child’s goal is adoption. A family has been identified as a potential adoptive resource. In FFY 2015, the family had begun the foster/adoptive certification process. Another family has been identified as a potential permanent connection.

The DCFS continues to provide services to one female child from China who was originally adopted internationally. She is 18 years of age. During September 2015, she was approved for participation in the Youth in Transition Program, from October 8, 2015 through May 31, 2016. She has been enrolled and classified as a senior at Zachary High School. She is in good academic standing. She has an anticipated graduation date of May 2016.

She was set to receive a monthly stipend as long as she was progressing well in school. This young lady was provided information regarding Education and Training Vouchers, should she decide to attend a post-secondary institution prior to her 21st birthday. It was noted if she plans on selecting engineering, medicine or education as a field of study, she should apply for the Brave Heart Scholarship. Information was provided regarding a possible scholarship through the Foster Parent Association. Lastly, she was provided a contact name and number of a case manager with Catholic Charities Archdiocese of New Orleans. Through the organization’s services, she could benefit from follow-up services until she turns 21 years of age.

Agency Who Handled the Placement/Adoption – As stated during the previous FFY, multiple attempts were made to find out the name of the private adoption agency who handled the placement and foreign adoption finalization. However, according to DCFS legal staff in the Baton Rouge

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Region, this information was not made available. At the point the adoption disrupted, the family was not cooperative with providing information, even after being court ordered to do so. It was learned that the child was adopted from China and the Chinese adoption was made executory in Louisiana. The legal documents that were obtained by the Department from the adoptive parents did not identify the adoption agency.

Reason for Disruption or Dissolution –This child was 14 years old at the time of disruption. She was presenting serious behavioral issues (e.g., standing over the adoptive father at bedtime with a knife, being aggressive at school and fighting). She was hospitalized in November 2011 at a psychiatric facility. At the time of her discharge, her adoptive parents failed to pick her up thereby abandoning the child. Subsequently, the child entered foster care the latter part of November 2011.

Update FFY 2016: Plans for the Child - As of October 2015, the child's goal was changed to Independent Living. She has been residing with the same foster family. As stated above, she has been provided several options toward pursuing a post-secondary education.

Update FFY 2017: As of October 8, 2015 the above mentioned female reached the age of majority. She remained in the same foster family home. She graduated from high school and participated in the Youth in Transition Program from October 10, 2015 to June 1, 2016. She was assisted in obtaining her citizenship documents. Additionally, she has had contact and visited with her sibling located in Colorado.

As of 2016, DCFS continues to provide services to children who enter care as a result of the disruption of an international adoption. DCFS staff started working with an 11-year-old male child who was adopted from Ethiopia. This child was adopted approximately three years ago.

Agency Who Handled the Placement/Adoption: This child was adopted internationally. The family utilized Blessing the Children Adoption Agency located in Addis Ababa, Ethiopia.

Reason for Disruption or Dissolution: The disruption was the result of neglect as the family was unable to care for this child due to his sexual acting out behaviors toward the adopted family's biological daughter. Prior to the child entering care, the family had secured counseling services to assist the child and family in dealing with his behavior. However, to no avail, the behavior continued. A psychologist diagnosed the child as having Reactive Attachment Disorder.

During the course of time the child was in the home of the adoptive family, both the psychologist and pediatrician recommended the child's removal from the home. The family secured a grandparent to care for the child; however, they were unable to continue the care required to maintain his placement in the home.

Plans for the Child: The male child is involved in therapeutic services to address his grief and loss, as well as his challenging behavior. He continues his educational service from the school he was attending prior to removal from the family home, Louisiana Key Academy. This school is for students with dyslexia. The educational setting meets all his educational needs. Additionally, the child is involved in age appropriate activities at the Big Buddy Program. The current case plan is Family Reunification concurrent with Adoption.

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Update FFY 2018: As of 2018, DCFS provide services to children who enter care as a result of the disruption of an international adoption. DCFS staff works with a male child who was adopted from Ethiopia. He is currently 12 years old; he was adopted approximately four years ago.

Agency Who Handled the Placement/Adoption: This child was adopted internationally. The family utilized Blessing the Children Adoption Agency located in Addis Ababa, Ethiopia.

Reason for Disruption or Dissolution: The disruption was the result of neglect; the family was unable to care for this child due to his sexual acting out behaviors toward the adopted family's biological daughter. Prior to the child entering care, the family secured counseling services to assist the child and family in dealing with his behavior. However, to no avail, the behavior continued. A psychologist diagnosed the child as having Reactive Attachment Disorder.

During the course of time the child was in the home of the adoptive family, both the psychologist and pediatrician recommended the child's removal from the home. The family secured a grandparent to care for the child; however, they were unable to continue the care required to maintain his placement in the home.

Plans for the Child: The male child is currently enrolled in the Greenville Academy and is in the 6th grade. According to the foster mother, this school will work more efficiently to get him on the appropriate grade level. His latest grades are four A's and two C's which places him on the B - Honor Roll. He has not had any of his accommodations for his dyslexia put in place at school as of yet. He is very active in football, basketball and track. He is not on any medication. He does have a therapist who addresses his issues with grief and loss, but the therapist is in transition to another agency. There are plans to resume therapy. The current goal for this child is Adoption; the current foster parent is interested in adopting him.

Update FFY 2019: Quarterly reviews of adoption dissolution reports were conducted. The department continued to identify foreign adoptions. DCFS monitored service provision to children who have entered protective custody. DCFS continued to provide adoption recruitment services.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS - APPLICATION FOR FFY 2016**

NOTE: In a previous APSR and CFSP it was inaccurately reported that Catholic Charities subcontracts services in the Baton Rouge and Thibodaux Regions. Catholic Charities does not subcontract out those services.

Under the seven proposed goals and accompanying strategies, the Department accomplished the following activities supporting the Chafee Foster Care Independence and Educational Training Vouchers programs:

PURPOSE/GOAL 1: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 TRANSITION TO SELF-SUFFICIENCY BY PROVIDING SERVICES:

Objective 1.1: Improve youth transition planning to enhance competence to exit foster care.

Strategy 1: Develop and conduct training regarding working with youth transitioning from foster care with DCFS staff, foster caregivers, youth, and CFCIP providers.

- The training “Working with Youth Transitioning from Foster Care” was developed for the DCFS staff, foster caretakers, youth, and CFCIP providers. Youth contributed to the training by providing input on their experiences when transitioning from care and explaining what they needed from their case managers and other support systems. A CASA representative presented at each training to explain their services to participants. The trainings were held across the state from May to August of 2014.

Strategy 2: Monitor quality Youth Transition Plans developed by DCFS staff through the addition of the YTP plan in the online case planning database and through the CQI YTP reviews and Program review of CQI reviews. The Youth Transition Plan (YTP) was revised with input from youth and added to the online case planning database. A sample of the completed plans is evaluated through the CQI process on a quarterly basis, with second-level reviews occurring by State Office staff. The review instrument assesses the following which are based on “Positive Youth Development” principles:

- Completion of the plans according to policy;
- Quality of the plans in achieving the desired outcomes for youth with individual circumstances;
- Ensuring youth are active participants in the planning process;
- Ensuring youth have permanent connections and a plan to establish/maintain the relationship; and,
- Ensuring youth have opportunities to demonstrate success in mastery, independence, generosity, and sense of belonging.

Strategy 3: Track development of Youth Transition Plans through TIPS case events.

- DCFS continues to track the completion of Youth Transition Plans through case events in TIPS.

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Strategy 4: Assist youth in recognizing the importance of designating a healthcare proxy through transition planning.

- All youth ages 16 and older continue to be informed by their foster care, adoption or juvenile justice worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. (Many children's attorneys are available to assist in execution of a health care proxy if a youth desires.) Youth are provided information about health care proxies at each YTP update while in the state's foster care system.

Strategy 5: Assist youth in completing credit clearances and resolving identified problems.

- Staff are required to conduct credit clearances on all youth ages 16 and 17 on an annual basis. The Department is currently in negotiations with the three major credit reporting agencies to develop guidelines for this process to overcome challenges and accommodate recent changes to federal law. TIPS continue to generate case events for the credit clearances to monitor compliance with completion of the clearances and resolution of problems. Any problems indicated by the credit clearances are resolved with the assistance of departmental staff.

Update FFY 2016: The Department continues to contract with CFCIP providers in each of the nine regions of the state which covers all 64 parishes. Catholic Charities serves the Baton Rouge, Orleans, and Thibodaux Regions, with offices in Baton Rouge, Gretna, and Houma, Louisiana. Gulf Coast Social Services serves Lafayette and Lake Charles Regions, with offices in Lafayette and Lake Charles, Louisiana. Southeastern Louisiana University serves Covington Region with an office in Hammond, Louisiana. Methodist Children's Home serves Monroe Region, with an office in Ruston, Louisiana. Goodwill Industries serves Shreveport and Alexandria Regions, with offices in Alexandria and Natchitoches, Louisiana.

The CFCIP providers are contracted to provide transitional living services to youth ages 14 to 17 in DCFS or OJJ foster care and former foster youth ages 18 to 21. The newly released RFP requires CFCIP providers to assist former foster youth up to age 26 in obtaining services to meet their needs. It is estimated the contracted CFCIP providers will serve approximately 1000 youth during FFY 2017. The Department and the CFCIP providers with tribes in their regions reach out to the tribes on a regular basis to inform of referral processes, services available, trainings, and annual youth conferences.

The Department has been involved in negotiations with the three major credit reporting agencies, Experian, Equifax, and TransUnion to improve DCFS access to credit clearances.

The Department delivered an updated version of "Working with Youth Transitioning from Foster Care" to foster care and adoption staff throughout the state focused on improving youth transition planning and enhancing engagement of youth in that process. The contract Independent Living Skills Providers assisted in the trainings for the regions they serve to provide specific information about their programs. A total of 467 staff members attended the training from January to March 2016. The training included guidance on the development and implementation of adequate transition plans for youth who are approaching adulthood. An essential component of the training

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was the importance of a youth determining who his or her healthcare proxy will be upon reaching adulthood.

The Department monitors the quality and completion of adequate Youth Transition Plans for youth ages 14 to 17 by conducting case record reviews each quarter, although this will be changing to every six months in October 2016. Each of the nine regions has three YTP reviews each quarter for a total of 108 reviews each year. The CQI team presents the findings of the reviews to regional management after the reviews in order to provide guidance to further improve practice. State Office Program staff is available to assist CQI staff or the field with any issues regarding quality, completion and implementation of adequate YTPs.

DCFS has developed a contractual relationship with a transitional living program that is focused on providing specialized services for the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population. The Department encourages foster caretakers and residential providers to be sensitive to all of the needs of youth in foster care and to refrain from projecting personal biases onto the youth. Youth who express an interest in purchasing clothing of their identified gender are allowed to do so within the allotted clothing allowances. Youth who identify as LGBTQ are allowed the same opportunities to participate in age and developmentally appropriate activities as other youth.

DCFS has continued its participation with Louisiana LGBTQ Taskforce which advocates for and advances equal treatment for lesbian, gay, bisexual, transgender, and questioning youth in the judicial system by developing and delivering resources to impact practice and policies. CFCIP providers are required to provide and educate youth on sexual development, responsibility, and family planning alternatives, to include sensitivity and support in understanding, accepting, and coping with any sexual identity issues.

DCFS offered training entitled “Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems”. The State Office Home Development Program compiled information on “Working with Diverse Families” and “Good Customer Service” to be handed out and discussed with regional staff.

The Department and CFCIP providers have adopted “Choosing the Best” curriculum to promote healthy sexual relationships, sexual abstinence, and making good sexual choices with youth. The curriculum is focused on the health advantages of delayed sexual activity and empowers youth to make the healthiest choices, in order to reduce unplanned pregnancies and Sexually Transmitted Diseases, improving the outcomes for youth and their families. The DCFS has reviewed the list of FYSB-funded grantees and currently has a working relationship with six of them.

HP Serve and DCFS collaborated on the Louisiana Collaborative Intervention Model (LaCIM) planning grant for the purpose of improving the well-being, safety, and permanency of children in foster care and those exiting foster care that are at the most risk of homelessness. These entities worked to identify risk and protective factors that lead to children becoming homeless and designed services to deter homelessness. HP Serve was not selected to receive the implementation phase of the grant.

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The Department is an active participant in the legislated task force on Youth Aging out of Foster Care. This task force was established in 2015 to explore public policy for programs and services that assist youth aging out of foster care to achieve successful independence while considering the potential for homelessness in this at-risk population. The task force focused on the six outcome measures collected by NYTD: financial self-sufficiency – 26% of Louisiana youth surveyed reported having a part or full-time job or training program; educational attainment – 80% of Louisiana youth surveyed reported being enrolled and attending school and 7% had completed high school; connections with adults – 94% of Louisiana youth surveyed reported having a positive connection with an adult; homelessness among former foster youth – 6% of Louisiana surveyed in 2011 reported being homeless at some point; high risk behaviors (substance abuse, incarceration, and teen pregnancy/parenthood) – 22% reported a substance abuse referral while 31% reported having been incarcerated and the other 5% reported being a parent; and access to health insurance – 93% of Louisiana youth surveyed reported having Medicaid coverage and 2% reported having some other type of health insurance.

The Louisiana Housing Corporation conducts a point in time survey of all homeless individuals on a particular date. The survey was conducted on January 25, 2016. For the first time, the survey included questions related to the prevalence of a foster care history among the homeless population in order to get more accurate data. There are some reservations regarding the data gathered from the point-in-time survey, as this population of youth is difficult to locate and many do not actually reside on the street but instead have unstable housing and “couch surf”. Once the results of the survey are received by the Department, the results will guide future planning for youth aging out of foster care.

CFCIP providers are able to assist youth facing homelessness by helping youth identify housing options and assisting in the housing application process. Providers are able to assist with deposits for housing and utilities within their individual budget allowances. Providers are able to assist with enrollment in educational and vocational programs to allow youth the opportunity to have more job skills, thereby reducing their risk of homelessness. Once the youth is age 18, the youth must voluntarily contact the CFCIP providers to seek their assistance in educational/vocational training and housing.

Update FFY 2017: An RFP was released in 2015 to solicit for CFCIP providers in each of the nine regions of the state from July 1, 2016 to June 30, 2019. Three regions retained the same provider and six regions had new providers established. They are as follows:

<u>Region</u>	<u>Provider</u>
Alexandria	Goodwill Industries of North Louisiana
Baton Rouge	HP Serve
Covington	LA United Methodist Children and Family Services
Lafayette	LA United Methodist Children and Family Services
Lake Charles	LA United Methodist Children and Family Services
Monroe	LA United Methodist Children and Family Services
Orleans	Goodwill of Southeast Louisiana
Shreveport	Goodwill Industries of North Louisiana
Thibodaux	Goodwill of Southeast Louisiana

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The RFP expanded the requirements for serving youth from ages 14-21 to ages 14-26. The providers are available to youth who are in or have aged out of foster care with DCFS, OJJ or tribal custody. The Department and CFCIP providers with tribes in their regions (Alexandria, Lafayette, and Lake Charles) attempt to engage the tribes on a regular basis.

Negotiations were completed with all three credit reporting agencies and have instituted processes necessary to ensure timely completion of the credit clearances and resolution of problems. To date, credit clearances on 846 youth totaling 2538 clearances since October 1, 2016 have been completed. Problems were identified on 44 credit clearances and all of the issues have been resolved. Forty-three issues were resolved prior to the youth aging out of foster care, and one issue was resolved after the youth reached age 18.

Plans continue to be developed for mentoring field staff in the development of adequate YTPs for youth transitioning to adulthood. Feedback from CQI regarding adequate completion of YTPs indicated low success in the areas of housing and permanent connections. Monthly calls with field staff began in November 2016 to assist in these areas for youth who are aging out of foster care in the subsequent 90 days. Tracking of initial, ongoing, and final YTPs has been completed in the TIPS system.

Youth continue to be placed in a transitional living program focused on providing specialized services for the LGBTQ population. Education on the specific needs of this population has continued with Department staff, caretakers, and other stakeholders to ensure sensitivity to sexual identity issues. The Department contracted with Dr. Gerald Mallon in late 2016 to assist in developing policies and procedures related to this specific population. LGBTQ 101: Considering DCFS Policies as a First Step to Guide Practice and Training for Child Welfare Professionals was held on December 8, 2016. Additionally, DCFS has utilized the services of a contract provider through the Child Welfare Training Academy to provide LGBTQ awareness and sensitivity training statewide to all field staff. Participation with the Louisiana LGBTQ Taskforce to advocate and advance equal treatment continues.

The CFCIP providers participated in a training to prevent child trafficking and exploitation called “Love 146”. The providers were trained to present the training to youth on a regular basis.

Understanding Girls is a curriculum which emphasizes working more effectively with girls in foster care who have experienced trauma. The primary focus is to assist foster care case managers and foster caretakers in understanding girls’ emotional, psychological, and physical development, while considering societal norms. Four program staff and all of the CFCIP providers were trained in administering this training to others. Six trainings have been provided throughout Louisiana to date and six additional trainings are scheduled in the next four months. Field staff and caretakers have participated in the trainings and additional field staff, caretakers, and tribes are encouraged to participate.

A “Lunch and Learn” was conducted by Department staff on February 20, 2017 to emphasize the importance of adequate transition planning with youth. Creative examples of staff connecting with youth to facilitate effective planning were discussed. Over 100 staff participated in the webinar. It was recorded and will be available online for future staff to reference.

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The Department continued active participation in the legislated task force on Youth Aging Out of Foster Care. A final report was developed and submitted to the legislature in January 2017 outlining the recommendations of the task force. The recommendations are as follows:

1. One-Stop Transition Center for Foster Youth and Alumni – The creation of a resource in key communities of the state could help centralize services and simplify communication and case-coordination between caretakers, youth, and system professionals. Centers can be the sources of many of the protective factors and connections youth need to maintain resilience and overcome life challenges.
2. Automatic Medicaid Enrollment and Redetermination to Age 26 – Louisiana should evaluate its enrollment and redetermination processes for this population to ensure foster youth remain enrolled in Medicaid until the age of 26.
3. Financial Security – Louisiana should create the capacity for banks to open savings accounts for youth in foster care with different legal conditions from the general population, i.e. no adult co-signer. This will allow youth and connections to begin building savings for the youth while still in foster care. This will offer some protection to the youth from experiencing homelessness and provide financial resources for self-support when aging out of foster care.
4. Specialized DCFS Staff – Louisiana should identify experienced case workers with a demonstrated skill in working with older youth within the DCFS, and provide specialized training to further develop their skill level. As state and Department resources allow, these case workers should be designated as specialized youth consultants. These staff should remain knowledgeable regarding resources and activities necessary to support a successful transition of youth from foster care. They should be an integral part of local collaborations to enhance the locally available resources and build stronger community partnerships for serving youth aging out of foster care. As part of their development as youth specialists, these case workers should be trained and expected to have the expert knowledge on working with youth around related issues such as development of permanent connections, illegal or unhealthy substance use, runaway behaviors, delinquent behavior, sex trafficking, labor trafficking, gender identity, sexual expression, bullying, etc.
5. Extended Foster Care – Louisiana should extend foster care up to a youth’s 21st birthday for youth who achieve the age of majority in foster care. All youth turning age 18 in foster care should continue automatically in foster care with complete foster care services until the youth requests from the court emancipation from foster care.
6. Fund Post-Secondary Education for Foster Youth – The 2006 Louisiana Revised Statute 17:1687 provides for tuition and fee exemptions in Louisiana public postsecondary education institutions for persons in foster care, who were in foster care in Louisiana for any nine months of the 24 months immediately prior to the youth’s eighteenth birthday. However, the legislation was unfunded, and to date, no youth has been able to benefit from this legislation. Additionally, a responsible party would need to be named in the statute for implementation of the legislation and management of the allotted funds.

Update FFY 2018: After reviewing data regarding YTP Reviews over time, it was discovered that the YTP content was not improving and that an intervention needed to be put into place to improve planning for youth. The YTP Reviews were put on hold until further intervention could take place. A new format was developed for conducting calls and staffings with DCFS foster care staff having Transmittal Date June 30, 2019

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17-year-old youth on their caseload. From June 2017, continuing currently, all youth age 17 and in foster care are reviewed on a quarterly basis through a staffing held by State Office Transitioning Youth staff with field staff. The calls include CW case managers, supervisors, managers, and area directors. The staffings focus on permanent connections, current housing plans and those past 18, education, independent living skills and referrals for services, mental health and medical needs. While other topics are discussed during the staffings, these are the main items of focus, as these areas were seen as needs in the data from the YTP Reviews. In May 2017 DCFS created new positions in State Office to develop and manage the programs for youth in foster care and those transitioning out of foster care. Specialized Foster Care Case Managers were then developed in June 2017 to serve 17-year-old youth in foster care. It has since been determined that they will serve 15-17-year-old youth in foster care. At this time the Department has 20 specialized case managers. The specialized case managers and their supervisors received youth focused training from Plummer Youth Promise in October, November, and December of 2017. State Office Transitioning Youth staff and consultants received the specialized training. Ongoing consultation and training are offered to these specialized staff and their supervisors. In March and April of 2018, State Office hired 3 new consultant staff to provide in-person direct consultation with field staff carrying cases of youth in foster care. The consultants provide consultation on all 17-year-old foster youth cases and any other case including a 14-16-year-old foster youth carried by specialized foster care case managers. Phone consultations are currently taking place with the in-person consultations beginning in June of 2018. The Department has begun work with Annie E. Casey to determine the best way to serve youth through the specialized staff and to determine best practices for youth moving forward.

The Department implemented the Open Table model in Baton Rouge and Monroe regions. Open Table is a mentorship model offering long term relationship and guidance for community based volunteers. The model requires a strong partnership with government, community stakeholders, and faith based organizations/churches. Tables have been developed in Monroe and Baton Rouge to serve 17-year-old youth in foster care and 18-26-year-old youth who have aged out of foster care. There are currently 2 tables serving youth in Monroe region. There are 3 additional tables in the process of licensing and training. There are 2 tables in the Baton Rouge region that have been licensed and are in the process of table formation and training. The Department has begun introduction of the model in other regions of the state in partnership with the United Methodist Church and other community stakeholders.

The Department continues to contract with CFCIP providers to increase services available to youth ages 14-26. The CFCIP providers have continued to evolve their curricula to best meet the needs of the youth they serve. Experiential activities and collaboration with foster caretakers are required to reinforce the information provided to youth. In March 2018 the Department met with CFCIP providers statewide to discuss a new model for provision of independent living skills. Providers have been working to develop the new model within their own practice and will be meeting with the Department during the month of May to discuss changes to their programs. The model will primarily consist of in-home planning for preparation and attainment of skills to take place with the CFCIP provider, the care giver, and the youth. Case management has continued for youth ages 18-26 along with other services to assist youth in their transition.

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Credit clearances continue to be processed on all 14 – 17-year-old youth in foster care. In FFY 2018, 642 credit clearances were run for a total of 214 youth in foster care. Problems were identified on 8 credit clearances and all of the issues have been resolved.

The Reaching higher with LGBTQ training was not offered in 2017 because the training was under revision and being redeveloped by Dr. Gary Mallon. The training has since been offered again online and face-to-face since the beginning of 2018.

The CFCIP providers, along with other community stakeholders like CASA and some child placing agencies, have continued their license with Love 146 for the Not a #Number curriculum. They each provide a minimum of 2 sessions yearly to youth in foster care.

LCWTA developed capacity to continue providing the Understanding Girls curriculum and developed a schedule to offer the training to field staff and foster parents yearly across the state.

The Department has worked to implement some of the recommendations from the Youth Aging out Task Force including expanding CFCIP providers array of services to operate as a one-stop transition center for alumni foster youth, ensuring automatic Medicaid enrollment and redetermination was operating properly and available to all youth aging out of foster care, creating and developing multiple levels of specialized DCFS staff to serve youth in foster care and those aging out of foster care, and continued promotion of the use of ETV funds to fund post-secondary education for foster youth/former foster youth.

Update FFY 2019: Per new legislation effective February 1, 2019, the Department of Children and Family Services (DCFS) recognizes the transition to adulthood is challenging for all youth and that youth in foster care who are not connected with family face additional barriers to success. Extended Foster Care (EFC) can help address these barriers.

Through the Extended Foster Care program (EFC), DCFS seeks to provide young adults with individualized and age-appropriate support needed to successfully transition to adulthood. EFC provides an age-appropriate program that is distinct from the services provided to youth under age 18 and acknowledges that young people in EFC are adults.

EFC includes placement, services, and case management that allows young adults to experience age-appropriate freedom and independence while receiving guidance and support. As young adults are supported in developing the skills and competencies needed to enter adulthood, they will also be supported in achieving permanency and solidifying their supportive connections with family and adults. The program seeks to be flexible and responsive to the needs of young adults and engages all youth so they receive the support needed to thrive as they enter adulthood.

Objective 1.2: Expand and strengthen services provided by CFCIP providers.

Strategy 1: Increase numbers of youth served by CFCIP providers.

- The Department developed an online process to submit referrals to CFCIP providers. CFCIP providers continue to meet with DCFS staff on a regular basis to inform field staff of their services. The Department provided CFCIP providers with additional funds to increase service provision through case management services as well as concrete

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services necessary to establish their own living situation for youth ages 18-21 beginning July 1, 2013.

Strategy 2: Improve curricula and increase youth involvement in program development and delivery.

- Each CFCIP provider has funds dedicated to hire a youth worker who participates in the Louisiana Youth Leadership Advisory Council (LYLAC) and assists in contracted service provision. These youth workers participate in the development of the annual youth conferences.

Strategy 3: Offer more experiential learning opportunities for youth, to include offering educational and planning services to foster caregivers which coincide with the youth's services.

- The "Working with Youth Transitioning from Foster Care" training was held to include DCFS staff, CFCIP providers, and foster caretakers. The training stressed the importance of providing youth with opportunities for experiential learning. The CFCIP providers incorporate experiential learning into independent living classes provided to the youth.

Strategy 4: CFCIP providers provide on-going support as a long-term resource to youth.

- The Department continues to monitor the provision of contract services to youth by the CFCIP providers through monthly documentary review and quarterly site visits.

Update FFY 2016:

- Program Staff conducted trainings in each region to reinforce the necessity of all youth ages 14 and older being referred to CFCIP providers for services.
- Continued monitoring of contractor activities to serve the individual needs of youth during their transition to adulthood (ages 14 to 21).
- Secured a former foster care youth to assist the Department in recruiting for the LYLAC board and provide a youth voice in policy development.

Update FFY 2017: New CFCIP contracts were awarded to providers in each region of the state beginning in July 2016. Contracts were not finalized until January 2017, so service provision was minimal from July 2016 to January 2017.

The Department continued to monitor contractor activities to serve the individual needs of youth during their transition to adulthood (ages 14 to 26).

CFCIP providers in curricula which will reinforce the topics needed were trained. Love 146, a curriculum to prevent child trafficking and exploitation, was provided to the CFCIP providers in February 2017. In order for those trained to maintain their licensure, they must conduct at least two trainings per year. These trainings will be provided to youth and stakeholders.

Understanding Girls is a curriculum which strengthens how Child Welfare professionals interact and provide direct services to girls. The training emphasizes how early attachment experiences impact one's later expectations for safety in the world, trust in and protection from others, and

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self-worth. Trainings are held periodically throughout the state and all field staff and stakeholders are encouraged to attend.

The Coalition of Independent Living Providers developed a basic curriculum for providing services to youth for the newly contracted CFCIP providers. The curriculum was provided to all members of the Coalition at a meeting held in March 2017.

The CFCIP providers reached out to local DCFS offices to reinforce the need for youth ages 14 and older to be referred to the CFCIP providers for services from 14 – 26.

The department developed a flyer and disseminated it to multiple stakeholders such as CASA, Child and Maternal Health, State Foster Parent Association, State Juvenile and Family Court Judges' Association, NASW, etc. The flyer provides information for anyone 18 or older who may have been in foster care. It encourages them to contact DCFS to learn more about services which may be available to support them. Additionally, a wallet card was developed for dissemination to all youth aging out of foster care to provide them information on seeking help, if needed.

Update FFY 2018: CFCIP providers continued to expand their programs regarding case management serving 18 – 26-year-olds. They have become referral partners in some regions of the state for the Open Table relationship building model and participated in training. The curriculum used was evaluated and will be discontinued once a new curriculum is established. Multiple providers have asked for a more specific, easy to follow curriculum that fosters more consistency. Beginning now and through FFY 2019 a new curriculum will be sought out and implemented. Contracts were monitored monthly through invoices and quarterly through in-person site visits. This monitoring not only ensures services, but provided support to CFCIP providers in further developing programs. In February 2018, DCFS began planning with CFCIP providers to implement change to programs and methods of delivering independent living services. Over the next few months, providers will be submitting proposed changes to programs that are in line with planning. Changes will be piloted during FFY 2019.

DCFS plans to work with housing programs to establish stable living situations for youth aging out of foster care. A specific program was not developed during FFY 2018. It was determined that better outcomes would be met if more emphasis was placed on helping youth find permanency prior to aging out of care. Specialized staffings were held with field staff and state office staff regarding 17-year-old youth in care to assist in and support establishing permanency for those youth. The staffings were re-formatted in June 2017 and further updated in September 2017 to ensure focus regarding permanency was established. The five elements tracked from October 2017– March 2018 were: 1.) number of youth who left foster care to another permanency plan, 2.) number of youth with a viable permanent connection, 3.) number of youth with a permanency pact signed, 4.) number of youth referred to CFCIP providers, and 5.) number of youth with appropriate housing plans after 18-years-of-age. Data shows that the implementation of specialized staffings have proved beneficial for youth projected to age out of foster care. From October 2017 through December 2017, 16 of the 52 youth projected to age out of foster care that quarter, were able to leave to another permanency option. There was a 17% increase during the quarter of permanent connections found and established for those youth. Within the quarter a 42% increase occurred of permanency pacts signed for those youth. During the quarter, there was a 13% increase in youth referrals to CFCIP providers, and a 28% increase in DCFS ensuring appropriate housing plans for

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those youth after age 18. In October, November, and December of 2017, all Specialized Youth Workers, Supervisors, CFCIP providers, and Youth Consultants attended six days of training regarding locating permanent connections for youth, determining permanency readiness, and planning with youth and their team. This training was provided by Plummer Youth Promise. This training, along with the specialized staffings implemented, drastically improved practice with youth aging out of care. Percentages regarding improvement during Quarter 2 (January-March) FFY 2018 were not as large as Quarter 1 due to higher percentages in the tracked data being present prior to the quarter starting. For Quarter 2 FFY 2018, of the 48 youth projected to age out of foster care that quarter, 13 of those youth were able to leave to another permanency option. There was a 2% increase during the quarter of permanent connections found and established for those youth. There was a 17% increase during the quarter of permanency pacts signed for those youth. There was no increase found in the number of youth referrals to CFCIP providers, as the referrals were already at 80%, and there was a 5% increase in DCFS ensuring appropriate housing plans for those youth after age 18.

Due to the increased benefit of providing specialized support to staff regarding youth in foster care, DCFS obtained three new positions in March 2018 to serve as Youth Consultants. These consultants are state office staff housed in regional offices. The primary focus for the consultants is to provide specialized consultation to field staff, including Specialized Youth Workers. The consultation has been further developed to be more in person and detailed. This is projected to improve outcomes and permanency for youth in care. Each youth specialist serves three regions.

Collaboration continued with stakeholders to improve service delivery for youth again out of foster care. Multiple community meetings were held around the state to express the needs of youth in foster care and offer multiple avenues for service opportunities including: Open Table model, faith based modules, and other community partners. DCFS has been able to partner with the First Lady to increase participation in her initiative, Louisiana Fosters, which has a focus regarding serving youth as part of its platform. These meetings have raised awareness and increased partnerships regarding community stakeholders willing to provide services to youth in foster care. A new partnership started with Annie E. Casey to improve services to youth in care.

Update FFY 2019:

- Locate and implement a new curriculum for use with CFCIP providers.
- Work with CFCIP providers to pilot change within their programs and services to include more direct work with youth and caregivers in placement settings regarding obtainment of and planning for practice of independent living skills.
- Write and release a new Request for Proposals (RFP) for CFCIP providers that will have the same new focus.
- Provide consultation on youth cases and strengthen the focus of consultation on permanency.
- Work with community stakeholders regarding services to youth and focus on Open Table expansion and growth.

Objective 1.3: Provide opportunities for youth, departmental staff, foster caregivers, and CFCIP providers to network, participate in program development, receive resources and education regarding youth in foster care.

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Strategy 1: Hold annual youth conferences throughout the state through the CFCIP providers in collaboration with youth, community partners, and DCFS staff.

The Department conducted annual youth conferences in 2014 on the following dates:

- June 5, 2014 (Alexandria/Shreveport)
- June 6, 2014 (Lafayette/Lake Charles)
- June 9, 2014 (Baton Rouge/Covington)
- June 11, 2014 (New Orleans/Thibodaux)
- June 12, 2014 (Monroe)

The DCFS staff and foster caretakers joined youth in training sessions and received training credit during the annual youth conferences.

Update FFY 2016:

Regional youth conferences will be held according to the following schedule:

- Baton Rouge/Covington Regions: May 25, 2016
- Alexandria/Shreveport Regions: June 2, 2016
- Lafayette/Lake Charles Regions: June 2, 2016
- New Orleans/Thibodaux Regions: June 2, 2016
- Monroe Region: June 9, 2016

CFCIP providers have consulted with youth in each region to determine activities, topics for breakout sessions, and themes for each of the conferences. Each conference will have a panel of youth speak about their personal experiences transitioning from foster care to independence. The conferences include access to different resources which may assist the youth in their transition. Examples of stakeholders participating in the conference include representatives from post-secondary educational institutions and the Louisiana Bar Association, caretakers, residential providers, Office of Juvenile Justice Staff, and Department staff.

The following chart reflects the baseline data for the number of youth transition plans completed.

*Outcomes Measure	Baseline FFY 2015	FFY 2016	FFY 2017	FFY 2018
% Initial YTP's completed timely	20%	19.1%	33.7%	34.0%
% Final YTP's completed timely	**Unable to determine	17.7%	15.7%	10.4%

Goal 1, Measurement 1: Completion of Youth Transition Plans

* Based on number due within the SFY.

**Case event under development for future tracking.

The following chart reflects data on youth conferences conducted statewide.

Outcome Measure	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Number of youth conferences held	*5	5	5	5	0	0

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Outcome Measure	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
*% of youth in attendance overall	*191 (19.9% of the eligible population of youth)	243 (26.1% of the eligible population of youth)	264 (33.5% of the eligible population of youth)	231 (30.1% of the eligible population of youth)	0	0
Number of DCFS staff in attendance overall (unduplicated)	*96	105	100	84	0	0
Number of foster caregivers in attendance overall	*13	38	69	42	0	0
Number of youth participating in conference planning/delivery overall (unduplicated)	*48	81	58	73	0	0

Goal 1, Measurement 2: Youth Conferences

**Base determined by number attending out of number invited/eligible for attendance*

The chart below reflects the number of youth served by CFCIP providers by region.

Goal 1, Measurement 3: Youth Served by CFCIP providers

*** Unable to obtain information as provider is no longer contracted with the Department*

The chart below reflects the number of youth served by CFCIP providers by region.

Youth served by CFCIP providers (DCFS, OJJ, Other):						
Provider/Region	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
CCANO/Orleans	265 TOTAL 249 DCFS; 16 OJJ	231 TOTAL 191 DCFS; 40 OJJ	252 TOTAL 214 DCFS; 38 OJJ	177 TOTAL 138 DCFS; 39 OJJ	N/A	N/A
CCANO /Baton Rouge	99 TOTAL 99 DCFS; 0 OJJ	60 TOTAL 56 DCFS; 4 OJJ	71 TOTAL 69 DCFS; 2 OJJ	64 TOTAL 63 DCFS; 1 OJJ	N/A	N/A
CCANO /Thibodaux	63 TOTAL 63 DCFS; 0 OJJ	77 TOTAL 77 DCFS; 0 OJJ	94 TOTAL 91 DCFS; 3 OJJ	66 TOTAL 62 DCFS; 4 OJJ	N/A	N/A
GCTFS/Lafayette	48 TOTAL 48 DCFS; 0 OJJ	52 TOTAL 52 DCFS; 0 OJJ	90 TOTAL 90 DCFS; 0 OJJ	**	N/A	N/A
GCTFS/Lake Charles	37 TOTAL 21 DCFS; 16 OJJ	44 TOTAL 33 DCFS; 11 OJJ	119 TOTAL 68 DCFS; 51 OJJ	**	N/A	N/A
LMCH/Monroe	288 TOTAL 130 DCFS; 158 OJJ	271 TOTAL 108 DCFS; 163 OJJ	267 TOTAL 79 DCFS; 188 OJJ	498 TOTAL 128 DCFS; 370 OJJ	313 TOTAL 85 DCFS; 228 OJJ	310 TOTAL 119 DCFS; 191 OJJ
SELU/Covington	48 TOTAL 48 DCFS;	32 TOTAL 32 DCFS;	77 TOTAL 77 DCFS;	95 TOTAL 95DCFS;	N/A	N/A

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Youth served by CFCIP providers (DCFS, OJJ, Other):						
Provider/Region	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
	0 OJJ	0 OJJ	0 OJJ	0 OJJ		
Goodwill/Alexandria	63 TOTAL 59 DCFS; 4 OJJ	77 TOTAL 66 DCFS; 11 OJJ	56 TOTAL 46 DCFS; 10 OJJ	22 TOTAL 21 DCFS; 1 OJJ	44 TOTAL 44 DCFS 0 OJJ	71 TOTAL 71 DCFS 0 OJJ
Goodwill/Shreveport	89 TOTAL 56 DCFS; 33 OJJ	87 TOTAL 63 DCFS; 24 OJJ	54 TOTAL 33 DCFS; 21 OJJ	47 TOTAL 38 DCFS; 9 OJJ	92 TOTAL 91 DCFS 1 OJJ	129 TOTAL 129 DCFS 0 OJJ
LMCH/Lafayette	N/A	N/A	N/A	N/A	0 TOTAL ***	47 TOTAL 47 DCFS 0 OJJ
LMCH/Lake Charles	N/A	N/A	N/A	N/A	6 TOTAL 6 DCFS 0 OJJ	52 TOTAL 47 DCFS 5 OJJ
LMCH/Covington	N/A	N/A	N/A	N/A	70 TOTAL 69 DCFS 1 OJJ	122 TOTAL 122 DCFS 0 OJJ
Goodwill/Orleans	N/A	N/A	N/A	N/A	121 TOTAL 92 DCFS 29 OJJ	133 TOTAL 102 DCFS 31 OJJ
Goodwill/Thibodaux	N/A	N/A	N/A	N/A	42 TOTAL 42 DCFS 0 OJJ	80 TOTAL 80 DCFS 0 OJJ
HP Serve/Baton Rouge	N/A	N/A	N/A	N/A	26 TOTAL 18 DCFS 8 OJJ	140 TOTAL 84 DCFS 26 OJJ

Goal 1, Measurement 3: Youth Served by CFCIP providers

** Unable to obtain information as provider is no longer contracted with the Department.

*** Contract was not finalized until May 2017.

PURPOSE/GOAL 2: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 RECEIVE THE EDUCATION, TRAINING, AND SERVICES NEEDED TO OBTAIN EMPLOYMENT:

OBJECTIVE 2.1 Make youth aware of educational and vocational options.

Strategy 1: Collaborate with the Louisiana Workforce Commission (LWC), formerly Louisiana Department of Labor, to refer youth for employment and training opportunities.

- a) The Department replaced the Statewide Reality City Youth Conference by expanding the regional NYTD Youth Conferences.
- b) CFCIP providers incorporated job skills into independent living classes and invited local businesses to provide information on employment opportunities.
- c) CFCIP providers assisted youth in completing employment applications and obtaining needed supplies for employment.
- d) Information on accessing job skills training and employment opportunities are presented to youth during the annual NYTD Conferences provided by the Department.

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- e) CFCIP providers employed a former foster youth to assist with implementation of the regional programs.

Update FFY 2016: The Department is collaborating with many stakeholders including LWC as part of a Task Force on Youth Aging Out of Foster Care to identify the best way to work together in providing youth the skills necessary to transition successfully into adulthood. The recommendations of the Task Force will be presented to the Louisiana legislature for financial support in helping youth in several areas including financial self-sufficiency and educational attainment.

Update FFY 2017: The Task Force on Youth Aging Out of Foster Care recommended a One-Stop Transition Center for Foster Youth and Alumni. The creation of this resource in key communities of the state would help centralize services and simplify communication and case-coordination between caretakers, youth, and system professionals. The Louisiana Workforce Commission could be one of the resources included in the One-Stop Transition Center. Program staff visited with Job Corps staff in March 2017 to determine ways to recruit appropriate youth in foster care for their program.

Update FFY 2018: The Department continues to be a referral partner for Job Corps, and explore youth participation in Job Corps for meeting a youth's educational/vocational needs. DCFS has partnered with the CFCIP providers to transition into One-Stop Transition Centers for youth aging out of foster care up to the age of 26. These providers have the ability to work with youth in meeting their basic needs. Services may be provided in the homes of the youth or in the community, to include education, opportunities to practice skills, and social events.

Update FFY 2019: DCFS makes referrals for youth to participate in Job Corps to accomplish their educational and vocational goals. Job Corps are programs that help youth accomplish education and vocational goals. Enrollment in Job Corps is discussed during regular staffings between Child Welfare Consultants and all caseworkers of 17-year-old youth. If appropriate for the youth, enrollment in Job Corps is supported and encouraged by caseworkers to assist in the youth's educational and vocational plans. The Department collaborates with the regional CFCIP providers to provide support to youth in foster care or who have aged out of foster care through the One-Stop Transition Centers. These One-Stop Transition Centers assist youth by helping them accomplish their educational and vocational goals. One-Stop Transition Centers served the following DCFS youth: 920 14-17 year olds and 164 18-26 year olds during FFY 2018.

PURPOSE/GOAL 3: HELP YOUTH PREPARE FOR AND ENTER POST-SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS:

GOAL 3: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 PREPARE FOR AND ENTER POST SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS.

Objective 3.1: Provide educational/vocational services, including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 based on availability of funds.

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- The Department continues to fund the educational needs of youth in foster care prior to age 18.
- CFCIP providers assist with educational needs of former foster youth ages 18-21.
- Educational Training Vouchers (ETV) are available for post-secondary education or vocational training through collaboration with LOSFA.
- LOSFA does outreach with financial aid advisors at each accredited post-secondary educational and vocational institution in Louisiana.
- The Department provides youth a monthly stipend when turning 18 if within one year of completing their secondary educational program, planning to complete the program and performing satisfactorily.
- The Department held an outreach event with foster youth interested in attending Baton Rouge Community College in collaboration with the college to advise youth, their caretakers and local DCFS staff of services offered.
- LSU and the Department have initiated collaboration to reach former foster youth enrolled at the university and advice of services to support success.
- Criteria for ETV eligibility were increased to include youth who are dually-enrolled in a secondary and post-secondary program.

Update FFY 2016:

- Monthly stipends have been provided to youth who have aged out of foster care but have not completely finished their secondary education, but will do so by their 19th birthday.
- Collaboration with LOSFA to distribute ETVs to eligible youth continued.
- Program staff conducted the training “Working with Youth Transitioning from Foster Care” throughout the state and reiterated the criteria for the monthly stipend for youth completing their secondary education and for ETVs.
- The department provided a trust fund out of Chafee funds in the amount of \$2500 to a youth who was in Foster Care but placed in a Youth Challenge Program when the youth achieved age 18. The supportive service was provided to the youth due to his ongoing, specialized, controlled, placement in an educational/vocational program at the time of achieving age 18 and being released from DCFS custody which prevented department intervention to establish a more permanent plan for transition to independence for this youth. This same type of trust fund will be provided to youth in the future in the same type of situation with the Youth Challenge Program or Job Corps Program at the time of achieving age 18, and policy will be developed to reflect the availability of this service for this group of youth. As a prerequisite to acquiring the funds held in trust the youth was required to meet with the CFCIP provider in the region where he lived for a minimum 3 hour appointment to review: career goals and available supports; ongoing educational goals and available supports; planned living situation and available supports; financial resources and available supports; permanent connections; assessment of youth skill level in managing daily care needs and available supports; availability of continued case management services through CFCIP provider; availability of ETV funds for educational/vocational support; and assistance in preparing a budget for the use of the trust in establishing and maintaining an independent living situation.
- The CFCIP providers continue to assist youth in accessing available funds for secondary and post-secondary education. Youth over the age of 18 receive assistance by self-referral and when surveyed for NYTD.

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Update FFY 2017: The Department has worked diligently to publicize the ETV criteria to field staff and encourage applications for the funds. During monthly staffings with field staff, ETV funds and the process of applying for the funds have been emphasized to appropriate youth. LOSFA has continued to publicize the availability of funds to post-secondary educational/vocational institutions. CFCIP providers have continued to assist youth in accessing the funds through the local post-secondary educational/vocational programs. Program staff has provided feedback to requests for information regarding ETV and eligibility criteria. The past year has seen a significant increase in the number of inquiries.

Update FFY 2018: Continuation of partnership with LOSFA to distribute information on ETV to youth attending post-secondary educational/vocational programs. Through this partnership, the Department has seen an increase in individuals inquiring about ETV funds. While some youth are eligible for ETV, most individuals do not meet the age requirements. Through regular staffings of older youth, information on ETV is provided to case workers, services providers, and youth. CFCIP providers and DCFS staff continue to assist eligible youth in applying for ETV.

Update FFY 2019: The Department continues to work with Louisiana Office of Student Financial Assistance to publicize and award Educational Training Vouchers to youth who meet eligibility criteria. The newly adopted criteria for ETV has been provided to all post-secondary educational institutions in the state of Louisiana and updated criteria communicated with those who contact DCFS regarding eligibility. ETV information is included on the newly-renovated DCFS website. The availability of ETV funds is communicated regularly with caseworkers and CFCIP providers to encourage eligible youth to utilize available funds in supporting their post-secondary educational or vocational pursuits.

Objective 3.2: Make available vouchers for education and training, including post-secondary education to youth who have aged out of foster care.

Strategy 1: The DCFS will support Louisiana Office of Student Financial Assistance (LOSFA) in managing the Education Training Voucher (ETV) program. LOSFA is the channel by which ETV funds are distributed to eligible youth. LOSFA has an established relationship with post-secondary educational institutions throughout the state. Finding youth who are eligible for ETV is not the responsibility of LOSFA. ETV eligibility is stressed by IL providers during IL classes and annual youth conferences. DCFS staff is provided information on ETV to forward to youth so they are aware of the funds available to them. Post-secondary institutions are providing State Office contact information to youth who feel they are eligible for Chafee funds based on the foster care question on the FAFSA. More youth have recently been requesting information about the eligibility criteria in order to determine their eligibility for funds. Any youth who contact the Department to inquire of the eligibility for Chafee funds are assisted.

- The Department's staff and CFCIP providers continue to be available to assist youth in applying for educational programs, vocational programs, and financial assistance;
- Information regarding the ETV program continue to be supplied to youth by the DCFS staff and the CFCIP providers during updates to the Youth Transition Plans and annual youth conferences;
- DCFS partnered with LOSFA to distribute ETVs to eligible youth.

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Strategy 2: DCFS staff will assess youth's knowledge of the ETV program during YTP development.

- Information regarding ETVs is provided on the DCFS Youth Link website;
- Policy regarding the availability of ETVs was updated for field staff.

Update FFY 2016:

- The Department has maintained a positive working relationship with LOSFA in order to distribute funds effectively to eligible youth.
- FFY 2015 saw an increase in the number of youth who received ETV and the trend has increased again for FFY 2016.
- Department and LOSFA staff are available to assist any youth who encounter challenges in obtaining funds.
- Field staff is encouraged to provide youth with an official documents indicating their eligibility in order to expedite the process of receiving funds.

Update FFY 2017: Program staff and CFCIP providers informed field staff and youth of the availability of ETV funds during staffings and trainings. Flyers with ETV eligibility criteria were provided to youth during the annual youth conferences in May and June 2016. The flyer is available on the YouthLink page of the DCFS website.

Update FFY 2018: Information on ETV has continued to be discussed with DCFS case managers, caretakers, and youth through regular staffings, and other publicity methods. This information is posted on the YouthLink page on the DCFS website. Collaboration continues with the Louisiana Office of Student Financial Assistance to provide education and assistance to financial aid counselors in applying for ETV on behalf of eligible youth. DCFS staff provides information and answer questions from youth and the general public to determine their eligibility for the funds.

Update FFY 2019: Availability of ETV and the criteria for eligibility is regularly publicized to youth, caseworkers, and caregivers. Caseworkers are informed of ETV during regularly held staffings of 17-year-old youth. CFCIP providers and DCFS staff are available to assist youth in applying for ETV funds, both in Louisiana and out of state. Information on ETV is provided directly to those individuals who seek assistance from DCFS staff. Criteria for ETV is located on both the DCFS and LOSFA websites. LOSFA staff are available directly to financial aid offices throughout the state to assist in applying for ETV on behalf of current and former foster youth.

PURPOSE/GOAL 4: PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS:

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

Strategy 1: Training will be provided to DCFS staff (will offer training to CFCIP providers and CASA) to further knowledge regarding locating permanent connections for youth and strengthening existing connections to focus on the youth's needs. (WebEx)

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- The Department revised its policy on developing permanent connections for youth to guide staff work efforts;
- The Department provided training on the use of the CLEAR system to search for prior connections of youth;
- On April 2, 2015, a WebEx was presented on APPLA as a case goal and the importance of permanent connections to Regional Administrators and Regional Performance Measures Consultants for Child Welfare;
- The DCFS worked with Support Enforcement to ensure greater access to the Federal Parent Locator Service to find relatives of children.

Update FFY 2016:

- A WebEx was held on February 3, 2016 on Federal and State Laws on Youth Transition Planning. The WebEx explained the importance of establishing and maintaining permanent connections. One third of field staff participated in the WebEx and a recording was made available to all staff via the DCFS intranet.
- The Department provided “Working with Youth Transitioning from Foster Care” training to assist staff in understanding an effective youth transition plan, to include permanent connections.
- CQI continues to evaluate the adequate completion of YTPs for all youth ages 14 – 17 and provides results to determine effectiveness of the training.

Update FFY 2017: The evaluation of YTPs by CQI staff has indicated weaknesses in developing adequate transition plans for youth aging out of foster care. In January and February 2017, CQI staff, in partnership with FC State Office Staff, conducted focus groups in each region with multiple levels of staff to determine reasons for the lower outcome ratings. The information from those focus groups is currently being formulated into a report so recommendations can be made. Due to some of the immediately noticed needs regarding YTP development, a new YTP review instrument was developed and implemented in April 2017. This new review instrument narrows focus in YTP development to the most basic needs of a youth aging out of foster care to allow staff to develop expertise incrementally.

Program staff assisted with case-specific needs of youth on multiple occasions. In November 2016, monthly staffing calls were initiated to ensure youth who were aging out of foster care in the next 90 days had adequate plans for permanent connections and housing.

Update FFY 2018: After quarters of YTP review findings, in addition to review of other practice outcomes, it was discovered that not only were staff struggling to develop adequate YTP plans, but that they were struggling to understand adequate planning with youth. The YTP plan reviews were put on hold for the purpose of implementing different opportunities to improve practice with youth. Specialized Youth Workers were developed in FFY 2017 and the Department has continued to develop that practice and program throughout FFY 2018. Specialized Youth Workers carry caseloads of 15-17 year olds. During the months of October, November, and December 2017, three trainings were offered from Plummer Youth Promise to Specialized Youth Workers, their supervisors, CFCIP providers, Wendy’s Wonderful Kids Recruiters, and Youth Consultants. These trainings focused on locating permanent connections and placements for youth, determining permanency readiness, and planning with youth and their team. Youth Consultants and specialized

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staffings were implemented and maintained. The staffings developed in November 2016 were not sustainable and a new method of consultation was developed. (Reference update to Objective 1.2.)

Update FFY 2019:

- Continue collaboration with Annie E. Casey to establish best practice in working with youth to reach permanency and to transition safely from care.
 - Annie E Casey workgroups regarding Extended Foster Care and Family and Youth Engagement are ongoing. On June 1, 2018, Louisiana passed Act 649, to extend foster care services to youth over the age of 18 who remain in high school or an equivalency program, until completion of the program or turning age 21, whichever happens first. Research has been conducted to determine the feasibility of expanding the eligibility criteria to the other 4 populations allowable within federal guidelines, for a state to be eligible for Title IV-E reimbursement for applicable services. This recommendation has been made. Those are as follows: enrolled in an institution which provides post-secondary or vocational education, participating in a program or activity designed to promote or remove barriers to employment, employed at least 80 hours per month, incapable of above educational or employment activities due to medical condition.
- A Task Force was developed to study the feasibility of extending foster care to age 21. The task force report was released in February 2019.
- Focus groups were held with youth, caregivers and stakeholders, throughout the state from December 2018 to March 2019 to provide feedback on the extended foster care program.
- The department partnered with Annie E. Casey Family Programs to obtain data from other states to determine financial feasibility and to research nationwide best practice.
- Extended foster care workgroup, consisting of community providers and stakeholders, provided consolidated suggestions and research to support placement provisions and supportive services.
 - In June 2019, the Specialized Youth Worker role will shift from working with 17 year-old youth preparing to age out of care to accepting cases of 13-17 year-old youth who entered care between those ages and had a prior entry. The focus of their work will shift from preparation to age out to finding permanency within one to two years of entering care.
- Provide additional support and learning/practice opportunities to specialized staff regarding best practices with youth.
 - In December 2017, Plummer Youth Promise provided training to all Specialized Youth Workers regarding family search and engagement, youth guided teaming, and permanency readiness. Youth Consultants, along with Plummer Youth Promise, have started providing consultation concerning youth guided team meetings. They have begun, and will continue to, work with specialized youth workers to model youth guided teaming by doing the process with them, modeling, and coaching the workers on how to use the process with their current cases. This work started in February 2019 and will continue through December 2019. May 14-17, 2019, Specialized Youth Workers will receive training from Plummer Youth Promise regarding permanency readiness and permanency tools. These skills will continue to be developed through regular consultation.

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- Continue consultations and staffings between field staff and program staff to ensure best practice and support healthy transition from foster care for youth.
 - Transitioning Youth Consultants have provided consultation on all cases of 17 year-old youth in foster care and some additional 15 and 16 year-old youth in foster care on a Specialized Youth Worker caseload throughout the year. These consultations are held bi-monthly to monthly dependent upon the youth's needs throughout the life of the case and until the youth exits care. Consultations are primarily in person with staff but at times are completed by phone. The focus of consultation is on preparedness to exit care, permanent connections, permanency plans, independent living preparedness and referral for services, housing past 18 years of age, and any other needs relevant to the individual youth. Since the start of consultation we have seen improvement in outcomes as youth age out. For example, for youth cases receiving consultation that aged out during the quarter October 2018-December 2018, a 27% increase in youth had stable housing plans past 18. Over the past year, there has been an average of a 6% increase in youth aging out with permanent connections, an average of 9% increase in youth aging out with one or more permanency pacts signed, and an average of 7% increase in youth receiving Independent Living Services. For youth aging out each quarter, we have consistently seen an increased percentage of youth with positive outcomes in the areas listed above.
- Youth Consultants will develop a consultation module for foster care supervisors regarding permanence for youth, permanent connections, and transition needs
- As we transition the Specialized Youth Worker role to have a stronger focus on permanency, the DCFS Youth Consultants will begin to develop the permanency consultation module for supervisors to compliment the enhanced practice in June of 2019 for release in the fall of 2019.

Objective 4.2: Increase the number permanent connections in the community available to youth aging out of foster care.

Strategy 1: DCFS will collaborate with stakeholders to explore possible resources for mentors within the community to partner with in working with youth. Permanent connections for older youth are assessed through the Youth Transition Plans.

- 1) The Department initiated the Faith in Families Initiative which emphasized the importance of connections for youth after foster care and providing older youth mentors;
- 2) The Department has collaborated with HP Serve on a homeless grant and a human trafficking grant to better serve those sub-groups of youth through mentors;
- 3) In partnership with Casey, Sue Badeaux provided training to staff and foster caretakers related to special needs of older youth and the importance of mentoring programs.

Strategy 2: DCFS will work to recruit and develop foster parent resources specific to older youth willing to serve as permanent connections for these youth.

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- The Department will conduct a webinar with statewide home development staff to encourage the development of a plan to target family resources willing to serve as mentors and permanent connections to older youth aging out of care.

Update FFY 2016:

- Sue Badeaux provided training on permanency to Department staff on October 16, 2015. Representatives from management, field staff, and the CQI team from each region were present to relay information to additional staff.
- The Department continues to work with stakeholders to develop additional resources for mentors for children in foster care.
- The Department is collaborating with HP Serve to develop mentors for youth who are victims of sex trafficking through the Louisiana Children's Anti-Trafficking Initiative (LACAT).
- The Department and HP Serve collaborated on a homeless grant through September 2015; however, the grant was not renewed for FFY 2016.
- The Department developed an agreement with a newly licensed youth transitional living program which specializes in transitional services for LGBTQ youth.
- The Department along with 20 stakeholders on the Task Force for Youth Aging Out of Foster Care compiled research on placement options for youth.
 - Training was provided to a larger group of stakeholders as a result of this work by Mark Kroner on housing options for independent living programs
 - Consultation of the Task Force members and a state legislator with Mark Kroner addressed how the state and stakeholders could move forward in improving service delivery to older youth aging out of foster care to reduce negative outcomes.

Update FFY 2017: The Task Force on Youth Aging Out of Foster Care made recommendations to the Legislature in January 2017. The recommendations are as follows:

1. One-Stop Transition Center for Foster Youth and Alumni;
2. Automatic Medicaid Enrollment and Redetermination to Age 26;
3. Financial Security;
4. Specialized DCFS Staff;
5. Extended Foster Care to Age 21; and,
6. Fund Post-Secondary Education for Foster Youth.

The Department has initiated Quality Parenting Initiative (QPI) to strengthen foster care by refocusing on excellent parenting for all children in the child welfare system. It is an effort to rebrand foster care by clearly defining the expectations of and support for foster caretakers. Foster caretakers are encouraged to assist the Department and CFCIP providers in reinforcing skills learned during classes by providing experiential activities to the youth. A training module for foster care supervisors has been developed related to enhanced youth transitional planning. The module is expected to be implemented soon.

Update FFY 2018: Out of the six recommendations from the Youth Aging Out of Foster Care Task Force 2017 report, DCFS has implemented or maintained four of those recommendations and supported the implementation of an additional recommendation.

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- Development of a One-Stop Transition Center – DCFS worked to expand CFCIP provider contracts to act as a one-stop transition center by:
 - Providing skills and in-home planning for youth to ensure transition skills;
 - Offering educational courses;
 - Providing case management for those ages 18-26;
 - Address emergency needs;
 - Make referrals for youth to supportive networks.
- Automatic Medicaid Enrollment and Redetermination to Age 26 – Currently in place for all youth aging out of foster care.
- Financial Security – This is still in the planning phase to collaborate with banking partners and determine the possibilities for this recommendation. There are plans to complete this recommendation within the next few years.
- Specialized Staff – Implemented from May 2017 – March 2018. (Reference update to Objective 1.2.)
- Extend Foster Care – During the 2018 legislative session, a bill was introduced to extend foster care to 21. DCFS provided all of the information and support to the legislature to understand the service and how to best implement the process. The Act 649 has passed. Prior to Act 649 passing the 2018 session did pass a study resolution to study the extension of foster care in Louisiana. DCFS will be leading this effort to conduct the study in FFY 2019 along with developing and defining the process of extending foster care to age 21.
- Fund Post-Secondary Education for Foster Youth – Currently providing Educational Training Vouchers to youth aging out of foster care and working to promote this service and ensure youth are aware of the service.

There has been continued implementation of the Open Table model in Louisiana, which has increased the number of those willing to serve as a permanent connection for youth in foster care and has assisted in raising awareness of the issue. (Refer to in Objective 1.2.) DCFS has partnered with Crossroads NOLA to hold recruitment events and increase awareness regarding recruitment in the New Orleans and Covington regions. With the new change to CFCIP provider services that are more focused on everyday learning of transition skills and work with foster caregivers, the development of foster caregivers as resources will increase. DCFS implemented new recruitment plans in September 2017 that focused more on targeted recruitment for agency needs as they relate to data. Each region focused aspects of recruitment efforts on specific recruitment for older teens in foster care. QPI continues to be implemented across the state. Due to this implementation, a section of the *A Journey Home* pre-service curriculum focuses on youth in foster care, their needs, and skills to foster a youth.

The module developed for supervisors regarding transition planning focused heavily on the youth transition plan. Though this is important, through staffings, consultations, and data it was evident that further work and education must be done with staff to ensure they understood the importance of relationships, permanent connections, permanency, and basic needs of youth. The supervisor consultation module will be re-developed during FFY 2019 to provide a more over-arching educational experience for supervisors as it pertains to supervising cases of youth in foster care.

Update FFY 2019: The department provides a placement array for young adults that is the least restrictive and most family-like setting possible that supports the young adult's age and

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developmentally appropriate acquisition of adult living skills. The existing range of placement options available for young adults in extended foster care include: certified foster family homes, therapeutic foster family homes, relatives, fictive kin, licensed residential facilities, transitional living programs and living independently. The department is developing host homes who are defined as a family able to accept a youth in extended foster care. Host homes do not need to meet the standards of a licensed foster care provider. DCFS is developing additional Transitional Living Placement options and working with Louisianan Housing Corporation to establish specialized subsidized housing options.

Objective 4.3: CFCIP providers will continue to provide aftercare services to youth from age 18 to 21 in locating needed services through case management, continued contact with the youth to assess needs, including counseling for emotional crisis, as requested by the youth, after the youth has left care.

Strategy 1: CFCIP providers will provide case management services to youth after aging out of foster care if the youth is interested.

- CFCIP providers located 79.8% of youth age 21 to complete the NYTD surveys;
- Referrals were made to CFCIP providers to continue case management services when the youth reached age 18;
- Case management services offered to youth ages 18-21 were monitored during site visits with the CFCIP providers;
- CFCIP providers were available to assist youth ages 18-21 with problem resolution.

Strategy 2: The Department has developed a contact plan for CFCIP providers to assist in maintaining contact with 17-year-old NYTD Baseline youth, until the age of 21, that are interested in further services.

- CFCIP providers were responsible for maintaining regular contact with youth from 18 to 21 in order to increase success of completing NYTD follow-up surveys*. Youth were sent Birthday and Christmas cards each year, as well as periodic letters and postcards. Youth were contacted through social media, by email, and by phone as well. All contact attempts included requests of updated contact information by the CFCIP providers, reminders of services available to youth upon request, and reminders of when the next NYTD survey would be requested.

DCFS conducts monthly calls with IL providers to report on progress of surveying follow-up youth. Strategies to contact hard-to-reach youth are discussed during the calls, with providers seeking assistance from each other to locate youth. The “snap shot” format for each state on the NYTD portal is not working. This data has been used in the past to guide conversations with stakeholders to determine how resources can be best utilized to serve youth transitioning out of foster care to independence.

IL providers are responsible for maintaining regular contact with youth ages 18 to 21 in order to provide case management services and to increase success of locating youth to complete NYTD follow-up surveys. Providers are required to contact youth via different methods on at least a bi-monthly basis in order to build a relationship with the youth and determine the need for ongoing services. Logs of their contact with these youth is provided to State Office on a monthly basis and Transmittal Date June 30, 2019

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is reviewed during quarterly site visits by program staff. The 2011A follow-up youth were surveyed according to the following chart:

Region	Provider	Surveys Completed	Sample Size	Percentage	Methods of contact for acquiring surveys
Alexandria	Goodwill	9	9	100%	In-person/phone contact; located via vinelink.com, relatives, Facebook
Baton Rouge	Catholic Charities	8	11	73%	Phone contact; 2 unable to locate; 1 deceased
Covington	Southeastern	9	12	75%	Phone contact; contact with jail/relatives/former case worker; 3 unable to locate
Lafayette	Gulf Coast	8	10	80%	In-person/phone contact; Facebook; 2 unable to locate
Lake Charles	Gulf Coast	6	8	75%	In-person/phone contact; Facebook; 1 unable to locate; 1 declined participation
Monroe	Methodist	6	9	67%	Phone contact; Facebook; 3 unable to locate
Orleans	Catholic Charities	8	9	89%	In-person/phone contact; mail; contact via jail; 1 unable to locate
Orleans	Catholic Charities	8	9	89%	In-person/phone contact; mail; contact via jail; 1 unable to locate
Shreveport	Goodwill	9	12	75%	In-person/phone contact; vinelink.com; relatives; 2 unable to locate; 1 deceased
Thibodaux	Catholic Charities	6	9	66%	In-person/phone contact; mail; 3 unable to locate
Totals		69	89	77%	

** Attempts to locate youth who were unable to be contacted include: Phone, Mail, Social media, Contact with former case managers and caretakers for current contact information, Vinelink.com, and Relatives.*

Update FFY 2016: 2011B Follow-Up Youth

Region	Provider	Surveys Completed	Sample Size	Percentage
Alexandria	Goodwill	11	12	92%
Baton Rouge	Catholic Charities	6	12	50%
Covington	Southeastern	7	9	78%
Lafayette	Gulf Coast	5	17	29%
Lake Charles	Gulf Coast	6	11	55%
Monroe	Methodist	9	12	75%
Orleans	Catholic Charities	9	13	69%
Shreveport	Goodwill	9	11	82%
Thibodaux	Catholic Charities	10	12	83%
Totals		72	109	66%

**Attempts to locate youth who were unable to be contacted include phone, mail, social media, contact with former case managers and caretakers, vinelink.com, relatives, Medicaid database, CLEAR searches, and food stamp database.*

Update FFY 2017: Beginning in July 2016, CFCIP providers were required to provide case management services to youth ages 18 to 26. There has been a significant increase in the number of youth ages 18 to 26 who are requesting case management services from the CFCIP providers. Examples of services requested from youth include:

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- Assistance in obtaining services to support their physical needs (Medicaid, SNAP benefits, etc.);
- transportation for court/legal matters/medical appointments;
- assistance in obtaining stable housing to include identification of places to live and purchase of food to stabilize living situation prior to applying for SNAP benefits;
- moving assistance;
- emotional support and guidance;
- transportation to complete applications for employment/job interviews/work shifts; and,
- purchase of clothes for homeless youth to begin employment.

CFCIP providers maintain relationships with youth after completion of their programs to encourage participation in NYTD follow-up surveys. FFY 2017 does not require completion of follow-up surveys, as it is time to determine another baseline population.

Monthly phone conferences were not held while CFCIP contracts were not in place from July 2016 to January 2017. Monthly phone calls resumed in January 2017. In-person meetings with the CFCIP providers were held on February 22 and March 14, 2017 to determine progress with implementation of case management services and development of regional LYLAC boards.

Update FFY 2018: CFCIP providers have continued to provide case management services for former foster youth through the age of 26. Examples of services provided include, but are not limited to:

- Assistance in locating and obtaining concrete services (food, housing, transportation);
- Assistance in requesting ETV from a post-secondary educational institution;
- Assisted youth in obtaining transportation and provided needed car maintenance
- Assisted youth in providing concrete needs for infant

CFCIP providers continue to maintain contact with youth who can potentially be included in the NYTD 2017 Cohort sample via email, social networks, phone, and in-person communication.

2014A Follow-Up Youth

Region	Provider	Surveys Completed	Sample Size	Percentage
Alexandria	Goodwill	11	13	85%
Baton Rouge	HP Serve	9	11	82%
Covington	Methodist	11	12	92%
Lafayette	Methodist	10	15	67%
Lake Charles	Methodist	5	8	63%
Monroe	Methodist	6	7	86%
Orleans	Goodwill	12	15	80%
Shreveport	Goodwill	8	13	62%
Thibodaux	Goodwill	2	2	100%
Totals		74	96	77%

**Attempts to locate youth who were unable to be contacted include phone, mail, social media, contact with former case managers and caretakers, vinelink.com, relatives, Medicaid database, CLEAR searches, and food stamp database.*

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Contact between DCFS and all CFCIP providers has continued with monthly phone calls and quarterly in-person meetings. Quarterly in-person meetings were held on November 28, 2017 and March 13, 2018. The meeting for the next quarter is scheduled for May 22, 2018.

Update FFY 2019: CFCIP providers continue to be available to assist young adults ages 18-26 who have exited foster care. A total of 164 young adults ages 18-26 were served by the CFCIP providers during FFY 2018. Young adults over 18 requested assistance in locating housing, enrolling in educational programs, and accessing concrete services, among others. DCFS and the CFCIP providers have quarterly in-person meetings to discuss service provision and any other areas needing attention. The meetings were held on November 14, 2018, March 13, 2019, and April 17, 2019. A meeting for the fourth quarter of FFY 2019 will be scheduled. Monthly calls were held during the other eight months to facilitate discussions on case management and providing updated information on required NYTD follow-up surveys.

2014B Follow-Up Youth

Region	Provider	Surveys Completed	Sample Size	Percentage
Alexandria	Goodwill	3	5	60%
Baton Rouge	HP Serve	11	14	79%
Covington	Methodist	9	14	64%
Lafayette	Methodist	7	8	88%
Lake Charles	Methodist	5	7	71%
Monroe	Methodist	10	10	100%
Orleans	Goodwill	6	6	100%
Shreveport	Goodwill	10	15	67%
Thibodaux	Goodwill	4	4	100%
Totals		65	83	78%

Objective 4.4: Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC).

Strategy 1: The DCFS Program staff will support CFCIP providers in continued development and maintaining Regional LYLAC Boards and meetings through monthly development calls.

- Regional LYLAC meetings were held on a monthly basis in 2014 through June of 2015.

Strategy 2: LYLAC State Board meetings will be held quarterly alongside the CFCIP provider meetings to encourage greater participation of youth and provide youth a transportation resource through the CFCIP providers.

- The state LYLAC meetings were held on a quarterly basis in conjunction with the CFCIP providers meeting in order to increase youth participation as follows:
 - November 26, 2013 (Baton Rouge, LA.)
 - February 21-22, 2014 (Dubach, LA.)
 - June 17, 2014 (Baton Rouge, LA.)
 - September 13, 2014 (Metairie, LA.)

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Strategy 3: LYLAC will assist in planning and training at the annual youth conferences as long as they are interested in doing so.

- LYLAC members contributed to the regional youth conferences by providing input on session topics and themes. Each region had local youth present at the conferences.
- Youth participated in the Together We Can Conference in October 2014, with the majority of the participants being legal stakeholders.
- Youth presented at the annual Foster Parent Conference in February 2015 about the importance of working with youth transitioning from foster care.

Update FFY 2016:

- Statewide LYLAC board meetings were held on November 24, 2015, February 16, 2016, and April 12, 2016. The next board meeting will be scheduled in August 2016.
- The LYLAC board continues to focus on recruitment and outreach to youth to encourage participation in LYLAC.
- The Department is attempting to finalize an internship with an aged-out youth during the summer 2016 to focus on efforts to recruit youth for participation in LYLAC.
- LYLAC members presented information to stakeholders during the Together We Can conference in Lafayette, LA in October 2015 and the Foster Parent Conference in Baton Rouge, LA in February 2016.
- LYLAC members participated in interviews with stakeholders to share their experiences in order to provide personal testimony to guide policy and practice change.
- LYLAC members are currently revising the “Know Your Facts” booklet which is provided to youth age 12 and older in foster care.

Update FFY 2017: While the CFCIP contracts were being finalized, regions with new providers did not conduct LYLAC meetings. Continuing providers continued to have LYLAC meetings as scheduled. A statewide LYLAC meeting was held on February 22, 2017 in Baton Rouge, LA in conjunction with the Independent Living Coalition meeting. The participating youth met with the Deputy Secretary of Child Welfare, Dr. Rhenda Hodnett, and Dr. Gerald Mallon to discuss their issues and needs. Nine youth were in attendance at the meeting and made commitments to continue participation in the statewide LYLAC board. The next statewide LYLAC meeting is scheduled for May 23, 2017.

Update FFY 2018: Each CFCIP provider continues to employ a current or former foster youth who assists in encouraging youth to participate in the regional LYLAC boards and holds the monthly regional LYLAC meetings. CFCIP providers continued to struggle with attendance at regional meetings. This was due to a lack of interest in the format and placement instability. In August and September of 2017, DCFS contracted with Kippi Clausen to provide consultation to the CFCIP providers regarding youth advisory boards and activities. Due to this consultation, during the new RFP for CFCIP providers, there will no longer be a requirement for monthly regional youth advisory board meetings; however, there was a need for an ever growing peer support model for youth. The model will ensure a voice for youth and advocacy. The state continued to hold quarterly statewide LYLAC meetings to address issues facing youth in foster care. Quarterly Statewide LYLAC meetings were held on November 28th, January 23rd, and March 13th. Annual Youth Conferences were not held in FFY 2017. The interest by youth in annual youth

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conferences, as they were designed, declined. This was discovered through the regional and state LYLAC boards. It was determined that more individual resources were needed for youth through case management services and tangible supports. During FFY 2019, the feasibility and design of youth conferences will be re-visited. During the 2017 legislative session, DCFS was able to support the president of the State LYLAC Board’s internship and testimony at the 2017 legislative session. The following chart reflects the average number of youth who participate in LYLAC quarterly scheduled meetings.

GOAL 4, MEASUREMENT 1: THE AVERAGE NUMBER OF ATTENDEES AT STATEWIDE AND REGIONAL LYLAC BOARD MEETINGS

Statewide LYLAC Participation and Activities – Average number of attendees at Statewide and Regional LYLAC board meetings						
	Baseline:					
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Average number attending State LYLAC board meetings	7	5	4	4	3	3
Average number attending Regional LYLAC meetings	5.7	5.1	4	6	7	7

Update FFY 2016:

Regional LYLAC boards continue to meet on a monthly basis and initiated

- socialization activities to encourage participation of youth.
- Some regional LYLAC meetings occur at the same time and location as foster parent training in order to increase youth attendance.

Update FFY 2017: CFCIP providers continue to facilitate regional LYLAC meetings and encourage youth to participate. Regional LYLAC meetings are held at a minimum on a monthly basis. Statewide LYLAC meetings are held on a quarterly basis. The statewide LYLAC meetings are held in conjunction with the Independent Living Coalition in order to increase attendance of youth.

Update FFY 2018: Each CFCIP provider continued to employ a current or former foster youth who assisted in encouraging youth to participate in the regional LYLAC boards and holds the monthly regional LYLAC meetings. CFCIP providers continued to struggle with having good attendance at their regional meetings. During consultation with Kippi Clausen, additional methods to include youth voice in planning activities and advocacy were explored. These methods will provide an ever growing peer support model for youth. Quarterly Statewide LYLAC meetings continue to be held. Meetings were held on November 28, 2017, and March 13, 2018. The next Statewide LYLAC meeting is scheduled for May 22, 2018.

Update FFY 2019: DCFS is in the process of realigning the service array for CFCIP providers, including the youth engagement process, to be more focused on the young adult’s identified needs and desires. The intent is to provide a structured mechanism for youth in foster care to provide insight into program development and outcomes. The updated Scope of Services for the CFCIP providers will take effect on July 1, 2019 with the initiation of new contracts. The Department has begun the contract process with the existing providers.

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DCFS has contracted with an independent consultant to advise on best practices for engaging youth to ensure their voice is considered in making program and policy decisions. Extensive conversations have been held with the existing CFCIP providers to determine exactly what method they will use to facilitate their youth engagement network. The consultant has collaborated with the Department to improve and redesign the Youth Advisory Board. The consultant met with board members on March 13, 2019 and will continue to work with the young adults to assist with teaching youth to advocate for themselves, as well as their peers, and provide essential feedback on program development.

Young adults who exited foster care are encouraged to participate in activities where their voice can be utilized. Three former foster youth were able to participate in an internship with the Louisiana Legislature to learn about the law-making process and had an opportunity to advocate for themselves and their peers by testifying in front of a legislative committee. Their voice was influential in the passing of Act 649, which extended foster care services to those youths who remained enrolled in a secondary education program upon turning 18.

At this time, youth have not expressed an interest in having annual youth conferences; however, they are interested in having opportunities to socialize with their peers across the state. DCFS will further explore these opportunities going forward.

PURPOSE/GOAL 5: PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION, AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN 18 AND 21 YEARS OF AGE.

- Youth who age out of foster care at age 18 continued to complete their secondary education program within one year. Monthly stipends continued to be available by the Department to assist in maintaining placement in order to achieve completion of the secondary program.
- Policy was updated to include information on the dynamics of the Youth in Transition Program.

Number of Youth receiving YTP stipends						
Baseline:	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Education stipend	*26	28	12	22	31	11
Med/Dev. transition stipend	*0	0	0	0	0	0

*Goal 5, Measurement 2: Number of youth receiving YTP stipends
Based on SFY 2014 beginning 8/1/2014*

Update FFY 2016:

- “Working with Youth Transitioning from Foster Care” training was provided to remind staff of the Youth in Transition Program, which assists youth in stabilizing placement after turning 18 if they have not yet obtained a high school diploma or GED.
- Program staff encourages CFCIP providers to follow-up with aged out youth to assess educational progress and determine their eligibility for the Youth in Transition Program.
- If a youth was previously determined to be ineligible for the program due to insufficient grades or educational progress, then youth are provided information on ongoing case management services with the CFCIP providers to support the youth’s ongoing educational/vocational pursuits.

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Update FFY 2017: The Department has continued to publicize the availability of the Youth in Transition Stipend for those youth who turn age 18 prior to completing high school or their HiSET. There are currently twenty youth who have received the stipend in FFY 2017. During monthly staffings held with field staff to determine the appropriateness of plans for after age 18, program staff provides reminders and information regarding the YTP program. Since beginning the monthly staffings in November 2016, 17 youth have received stipends.

CFCIP providers continue to provide ongoing case management services to youth who have aged out of foster care from ages 18 to 26. Examples of services requested from youth include:

- Assistance in obtaining services to support their physical needs (Medicaid, SNAP benefits, etc.);
- transportation for court/legal matters/medical appointments;
- assistance in obtaining stable housing to include identification of places to live and purchase of food to stabilize living situation prior to applying for SNAP benefits;
- moving assistance;
- emotional support and guidance;
- transportation to complete applications for employment/job interviews/work shifts; and,
- purchase of clothes for homeless youth to begin employment.

CFCIP providers have seen an increase in the number of youth in this age group requesting case management services.

Update FFY 2018: CFCIP providers continue to provide case management services to youth who aged out of foster care up to age 26. Services requested include those required to meet the basic needs of youth, and providing emotional support and guidance.

Update FFY 2019: CFCIP providers continue to provide case management to those youth seeking assistance in meeting their daily needs. Assistance to the CFCIP providers by DCFS continues when requested. In FFY 2018, there were 11 youth who received YTP educational stipends to support themselves while completing their high school diploma or HiSET. The number of youth decreased during FFY 2018, as Extended Foster Care (EFC) was initiated for the same population on June 1, 2018. There were eight young adults who participated in EFC from June 1, 2018 to September 30, 2018.

PURPOSE GOAL 6: MAKE AVAILABLE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST-SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE

OBJECTIVE 6.1: Manage the ETV program to ensure eligible youth apply for the ETV program.

Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or OJJ custody or tribal custody, and/or who are in post-secondary institutions at the time they reach 18 years of age) and notify them of their potential ETV eligibility (Years 1-5).

- The DCFS continues to work with youth exiting foster care, youth in OJJ or tribal custody, youth adopted after age 16, and youth entering a guardianship arrangement after age 16 to apprise of their eligibility for ETVs.

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Strategy 2: Eligibility for the ETV Program will be managed by LOSFA.

- The Department continues to distribute ETV funds by LOFSA to eligible youth.

Strategy 3: DCFS program consultants will periodically review grades to evaluate youth’s progress and performance.

- The DCFS contracted with LOFSA to verify satisfactory academic progress prior to requesting ETV funds;
- The DCFS continues to verify the youth’s eligibility for ETV funds after a request for ETV funds is made through LOFSA.

Update FFY 2016:

- The Department provided “Working with Youth Transitioning from Foster Care” training in which staff was reminded of the Education Training Vouchers available to eligible youth in obtaining post-secondary education.
- Program staff encourages CFCIP providers to follow-up with aged out youth to assess their educational progress and determine their eligibility for ETV.
- If a youth was previously not enrolled in a post-secondary educational program, then program staff or CFCIP providers’ follow-up with the youth to determine their ongoing eligibility.
- The Department continues to provide field staff, adoptive or guardianship parents, and stakeholders with information on ETV eligibility criteria and contact information with the Department and LOSFA for further assistance if needed.
- DCFS has a “Youth Link” on the department website with information on resources available for youth aging out of foster care with specific information on availability of ETVs and eligibility criteria.
- Information on ETV was added to Department policy in January 2015 to advise staff on the availability and eligibility criteria for funds.
- LOSFA has increased publicity around ETV to post-secondary educational institutions. The Department has seen an increase in the number of applications for ETV during FFY 2016. While some of the youth do not meet the criteria for funds, the increased number of applications is a result of the extra publicity of the program. The Department advances funds from upcoming fiscal years when exceeding the budget in order to reach as many youths as possible.

The chart below reflects the number of ETV applications the state received in the state’s school fiscal year (Aug 2014-May 2015).

Number of ETV Applications					
FFY 2013 (Baseline)	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
116	105	117	141	123	107

Goal 6, Measurement 1: Number of ETV Applications
**To date for FFY 2017*

The chart below reflects the number of ETV vouchers issued in the state’s school fiscal year (Aug. 2014-May 2015).

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Number of Education and Training Vouchers Issued						
Total number of ETV vouchers awarded each year and the number of new vouchers awarded each year						
	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Total Vouchers	98	84	82	99	92	78
New Vouchers	36	25	28	33	33	20

Goal 6, Measurement 2: Number of ETVs issued each state school fiscal year & the number of new ETVs issued

Update FFY 2017: LOSFA has reached out to post-secondary educational and vocational institutions to advertise the ETV program for eligible youth. There have been 96 applications for ETV in academic year 2017, with 76 approvals and 20 denials. Of the 76 approvals, 20 of the vouchers were first-time approvals.

Update FFY 2018: ETV availability is advertised to youth and case managers during monthly staffings. Information is posted on the YouthLink page of the DCFS website. Individuals can receive clarification on eligibility and the ETV program in general by contacting the Department. CFCIP providers regularly advise youth of ETV eligibility requirements and assist youth in applying for funds when requested. DCFS maintains a strong working relationship with the Louisiana Office of Student Financial Assistance (LOSFA) who is responsible for informing post-secondary educational and vocational programs of ETV funds for eligible youth. Satisfactory academic progress is verified when funds are requested through LOSFA. Eligibility is validated prior to dispersing ETV funds to eligible youth.

Update FFY 2019: ETV is advertised to youth, caretakers, and caseworkers monthly and when the opportunity arises in trainings and meetings with youth. The updated eligibility criteria for ETV has been provided to CFCIP providers to distribute to youth served by their programs. The information is publicized on the DCFS and LOSFA websites.

Serving Youth Across the State: The LOSFA has done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates an interest in a program, which has not previously been available or utilized. Their educational institutions refer the youth to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. DCFS has a youth link on the Department’s internet site, which is disseminated routinely to youth to provide them information on education and other services to support the transition to adulthood. This link is www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

Prior to age 18, a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility serves each youth. (Tribal Social Service workers serving youth in tribal foster care with the four federally recognized tribes within Louisiana may also make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state/tribal custody after age 14. The CFCIP provider may serve youth enrolled in CFCIP services up to age 23, as needed. Youth are informed of the ETV program by their DCFS caseworkers and by CFCIP providers. By completing the Free Transmittal Date June 30, 2019

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Application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth are currently under the age of 26 and meet one of the following criteria:

- Exited foster care from DCFS or a federally recognized tribe at age 18 or OJJ custody between ages 18 and 21;
- If the youth exited foster care from DCFS custody after age 16, but prior to age 18 to an adoption or guardianship arrangement;
- If the youth exited foster care after the age of 14, but prior to age 18 to another permanency option (ex: reunification, custody to a relative, etc.)

(Louisiana extends ETV services to youth from other states/tribes meeting the same criteria who live in Louisiana and are not receiving ETVs from their own state/tribe.)

Starting in 2018 there has been a five-year limit on ETV funds and eligibility.

ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs are also eligible for ETVs. Satisfactory progress toward degree completion is required in order to maintain eligibility.

DCFS offers CFCIP and ETV services to all youth meeting the criteria above.

Youth receiving an ETV are required to apply for all financial aid and scholarships for which they might qualify. Periodic review of the youth's progress will continue to occur to assure the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to LOSFA, and/or a DCFS program consultant so the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

Purpose 7: Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption:

OBJECTIVE 7.1: Ensure youth who leave foster care for adoption or kinship guardianship, are informed of their rights to Chafee and ETV Services.

Strategy 1: Assure that CFCIP Providers continue to provide services to youth who have left foster care for adoption or kinship guardianship at age 16 or older.

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- CFCIP providers were available to assist youth who were adopted or entered a guardianship agreement after age 16.

Update FFY 2016:

- The Department continues to provide field staff, adoptive or guardianship parents, and stakeholders with information on ETV eligibility criteria and contact information of the Department and LOSFA for further assistance if needed.
- FFY 2016 has seen an increase in the number of ETVs issued to eligible youth.
- Youth who are adopted or entered a guardianship agreement after the age of 16 are provided with information on Chafee services upon their exit from foster care.

Update FFY 2017: CFCIP providers offered case management services to youth who have aged out of foster care at age 18 or entered an adoption or guardianship arrangement after age 16 - 26. Providers are available to the youth for all types of services. Information on CFCIP providers is distributed to youth, caretakers, and stakeholders. A YouthLink page is maintained on the Department website, which identifies all services available to youth after age 18.

Update FFY 2018: CFCIP providers continue to provide case management services to youth who were adopted or entered a guardianship agreement after age 16.

Update FFY 2019: CFCIP providers continue to provide case management services as requested to youth who were adopted or entered a guardianship agreement after age 16.

Youth Involvement in Plan and Other State Department Efforts:

- Youth conferences were held across the state in June 2014.
- Youth and CFCIP providers guided organization of the conferences including development of the agenda and preparation of youth for providing presentations at the conferences.

Activities performed since the 2015-2019 CFSP submission and planned for FY 2017 to involve the public and private sectors in helping adolescents in foster care achieve independence: The Department has partnerships with the following to assist with helping adolescents in foster care achieve independence:

Louisiana Housing Corporation: Previously, there were 25 vouchers available to assist with housing for youth who have aged out of foster care. Currently, the vouchers are not available.

Healing Place (HP) Serve: The non-profit has partnered with DCFS to continue the Louisiana Collaborative Intervention Model (LaCIM) for the purpose of improving the well-being, safety, and permanency of children in foster care and those exiting foster care that are most at risk of homelessness. The partnership allows for identification of other opportunities to support this unique population. HP Serve and DCFS have a memorandum for both entities to partner to serve foster care youth who are at risk of trafficking and to build the capacity of child welfare systems to prevent human trafficking among the most at-risk youth/young adults with child welfare involvement.

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Office of Juvenile Justice (OJJ): DCFS and OJJ have entered into an agreement to collaborate in case planning with youth who have contact with both child welfare and juvenile justice programs. Policy was initiated in July 2015 to address procedures for ensuring going case planning for the transition to independence for these youth.

Office of Citizens with Developmental Disabilities (OCDD): DCFS and OCDD work together to determine which youth qualify for Medicaid waivers based on their disabilities and how their needs can be met while in foster care.

Louisiana Department of Health (LDH): DCFS and LDH have established the Health Care Oversight and Coordination Plan for children in foster care to ensure ongoing quality medical and behavioral health services to children in foster care. Bi-weekly scheduled psychopharmacology consultations with a Board Certified Child Psychiatrist and staff, are held on children in foster care identified as being outside of the recommended psychotropic medication parameters.

Louisiana Office of Student Financial Assistance (LOSFA): LOSFA is the state agency which distributes funds for post-secondary education programs. LOSFA distributes funds to those youths who are eligible for ETV.

4-H: DCFS State Office was contacted by the state 4-H to provide assistance to children in foster care. During the summer of 2015, the state level 4-H conference attendees provided decorated Lifebooks to the Department for distribution to youth in foster care.

Crossroads NOLA: DCFS has provided guidance to Crossroads NOLA in their potential development of a transitional living program in the greater New Orleans area.

Update FFY 2016: There were five regional youth conferences held across the state in June 2015. Feedback by youth for the 2015 youth conferences was used to plan for the 2016 youth conferences. Overall, youth like the opportunity to gather information on transitional services and have some unstructured time with peers in similar situations.

Update FFY 2017: Based on feedback from youth and the delay in finalizing CFCIP contracts, youth conferences will not be held in 2017.

Update FFY 2018: Annual Youth Conferences were not held in FFY 2017. The interest by youth in annual youth conferences, as they were designed, declined. It was determined that more individual resources were needed for youth through case management services and tangible supports. During FFY 2018, the feasibility and design of youth conferences will be re-visited.

Update FFY 2019: Annual conferences were not held in FFY 2019. DCFS is changing to having smaller social activities and youth board retreats as per the desires of the youth and young adults. This will allow the youth to have leadership opportunities and skill building opportunities. These activities will begin in July 2019.

Trust Funds: Louisiana does not currently place CFCIP funds in trust funds for youth.

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Program Instruction ACYF-CB-PI-18-06: The Louisiana Department of Children and Family Service (DCFS) Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018 and held a meeting on June 5, 2018 to discuss initial plans to address needed changes. Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. The following is the initial outline of procedures and protocols LA DCFS will pursue to address the Chafee portion of the PI.

- Lead a study to determine the benefit, cost, and feasibility of extending foster care to 21.
 - This will include the study of necessary supportive services, appropriate training, specialized staff, and the development of housing options, specialized caregivers, transitional living options
- Work with stakeholders to determine appropriate Chafee service options for youth who exited foster care for reasons other than adoptions, guardianship or aging out of foster care at age 14 or older.
 - Include appropriate Chafee services for this additional population in the new RFP.

Identified Partners:

- Current/Former Foster Youth
- DCFS staff
- La Medicaid
- La Department of Health, Office of Behavioral Health
- La Housing Corporation
- La Workforce Commission
- La Department of Education
- La Children's Cabinet
- La Chapter of the American Academy of Pediatrics
- LA Partnership for Children and Families
- La CFCIP Providers
- Foster Parents/Relative Caregivers
- Residential Care Providers

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JOHN H. CHAFEE FOSTER PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD:

CHAFEE SERVICES EXPANSION OPTION TO EXTEND SERVICES UP TO AGE 23:

- 1. Support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention).**

The Department of Children and Family Services (DCFS) currently provides these services through Independent Living (IL) Providers. Services are provided to 14-17 year olds in foster care and 18-26 year olds who aged out of foster care. DCFS will be working with IL providers to expand services to youth 14+ that exited care for any reason prior to turning 18-years-old. This will require a change in contracts. The DCFS will be doing a new RFP for IL services in 2018, releasing it in 2019. In the following months focus groups will be held with youth, caregivers, and staff to determine needs involving extended Foster Care (FC) and IL services. This aspect will be included in focus groups to determine most needed services to this extra group of youth who have exited care. Those services will then be made part of the RFP and designed in each of the programs.

- 2. Help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult.**

Significant work is being done with 17-year-olds regarding achievement of permanent connections through consultation with staff carrying those cases (sited in the APSR). Consultation was recently expanded to all cases of Specialized Youth Workers, which include 15-17 year-old youth in care. This consultation model supports youth currently in care. This service of support shall be added to achieve meaningful permanent connections with caring adults to the IL provider service array. The new Request for Proposal (RFP), that will be developed in 2018 and released in early 2019, should accomplish this. IL providers currently work with youth to develop and achieve permanent connections. The DCFS plans for this to be a service provided as part of the IL providers work with youth who have left care at 14-years-old or older, in addition to transitional services provided to youth in care. Collaboration with Annie E. Casey to study the Specialized Youth Worker Role and determine how to best structure the role and case load to ensure permanency is a primary focus. A study group is ongoing at this time and will assist in further development of this role.

- 3. Help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families' experience.**

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Currently provided through caregivers and IL contract providers. The IL contract provider programs are based on positive youth development, developmentally appropriate activities, and experiential learning. DCFS has been working to re-design IL services (that will go into effect in 2018) that will ensure these things are not only available in IL classes and activities, but that they are taking place in the youth's daily life and with caregivers. Beginning this year (2018), IL providers will be doing more work in the youth's home and with the youth and caregivers to ensure these opportunities happen regularly. Contract amendments are in the process of being completed. The new RFP will include services for youth who were in care at 14 years-old or older who exited for any reason.

4. **Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.**

Currently provided through the IL contract providers and their case management services.

5. **Make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care.**

Going forward, Educational Training Vouchers (ETV's) will be available to youth as follows:

- Youth otherwise eligible for Chafee services who have attained 14 years of age
- Youth who exited foster care to adoption or guardianship after the age of 16;
- Young adults participating in the voucher program remain eligible up to age 26, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of the program; and,
- Youth who have not received ETV for more than 5 years.

The new criteria for ETV will be shared with contacts at Louisiana Office of Student Financial Assistance in order to advise participating post-secondary institutions. Contracts are being reviewed to ensure any necessary contract adjustments will be made though not anticipated. IL providers are currently being advised of the revised eligibility criteria in order to advise those youth and young adults who access their program. DCFS policy and informational materials regarding ETVs are currently being reviewed for any needed changes and will be amended as appropriate.

6. **Provide the services referred above to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

The Department of Children and Family Services is actively compliant.

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7. **Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities.**

Independent Living (IL) contract providers are providing this service. This is part of the caregiver's responsibility for any youth in foster care. Chafee Services Expansion Option to Extend Services up to Age 23 (Only for states opting in).

To exercise this option and begin offering Chafee-funded services to this population, the state must:

The state will not be exercising the option to extend these services for 21-23 year olds at this time. The state will be extending foster care services for 18-21 year olds that are enrolled in a secondary educational program and will be seeking federal approval within the next few months.

8. **Education and Training Voucher Program Describe any necessary changes after reviewing the state's existing program and eligibility requirements to ensure compliance with amended ETV Program.**

Going forward, Educational Training Vouchers will be available to youth as follows:

- Youth otherwise eligible for Chafee services who have attained 14 years of age
- Youth who exited foster care to adoption or guardianship after the age of 16;
- Young adults participating in the voucher program remain eligible up to age 26, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of the program; and,
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The new criteria for ETV will be shared with contacts at Louisiana Office of Student Financial Assistance in order to advise participating post-secondary institutions. Contracts are being reviewed to ensure that any necessary contract adjustments will be made though not anticipated. IL providers are being advised of the revised eligibility criteria in order to advise youth and young adults who access their program. DCFS policy and informational materials regarding ETVs are being reviewed for any needed changes and will be amended as needed.

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EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):

The chart below reflects the continuing and new ETVs issued by year according to the state's school fiscal year.

Continuing and New ETVs by Year		
School Year	Total Vouchers	New Vouchers (First Time)
School Year 2013 (Baseline)	103	33
School Year 2014	92	26
School Year 2015	52	27
School Year 2016	65	29
School Year 2017	82	23
School Year 2018	82	28
School Year 2019	91	27

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II: The DCFS utilizes funds for family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

State and local share spending for Title IV-B, Subpart 2 for FFY 2013 (for comparison with the 1992 base year amount) indicates \$8,177,068.00 was spent, \$6,132,801.00 of which was federal funds and \$2,044,267.00 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2014 (for comparison with the 1992 base year amount) indicates \$7,855,735.00 was spent, \$5,891,801.00 of which was federal funds and \$1,963,934.00 was state general funds and/or in-kind funds. The 1992 base year amount was \$2,772,015. State and local share spending for Title IV-B, Subpart 2 for FFY 2015 (for comparison with the 1992 base year amount) indicates \$7,787,333.00 was spent, \$5,840,500.00 of which was federal funds and \$1,946,833.00 was state general funds and/or in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2016 (for comparison with the 1992 base year amount) indicates \$7,827,852.00 was spent, \$5,870,889.00 of which was federal funds and \$1,956,963.00 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2017 (for comparison with the 1992 base year amount) indicates \$7,894,616.00 was spent, \$5,920,962.00 of which was federal funds and \$1,973,654.00 was state general funds and in-kind funds.

The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (FPSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)
- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child’s home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 which allowed peer-to-peer mentoring and support groups for parents and primary caretakers as allowable.)
- Adoption Promotion and Support Services (APSS) – 20% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

Services provided through the use of Promoting Safe and Stable Families (PSSF) funds include Family Resource Centers and Infant Teams.

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Service/Program Description – Child Welfare Family Resource Centers (CWFRFC) Services provided by the center address FPSS, FP, TLR and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are ten CWFRFC's contracted to provide services. The current CWFRFC's are listed below:

- 1.) Discovery CWFRFC-Southeastern University, Baton Rouge Region
- 2.) Renew Family Resource Project-Southeastern University, Covington Region
- 3.) Nicholls State University Family Service Center, Thibodaux Region
- 4.) The Extra Mile, Lafayette Region
- 5.) Educational and Treatment Council, Inc., Lake Charles Region
- 6.) Volunteers of America-North Louisiana, Alexandria Region
- 7.) Community Support Program-Portals, Shreveport Region
- 8.) Project Celebration, Shreveport Region
- 9.) Tulane Parenting Education Program, Orleans Region
- 10.) Children's Coalition of Northeast Louisiana, Monroe Region

Each CWFRFC provides services to parishes in their geographic area so that services are available throughout the state. These centers receive referrals from DCFS of families who are involved with the Department due to neglect and abuse of a child. CWFRFC provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a multi-year contract.

- Parent Education: Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting
- Visit Coaching: Primarily targeting children in foster care, but this service benefits in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. For families in the Nurturing Parenting Program (NPP) program, the "family time" component will be expanded to accommodate this service and will serve as that parent's visit.
- Family Skills Building: The Family Skills Building (FSB) service provided through the FRC provides customized support, mentoring, guidance, and teaching on identified needs that are not readily addressed by other services, such as parenting education or visit coaching. FSB targets areas of family skills identified as areas of concern or problem in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.

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Decision making process for Family Support Services – The FRCs was selected as providers through the Request for Proposals (RFP) process. DCFS placed ads requesting that interested parties submit proposals. After the closing date the proposals were reviewed and the agencies/organizations demonstrating the most qualifications aligned with our standards were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Housed in one central location within their region, many of the providers have satellite locations that allow them to have a more visible presence.

Population Served – The Family Resource Center (FRC) provides services to families referred by the Department and the Office of Juvenile Justice Family in Need of Services (FINS) Program. DCFS refers families with children ages 0-17 who are receiving services from the agency as a result of abuse or neglect. The DCFS can refer families involved with CPS, FS, FC, and Adoptions programs. Foster and adoptive parents are able to self-refer when there is a need for services to enhance their skills or stabilize placements. There is emphasis placed on referrals for children ages 0-5 which have been identified at greatest risk for abuse and neglect. The Nurturing Parenting Program has a specialized curriculum to work with children and families in this age group.

Gaps in Services – Transportation continues to be an issue for families accessing services through the FRC. Lack of consistent transportation makes it difficult to engage families in group-based services. This often requires many families to receive individual services in their home disrupting the class based curriculum expected by programs such as Nurturing Parenting Program. The Family Resource Centers are required to assist families in the development of a transportation plan when rendering services.

Considering current capacity building efforts of the Louisiana Family Resource Center Network, the Department's plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

Program staff along with the FRC Network met the goal of developing service guidelines for each of the core services provided by the resource centers. The service guidelines for visit coaching and the Nurturing Parenting Program have been implemented. These service guidelines will help to guarantee fidelity among the resource centers and help safeguard continuity of service delivery should a family move from one location to another. Program staff and regional liaisons will monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines.

Tulane Parenting Education Program has continued to provide consultation resources to FRCs across the state. These consultations have occurred twice per month as set in the initial goal. Consultation services included on-going training, support and guidance to FRC staff in implementing parenting programs for clients, including Visit Coaching.

Activities Planned for FFY 2015-2019: A Request for Proposals has been completed and is in the final stages of approval within the department for a functional FRC within the Monroe Region. Following the final approval within the department it will be submitted to the Office of State Transmittal Date June 30, 2019

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Purchasing (OSP) for approval and release. It is the expectation that the Monroe region will have access to FRC services by October 1, 2015. In order to fill the gap in services in the region, the department contracted with Tamara Thompson Parent Education Services to provide Family Skill Building and Visit Coaching Services. Community Support Programs Inc. from the Shreveport region provided two Nurturing Parenting Program (NPP) courses in the Monroe region in 2014.

FRC Update FFY 2015: The Department achieved the goal of entering into a contract with Prevent Child Abuse Louisiana (PCAL) to improve and monitor model fidelity, develop a data collection and utilization plan, and implement a peer review process for ongoing evaluation of FRC services. PCAL started compiling data relative to the NPP, which will be placed in a database for analysis to monitor the effectiveness of the program and its outcomes for families served.

In efforts to reach the goal set for program staff, regional liaisons and FRC staff to collaborate and develop a plan that will improve staff referrals, over the past year the contract monitors have worked with the Family Resource Centers and the regional liaisons to target efforts to increase referrals. With the assistance of regional staff, FRC directors visited local offices and met with staff and administrators to explain the services offered and the benefits to clients, and how the services support the efforts of the DCFS case workers. Additional efforts to increase referrals to the FRC's have been incorporated into trainings offered throughout the department such as Structured Decision Making Training, Advanced Safety Focused Practice Training and New Worker Orientation and Training. These efforts are projected to increase referrals. The chart below gives the projective goals for referrals and well as the number of referrals received during a Federal Fiscal Year with FFY 2014 serving as the baseline measurement.

GOALS FOR FAMILY RESOURCE CENTER REFERRALS									
Family Resource Center	Number of Referrals (Baseline FFY 2014)	Goal for # of Referrals FFY 2015	Actual # of Referrals FFY 2015	Goal for # of Referrals FFY 2016	Actual # of Referrals FFY 2016	Goal for # of Referrals FFY 2017	Actual # of Referrals FFY 2017	Goal for # of Referrals FFY 2018	Actual # of Referrals FFY 2018
Alexandria	140	147	169	162	123	178	121	187	121
Baton Rouge	210	221	194	243	229	267	289	280	314
Covington	202	212	222	233	250	257	201	269	244
Lafayette	178	187	186	206	179	226	170	237	275
Lake Charles	264	277	198	305	144	335	220	352	218
Monroe	No Center	No Center	No Center	No Center	21	No Center	256	No Center	183
Orleans	206	216	174	238	129	262	97	275	146
Shreveport	161	169	235	186	135	205	76	215	227
Thibodaux	56	59	50	65	111	71	68	75	116
Total	1417	1488	1428	1638	1321	1801	1498	1890	1844

FRC Update FFY 2016: A Request for Proposals (RFP) was released on October 12, 2015 for the Monroe Region Family Resource Center. The department received proposals from three

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agencies. The RFP review team selected the Children's Coalition for Northeast Louisiana to provide resource center services for Region 9.

Contract monitors along with regional liaisons have continued to work with the resource centers as well as the local office staff to increase referrals. Overall the centers saw less than a 1% increase in the number of referrals for FFY 2015. While several centers saw significant increase in their number of referrals some centers declined. Continued efforts across regions will aim to increase referrals across all regions. Some of the efforts utilized to increase these efforts include monthly calls, increased presence in the local offices by FRC staff, as well monitoring and reinforcement of appropriate referrals by regional liaisons.

Several centers began piloting the fidelity measures for Visit Coaching and Family Skill Building. All centers began using the tools March 1, 2016. During quarterly meeting in July 2016 DCFS will begin collecting data and looking at the tools to determine the need for changes or updates and whether the tools are useful. Changes and updates will be made as needed.

Continued work is being done to develop the resource center peer review process. Prevent Child Abuse Louisiana (PCAL) currently has a contract to lead the peer review process. Efforts were made to begin pairing sites and visiting sites to initiate the first peer review. These efforts were halted when it was determined that additional work was needed to prepare sites for the peer review process. Along with the assistance of department staff, PCAL is working to choose the most appropriate process that will meet the needs of the department as well as the resource centers. Ensuring that the most appropriate data is collected is the top priority of the peer review process.

FRC Update FFY 2017: Family Resource Center (FRC) services are available in all regions of the state. During previous reporting periods, FRC services were unavailable for the Monroe Region of North Louisiana. A contract was entered into between the Louisiana DCFS and the Children's Coalition of Northwest Louisiana during the FFY 2015. The Department did not increase the number of referrals by 10% in FFY 2017 due to a reduction in the number of staff referrals to some FRCs. However, FRC, state office and regional liaisons will continue efforts to improve the partnership between local offices and FRC staff. Efforts are underway to improve the FRC Service Array to include additional evidence-based parent education programs, as well as services to support families of substance exposed newborns. FRC staff continues to review fidelity measure for Family Skill Building and Visit Coaching sessions. FRC teams convene meetings to review standards and expectations of these services. Family assessment tools, pre and post-test material and information are under review. Workgroups include staff from DCFS and Child Welfare Family Resources Centers (CWFRC), continue actions to enhance practice and service delivery. Skill development workshops and activities continue, as well as, FRC staff consultation with clinical staff of the Tulane Parent Education Program (T-PEP). Statewide FRC staff has reviewed models and peer review processes in an effort to ensure quality practice and continuity of care for families served by child welfare FRC staff.

CWFRC staff review and examine fidelity measure for Family Skill Building and Visit Coaching services. FRC teams convene meetings to review standards and expectations for service delivery. Family Assessment tools, pre and post-test instruments and processes are under review. Workgroups including staff of the DCFS and CWFRC continue actions to enhance practice and

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service delivery. Skill development workshops and related activities continue, as well as, Family Resource Center staff consultation with staff of the Tulane Parent Education Program (T-PEP).

FRC staff has reviewed models and examined peer review processes, with assistance from FRC Trainer/Consultant. FRC staff will continue to review and develop processes to ensure quality practice and continuity of care for families served by CWFRC staff.

Update FFY 2018: Child Welfare Family Resources Centers (CWFRC) are at the forefront of incorporating best-practices and evidence-based interventions by adding, to their array of services, Trust-Based Relational Intervention (TBRI), Quality Parenting Initiative (QPI), Attachment Vitamins (AV), and a Substance abuse education groups in Shreveport region, which supports Child Welfares principles of practice. FRC staff reviews fidelity measures for Nurturing Parenting Program, Family Skill Building and Visit Coaching sessions. DCFS State Contract monitors, Regional DCFS FRC liaisons and FRC staff convene meetings to discuss implementation and utilization of TBRI and QPI, review standards of practice and expectations of these services. Family Assessment tools, pre and post-test instruments and processes are under review. Workgroups including staff from DCFS and CWFRC continue actions to enhance practice and service delivery. Skill development workshops and related activities continue, as well as, Family Resource Center staff consultation with staff of the Tulane Parent Education Program (T-PEP).

Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. The Louisiana Department of Children and Family Service (DCFS) Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018 and held a meeting on June 5, 2018 to discuss initial plans to address needed changes. Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. Within the planning meeting the following was discussed as a starting point for the PI Addendum:

Community based support for foster families:

- QPI practices and TBRI interventions
- Expansion of “Parent as Teachers” programs
- Expansion of Parent Partners support services
- Respite services for foster parents and families
- Focus is community based, accessible services
- Expansion of CW Family Resource Centers services

Behavioral Health (BH) services - mental health/substance use

- Strengthen partnerships with Family Resource Centers
 - Services to families with substance exposed newborns
 - Services to support parents in treatment and recovery
 - Strengthen partnerships with community organizations

Provide continued support for fifteen months following reunification

- Community services will build on family’s strengths to address needs
 - Include support services for both children and families
 - Services should continue to focus on QPI/TBRI practice
 - Transition planning for both foster/biological families

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- Incorporate Parents as Teachers/Parent Partners services
- Include “Intensive Home Based Reunification” services
- Expand Nurse Family Partnership (NFP) services statewide
- Incorporate additional home visiting support services
- Respite services availability for parents at reunification

Expansion and strengthening community and interagency partnerships

- Child Welfare Family Resource Centers statewide (10 centers)
- Louisiana Department of Health Offices (programs and services)
 - Office of Behavioral Health (OBH)
 - Bureau of Family Health (BFH)
 - Office of Citizens with Developmental Disorders (OCD)
- Nurse Family Partnership community provider organizations
- Managed Care Organizations and community providers
- Preservation and Drug Courts/Juvenile - District Courts
- Infant Mental Health/Behavioral Health service providers
- Early Childhood Home Visiting Programs (MIECHV)
- Department of Education (protective services daycare)
- Availability of Domestic Violence (DV) services and programs
 - Includes individual and group services; safety planning

Transportation for parents to and from services, appointments and visits

Update FFY 2019: Contract monitors along with regional liaisons have continued to work with the resource centers as well as the local office staff to increase referrals. Some centers saw a 2% increase in their number of referrals, while the other centers referrals maintained at 1%. Continued efforts in each region will aim to increase the number of referrals by 10%, ultimately improving staff referrals by 35% over the next three years. Some of the approaches utilized to increase these efforts include, expanding FRC services, monthly calls, increased presence in the local offices by FRC staff, as well as, monitoring and reinforcement of appropriate referrals by regional liaisons.

Several centers began piloting, Trust-Based Relational Intervention (TBRI) workgroups, in October 2018. These workgroups are held once a week for a minimum of one-hour at a specified location. The topics are rotated each week and are as follows:

- **Session 1:** Adverse Childhood Experiences (ACEs); TBRI Early Risk Factors and Understanding Brain Growth
- **Session 2:** TBRI Connecting Principle: Mindfulness Strategies and Adult Attachment
- **Session 3:** TBRI Connecting Principle: Engagement Strategies
- **Session 4:** TBRI Empowering Principle: Physiological Strategies and Ecological Strategies
- **Session 5:** TBRI Correcting Principle: Proactive Strategies
- **Session 6:** TBRI Correcting Principle: Responsive Strategies

During the quarterly meeting in March 2018, DCFS looked at the FRC monitoring tools to determine the need for changes or updates and whether the tool is useful. The primary changes to the monitoring form were made to the reporting categories under the sections listed below:

VII. Client Type and Number of Participants Referred/Served

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- Instead of capturing data on biological mother, legal father, biological father, step-parent and partner of head of household; this reporting category was condensed to mother, father and caregiver.
- Instead of capturing data on biological children, relative children, unrelated children, foster children, adopted children and FINS children; this reporting category was condensed to total number of children.

VII. Closure Reason

- The closure reasons were edited to remove the following:
 - all services completed
 - services refused
 - no longer qualify for services
 - moved out of service area
 - person referred elsewhere

Thereby condensing the list and capturing data on the following:

- services completed
- substantial services completed
- services no longer needed
- barriers to receiving services and
- other

Child Welfare Family Resource Center (CWFRC) staff continue to review and examine fidelity measures for Family Skill Building and Visit Coaching services. Family Resource Center teams convene meetings to review standards and expectations for service delivery. Family Assessment tools, pre and post-test instruments and processes are under review. Workgroups including staff of the DCFS and CWFRC continue actions to enhance practice and service delivery. Skill development workshops and related activities continue as well as Family Resource Center staff consultation with staff of the Tulane Parent Education Program (T-PEP). The Family Resource Center's staff have been trained on TBRI and are incorporating the principles into their daily practice. They have incorporated QPI principles in their services to families.

Addendum (ACYF-CB-PI-18-06):

CHANGES IN PSSF SERVICE DEFINITIONS:

Parent Partner Expansion Through Family Resource Center:

Plan: The Extra Mile Family Resource Center (FRC) in Lafayette implemented the Parent Partner program in 2013. The Department plans to use our expertise to assist other FRCs in adding a Parent Partner program to service array by October 2020. Promoting Safe and Stable Families program (Title IV-B subpart 2) is used to fund the Family Resource Center services for which Parent Partners is a part.

Why was the Parent Partner program selected? The Parent Partner program employs parents that have successfully navigated the child welfare system and who want to support other parents who may need assistance in understanding agency policies, procedures, forms, meetings, case plans, hearings, services, etc. These Parent Partners are in a unique position to share personal

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experience and give guidance, understanding, hope, realistic advice and advocacy to parents currently involved with the agency. Parent Partners form a critical link between the Department of Children and Family Service (DCFS) worker, other professionals, and the family. Parent Partners emphasize engagement and partnerships with all involved parties in line with Quality Parenting principles.

Parent Partners is an approach designed to provide better outcomes in reducing repeat maltreatment as well as assisting in timely reunification. Parent Partners promotes innovative change in social work practice that is unique because it not only celebrates individuals that have overcome obstacles through change, recovery, and accountability, but uses their skills to mentor families who are currently navigating through the Department of Children and Family Services Child Welfare as their children are in foster care or at risk of removal.

Parent Partners network within communities and partner directly with the Department of Children and Family Services Child Welfare child welfare staff, systems, and agencies. Parent Partners collaborate with providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities, and incorporate the parent perspective to foster cultural change.

The Parent Partner approach includes validating parents' experiences and opinions to encourage changes in child welfare that aim to further efforts towards reunification and keeping children safe. Parent Partners meet with case workers, counselors, attorneys, foster parents and other key parties involved with the family consistently to assess progress. Parent Partners provide insights aimed at helping professionals empathetically and productively interpret the patterns, behaviors, and needs of families that complement change efforts. Parent Partners have not been used to stabilize foster home placements (directly). Indirectly they may impact the stability of the foster placement in that they are working with the parent to assist in supporting them in teaming with all parties (the agency, the foster parent, providers, etc...). We do have Foster Parent Partners in the Lafayette region that are able to assist foster parents with placement issues such as stabilizing placements at risk of disruption. Homebuilders intensive family preservation is available, as well, to assist in placement stabilization

Target Population: Parents with an active Family Services or SP/Foster Care case that are in need of extra encouragement, empowerment and motivation in working with the agency in order to achieve safety, permanency and well-being for their children.

Service Description: Parent Partner program will start with one Parent Partner Leader and one Parent Partner.

Duration: The Parent Partner works with the family while their case is active with the agency (Department of Children and Family Services Child Welfare) and three months' post case closure. There are no plans to extend that timeframe to 15 months.

Frequency of contacts: Weekly contact by phone with face to face contacts at least monthly.

Service area: The service area for the new region will be explored to see if it would be more manageable to being with a few parishes instead of the whole region.

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Parents with open FS or SP cases:

On average, each full time Parent Partner will serve 25 families at a time.
On average, each part-time Parent Partner will serve 15 families at a time.

Parent Partner responsibilities include:

1. Work intensively with birth parents to promote engagement in case plan activities via face to face visits, letters, emails, and /or phone calls and meet clients “where they are”.
2. Maintaining ongoing communication through phone calls and visits.
3. Maintain connections between parents and children by advocating for children and family rights.
4. Assist in the goal of reunification and/or the development of appropriate alternative permanent plans.
5. Provide a sense of hope and inspiration through encouragement, outreach, and connecting parents with resources.
6. Support families by attending FTM, court, treatment, recovery, or other gatherings with parents.
7. Collaborate with others vested in the Parent Partner approach including the Parent Partner coordinator, child welfare case worker, steering committees, and others. This role helps to promote the parent voice and sensitize child welfare staff to the family’s perspective.
8. Meet with caseworker periodically during the duration of services, as needed or requested by the family.
9. Parent Partners are expected to participate in local, state or national level meetings as well as speaking engagements to advocate on behalf of the PP approach.

Expected Improvement in Outcomes:

- Families with a Parent Partner will have better engagement leading to a successful working relationship with all involved parties including the Department of Children and Family Services Child Welfare, court, CASA, service providers, foster parents, etc.
- Families with a Parent Partner will be more willing to participate in and complete needed services, leading to behavior changes needed to keep children safe.
- Shorter duration of foster care for families with a Parent Partner.
- Families in the FS program with a Parent Partner will be less likely to have a removal.
- Families will be less likely to have a subsequent valid investigation finding post termination of services for either 6 months or 1 year. (Still to be determined)
Other sources of information include satisfaction surveys completed by both the Parent receiving Parent Partner services, as well as the Department of Children and Family Services Child Welfare worker that made the referral:
- Parents with a Parent Partner will complete surveys designed to elicit information about their experience with their Parent Partner (such as being heard, understood, supported, engaged, helpfulness, etc.).
- Department of Children and Family Services Child Welfare workers (referents) will complete surveys regarding their opinions/observations of parent partner involvement with their families being served.

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Implementation Plan:

1. Select FRCs for Parent Partner program.
2. Meeting or conference call between the current Parent Partner provider (The Extra Mile) and the new providers and the Department of Children and Family Services Child Welfare to discuss “lessons learned” from past implementation as well as logistics for moving forward.
3. Select parishes to be served by Parent Partner.
4. Share and review Parent Partner manual.
5. Plan for data collection and tracking and explore use of existing survey used by The Extra Mile.
6. Seek applicants to be Parent Partners.
7. Seek steering committee members.
8. Interview for two Parent Partners (one Lead and one-part time).
9. Plan for training.
10. Plan for introduction of Parent Partner to the Department of Children and Family Services Child Welfare staff in order to receive referrals.

Evidence: Parents as Partners/Parent Partner programs are not rated (NR) as far as evidence at this time according to the California Evidence-Based Clearinghouse for Child Welfare.

Monitoring/Fidelity: Clinical supervision is to be available for ongoing support of the Parent Partners.

Data:

- Qualitative data from parent surveys completed online as well as feedback surveys from the Department of Children and Family Services Child Welfare staff.
- Explore creation of a Parent Partner Database.
- TIPS to check for the Department of Children and Family Services Child Welfare case duration, repeat maltreatment, etc.

Measurement:

- Decreased occurrence of repeat maltreatment.
- Lowered SDM risk level.
- Timeliness of case closure (FS) or reunification (FC).
- Reduced out of home placement.
- Increased engagement in services.
- Improvements in knowledge and satisfaction with the Parent Partner services.
(Compare outcomes of those with a Parent Partner to those that don't. Use of the data to refine the practice.)

Feedback Loop: Parent Partners share trends, issues, gaps or barriers to services or engagement with the Department of Children and Family Services Child Welfare in order to improve procedures in working with families. Parent Partners can offer insights into after care planning that may be beneficial for families.

Timeline: The example below is based on an October 2020 start date, in line with year three of the FRC contract (10/1/20-9/30/21).

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Date:	Action:	Completed Y/N:
July 2018	Identify Program/Service for expansion	Y (Parent Partner Program)
August 2018	Submit Plan	Y
August 2018	Conference call or meeting with The Extra Mile and interested FRCs to provide Parent Partner services.	Scheduled: FRC Network meeting 8/2/18
September 2018	Provide Parent Partner manual and sample forms to new FRC	Delayed. We decided to scale back the expansion and start with 1 provider. After careful consideration of the centers, Discovery in Baton Rouge was identified (in February 2019). They received the manual and feedback surveys to get a better understanding of the program.
October 2018	Assess funding needs to support program	Ongoing. We are assessing how to use funds related to FFPSA. This has taken longer than expected.
November 2018	Assess the need for a Steering Committee and potential members in selected regions.	Delaying this action until May 2019 where it will be re-visited. Delays: The initial schedule was too ambitious considering other pieces that needed to be addressed taking longer than anticipated.
December 2018	Identify and invite potential members to steering committee meeting.	Delayed to May 2019 where it will be re-assessed.
January 2019	Plan for data collection	Manual data collection
February 2019	Hold First Quarterly Steering Committee meeting with community representatives from Department of Children and Family Services Child Welfare (worker and supervisor), Court, The Extra Mile PP program, Foster parent, Court Appointed Special Advocate,	Delayed until Summer 2019 Reassess need.

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	Parent/Child Attorneys, community stakeholder.	
May 2019	Quarterly Meeting (as needed)	Reassess need
August 2019	Quarterly Meeting (as needed)	
November 2019	Quarterly Meeting (as needed)	
December 2019	Contract revisions, as needed, in time for 10/1/20 – Year 3 of contract	
May 2020	Quarterly Steering committee	
May 2020	Schedule trainings dates/location/time	
May 2020	Seek applicants to be Parent Partners	
June 2020	Interview applicants	
July - August 2020	Conduct Initial Training of applicants	
August 2020	Quarterly Steering committee	
September 2020	Identify and Schedule ongoing training related to mandatory reporter training, safety training, Department of Children and Family Services Child Welfare new worker training	
September 2020	Presentation to Department of Children and Family Services Child Welfare about Parent Partner	
	Hold ongoing training for PP as needed	
October 2020	Accept referrals for new Parent Partner	
October 2020	Begin data collection	
November 2020	Quarterly Steering committee	
February 2021	Quarterly Steering committee	
April 2021	6 month report	

Service/Program Description: Infant Team Services address FPSS, FP, TLR services. Infant mental health services are provided by three infant teams in the state. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and

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school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child - caregiver dyad is asked to complete an interaction assessment and parent perception interview.

Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

Population served: The target population is children age 0-60 months that have experienced maltreatment in their families. There are 3 infant teams in the state. The team in New Orleans receives referrals from the 0-3 Court Team Program when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Jefferson infant team receives referrals for children 0-5 who enter foster care in that parish and serve children from St. Bernard, Orleans and Plaquemines Parishes by arrangement. One of the goals of these teams is to assist the Department in developing a treatment plan aimed at achieving permanency as quickly as possible. The infant team in Baton Rouge (the Infant Child and Family Center - ICFC) serves clients in Baton Rouge and the surrounding parishes including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville, and Pointe Coupee. Services are provided to children and their families who are either involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol.

Gaps in Services: With the exception of the limited number of children served in the Screening Assessment Referral and Treatment (SART) program at the Infant Child and Family Center in Baton Rouge, most children and families do not have access to specialized infant team services. A few very young victims of abuse and neglect coming into foster care in other parishes may access specialized infant mental health services through the Early Childhood Supports and Services program, but the vast majority are not receiving specialized assessment and treatment services since infant teams are only located in the southern part of the state.

Infant Team Update FFY 2015: In keeping with the goals initially set, Tulane Infant Team was incorporated into the Tulane Parent Education Program (T-PEP). Tier II services, including assessment and intervention, are provided to families identified as needing additional services that are referred. These families are not limited to those having children from 0-5 although many of these families do have children within this age group. The Tulane team and Orleans Infant Team leaders met, coordinated service referrals and outline a plan for the Orleans region staff. The plan included information informing Orleans staff when to refer families to the T-PEP and when services would be provided by the Orleans Infant Team. The Baton Rouge Team continues to serve families in both Family Services and Foster Care. The chart bellows shows the numbers of families served. For additional information on the Infants teams please refer to the section for services for children under age 5.

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Infant Team	Numbers Served SFY 2014	Numbers Served SFY 2015	Numbers Served SFY 2016	Numbers Served SFY 2017	Numbers Served SFY 2018
Tulane Parent Education Program	110	**	**	**	**
Infant Child and Family Center	134	175	62	***	***
Orleans Infant Team	73	80	65	69	68

***Tulane Parent Education Center numbers are not available separately for this age group as these numbers are included in numbers served by the FRCs*

**** Early during the FFY 2017, the ICFC discontinued referrals from the community and focused on referrals received from the DCFS.*

Infant Team Update FFY 2016:

Baton Rouge Infant Team - (Infant Child and Family Services-ICFC): In SFY 2014-2015 the infant team worked with 99 children, representing 76 families. The ICFC team worked collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care and mental health care systems. In the goal to reduce the chance of further maltreatment, they provided services to improve developmental trajectory of children and strengthen child/caregiver relationships. Louisiana policy in the Baton Rouge region requires that all children under the age of 6 years who are involved with DCFS, including all substance exposed newborns be referred to ICFC. Families involved with the Family Services Program where children are in home are referred to ICFC if they have children who are 0-5. This program is funded by an alternate funding source (TANF).

Orleans Infant Team – (services provided through Louisiana State University Health Sciences Center). In SFY 2014-2015 the infant team worked with 43 children, representing 41 families.

- 25 parents participated in the evaluation process
- 17 parents participated in some treatment
- 53 additional adults worked with the team as relative or non-relative potential caregivers; for 38 of these children, a permanent placement was achieved
- 22 children were reunified with at least one of their biological parents
- 12 children were adopted by relatives
- 4 were adopted by non-relatives
- 20 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Tulane Infant Team – In SFY 2014-2015 the Tulane infant Team is no longer a standalone program but has been incorporated and included in the Tulane Parent Education Program as a Family Resource center. Through T-PEP, families receive a variety of services including assessments and services for children ages 0-5.

Infant Team Update FFY 2017:

Baton Rouge Infant Team – (Infant Child and Family Center-ICFC): In SFY 2015-2016, the infant team worked with 62 children and their families. The ICFC received 36 new referrals, and continued to offer services to approximately 26 children referred during the previous fiscal year. Fifty-six of these children received services weekly, and the remainder received services 2-3 times

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monthly. Services were provided to the children, biological parents, foster parents, and relative caregivers. Early during the fiscal year, the ICFC discontinued referrals from the community and focused on referrals received from the Department of Children and Family Services. The ICFC experienced staff shortages which resulted in difficulty providing services to all families requesting services. The Infant Child and Family Center spent much of the fiscal year seeking trained Infant Mental Health clinicians to provide services to families. Due to ICFC staffing issues, infant mental health services were discontinued early during the fiscal year. Capital Area Human Services District wishes to reinstate infant mental health services when the program has been re-staffed.

Orleans Infant Team – Services are provided through the Louisiana State University Health Sciences Center. In SFY 2015-2016, 34 children were served and 31 parents.

- 17 biological parents participated in the evaluation process
- 14 parents participated in some treatment sessions
- 5 parents were unknown, and 6 parents were deceased
- 13 parents were incarcerated during some time periods
- 35 relative/non-relative potential caregivers worked with team
- 11 children were reunited with at least one biological parent
- 5 children were adopted by relatives, with others in process
- 4 children were adopted by non-relative foster parents

Tulane Infant Team – In SFY 2015-2016: Tulane Infant Mental Health services continue to be provided by the Tulane Parent Education Program (T-PEP). The program offers intensive intervention for infants and young children, between the ages of birth and 60 months, who have experienced some form of maltreatment. Referrals to the team are received from staff of the Department of Children and Family Services. The team works in collaboration with community based entities to provide assessment and treatment for this young, at risk population. The number of children receiving infant mental health services through the Tulane Parent Education Program, has been included the Tulane Parent Education Program (T-PEP) data.

Update FFY 2017:

Baton Rouge Infant Team – Infant, Children, and Family Center or ICFC: Services were discontinued during the SFY 2016. The contractual agreement between the DCFS and the Infant, Children, and Family Center terminated as of June 30, 2016. The Infant Mental Health service provider did not enter into an additional agreement with the LA DCFS to continue the provision of infant mental health services for infants and children. Services to infants and children continue to be available through the CWFRC, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the LDH. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

The LSU Health Sciences Center (LSUHSC) **Orleans Parish Infant Team** continued to provide infant team services for children ages 0-5 years old in the Orleans Region. The provider continued to offer ongoing treatment services to children and their parents/caregivers. Caregivers may include biological parents, foster parents, or any biological relatives involved in seeking custody of the child based on their availability. Agency case planning outcomes for children and families referred for services vary as some of the children were successfully reunited with biological parents

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or adopted by a relative. Other outcomes include termination of parental rights or surrender of the child by the parent. Members have worked in collaboration with the agency in providing monthly court reports and participating in monthly case staffing(s) in the provision of specialized infant mental health services for children ages 0-3.

Update FFY 2018:

Orleans Parish Infant Team – Provided infant team services for children ages 0-5 years old in the Orleans Region and ongoing treatment services to children and their parents/caregivers. In addition to the biological parents, the Infant Team assessed and worked with the foster parents, and any biological relatives seeking custody of the child based on their availability. Agency case planning outcomes for children and families referred for services vary as some of the children were successfully reunited with biological parents or adopted by a relative. Other outcomes include termination of parental rights or surrender of the child by the parent. The Orleans infant team members have worked in collaboration with the agency in providing monthly court reports and participating in monthly case staffing(s) in the provision of specialized infant mental health services for children ages 0-3.

Orleans Infant Team services continue to be offered by the LSU Health Sciences Center. During Federal Fiscal Year 2017, 20 children, their parents and caregivers received services.

- 10 families were referred containing 11 children
- Two children were quickly reunited with family
- 8 families continued services from previous year
- 11 children continued services from previous year
- A total of 20 children received services in FFY 2017
- 15 biological parents participated in evaluations
- 13 parents attended at least one treatment session
- The identity of two parents remained unknown
- 10 parents were incarcerated during some sessions
- 2 parents of the children served were deceased
- 31 adult relative/non-relative caregivers were served
- 7 children were reunited with at least one parent
- 5 children were adopted by relatives during this period
- Some children are in the process of adoption by family
- 1 child was adopted by a non-relative foster parent
- 11 children representing 10 families continue services

Update FFY 2019: The LSU Health Sciences Center (LSUHSC) **Orleans Parish Infant Team** expanded its services to the Northshore (Covington Region) in 2018, by providing 2 clinicians to travel to Covington Region one day/week to service families in the area. The clinicians will attempt to work with as many families as is feasible, but likely will be available to treat 8-10 families at any one time. Orleans Parish Infant Team continued to provide treatment and infant mental health services to infants and children ages 0-5 years old in Orleans Region. The provider continued to offer ongoing treatment services to children and their parents/caregivers. Caregivers may include biological parents, foster parents, or any biological relatives involved in seeking custody of the child based on their availability. Agency case planning outcomes for children and families referred for services vary as some of the children were successfully reunited with biological parents or

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adopted by a relative. Other outcomes include termination of parental rights or surrender of the child by the parent. Members of Orleans Parish Infant Team have worked in collaboration with DCFS staff in Orleans Region in providing monthly court reports and participating in monthly case staffing(s) in the provision of specialized infant mental health services for children ages 0-3. Orleans Infant Team services continue to be offered by the LSUHSC. During Federal Fiscal Year 2018, 24 children, their parents and caregivers received services.

- 15 families were referred containing 15 children
- Two children were quickly reunited with family
- 8 families continued services from previous year
- 9 children continued services from previous year
- A total of 20 children received services in FFY 2017
- 15 biological parents participated in evaluations
- 11 parents attended at least one treatment session
- The identity of five fathers remained unknown
- 8 parents were incarcerated during some sessions
- 2 parents of the children served were deceased
- 38 adult relative/non-relative caregivers were served
- 6 children were reunited with at least one parent
- 1 child was adopted by relatives during this period
- Some children are in the process of adoption by family
- 6 children were adopted by a non-relative foster parent
- 7 children representing 7 families continue services

Outcomes and Measures

1. The Infant Team expects to achieve permanency in 100% of its cases. The Team defines permanency to mean the child will either be reunified with one or both biological parents, or will be adopted by a relative or a non-relative foster parent. Their goal is this will occur consistent with Adoption and Safe Families Act (ASFA) guidelines.
2. The Team seeks to decrease the number of placements these children will undergo throughout the course of their foster care experience as numerous placements are detrimental to their emotional well-being, hampering their ability to form and maintain stable bonds with a caregiver. Four or more placements are unacceptable. Ideally the child will have only one or two placements throughout their stay in foster care.
3. The Team strives to optimize the children's emotional health and development. Within reason, the Infant Team aims to have all of the children they work with further thrive developmentally and be on target with developmental milestones and to function adequately in their home and nursery/day care/school environments without the presence of significant behavior problems. This allows some children with medical diagnoses (such as Spina Bifida) who are not expected be on target with their peers make developmental gains consistent with their physical capabilities.
4. The biological parents who work with the Infant Team will make significant positive changes in their lives that benefit their children. This will be measured by:
 - Their ability to remain drug free.
 - Their ability to obtain and maintain stability of residence.
 - Their ability to remain compliant with any needed psychiatric treatment and

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- verbalize an understanding of their diagnosis and what they need to do to have optimum mental health
- Their ability to verbalize how and why their child was taken into State's custody and take ownership of their role in this event. They will then be able to state what they can do differently in the future to better care for and protect their child. Parents who cannot master this task have been well-documented to be at very high risk for recidivism.
 - Their ability to demonstrate they can adequately read their child's cues and meet their physical and emotional needs. Their ability to display empathy for their child and verbalize an understanding of how their abuse/neglect may have impacted their child.
 - Their ability to refrain from engaging in violent relationships and verbalize the impact of engaging in or witnessing domestic violence on their child(ren)
 - Their ability to identify when they need support and a suitable support system to reliably assist them in times of need.
 - Their ability to identify and follow-through with family planning and cease producing unplanned and undesired pregnancies.

Measurement of these factors will be completed by both the Infant Team clinician and the DCFS caseworker. The Infant Teams research has IRB approval and it will cover several years (cases since 1998) of Infant Team work. This research will look at the TIPS numbers of these individuals to insure these children have not re-entered care and to see the numbers of new DCFS referrals of parents the Infant Team have worked with and those who did not present to work with the Infant Team.

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TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training that supports the goals and objectives of the 2015-2019 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives that reflect the ever changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

DCFS, in partnership with the Universities Alliance and the Pelican Center (PC), has established the Louisiana Child Welfare Training Academy (LCWTA). While the work in strengthening the LCWTA continues, the academy is working to provide comprehensive and consistent education and training to departmental staff and other key child welfare stakeholders including judges, attorneys, Court Appointed Special Advocates (CASA), and foster parents.

This training plan is supported by the use of child welfare trainers, university partners and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX-Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds provided by DCFS and the Universities Alliance and general fund supported costs of trainers and trainees provided by public agencies other than DCFS. Full implementation of this plan is contingent upon funding and resources.

Training Needs Assessment: A comprehensive training needs assessment was conducted. This needs assessment encompassed input from all levels of staff and stakeholders. Continuous Quality Improvement (CQI) case review data, aggregate data measures, and targeted case reviews, as needed, contributed to the assessment of training needs. Building instructional design skills of internal staff was found to be an area in need of improvement. DCFS contracted with Langevin Learning Systems to provide training on the Langevin Instructional Design model. DCFS staff identified for the development of training in all DCFS programs and stakeholders identified as key partners in the LCWTA participated in the week long training. In October, 2014, a second training was held on the Langevin Instructional Design model for the Child Welfare Training unit and others identified as having responsibility for developing training.

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

- **Training** prepares a person to do a specific job; the person leaves training able to immediately begin to apply the knowledge and skills learned (ex. How to complete a safety assessment; How to write behaviorally specific case plans; and planning meaningful visits between parents and their children in foster care).

- **Education** is information presented from a broader perspective; it contributes to one's overall knowledge but is not expected to necessarily result in immediate application on the job (ex. Understanding the dynamics of domestic violence; Core concepts of child trauma; and the effects of commonly abused drugs).

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- **Professional development** refers to on-the-job training (ex. coaching, mentoring, and various forms of supervision such as task supervision, reflective supervision, or supervision for licensure).

Training, education, and professional development opportunities should always be considered in the following instances:

- Someone is preparing for or is new to a job;
- There is a new policy, area of focus, or practice expectation (new law, initiative, etc.);
- There is a gap in performance determined to be a result of lack of knowledge or skill.

The decision to offer training, education, or professional development – or a combination of all three – should be carefully considered, and based on the expected outcome.

DCFS is committed to assuring that employees and foster parents are well prepared to work in a competent manner; therefore, a combination of training, education, and professional development opportunities will be provided. LCWTA will develop a comprehensive catalog of courses and instructional material. The initial work to develop a comprehensive catalog began in FFY 2015. Due to change in staff, this activity is not complete. The LCWTA will continue to work on developing a comprehensive course catalog with a goal of completing the initial catalog by January 2017. At this time, all training opportunities are announced and made available to DCFS Child Welfare staff and community partners through email announcements, the DCFS Intranet Calendar, CLARO site, and the LCWTA website. LCWTA has worked with university partners and the PC for Children and Families to offer exceptional learning opportunities such as job aids, individual courses, specialty certifications and master's degrees. Ultimately, job specific competency assessments will be constructed that will guide staff and foster parents in the development of an individualized professional development plan. Individual development plans based on job specific competency assessments are utilized and have been developed for new supervisors that participated in the Child Welfare Supervisors Certification and Professional Development Program in April 2015 and January 2016. At this time approximately 44 Supervisors have professional development plans based on a competency based supervisory assessment. The Department's investment in staff and foster parents is expected to result in high levels of competency, job satisfaction and retention in Child Welfare (CW). The training, education, and professional development needs assessment will be informed by:

- Human Resources and performance data including: new hires, CQI case reviews and case crisis reviews;
- Consultations with CW Programs and Operations leaders regarding new initiatives, laws, and areas of focus;
- Input solicited from field staff and foster parents on topics where education, training and professional development is needed.

Applying the above guidelines, the LCWTA will focus its efforts as follows:

- Someone new to a job: Front line workers (New worker training) – Year 2
- Supervisors (12 Month Training and Professional Development Plan) – Year 1
- Foster parents (3-year post-certification prescribed training plan) – Year 2

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A new policy, area of focus, or practice expectation:

- Advanced Safety (safety planning) – Year 1
- Permanency Planning – Year 1
- Case Planning for Youth in Transition – Year 1
- Assessment and Case Planning through a Trauma Lens – Year 2

Identify key performance measures. (System to individual level)

Expected performance – actual performance = performance gap

COMMON CAUSES FOR A PERFORMANCE GAP	
Cause	Response
Lack of clear standards/expectations	Vision/mission/values/policies; communication plan
Conditions (tools, equipment, resources)	Assure essential conditions exist to meet expected performance
Standards not being measured (accurately)	Clear definitions
Personal capacity (physical/mental)	Update job requirements/testing
Lack of motivation	PES planning
Lack of targeted feedback	Implement policies and expectation that incorporate formal/ informal, frequent, timely, and targeted feedback
Lack of knowledge or skills	Training

Key performance measures indicating training may be needed:

- Repeat maltreatment rate;
- Percent of alleged victims who were victims within the previous 6 months;
- Percent of children achieving permanency within federal timelines;
- Re-entry into foster care.

Data from CQI reviews:

- Safety assessment (Present, Impending Danger; Sufficient info in circumstances surrounding the maltreatment, and adult functioning; Accurate and timely completion of Structured Decision Making (SDM®))
- Sufficient efforts towards permanency
- Involvement of parents/caretakers in case planning
- Assessment of child needs and appropriate services to meet needs

Data from case crisis reviews:

1. Safety Assessment completed accurately
2. SDM® risk assessment completed accurately
3. Assessment of family functioning captures relevant, sufficient information on diminished parental protective capacities, and case plan is relevant to enhancing those capacities.

Training Needs Assessment/Implementation of Findings Update FFY 2016: The training needs assessment and resulting plan compiled in FFY 2015 continued to provide the framework

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for course offerings. In addition to those courses planned for FFY 2016, various trainings were developed based on case review data, input of staff and stakeholders and department initiatives. The Department continued to explore a greater use of online training.

Training Needs Assessment/Implementation of Findings Update FFY 2017: The Training Needs Assessment continues to assist the LCWTA and DCFS CW Training in determining training needs of staff. During the 2016, calendar year the following trainings were developed and implemented to DCFS CW staff and community partners to address the needs identified in the needs assessment and plan compiled in FFY 2015:

- Building Communication Skills: Child Victims with Disabilities
- Child Welfare Supervisors Certification Program and Support Group
- Practicing Permanency Certification Program
- Working with Youth Transitioning from Foster Care
- Title IV-E Stipend Support Group and Professional Development
- Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in the Child Welfare System
- Motivational Interviewing
- Understanding Girls: A Trauma Informed Perspective. “Changing The Way We Think” and “Talk About Girls”
- Title IV-E Stipend Intern Orientation and Supervisors Workshop

The LCWTA contracted with the Louisiana Chapter of the National Association of Social Workers (NASW-LA) to provide DCFS staff ongoing training opportunities assisting with Professional Development and provide assistance in preparing for the Social Work License Examinations.

The orientation for new CW trainees and specialist was revised in January 2016, and again in January 2017. The revisions were made based on focused groups held in FFY 2016, that included DCFS direct practice staff, supervisors, managers, directors, legal, University Alliance members, and other stakeholders. Recommendations included restructuring training to teach more programs specific job duties in the first week of Orientation and provided staff with more structured activities to practice in the classroom setting to better prepare them for duties once they return to the office.

During FFY 2017, DCFS CW Training and Home Development replaced MAPP/GPS Pre-Service Training with Quality Parenting Pre-Service Training: *A Journey Home*. Updates to this curriculum include: helping children with grief, attachment, birth family and separation issues; discipline and helping families assess the impact of foster in their families; trauma, including an overview of Trust Based Relational Interventions (TBRI); effective partnerships; and normalcy.

In FFY 2017, DCFS Training completed a supervisory training needs assessment. The purpose of this assessment was for DCFS directors, managers, and supervisors to provide input regarding training needed to enhance their skills and knowledge and to effectively meet the goals of DCFS. Of the 308 participants 107 (34.74%) participants identified that they work in CW. Based on the assessment CW Supervisors identified the following as their top 5 training needs:

1. Self-Care
2. Understanding TIPS
3. CAFÉ

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4. Engaging the Unwilling/Difficult Client
5. Developing Safety Plans

Update FFY 2018: Training needs continue to be assessed on an on-going basis through multiple means and perspectives, including direct input from students, staff, foster parents, trainers, providers, legal/judicial staff and other partners as well as communication from state and federal leaders regarding key priorities. Training needs are a regular agenda item on the monthly Pelican Center/LCWTA Training and Education Committee.

Update FFY 2019: Training needs are continually assessed utilizing feedback and input from staff, university partners, biological parents, foster/adoptive parents, youth and other stakeholders. Evaluations are conducted following each training to provide direct feedback about the training experience and need for future training topics. The new LCWTA Learning Management System provides the capacity to collect and report this data in a routine and systematic manner. Trainings contain assessments that provide information on improvement in subject knowledge and comprehension and several provide information about improvement in key competency areas as a result of the training experience (See Systemic Factors on Page 50).

Statewide Training - Staff is offered various training opportunities throughout the year and the Department provides a competency-based CW curricula. A twenty-four (24) week new worker training model was implemented, which encompasses basic and specialized training content. This training is offered four to six times per year depending on the need. Other opportunities for training are through conference participation allowing staff to collaborate with other service providers. The CW curricula for new workers training was provided 14 times during the year and was provided to 246 new DCFS employees. CW Training included conference participations and local trainings offered to staff within their own region.

Update FFY 2015: The LCWTA assumed responsibility for all in-service trainings provided by DCFS Child Welfare. The LCWTA in collaboration with the Court Improvement Project (CIP), CASA, community and university partners continue to develop training for new Child Welfare Supervisors, Permanency Workers, and Child Protection Workers in regards to Safety Focused Practice (SFP).

Statewide Training Update FFY 2016: In January 2016, the CW Training Unit, under the leadership of the LCWTA, began working on additional updates to the 24-week new worker training model based on recommendations of the New Worker Orientation (NWO) workgroup made up of local office staff, new workers, program staff, and university partners. The new model will include competency-based CW curricula that will include more activities to better prepare new child welfare staff for their positions within DCFS. The new curriculum will include simulation activities and well as additional activities to ensure workers are “job ready”.

Update FFY 2017: Updates were finalized to in-class sessions of New CW Worker Orientation in June 2016. In July 2016, it was determined that additional updates needed to be made to the in-class trainings and development begin to revise the 24-week new worker training model to reflect these changes and ensure new child welfare workers are job ready. At this time new child welfare trainees and specialist level staff attend three weeks of in-class trainings sessions once hired by DCFS. New staff complete four weeks of structured activities while at their worksite with their

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direct supervisor. New workers are required to attend several other in-class or computer based trainings within their first year of employment. Please see the attached draft of the Child Welfare Training Curriculum. Title IV-E Stipend Recipients/Interns and staff hired to work in the Social Services Section of Federally Recognized Tribes are encouraged to attend and actively participate in all trainings provided to through CW Worker Orientation.

The LCWTA has completed policy regarding the Training Credit, Educational Leave, Agency Related Continuing Education, Tuition Reimbursement, Clinical Supervision, and Internships. Updates were based on requirements of the Louisiana Board of Social Work Education (LABSWE) and current legislations and laws. The LCWTA is working with the Institute for Families at the Rutgers School of Social Work to develop the first module of a multi module training series on substance use and co-occurring disorders in child welfare. LCWTA is working with the Institute for Families to develop a network of trainers in Louisiana to provide the training.

A new worker orientation and on-the-job training program was piloted in the Baton Rouge (BR) Region in November 2016 for Child Protective Service (CPS) staff. The New Worker On-The-Job Training pilot started as a result of an ongoing high rate of turnover of new staff resulting in an unstable workforce. This was negatively impacting office work and morale in several ways, including:

- Supervisors assigned cases to handle, thereby impacting their ability to focus on training and supervision of staff
- Supervisors having to constantly train new staff
- Backlog of incomplete cases being reassigned to new employees

Based on these issues, the initial goal was focused on getting new employees hired quickly, providing on-the-job training and stabilizing the workforce.

This on-the-job training model is a “hands on” approach with new employees. While new workers are provided with the same training material that is received in the traditional, classroom training, the approach is very different. Employees are trained in small groups and this allows the trainer to cover classroom material in half of the time. Classroom training is coordinated with field shadowing of seasoned employees and trainer facilitated debriefings. This allows new employees the benefit of applying what they have learned in the classroom to real case situations.

The training process with each new employee is designed to span a period of 12 weeks; however, new employees are not assigned a full caseload and are only allowed to receive 7 cases before they have reached 24 weeks of employment. This case assigned process follows the traditional NWO training model. The caseload standard for CPS workers is the assignment of an average of 10 cases but not more than 20 new investigations per calendar month. During periods of staff shortages or increases in the number of reports, staff may be assigned more than an average of 10 new reports. While an increase of 3 cases is not what is proving difficult for new employees in CPS, it is the actual caseload size which can sometimes go as high as 20 cases per worker each month. As part of the BR pilot, departmental staff will assess the feasibility of a gradual increase in cases for new workers once they reach 24 weeks of employment.

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At 12 weeks the trainee transitions to the local office supervisor. The field training unit continues to provide support to the trainee and local office supervisor through the first 24 weeks of employment when the worker moves to a full caseload. The training covers all aspects of the job including: handling a case from beginning to end; observing and participating in court proceedings; completing documentation in systems (ACCESS, FATS, SDM, etc.); transferring a case to another program (i.e. from CPS to FS or FS to FC); and participating in multidisciplinary staffings. The goal is to expand the program in the BR Region to the Family Services (FS) and Foster Care (FC) Programs within this FFY. To date, there have been 5 training cohorts and a total of 14 employees have been trained through the pilot. Over the six months since the program began, there have been several cohorts in process at one time at various stages of training. All employees have been retained except 2 whose employment was terminated.

Cohort	Number of Participants	Program Start Month	Employees Retained
1	3	November	3
2	2	December	1 (1 employee terminated)
3	6	February	5 (1 employee terminated)
4	2	February	2
5	1	April	1

Program development is ongoing and feedback has been gathered from participants and supervisors regarding the pilot. Thus far issues such as group size and transitional barriers have been identified. In February 4, new employees in the BR Region were identified for training as were 2 additional employees from the Monroe Region as they were experiencing a significant shortage of workers. They were trained with Cohort 3 since they had been completing job shadowing in the local office. They had adequate knowledge to report to BR and participate in the classroom training plus two additional weeks of on-the-job training with the Pilot Training Unit. Cohort 3 proved to be a challenge as the number of participants was too large. Feedback provided in a roundtable discussion with the new worker group was that the participants in Cohort 3 did not feel they were able to get the one on one attention needed. Trainers believed this was a challenge. A decision was made to limit group size to a maximum of 4 participants. An additional challenge has been that employees are hired sporadically presenting a challenge to get them on track with the 12-week program in cohorts. Leadership in the region is working with human resources on coordination of onboarding of employees. Transitioning the trainee to the local office supervisor has presented barriers. The most obvious is the trainee becomes accustomed to the supervisory style in the training unit and the support provided. Additionally, it became apparent the local office supervisors had different levels of expectation of the knowledge/skill levels of the trainees. This information was gathered by meeting with the workers and supervisors separately.

Update FFY 2018: Child Welfare New Worker Orientation curriculum has been further revised as a result of feedback from participants and trainers. These revisions are currently being edited and reviewed and new curriculum will be implemented by October, 2018. A curriculum revision and review schedule of this curriculum is under development and will be in place by December, 2018. Please see the attached draft of the current Child Welfare Training Curriculum. Title IV-E Stipend Recipients/Interns and staff hired to work in the Social Services Section of Federally Recognized Tribes are encouraged to attend and actively participate in all child welfare new worker orientation trainings provided.

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Staff development and training opportunities have been provided that offer ongoing training to address the skills and knowledge needed to carry out child welfare duties. To that end, employees have been able to enhance their skills and knowledge through mandated and in-service trainings. DCFS partnered with the LCWTA, the Pelican Center, the University Alliance, Healthy Blue (a Medicaid managed care organization), Louisiana State Office of Behavioral Health, the Office of Public Health and several community organizations to provide training opportunities for DCFS staff, federally recognized tribes and other partners.

The New Worker Orientation On the Job pilot project has developed procedures and a curriculum for this program. This curriculum provides clear information regarding communication and roles and provides an opportunity for the field training staff to learn local office procedures. The Caseload Assignment Readiness Tool (CART) was implemented as an evaluation tool. The results of this evaluation are currently utilized to revise and improve this initiative.

Update FFY 2019:

- The New Worker On the Job pilot project was implemented in Lafayette and Baton Rouge in 2018. The pilot started as a result of an ongoing high rate of turnover of new staff resulting in an unstable workforce. This was negatively impacting office work and morale in several ways, including:
 - Supervisors assigned cases to handle, thereby impacting their ability to focus on training and supervision of staff
 - Supervisors having to constantly train new staff
 - Backlog of incomplete cases being reassigned to new employees

Based on these issues, the goal of this pilot focused on getting new employees hired quickly, providing on-the-job training and stabilizing the workforce. This on-the-job training model is a “hands on” approach with new employees and procedures and a curriculum have been developed for this program. This curriculum provides clear information regarding communication and roles and provides an opportunity for the field training staff to learn local office procedures. The Caseload Assignment Readiness Tool (CART) has been implemented as an evaluation tool for this pilot program. The results of this evaluation are currently utilized to revise and improve this initiative which has effectively improved worker retention.

- Child Welfare New Worker Orientation curriculum revisions were implemented and further refined through the initial offerings of this course. All course curriculum is reviewed and revised on an annual basis and as evaluative feedback suggests a need. Title IV-E Child Welfare Scholars/Interns are encouraged to attend child welfare new worker orientation trainings provided and staff hired to work in the Social Services Section of Federally Recognized Tribes are invited to attend all child welfare trainings provided.
- Staff development and training opportunities have been provided to address the skills and knowledge needed to carry out child welfare duties to include:
 - Training to prepare staff to fulfill specific job duties and apply the knowledge and skills learned (ex. How to complete a safety assessment, write behaviorally specific case plans, engage children and families, and plan meaningful visits between parents and their children in foster care).

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- Education to present information from a broader perspective; to contributes to one's overall knowledge of certain subject areas (ex. Understanding the dynamics of domestic violence, core concepts of child trauma, the effects of commonly abused drugs).
- Professional development refers to on-the-job training (ex. coaching, mentoring, and various forms of supervision such as task supervision or supervision for licensure).
- DCFS continued to partner with the LCWTA, the Pelican Center, the University Alliance, Healthy Blue (a Medicaid managed care organization), Louisiana State Office of Behavioral Health, the Office of Public Health and several community organizations to collaboratively provide training opportunities for DCFS staff, federally recognized tribes and other partners.
- The automated registration for training and LCWTA learning management system has been developed and implemented. The integrated system will be used for all child welfare trainings offered by LCWTA in the future.

Regional Training - Social Work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff.

Update FFY 2015: All DCFS staff regardless of their program was offered trainings. Staff was provided opportunities to attend trainings by contacting the CW Training unit through their Regional Trainer. Regional Trainers provided CW staff information regarding upcoming trainings provide by community partners in their local areas.

Regional Training Update FFY 2016:

1. The "Road to Success" classroom training provided by the Regional Trainers was provided to 248 DCFS staff between May 2015 and December 2015. This training was provided in 47 sessions.
2. The two-day instructor lead training for CW Supervisors was provided to all Child Welfare Supervisors in FFY 2016.
3. The following quarterly supervisors training were provided in FFY 2016:
 - Leading, Motivating and Supporting Employees – October 1, through December 31, 2015
 - Tools for Effective Supervision – February 18, through 19, 2016
 - Tools for Effective Supervision – February 25, through 26, 2016
 - DCFS Fraud Policy 2016 – January 1, through March 31, 2016
 - Leadership, Mentoring and Coaching – April 1, through July 31, 2016

Regional Training Update FFY 2017: The following is a list of trainings provided by the Regional Trainer for the calendar year 2016.

- *The "Road to Success"* is instructor lead training provided by the DCFS Regional Trainers. During calendar year 2016, DCFS Regional Trainers provided 36 sessions to 208 newly hired Child Welfare employees.
- *Leading, Motivating and Supporting Employees* is an on-line training for supervisors. During calendar year 2016, 12 Child Welfare Supervisors completed this training.

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- *Tools for Effective Supervision* is instructor lead training provided to Supervisors by DCFS Regional Trainers. This training was offered to 29, Supervisors from January 2016, through February 2016.
- *DCFS Fraud Policy 2016* is an on-line training that was taken by 3,396 DCFS staff during calendar year 2016.
- *Leadership, Mentoring, and Coaching* is on-line training that was taken by 614 DCFS supervisors during calendar year 2016.

Update FFY 2018: DCFS regional trainers have provided the overall, agency-wide DCFS orientation training to all newly hired DCFS employees this fiscal year. The Office of Technology Services (OTS) recently informed the DCFS Regional Training Unit that the current DCFS Modular Object-Oriented Dynamic Learning Environment (MOODLE) system will be phased out. The DCFS Regional Training Unit has determined that it will transition to Louisiana Employees Online (LEO) to monitor and track all DCFS training. The DCFS Regional Training Unit will transfer all Child Welfare program specific training responsibilities to the DCFS Child Welfare Training Unit and LCWTA, including all staff and foster parent training and mandated reporter training. This transition will occur in January, 2019. The DCFS Regional Training Unit will give ongoing support to all DCFS programs and offices by providing assistance with setting up instructor-led and on-line training courses, quizzes, audio files, tracking training, uploading attendance rosters, filing course evaluations, course descriptions, and staff certificates in the current DCFS MOODLE. The DCFS Regional Training Unit will provide technical assistance in MOODLE as needed to all DCFS staff. The DCFS Regional Training Unit will set up and update user profiles of all DCFS Foster Parents and track their training in MOODLE. The LCWTA has initiated a pilot this year to automate as much of the training registration process as possible to improve efficiency of the unit functioning. A current, up to date MOODLE system has been accessed to manage all future learning management needs for both child welfare staff and foster/adoptive families. Multiple online trainings have been developed and are available.

Update FFY 2019: The LCWTA automated registration and MOODLE learning management system development has progressed well and the system is currently undergoing pilot testing to ensure smooth, efficient, and error free functioning. DCFS regional trainers have continued to provide the overall, agency-wide DCFS orientation training to all newly hired DCFS employees this fiscal year. The DCFS Regional Training Unit has initiated the transfer of all Child Welfare program specific training responsibilities to the DCFS Child Welfare Training Unit and LCWTA, and this transfer will conclude in June, 2019. The mandated reporter training content and curriculum has been updated to reflect current legislation, policy, and procedures and is now available to all mandated reporters and others through the LCWTA learning management system.

Training and Staff Development:

Use of Technology to Implement the Training Plan: The Department utilizes a number of resources to support training and staff development. They include a learning management system, webinars, video conferencing and teleconferencing.

1. **MOODLE** - The Modular Object-Oriented Dynamic Learning Environment (MOODLE) is the Department's Learning Management System (LMS). The Department of Children

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and Family Services (DCFS) will continue to work with IT staff, and consultants to utilize MOODLE for the development, publishing, posting, and tracking of web-based training. Additional enhancements will be made to MOODLE based on the Department's needs, funding and resources. Efforts to increase user proficiency with the tool and to ensure that this system is fully supported within the context of the Department's vision and the Transformation Project will continue.

2. **Web-Based Training** - In order to effectively meet the demands and needs of the Department for the developing, publishing, and tracking of computer based training, DCFS coordinates and collaborates with the appropriate staff to develop computer-based courses to supplement classroom training.
3. **Video Conferencing** - DCFS staff participate in video teleconferences sponsored by national leaders in child welfare such as the National Child Advocacy Center.
4. **Webinars and Teleconferences** - The Department utilizes the WebEx format and teleconferences to support the transfer of learning and enhance the learning experience.

Methods to Measure/Outcome Measures: Trainers are required to complete and submit an evaluation summary after every training session along with submitting the individual trainees' training evaluations. Feedback is utilized to make revisions in the core curriculum and other training courses to address specific or additional training needs.

The Department is exploring the ability to obtain and provide evaluation information regarding all courses and sessions through MOODLE. The ability to capture detailed information is being explored and the process will be obtained by the Department pending availability of resources and technical support.

In SFY 2015, the LCWTA developed a training evaluation based on research and the need to capture more information related to course content. The LCWTA decided to utilize a similar evaluation used by the New Jersey Child Welfare Training Academy. This evaluation, although similar to the DCFS evaluation, addresses the trainers' ability to engage participants, demonstrate knowledge, skills, and practical experience and answer questions. The evaluation includes questions on the content presented, activities, and addresses if the training is appropriate and beneficial to CW practice. The DCFS evaluation address presentation of information, overall knowledge of the participant, training content, and offers participants the opportunity to make suggested improvements to the training. The focus on content is very important as the LCWTA moves forward to developing more training and ensures participants obtains skills needed to perform and grow as child welfare professionals.

In March 2015, the LCWTA contracted with Louisiana State University (LSU) to provide assistance in measuring the results of training evaluations and pre and post-test results. A graduate student was assigned by LSU to work with DCFS to show the average pre and post-test scores, improvement of the overall class as it relates to pre/post test scores, and the percentage of student that scored under the 80% standard for achieving competency in each course. The results of the pre and post-test and evaluations of trainings held in 2015 are listed below (Please note the

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information below was calculated by a graduate student at LSU. The student graduated in December 2015, and was unable to complete all information for the year):

New Worker Orientation Groups 2-8 (February through October 2015)

Session	Group 2	Group 3	Group 4
Week 1	22	22	23
Week 2	26	23	23
Week 3	26	23	23
Week 4	25	24	24
Total	99	92	93

Session	Group 2	Group 3	Group 4
Week 1	22	22	23
Week 2	26	23	23
Week 3	26	23	23
Week 4	25	24	24
Total	99	92	93

Total Participants, All Groups: N =677

Overall Participant Evaluation (All Sessions Combined, n=668)

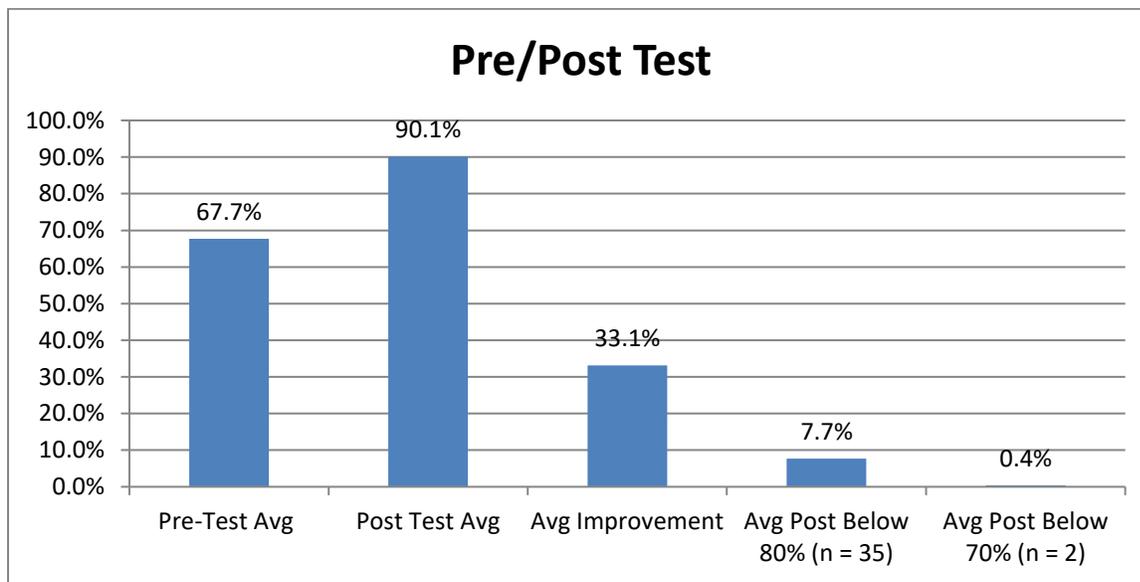
Question	Not at All (1)	Less than Expected (2)	Average (3)	More than Average (4)	Absolutely (5)
1. The trainer was able to engage the participants.	0.0% n = 0	0.6% n = 4	8.8% n = 59	16.2% n = 108	74.4% n = 497
2. The trainer demonstrated expertise related to the training topic through his/her knowledge, skills and practice experience.	0.0% n = 0	0.0% n = 0	6.6% n = 44	15.1% n = 101	78.3% n = 523
3. The trainer was able to answer participants' questions.	0.0% n = 0	0.1% n = 1	5.2% n = 35	13.5% n = 90	81.1% n = 542
4. The content of the material presented provided me with knowledge/skills needed to meet my responsibilities in this area of work.	0.1% n = 1	1.0% n = 7	10.9% n = 73	13.9% n = 93	74.0% n = 494

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Question	Not at All (1)	Less than Expected (2)	Average (3)	More than Average (4)	Absolutely (5)
5. The instructional materials (manual, etc.) were helpful to building knowledge and skill in this topic.	0.1% n = 1	0.7% n = 5	10.8% n = 72	19.9% n = 133	68.4% n = 457
6. The activities (small group exercises, etc.) were helpful to building knowledge and skill in this topic.	0.4% n = 3	0.3% n = 2	9.7% n = 65	18.4% n = 123	71.0% n = 474
7. The timing of this training was appropriate for my level of experience.	0.7% n = 5	2.2% n = 15	12.0% n = 80	14.1% n = 94	71.0% n = 474
8. Ultimately, children and families will benefit from knowledge and skills participants' gained during this training.	0.1% n = 1	0.1% n = 1	9.4% n = 63	17.4% n = 116	87.6% n = 485
9. Overall, the training was a useful experience.	0.1% n = 1	0.7% n = 5	8.8% n = 59	16.9% n = 113	73.4% n = 490

Overall Pre/Post Test Averages

(All Sessions Combined, Pre-test: n = 460; Post-test: n = 457): Average Percent Correct



The following information was completed by a student worker at Southeastern Louisiana University (SLU) in March 2015, and is a continuation of the information gathered by LSU.

New Worker Orientation Groups 2-8 (February through October 2015)

Session	Group 9	Group 10	Group 11
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Week 1	16	28	26
Week 2	16	27	24
Week 3	16	27	24
Week 4	16	27	22
Total	16	28	26

Total participants, all groups: N= 70

Overall Participant Evaluation (All Sessions Combined, N = 267):

Question	Not at All (1)	Less than expected (2)	Average (3)	More than average (4)	Absolutely (5)
1. The trainer was able to engage the participants.	0.0% n = 0	1.1% n = 3	8.2% n = 22	17.6% n =47	73.0% n = 195
2. The trainer demonstrated expertise related to the training topic through his/her knowledge, skills and practice experience.	0.0% n = 0	0.7% n = 2	3.0% n = 8	17.2% n =46	79.0% n = 211
3. The trainer was able to answer participant's questions.	0.0% n = 0	0.0% n = 0	4.5% n = 12	16.1% n =43	79.4% n = 212
4. The content of the material presented provided me with knowledge/skills needed to meet my responsibilities in this area of work.	0.0% n = 0	1.9% n = 5	13.5% n = 36	17.6% n = 47	67.0% n = 179
5. The instructional materials (manual, etc.) were helpful to building knowledge and skill in this topic.	0.0% n = 0	1.5% n = 4	11.6% n = 31	18.0% n = 48	68.9% n = 184
6. The activities (small group exercises, etc.) were helpful to building knowledge and skill in this topic.	0.0% n = 0	2.2% n = 6	11.6% n = 31	14.2% n = 38	72.3% n = 193
7. The timing of this training was appropriate for my level of experience.	0.4% n = 1	1.1% n = 3	15.0% n = 40	16.5% n = 44	66.7% n = 178
8. Ultimately, children and families will benefit from knowledge and skills participant's gained during this training.	0.4% n = 1	0.7% n = 2	8.6% n = 23	18.4% n = 49	71.9% n =192
9. Overall, the training was a useful experience.	0.7% n = 2	1.1% n = 3	7.9% n = 21	19.9% n = 53	70.0% n = 187

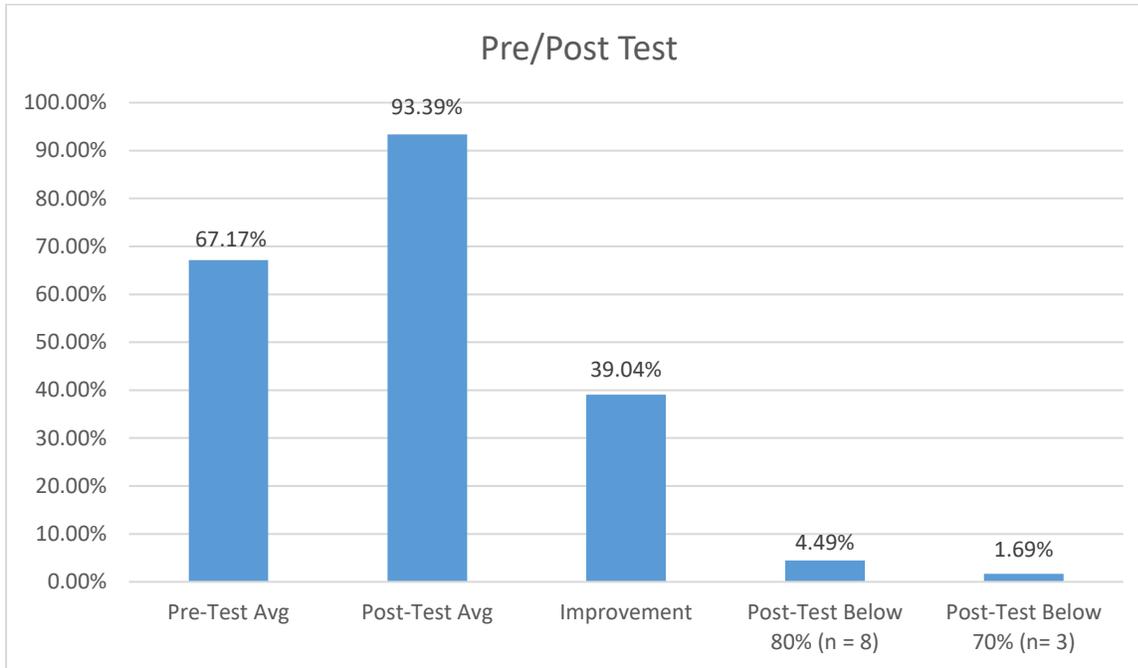
Overall Pre/Post Test Averages

(All Sessions Combined, Pre-test: n = 178; Post-test: n = 178):

Average Percent Correct

Transmittal Date June 30, 2019

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Update FFY 2016: DCFS Training uploaded all course evaluations to MOODLE. The current version of MOODLE used by DCFS does not have the capacity to provide evaluation information. In October 2015, DCFS began testing of MOODLE version 2.9. It was later placed on hold due to budgetary constraints. Trainers complete and submit evaluation summaries after trainings and workshops along with individual trainees’ training evaluations. This feedback ensures trainings meet expectation and the course content meets the goals of the training.

Based on the information obtained in training evaluations CW Training continues to make edits to the 24 week course for new worker orientation. DCFS has provided the LCWTA information on the appropriateness of activities, content utilized in training, and effectiveness of information presented. Information obtained from evaluations assists trainers and training developers and ensures training is effective and meets the needs of DCFS staff and partners. For example: a number of new workers have stated that information provided in the program specific training week would have been better utilized in week two or week four of the orientation. CW training is currently working to ensure this content is provided in a way that is best suited to prepare staff for their duties as new child welfare staff.

The Department continues to explore the ability to obtain and provide evaluation information regarding every course or training session in MOODLE.

In FFY 2015, staff participated in the following teleconferences/webinars:

FFY 2015 Teleconferences and Webinars:	
Date	Topic
10/14/2013	Youth in Transition
11/06/2013	Centralized Intake
12/04/2013	Achieving Sufficiency in the Six Areas of Assessment

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FFY 2015 Teleconferences and Webinars:	
Date	Topic
01/07/2014	Medicaid Expansion
02/19/2014	HiSet and Equivalency Education Changes
03/25/2014	2014 Behavioral Health Partnership Update
04/16/2014	Human Trafficking
05/07/2014	ICPC
06/04/2014	Family Resource Centers (FRC) and Visit Coaching
07/02/2014	Education Liaisons
08/06/2014	2014 DCFS Legislative Updates
08/13/2014	Family Assessment Tracking System (FATS) and Youth Transition Plan (YTP) Changes
08/13/2014	School Counselor Notification "Louisiana Believes"
08/27/2014	Louisiana WIC Program Overview
09/03/2014	Trauma-Informed Practice with LGBTQ Youth

FFY 2015 Teleconferences and Webinars:	
Date	Topic
10/01/2014	Legal Services for Youth and Screening for Education Issues
11/05/2014	Louisiana Behavioral Health plan Expansion
08/13/2014	Family Assessment Tracking System (FATS) and Youth Transition Plan (YTP) Changes
01/30/2015	Understanding the AAPI-2 Assessing Parenting Attitudes
02/04/2015	Psychopharmacology Updates
03/20/2015	Exposure to Violence and Child Development
04/04/2015	Guardianship
04/17/2015	Empathy: Building Nurturing Families for the Prevention of Child Abuse and Neglect
05/04/2015	Transition Living Programs
05/13/2015	Indian Child Welfare Act (ICWA)
06/03/2015	AFCARS Information
07/01/2015	Youth Transition Plan Policy
08/05/2015	Recent Legislation
08/28/2015	MAPP GPS Updates
09/08/2015	WIC

Staff will continue to be allowed the opportunity of teleconferences and webinars to support education, learning, and to strive towards best practice. The CW Training unit will continue to utilize web-based trainings, webinars, and teleconferences supporting an enhanced learning experience for new staff.

FFY 2016 Teleconferences and Webinars:	
Date	Topic
10/07/2015	Psychotropic Medications
11/04/2015	Case Worker Visitation
12/02/2016	An Overview of Visit Coaching: Building on Family Strengths to Meet Children's Needs
02/03/2016	Youth Transition Planning
02/05/2016	Understanding Adverse Childhood Experiences: Building Self-Healing Communities
03/02/2016	Normalcy and Prudent Parent Standard
03/30/2016	Changes to Random Moment Sampling System (RMS)
04/06/2016	Child Care Services for Child Welfare Clients

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FFY 2016 Teleconferences and Webinars:	
Date	Topic
04/29/2016	Brain Development and the Impact of Toxic Stress on Children and Teens
05/04/2016	Navigating Healthy LA Plans
06/17/2016	Communities with R-E-S-P-E-C-T

Update FFY 2017: DCFS Training continues to load all training course evaluations to MOODLE. The current version of MOODLE used by DCFS does not have the capacity to provide evaluation information. Testing of MOODLE version 2.9 was placed on hold in 2015, due to budgetary constraints. At this time all Child Welfare Training evaluations are submitted to the LLCWTA for review and evaluation. Feedback is utilized to make revisions to core curriculum and other training courses to address specific or additional training needs. Please find attached the LLCWTA Evaluation of New Child Welfare Worker Orientation for cohorts that began and completed Orientation between February 2016 and February 2017. Child Welfare Programs, Child Welfare Training, and the LLCWTA provide staff the opportunity of teleconferences and webinars to support education, learning and to strive towards best practice. In FFY 2017, staff participated in the following teleconferences/webinars:

FFY 2017 Prevent Child Abuse Louisiana Webinars:	
Date	Topic
12/02/2016	Communicating with R-E-S-P-E-C-T!
01/20/2017	The Facts about Child Sexual Abuse
05/19/2017	Family Resource Center (FRC) Agency Highlight

In FFY 2016, DCFS CW Training in partnership with Our Lady of the Lake Children’s Hospital (OLOL) began providing webinars to CW employees in Baton Rouge Region and surrounding parishes. The following is a list a webinars provided during FFY 2016 and FFY 2017:

Date	Topic
10/08/2015	A General Discussion on Child Abuse and Neglect presented by Shanel Thompson, MD
01/14/2016	Non-Accidental Trauma: Fractures 2016, presented by Dr. Allison Vidder, MD, Pediatric Radiologist
04/14/2016	Suffocation and the Medically Fragile Child presented by Amy Binck, Nurse Practitioner
05/24/2016	Neglect presented by Kristen Pontiff, MD
09/14/2016	Non-accidental Trauma Lecture Series: Pediatric ER Sexual Assault presented by Alita Lanoux, MSN, RN, CPN
11/21/2016	A General Discussion on Abuse and Neglect presented by Jill Smith, BSN, CPN
04/25/2017	Non-accidental Trauma Lecture Series: Head Trauma presented by Jessica Sages, RN

The LLCWTA began offering Lunch and Learn opportunities to all CW staff through monthly webinars prepared and presented by all levels of child welfare professionals with in DCFS. These training and professional development opportunities provide local office staff an opportunity to discuss successes within their office and share with others ways to achieve best practice outcomes for children and families. The following is a list of Lunch and Learns provided by in FFY 2017.

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FFY 2017 LLCWTA Lunch and Learns Webinars:	
Date	Topic
11/16/2016	The Vermilion Parish DCFS Project: Pathways to Permanency presented by Stacey Mire and her Foster Care Team
12/21/2016	E. Baton Rouge Parish: Effective Case Transfer Staffings presented by Laura St. Amand LCSW-BACS, Devance Ball, Tanisha Christy LMSW, Bridget Savoy, and Danielle Williams LMSW
01/24/2017	Quality Parenting Louisiana presented by Kaaren Hebert, LCSW and Terrilynn Bowe
02/20/2017	Covington Region: Best Practice in Working with Older Foster Care Youth presented by Erin Luquette, Leanna McCrea, and Michelle Faust. LCSW
03/28/2017	Preparing for Success on the CFSR presented by Sharla Thomas, Patrick Voinche, Sandra Walker, and Marie Lofton
04/06/2017	Safety Decision-Making: Law and Best Practice presented by Mark Harris, JD and Kim McCain, LMSW
06/13/2017	"A Conversation about Stress Management and Self Care" with Angela Breidenstine, Ph.D.
07/13/2017	"QPI Partnership Plan" -Rhenda Hodnett, LCSW, Ph.D., Terrilynn Bowe, M.Ed., LPC, NCC, Leslie Calloway, LMSW, Susan Vaught, Stacey Mire and Tabitha Rhodes.

Update FFY 2018: The Louisiana Child Welfare Training Academy (LCWTA) along with the Department of Children and Family services, the Pelican Center for Children and Families and the University Alliance began the initiative to provide continuous online education to Foster Parents and stakeholders through the LCWTA Moodle. The LCWTA began registering Foster Parents into the LCWTA Moodle at the beginning of 2018 in an effort to offer increased opportunities to achieve certification and continuous education. Moreover, it offers convenience to those who have difficulty with child care or have medically complex children to receive training without leaving the home. The LCWTA Moodle offers learners the convenience to watch training videos, to take quizzes and receive immediate test results, to get a certificate of completion and the ability to evaluate the training they received.

During the first three months piloting the new LCWTA Moodle, we reached 571 learners throughout the state of Louisiana representing different partnerships and stakeholders. Currently, there are 11 categories and 23 different online courses that are being offered in the LCWTA Moodle. Additional on-line courses are in the process of being added. Learners can access Child Welfare educational material 24 hours a day seven days a week.

LCWTA Moodle users:

Classification	# of Participants
CASA	7
Community Partners	6
Judicial/Legal Field	1
Louisiana DCFS Staff	72
Louisiana Foster/Adoptive Parent	460
Other	14
University Alliance Member	11
Grand Total	571

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The Following is a list of Courses that are being offered on the LCWTA Moodle to Foster Parents:

FFY 2018 LCWTA Moodle Foster Parent Courses		
LCWTA Moodle Courses:	Frequency	# of Hours Awarded
<i>A Journey Home</i> : Module 1	30	PR*
<i>A Journey Home</i> : Module 2	16	PR
<i>A Journey Home</i> : Module 3	14	PR
<i>A Journey Home</i> : Module 4	10	PR
<i>A Journey Home</i> : Module 5	10	50
Connected Child	63	189
Cultural Compassion: Addressing Implicit Bias	55	55
Culturally Affirming Care - Part 1	59	88.5
Culturally Affirming Care - Part 2	36	54
Domestic Violence Dynamics	80	80
Growing Up On Line	35	35
Helping The Bullied	7	3.5
Icebreaker Meetings	69	34.5
LGBTQ Youth	85	127.5
Medication Management	89	44.5
Opening Doors: LGBTQ & Foster Care	38	38
Removed	81	40.5
Roles & Responsibilities - Part 1	151	226.5
Roles and Responsibilities - Part 2	90	135
Self-Care and Stress Management	94	94
Supporting and Affirming LGBTQ Children and Youth	38	57
Tragedy in the Backseat	84	42
Understanding Girls	75	75
Grand Total	1309	1469.5

PR*: Pre-requisite to get credit on *A Journey Home* module 5.

The following is a list of the Courses that are being offered on the LCWTA Moodle to DCFS staff and University Alliance Members:

FFY 2018 LCWTA Moodle DCFS, University Alliance, and Other learners		
Course Name	Count of Hours	# of Hours Awarded
<i>A Journey Home</i> : Module 1	2	PR*
<i>A Journey Home</i> : Module 2	1	PR
Connected Child	2	6
Cultural Compassion: Addressing Implicit Bias	1	1
Culturally Affirming Care - Part 1	2	3
Culturally Affirming Care - Part 2	2	3
Domestic Violence Dynamics	5	5
Growing Up On Line	2	2
Icebreaker Meetings	2	1
LGBTQ Youth	4	6
Medication Management	3	1.5

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Removed	4	2
Roles & Responsibilities - Part 1	6	9
Roles and Responsibilities - Part 2	5	7.5
Self-Care and Stress Management	6	6
Supporting and Affirming LGBTQ Children and Youth	1	1.5
Tragedy in the Backseat	3	1.5
Understanding Girls	2	2
Grand Total	53	58

PR*: Pre-requisite to get credit on *A Journey Home* module 5.

LCWTA continued to offer Lunch and Learns. The following courses were provided through March, 2018:

FFY 2018 LLCWTA Lunch and Learns Webinars:	
Date	Topic
09/21/2017	"Domestic Violence Dynamics" Mariah Wineski, MS
10/30/2017	"The Human Side of Human Trafficking" Christy Tate, LCSW and Alliece Cole
11/31/2017	The Louisiana Organ Procurement Agency and Child Welfare, Lisa Lirette-West, LCSW
02/06/2018	"Effective Use of the CQI Referral Process" Rhenda Hodnett, LCSW, Ph.D., Sharla Thomas, Susan Vaught & Tracy Desselles, LMSW
03/22/2018	"Eckerd Rapid Safety Feedback" Bryan Lindert and Lori Miller, RSW, Jacqueline Calandro, Renee Spell and Ellen Hammons, LCSW-BACS

Update FFY 2019:

Methods to Measure/Outcome Measures: Trainers are required to complete an evaluation summary after every training session and submit it along with the individual trainees' training evaluations. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs.

The Louisiana Child Welfare Training Academy (LCWTA) along with DCFS the Pelican Center for Children and Families, and the University Alliance began the initiative to provide continuous online education to Foster Parents, staff and stakeholders through the LCWTA LMS. The LCWTA began registering Foster Parents into the LCWTA LMS at the beginning of 2018 to offer increased opportunities to achieve certification and continuous education. Moreover, it offers convenience to those who have difficulty with childcare or have medically complex children to receive training without leaving the home. The LCWTA LMS offers learners the convenience to watch training videos, to take quizzes and receive immediate test results, to get a certificate of completion and the ability to evaluate the training they received. Learners can access Child Welfare educational material 24 hours a day seven days a week.

Partnerships/Collaboration: The Department has entered into an agreement with the Pelican Center for Children and Families, and Southeastern Louisiana University. The agreement is to develop and maintain a training and staff development program that is comprehensive and responsive to the needs of DCFS staff, foster parents, federally recognized Native American tribes and other key stakeholders.

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The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other stakeholders produce an annual interdisciplinary conference. The conference concentrates on key areas of CW practice involving the safety, permanency and well-being of children in or at risk of entering the foster care system.

Title IV-E funds are utilized for this three-day annual training conference called *Together We Can* (TWC). The TWC conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training contemplated by the Fostering Connections to Success and Increasing Adoptions Act of 2008. Attendance historically has been and is projected to be 500 to 600 persons. The following is a quick overview of the TWC conference registrants'/attendees information from 2012 – 2013.

Together We Can Conference Registration Data:		
	2012	2013
Registrations	532	639
Standard TWC Registrations	532	549
LFAPA & TWC Registrations	0	90
CEU Requests	262	161
CLE Requests	55	54
LPC Requests	0	0
Active Steering Committee Members	14	17
Speakers	63*	84*
Sessions	64	82
Previous TWC Attendees	62%	62%

**Several speakers and moderators were involved in more than one session.*

Attendees were asked to select a field of work that best fit them. The results are included in the chart below:

TWC Attendees by Work Area Specified:		
Category	2012	2013
Attorney	14	12
Attorney – DCFS BGC	10	18
Attorney – Children's	28	23
Attorney – Parent's	6	1
Court Staff	8	11
DA / Indigent Defenders	4	4
Total Attorney's	70	69
TWC Attendees by Work Area Specified:		

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TWC Attendees by Work Area Specified:		
Category	2012	2013
Category	2012	2013
Judge	3	4
CAC	26	22
CASA	195	191
Mental Health	1	4
DCFS – State Office	24	29
DCFS – Social Worker	100	124
Total DCFS (Not including BGC Attorneys)	124	153
Education	19	20
Faith-based	3	2
Foster Parents	16	88
Law-Enforcement	7	4
Medical	1	6
Non-Profit Organization	21	28
Social Work	28	23
Tribal Representatives	2	0
All Other Categories	18	26

The 2013 TWC conference was the 11th year of this event. The conference moved forward with a partnership between the TWC event sponsors and a new partner, Louisiana Foster and Adoptive Parents Association (LFAPA). The initial brainstorming had the two groups fully merged, but the leadership of the LFAPA asked that the conference allow them to not fully merge during this first year. Applications for continued education unit (CEU) were approved. There were 13.5 CEU approved by the National Association of Social Workers-Louisiana Chapter. Of these, 11 workshops were designated to have clinical status, one ethics workshop, and the remaining sessions were considered general. The CEU certificates were distributed within the 30-day timeframe via email. Attendees received a CD with handouts.

The following is a quick overview of the 2014 and 2015, TWC conferences held in Lafayette, Louisiana in October, 2014 and 2015.

TWC Registration Data	2014	2015
Registrations	574	608
Standard TWC Registrations	574	608
LFAPA & TWC Registrations	0	0
CEU Requests	257	304
CLE Requests	43	37
LPC Requests	4	Not offered
Active Steering Committee Members	16	14
Speakers	51*	83*
Sessions	56	59
Previous TWC Attendees	56%	54%

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**Several speakers and moderators were involved in more than one session.*

TWC Registration Data		
Category	2014	2015
Attorney	43 Overall	31
• Attorney	11	6
• Attorney – DCFS BGC	11	8
• Attorney – Children’s	18	13
• Attorney – Parent’s	3	4
• Court Staff	7	17
• DA/Indigent Defenders	6	5
Judge	4	5
CAC	24	26
CASA	225	195
Mental Health	9	10
DCFS (does not include BGC Attorneys)	141 overall	152 overall
• State Office	33	40
• Social Worker	108	112
Education	20 Overall	11 Overall
• Educators	11	
• Students/Interns	9	
Faith-based	7	2
Foster Parent	12	16
Former Foster Youth	4	Not tracked: 9 as panel members
Law Enforcement	1	1
Medical	2	4
Nonprofit Organization	38	73
Social Worker	23	24
Tribal Representatives	1	1
All other categories	12	21

2015 Conference Sponsors:

- LouisianaChildren.org
 - Children’s Advocacy Centers of Louisiana
 - Louisiana CASA Association
- Louisiana Children’s Trust Fund
- Louisiana Department of Child & Family Services - Children’s Justice Act
- Louisiana Foster & Adoptive Parents Association
- National Association of Social Workers – Louisiana Chapter
- Pelican Center for Children & Families
 - Louisiana Supreme Court – Court Improvement Project

2015 National Organizations Supporting and/or Attending the Conference (speakers or exhibits):

- Casey Family Programs
- ChildFocus Inc.
- Child Welfare Information Gateway
- Generations United

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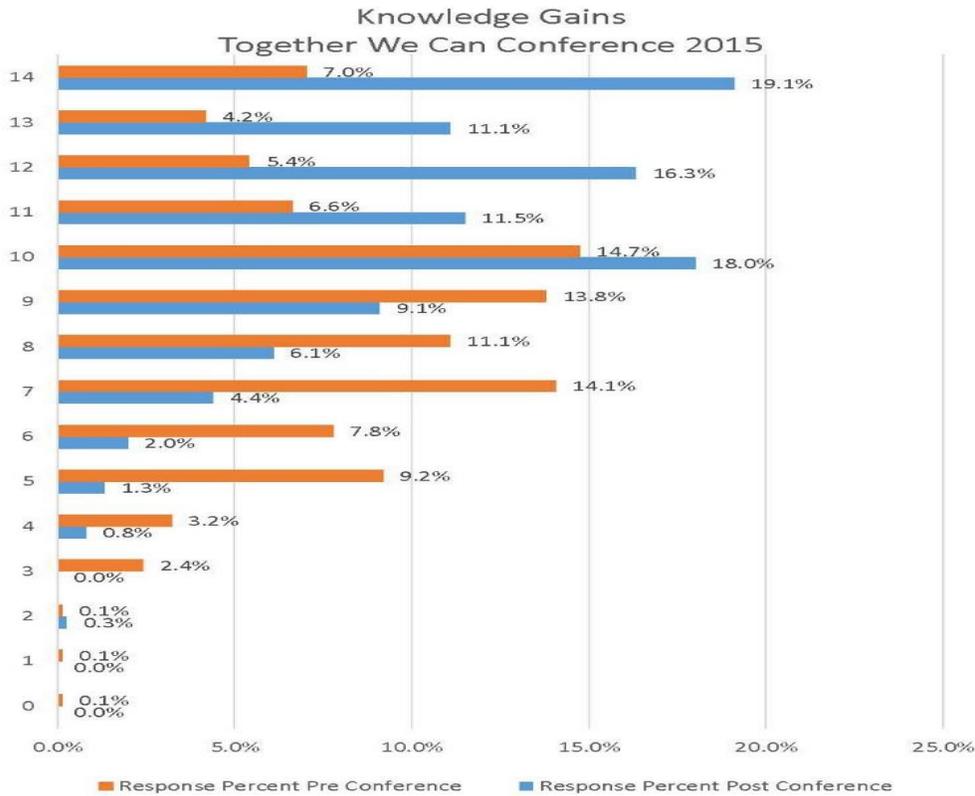
- Georgia Center for Children’s Advocacy
- National Center for Child Welfare Excellence
- National Center for Missing and Exploited Children
- ProKids
- The Purple Project
- U.S. Citizenship and Immigrations Services
- U.S. Immigration and Customs Enforcement

Exhibitors:

- Accessories Etc.
- Advocacy Center
- Amerigroup Louisiana Inc.
- AmeriHealth Caritas Louisiana
- Badeau, Sue – Keynote Speaker/Author
- Bikers Against Child Abuse (BACA)
- Child Welfare Information Gateway
- Child Welfare Training Academy
- Ekhaya Youth Project/Fresh Start Behavioral Health Program
- Family & Youth Counseling Agency
- Louisiana DCFS-Adoption Recruitment
- Louisiana DCFS-Children’s Justice Act Task Force
- Louisiana Children’s Trust Fund
- Louisiana Foster & Adoptive Parents Association
- Louisiana National Guard – Youth Challenge Program
- LouisianaChildren.org
- Magellan of Louisiana
- National Abandoned Infants Assistance Resource Center
- National Center for Missing & Exploited Children
- Pelican Center for Children & Families
- Platform for Children
- St. Elizabeth Foundation
- United Healthcare
- Way Maker Ministries Each One Help One: Housing Crisis Center for Children & Families
- Wesley Center

Update FFY 2016: The 13th TWC conference was held October 13-15, 2015. The conference was held at the Lafayette Cajundome due to increasing event growth. The conference received many glowing comments from attendees who felt the location was open, not crowded and had space for conversations, meetings and networking. The registration goal for the 2015 conference was to reach 600 registrations and it reached 101.3% of the target by reaching 608. The number of exhibitors participating increased due to space and recruitment efforts. There were 25 exhibit spaces reserved – exceeding last year by 10 additional exhibitors.

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Attendees were requested to rank their pre-conference knowledge of subjects presented and their post-conference knowledge for a means of tracking knowledge gains attributed to the conference. The chart at the left shows the growth. Applications for continued education unit (CEU) were approved. There were 14 CEU contact hours approved by the National Association of Social Workers-Louisiana Chapter and the MCLE Committee approved 14 hours for legal professionals. Of these, 3 workshops were designated to have clinical status, one social work ethics workshop, three legal ethics workshops, three legal professionalism workshops and the remaining sessions were considered general. The CEU certificates were distributed via email within the 30-day timeframe and the spreadsheet submitted to NASW-LA for recording hours. Legal hours were entered online within 10 days of the conference. Attendees were able to download handouts for all sessions for 90 days following the conference on the conference website: www.latwc.com.

The conference addressed many critical issues including: trauma-informed care, ICWA, psychotropic medications, school/education connections, juvenile sexual trafficking, transition planning for foster youth, children coming to court, legal and social worker ethics and professionalism, among others. The goal of the conference was to build a strong, statewide foundation of skills and knowledge in those charged with protecting children. Following the conference, TWC practice toolkits were published by conference collaborators to reinforce and expand upon conference topics.

The Home Development section collaborates with Louisiana Baptist Children’s Home (LBCH) to provide Empowered to Connect (ETC) Parent Training. This is an interactive learning experience designed specifically for adoptive and foster parents. This training is provided to foster/adoptive

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parents and DCFS employees throughout the State. Thirty-five DCFS employees participated in the Empowered to Connect (ETC) Conference held April 8, - April 9, 2016.

Update FFY 2017: The 2016 TWC conference was the 14th year of this event. The event was held at the Doubletree Hotel this year due to construction at the Cajundome. Registration closed a week early due to the capacity limitations of the facility. The goal for the 2016 conference was to reach 500 registrations and we reached 121.6% of the target by reaching 608.

This year was the third year to use an online RFP process for soliciting some of the workshops for the annual conference. Thirty-five proposals were submitted online – an increase of 9 over the prior year. We accepted 14 of the 35 proposals that were submitted. The remainder of the speakers were recruited by TWC staff and steering committee members.

During the TWC conference, there were 59 sessions offered with a total of 83 faculty members participating. Among the faculty, several key national speakers were present: Dr. William Bell, Casey Family Programs; Justin Fitzsimmons, SEARCH; Sue Badeau (formerly with Casey, foster/adoptive parent); Dr. Gerald Mallon, National Center for Child Welfare Excellence and Hunter College; LaTasha Watts, The Purple Project; Elaine Kelley, US Citizenship and Immigration Services; Carole Shauffer, Youth Law Center; Beoncia Loveless, Georgia Bureau of Investigations; Shannon Traore, National Missing and Exploited Children; and Ashley Rhodes-Courter, former foster child.

Two very important sessions were added to the 2016 conference as a result of discussions between various committees. It was determined that a Mock Court track would be set up. This would take the attendee from the initial removal through the final permanency hearings. At least thirty volunteers worked to write the scripts, enacted the script for videotaping and then the videos were edited for presentation at the TWC. The two three-hour sessions included the showing of the vignettes with a facilitated follow-up discussion to each segment. These video clips and the entire sessions were recorded for future use by the Pelican Center and LCWTA. Additional sessions at the conference were recorded for placement on the CLARO website.

Conference Sponsors: (Alphabetical)

LouisianaChildren.org

- CASA
- CAC

Louisiana Department of Child & Family Services

- Children’s Justice Act
- Child Welfare Training Academy

National Association of Social Workers-Louisiana Chapter

Pelican Center for Children and Families

- Court Improvement Program

National Organizations Supporting and/or Attending the 2016 Conference (speakers or exhibits):

- Casey Family Programs
- National Center for Child Welfare Excellence

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- National Center for Missing & Exploited Children
- Quality Parenting Initiatives
- The Purple Project
- U.S. Citizenship and Immigration Services
- U.S. Immigration and Customs Enforcement

Exhibitors:

- Accessories Etc.
- Amerigroup Louisiana Inc.
- Badeau, Sue – Keynote Speaker/Author
- Bikers Against Child Abuse (BACA)
- Child Welfare Information Gateway
- Louisiana Child Welfare Training Academy
- Louisiana Coalition Against Trafficking -The Free Indeed Home
- Louisiana Foster & Adoptive Parents Association
- Louisiana Methodist Foster Care
- Louisiana National Guard – Youth Challenge Program
- LouisianaChildren.org
- National Center for Missing & Exploited Children
- Pelican Center for Children & Families
- St. Elizabeth Foundation
- Simon, Carrie -Author
- Watts, LaTasha -Author
- Way Maker Ministries Each One Help One: Housing Crisis Center for Children & Families
- Wesley Center

Supporting Financial Partners:

- Amerigroup Louisiana LLC
- CFX Entertainment LLC
- Lafayette Convention & Visitor Commission
- Whitney Bank

Applications to NASW-LA and MCLE were submitted and approved. There were 14 hours approved for SW & CLE attendees. Specialty sessions included:

- Social Work Ethics - Session 410 - 3 hours
- Clinical - Sessions 306, 308, 309, 403, 501, 609 - 1.5 hours each
- Legal Ethics - Session 610 - 1.5 hours; Sessions Inst. 2 and 409 - 3 hours each
- Professionalism - Sessions 101, 102, 601, 602 - 1.5 hours each; Sessions Inst. 2 & 409 - 3 hours each.

Following the conference, 305 CEU certificates were distributed and 37 CLE requests were filed with the MCLE Committee. Of the attendees present, 45 Parishes were represented. The largest groups were from East Baton Rouge (82), Lafayette (61), Orleans (49), St. Tammany (37) and

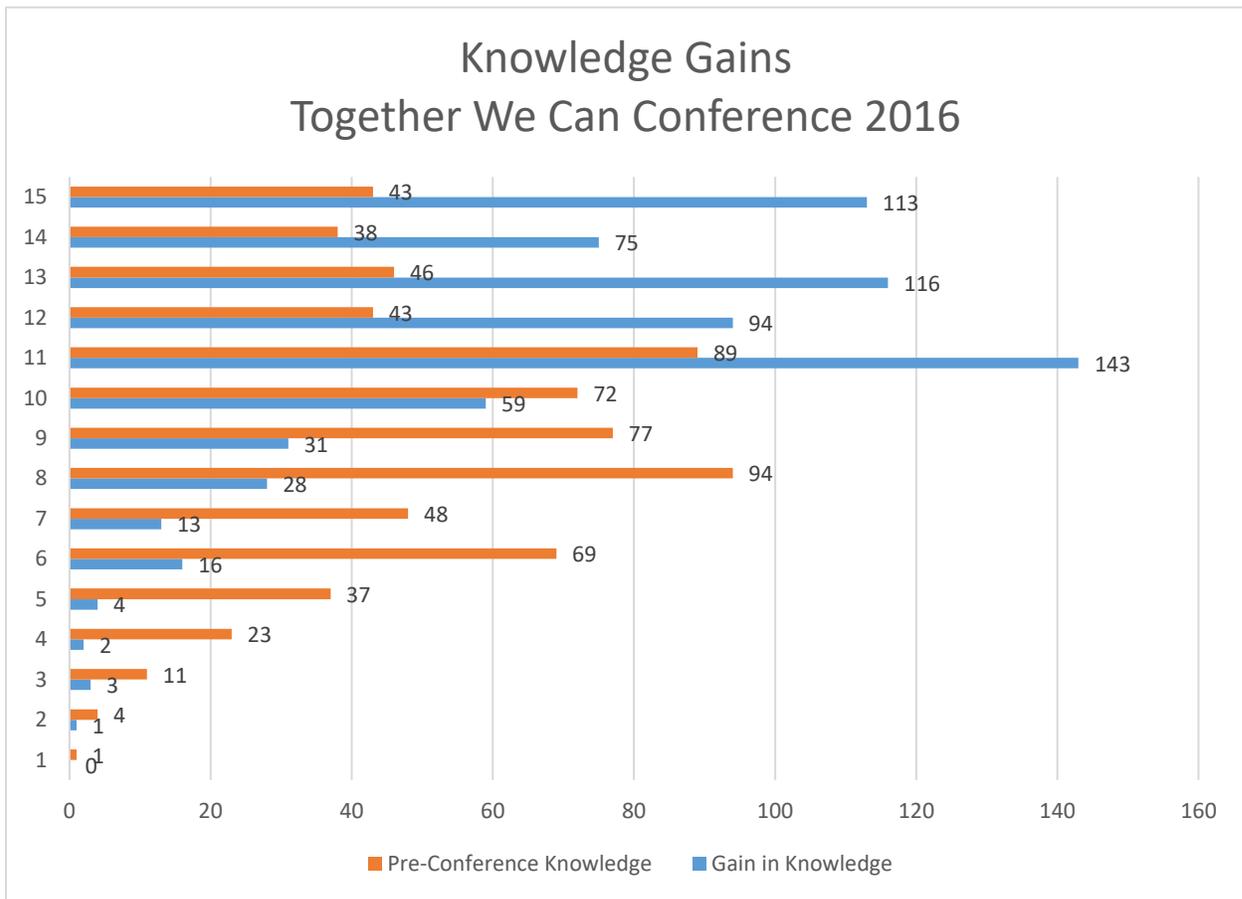
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Rapides (34). For 224 attendees, this was their first year of attendance. 331 people were attending for their 2nd thru 7th year. There were 46 attendees that had attended eight or more years of TWC.

TWC Registration Data	
Category	2016
Attorney	68 Overall
<ul style="list-style-type: none"> • Attorney • Attorney – DCFS BGC • Attorney – Children’s • Attorney – Parent’s • Court Staff • DA/Indigent Defenders 	9 19 14 4 18 4
Judge	3
CAC	16
CASA	186
Mental Health	7
DCFS (does not include BGC Attorneys)	169 overall
<ul style="list-style-type: none"> • State Office • Social Worker 	38 131
Education	11 Overall
<ul style="list-style-type: none"> • Educators • Students/Interns 	
Faith-based	1
Foster Parent	2
Former Foster Youth	Not Tracked 10 unofficially
Law Enforcement	8
Medical	2
Nonprofit Organization	62
Social Worker (non-DCFS)	57
Tribal Representatives	0
All other categories	6

During the evaluation component, attendees were asked if they wished to see future conferences be two full days or retain the current configuration. The retention of the current configuration was selected by 78.6% of the responses. Attendees were requested to rank their pre-conference knowledge of subjects presented and their post-conference knowledge for a means of tracking knowledge gains attributed to the conference.

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Update FFY 2018: The 2017 Together We Can conference was the 15th year of this event. The event was held November 7-9 at the Lafayette Cajundome. The goal for the 2017 conference was to reach at least 600 registrations and registration exceeded the target by reaching our largest ever number of attendees - 639. This was the fourth year to use an online RFP process for soliciting some of the workshops for the annual conference. Forty-one proposals were submitted online – an increase of 6 over the prior year. 20 of the 41 proposals that were submitted were accepted. The remainder of the speakers were recruited by TWC staff and steering committee members.

During the TWC conference, there were 62 sessions offered with a total of 70 faculty members participating. Among the faculty, several key national speakers were present: Dr. Gerald Mallon, National Center for Child Welfare Excellence and Hunter College; LaTasha Watts, The Purple Project; Stephanie Ledesma, JD, Thurgood Marshall School of Law at the University of Texas, Margaret Burt, JD, Private Practice and recent Mark Hardin Award Recipient; Lorie Davidson, MSW, MHOL & Libby Sittley, U.S. Committee for Refugees & Immigrants; and Dr. Sharon Cooper, MD, FAAP, Developmental and Forensic Pediatrics at UNC Chapel Hill.

Several hot topic sessions addressed issues relevant at national and the state level including quality parenting initiatives, safety matters, the opioid epidemic, sex trafficking, compassion fatigue, and preparation for disasters/emergencies when working with displaced children in foster care system.

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The Lafayette Convention and Visitor Bureau assisted the conference in the decision to utilize the Cajundome by approving the event for a \$5000 grant. This grant was paid directly to the Cajundome. Heathy Blue Louisiana (formerly Amerigroup) became a Silver Sponsor for the conference. Applications to NASW-LA and MCLE were submitted and approved. There were 14.5 hours approved for SW & CLE attendees. Specialty sessions included:

- Social Work Ethics - Session 410 - 3 hours
- Clinical - Sessions 102, 202, 303, 305, 309, 505, 506, 601, 608, Thursday opening plenary – 1.5 hours each; Weds Keynote Lunch – 1 hour
- Legal Ethics - Session 405 - 1.5 hours; Sessions Inst. 1 - 3 hours
- Professionalism - Sessions 308, 404, 503, 504, - 1.5 hours each; Sessions Inst. 2 - 3 hours

The CEU certificates were distributed within the 30-day timeframe via email. Legal hours are registered online through the MCLE portal. The keynote and workshop schedule that was used last year was repeated. This provided for five keynote or general session opportunities, two institutes, one three-hour workshop and fifty-four 1.5-hour workshops. Handouts and speaker materials were placed on the LATWC website for attendees to download. If a speaker wished to bring their own handouts, it was acceptable. The attendees were given the link information concerning the handouts the week prior to the conference via email. The information was left online until early January. We had originally told attendees that the information would be available for 45 days, but was extended since it was still a new method for getting materials.

2017 Conference Summary Quick Stats:				
	2014	2015	2016	2017
Registrations	574	608	608	639
Standard TWC Registrations	574	608	608	639
LFAPA & TWC Registrations	0	0	0	0
CEU Requests	257	304	305	370
CLE Requests	43	37	37	43
LPC Requests	4	Not Offered	Not Offered	Not Offered
Active Steering Committee Members	16	14	14	16
Speakers	51*	83*	83*	70*
Sessions	56	59	59	62
Previous TWC Attendees	56%	54%	54%	52%

*Several speakers and moderators were involved in more than one session.

2017 Together We Can Conference Attendees by Category					
Category	2013	2014	2015	2016	2017
Attorney (Including: DCFS BGC, Youth's, Parent's, Court Staff, DA/Indigent Defenders)	69	43	31	68	94
Judge	4	4	5	3	3
CAC	22	24	26	16	42
CASA	191	225	195	186	166
Mental Health	4	9	10	7	21
DCFS (Not including BGC Attorneys)	153	141	152	169	158
Education	20	20	11	11	25
Faith-based	2	7	2	1	1
Foster Parents	88	12	16	2	2

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Former Foster Youth	Not Tracked	4	Not Tracked 8 unofficially	Not Tracked 10 unofficially	Not Tracked 6 unofficially
Law-enforcement	4	1	1	8	6
Medical	6	2	4	2	5
Non-Profit Organization	28	38	73	62	75
Social Worker (Non-DCFS)	23	23	24	57	34
Tribal Representatives	0	1	1	0	2
Other	26	12	21	6	14

Partnerships/Collaboration (including Together We Can) Activities for FFY 2019:

Conference Overview: The 2018 Together We Can conference was the 16th year of this event. The event was held October 15 - 17 at the Lafayette Cajundome. The goal for the 2018 conference was to reach at least 600 registrations and registration exceeded the target by reaching our largest ever number of attendees - 678. This was the fifth year to use an online RFP process for soliciting some of the workshops for the annual conference. Twenty-six proposals were submitted online – a decrease from 41 received the prior year. We accepted 8 of the 26 proposals that were submitted. The remainder of the speakers were recruited by TWC staff and steering committee members. We want to thank the Social Work students at Southeastern Louisiana University for their assistance with review of the proposals submitted online. The students did the initial screening of speaker proposals and then presented their research to the committee in teams.

During the TWC conference, there were 61 sessions offered with a total of 71 faculty members participating. Among the faculty, several key national speakers were present: Dr. Gerald Mallon, National Center for Child Welfare Excellence and Hunter College; LaTasha Watts, The Purple Project; Justin Fitzsimmons, JD, SEARCH; Dr. Russell Jones, Virginia Tech University; Acting Commissioner Jerry Milner, DSW, Administration of Children and Families; Special Assistant David Kelly, JD, MA, US Children’s Bureau; Irene Clements, National Foster and Adoptive Parent Association; Currey Cook, National Headquarters for Lambda Legal; Kevonne Small, US Department of Justice; Carla Carter, US HHS Office of Civil Rights; Stephen Dixon, JD, Children’s Rights; Carol Shauffer, JD, Youth Law Center; and LaDonna Wattley, LCSW.

Several sessions addressed issues relevant at national and state-wide level including quality parenting initiatives, safety matters, the opioid epidemic, sex trafficking, bullying, and compassion fatigue.

Quick Stats:	2015	2016	2017	2018
Registrations	608	608	639	678
Standard TWC Registrations	608	608	639	678
CEU Requests	304	305	370	412
CLE Requests	37	37	43	58
Active Steering Committee Members	14	14	15	13
Speakers	83*	83*	70*	71*
Sessions	59	59	62	61
Previous TWC Attendees	54%	54%	52%	53%

*Several speakers and moderators were involved in more than one session.

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Conference Sponsors:

- Louisiana CASA Association
- Louisiana Department of Child & Family Services
- Children’s Justice Act
- Child Welfare Training Academy
- National Association of Social Workers-Louisiana Chapter
- Pelican Center for Children and Families
- Court Improvement Program
- Louisiana Child Welfare Training Academy
- Louisiana Foster and Adoptive Parents Association

National Organizations Supporting and/or Attending the 2018 Conference (speakers or exhibits):

- Lambda Legal
- Children’s Rights
- The Purple Project
- U.S. Administration on Children and Families
- U.S. Children’s Bureau
- U.S. Department of Justice
- U.S. HHS Office of Civil Rights
- Virginia Tech University
- SEARCH
- Youth Law Center
- National Center for Child Welfare Excellence
- National Association of Adoptive and Foster Parents
- Child Welfare Information Gateway

Exhibitors:

- St. Elizabeth Foundation
- Healthy Blue Louisiana
- Aetna of Better Health Louisiana
- Beautycounter
- Eckerd Connects
- LAPEN
- Terrica Lynn Smith – Author
- LaTasha C. Watts – Author
- Louisiana Methodist Foster Care
- Louisiana National Guard Youth Challenge
- Child Welfare Information Gateway
- Accessories, Etc.
- Louisiana Child Welfare Training Academy
- Pelican Center for Children and Families
- Louisiana CASA
- Louisiana Foster and Adoptive Parents Association
- Louisiana Heart Gallery

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- Louisiana Children’s Trust Fund
- Louisiana Grandparents Raising Grandchildren

Supporting Financial Partners:

- Healthy Blue Louisiana
- Lafayette Convention & Visitor Commission
- Hancock Whitney Bank

2018 Steering Committee:

- Jan Byland, DCFS-CJA
- Barbara Calais, Louisiana Foster & Adoptive Parent Association
- Tonyalea Elam, Southeastern Louisiana University
- Walter Fahr, DCFS-CJA
- Eileen Fourroux, DCFS-CJA
- Judge Ernestine Gray, Orleans Juvenile Court
- Kären Hallstrom, Louisiana Supreme Court
- Mark Harris, Pelican Center for Children & Families
- Dr. Corie Hebert, Southeastern Louisiana University
- Curtis Nelson, East Baton Rouge District Attorney’s Office & Pelican Center for Children and Families
- Thailund Porter-Green, Pelican Center for Children & Families
- Katherine Prejean, Office of Behavioral Health, DHH
- Kathleen Richey, LouisianaChildren.org

Category	2014	2015	2016	2017	2018
Attorney	43	31	68 Overall	94 Overall	79 Overall
• Attorney Overall	Overall	6	9	40	19
• Attorney – DCFS	11	8	19	10	10
• BGC	11	13	14	1	20
• Attorney – Children’s	18	4	4	0	7
• Attorney – Parent’s	3	17	18	31	21
• Court Staff	7	5	4	12	2
• DA/Indigent Defenders	6				
Judge	4	5	3	3	3
CAC	24	26	16	42	19
CASA	225	195	186	166	179
Mental Health	9	10	7	21	12
DCFS (does not include BGC Attorneys)	141	152	169	158	135
• State Office	Overall	Overall	Overall	Overall	Overall
• Social Worker	33	40	38	27	25
	108	112	131	131	110
Education	20	11 Overall	11 Overall	11 Overall	55 Overall
• Educators	Overall				37

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• Students/Interns	11 9				18
Faith-based	7	2	1	1	0
Foster Parent	12	16	2	2	33
Former Foster Youth	4	Not tracked – 8 unofficially	Not tracked – 10 unofficially	Not tracked – 6 unofficially	Not tracked – 6 unofficially
Law Enforcement	1	1	8	6	1
Medical	2	4	2	5	1
Nonprofit Organization	38	73	62	75	21
Social Worker (non-DCFS)	23	24	57	34	37
Tribal Representatives	1	1	0	2	2
All other categories	12	21	6	14	16

The Lafayette Convention and Visitor Bureau assisted the conference in the decision to utilize the Cajundome by approving the event for a \$5000 grant paid directly to the Cajundome. Heathy Blue Louisiana (formerly Amerigroup) became a Silver Sponsor for the conference.

Applications to NASW-LA and MCLE were submitted and approved. There were 14.5 hours approved for SW & CLE attendees. Specialty sessions included:

- Social Work Ethics - Session 410 - 3 hours
- Clinical - Sessions 102, 104, 105, 203, 208, 303, 310, 404, 408, 508, 601 Closing plenary 5 – 1 hour
- Legal Ethics - Session 604
- Professionalism - Sessions 106 or 302 (cannot do both), 501

Universities Alliance – DCFS continued to collaborate with all public university’s Schools of Social Work through the Louisiana Universities Alliance. For FFY 2014, \$913,232.37 was billed for IV-E reimbursement through the DCFS contract with Northwestern State University. The charges included university faculty salaries, stipends to social work students, curricula development, training, recruitment/retention activities, supplies, and equipment. For FFY 2015, \$1,825,200.45 was billed for IV-E reimbursement through the DCFS contract with Northwestern State University. The charges included university faculty salaries, stipends to social work students, curricula development, training, recruitment/retention activities, supplies, and equipment. The Alliance is currently working to develop a standardized procedure for recruiting and selecting Title IV-E stipend recipients. The Alliance is working with DCFS to address issues such as ways to recruit licensed social workers to DCFS and ways to retain Child Welfare employees. The contract between the DCFS and Northwestern State University continues to be monitored by CW Training. The multi-year contract renewed in June 30, 2012, ended June 30, 2015.

The DCFS training site established at Southern University in Baton Rouge has expanded to include two classrooms and three offices. In FFY 2015, and FFY 2016, approximately 75% of all CW trainings are held in the Southern University Social Work Department. Other training sites include Grambling State University, which provides a centrally located training site for northern Louisiana and the Southeastern Louisiana University School of Nursing. The establishments of these training

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sites has enhanced the working relationship between DCFS and the public universities as well as provided CW Training a permanent site to conduct and deliver training.

Universities Alliance Update FFY 2016:

1. Effective July 1, 2015, the Title IV-E program is administered through a sub-contract between Northwestern State University and Southeastern Louisiana University. Northwestern State University continues to services as the lead of the Title IV-E program and monitors the following universities: Grambling State University, University of Louisiana at Monroe, Southern University Baton Rouge, Southern University at New Orleans, and Louisiana State University.
2. The Title IV-E program with Southeastern Louisiana University is monitored by DCFS as a part of the large Southeastern Louisiana University contract which includes the LCWTA.
3. Northwestern Louisiana University is leading the Alliance in standardizing procedures for recruitment and selection of Title IV-E stipend recipients. Grambling State University began piloting recruitment activities and the selection process in February 2016. The Alliance meets quarterly to finalize procedures.
4. In October 2015, a workgroup which include Alliance members, DCFS local supervisors, and program staff were developed to assist in developing a manual and training for supervisors of Title IV-E recipients. This training for supervisor and the manual provided to them is the first step in ensuring all stipend recipients have a similar experience which includes activities that will better prepare them for employment with DCFS in their internship with DCFS.
5. All universities utilized the Realistic Job Preview/Child Welfare Recruitment video “*Is Child Welfare the Job for You?*” developed by DCFS and a part of their recruitment activities.

Universities Alliance Update FFY 2017:

1. The Title IV-E program with Southeastern Louisiana University is monitored by DCFS as a part of the large Southeastern Louisiana University contract, which includes LCWTA.
2. A Title IVE Stipend Program Kick Off meeting for interns, supervisors, and university liaisons was held in August 2016 that included the debut of Title IVE Stipend Program Manuals for Students and Supervisors to support the provision of meaningful internship experiences that ready interns for future child welfare careers with DCFS.
3. Northwestern Louisiana University is leading the Alliance in standardizing procedures for recruitment and selection of Title IV-E stipend recipients. Northwestern has contracted with Michael Seider to assist with the administration of the Title IV-E Program and to help establish consistency among the Universities. Grambling State University piloted recruitment activities and the selection process and is leading the Alliance in developing standardized recruitment and selection process. The Alliance meets quarterly to finalize procedures.
4. All universities utilized the Realistic Job Preview/Child Welfare Recruitment video “*Is Child Welfare the Job for You?*” developed by DCFS and part of their recruitment activities.
5. The Alliance worked with DCFS to develop policy for the DCFS Child Welfare Educational Support Program to support DCFS child welfare employees pursuing their M.S.W. degrees.

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6. Northwestern State University recruited and began providing clinical supervision to DCFS child welfare staff to support attainment of LCSW licensure.

University Alliance Update FFY 2018: The DCFS Child Welfare Employee MSW Educational Support Program was implemented. Current Title IVE agreements along with Title IVE Stipend Manuals for Students and Supervisors were updated and refined. The 2017 Title IVE Internship Orientation and Workshop was held in August 2017 and included students, supervisors, university liaisons, LCWTA staff, and DCFS leaders. The morning agenda included a panel of former interns and supervisors sharing tips and strategies for creating and supporting meaningful internship experiences. Competency based screening and selection protocols consistent with the DCFS child welfare staff screening and selection process have been integrated into the Title IVE Stipend Program. LCWTA/University Alliance continues to expand child welfare workforce supports, including expanding the availability of clinical supervision resources to staff in the GNO area.

University Alliance Update FFY 2019: The DCFS Child Welfare Employee MSW Education Support Program and the Child Welfare Scholars program continued in FFY 2019. The Title IVE Agreement was reviewed and updated. The Child Welfare Scholars Manuals for Students and Supervisors was updated and the 2018 Child Welfare Scholars Internship Orientation and Workshop was held in August 2018. Criteria to guide selection, support, and evaluation of internship supervisors was developed, approved, and shared with child welfare management staff to guide selection of internship supervisors. Title IVE Internship supervisors were prioritized for training and learning opportunities including Louisiana NASW sponsored events and the Together We Can Conference. The competency based screening and selection protocol continues to be used to select students for the Child Welfare Scholars Program. The LCWTA is working closely with the Quality Improvement Center for Workforce Development Steering Committee and Louisiana lead to develop and implement the training and coaching plan for the Louisiana project.

Pelican Center: The Pelican Center Training and Education Committee has worked with its DCFS and University Alliance partners to develop a comprehensive CW training and education curriculum for Louisiana, all in accord with the Pelican Center's mission and vision. The committee continues to meet monthly and has adopted a standard curriculum format for each training module to be developed as well as a policy to approve curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument has been developed. The information gleaned from this format and these processes will help to ensure consistency. Louisiana CIP funds will be used to:

- Support data collection and analysis, interdisciplinary training and education and to assess and implement strategies designed to improve the quality of legal representation to children and indigent parents;
- Improve the quality of court hearings, focusing on efforts to ensure that children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings;
- Improve safety decision-making across systems by educating and training stakeholders on the principles of the Department's Advanced Safety Decision-making initiatives; Focus on working with transitioning youth, LGBTQ youth in foster care; Identifying and working with human trafficking victims and ICWA.

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Pelican Center Update FFY 2016: Pre-and post-test results are analyzed to determine level of increase in knowledge for training participants. Test questions (usually 10 to 25, depending upon the length of the training program) are designed to determine transfer of learning on key principles of the curriculum. This information is reviewed to determine a threshold level of knowledge acquisition. In the event that certain questions result in a high number of wrong responses, the question is analyzed first to determine if the wording is confusing. If so, edits are made to make the question clearer. If it is determined that the question is satisfactory, then a review would be made of the content and presentation methodology for possible revision.

In addition to pre-/post-testing, the Pelican Center Training and Education Committee has adopted a universal course evaluation form which is administered and collected at the conclusion of each training event. Both of these evaluation and assessment processes are conducted by Pelican Center staff in consultation with course faculty. For FFY 2016, the Pelican Center Training and Education Committee plans to develop several Law and Best Practices Bulletins. Topics and identified workgroups for each topic are given below:

- Drug-exposed Newborns - Ann Spink, Corie Hebert, Kathy Cook
- Guardianship as a Permanency Option – Judge Simon, Becky May-Ricks and Ayanna Butler
- Preventing Sex Trafficking and Strengthening Families Act – Jasmonique White, Corie Hebert
- ICWA – Judge Simon, Karen Austin
- LGBTQ Youth in Foster Care – Jasmonique White, Kathleen Richey, Richard Pittman, Rhenda Hodnett, Gary Mallon and DCFS staff person
- Pre-permanency Hearings – Orleans Pilot Judge Gray, Mark Harris, Ramona Jordan
- Psychotropic Medications – Appropriate Utilization in Foster Care Population – Becky May-Ricks, Franchesca Hamilton-Acker and Kathy Cook
- Safety Decision-making – Corie Hebert, Mark Harris, Becky May-Ricks, Linda Carter and/or Kim McCain
- Special Immigrant Status Youth – Kathleen Richey, Karen Hallstrom, Ayanna Butler
- Reasonable Prudent Parent Standards – Kathleen Richey, Richard Pittman, Ann Spink, Corie Hebert
- Cross Over Youth – Becky May-Ricks, Franchesca Hamilton-Acker, Richard Pittman and Jasmonique White
- Transitioning Youth – Franchesca Hamilton-Acker, Kathleen Richey, Toni Buxton

The ABA Center on Children and the Law will collaborate with the Pelican Center to serve as the primary author of 4 of the bulletins and will provide subject matter consultation and editing of an additional 4 of the bulletins. At least 8 of the bulletins are expected to be completed by September 20, 2016. The following training needs have been or will be addressed during FFY 2016 by the Pelican Center for Training and Education Committee:

- Improving the Quality of Legal Representation for Indigent Parents
- Juvenile Defenders and 40 Parent Attorneys received 2-day training (Feb 18-19) sponsored by the Pelican Center. Single case presented in plenaries and breakouts. Covered safety, fundamental rights of parent, representation, trauma, strategies after removal and developing case plans.
- NASW – Louisiana Chapter Conference, March 16-18, 2016

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- Pelican Center sponsored a keynote speaker.
- Child Well-being Summit, Pelican Center sponsored 2 days, June 23-24, 2016, in Baton Rouge.
- Summit theme – Trauma Informed Practice
- “Trauma-informed Decision-making,” Judges’ Summer School, June 5-9, 2016
- Dr. Kristyn S. Carver will be sponsored by the Pelican Center to speak at the Judicial College’s summer school in Sandestin. Dr. Carver is the sole person in Louisiana qualified to train on trust-based relational intervention. She will participate in the Child Well-being Summit (above).
- “Introduction to Child Welfare” - late July/early August
- Interdisciplinary child welfare basics (approximately 6 hours) curriculum (roles and responsibilities of stakeholders, dynamics of abuse and neglect, childhood development, overview of federal and state law, ethics and professionalism, understanding trauma) to be developed by the Pelican Center in collaboration with the National Association of Counsel for Children. The Pelican Center Training and Education Committee will approve the curriculum when developed and the Pelican Center will own it once finalized. It is expected that this curriculum would be available for delivery on a quarterly basis with venues rotating around the state. This curriculum will serve as a primer for new judges, attorneys, child welfare agency staff, CASAs, IV-E stipend students, foster parents, community partners and others.
- Mock Trial Skills Building Part I (Removal to Adjudication)
- Mock Trial Skills Building Part II (Disposition/Case Review/Permanency Hearing)
- These 2 three-hour curricula will be developed over the summer of 2016 and debuted at Together We Can 2016. These programs will combine a video graphed representation of court proceedings for typical legal events in a child in need of care proceeding and a facilitated discussion of key decision points and information that courts need in order to make an informed decision about the best interests of children in the foster care system. As with all Pelican Center programming, materials will include a curriculum, instructor’s manual, participant materials and a pre-/post-test.

Pelican Center Update FFY 2017: Pre-and post-test results continue to be analyzed to determine level of increase in knowledge for training participants. Test questions (usually 10 to 25, depending upon the length of the training program) are designed to determine transfer of learning on key principles of the curriculum. This information is reviewed to determine a threshold level of knowledge acquisition. If certain questions result in a high number of wrong responses, the question is analyzed first to determine if the wording is confusing. If so, edits are made to make the question clearer. If it is determined that the question is satisfactory, then a review would be made of the content and presentation methodology for possible revision.

In addition to pre-/post-testing, the Pelican Center Training and Education Committee continue to use a universal course evaluation form which is administered and collected after each training event. Both evaluation and assessment processes are conducted by Pelican Center staff in consultation with course faculty.

- The following interdisciplinary trainings were added to the training calendar to be offered this federal fiscal year in the listed regions:
- Child Welfare Basics (Monroe, Baton Rouge, Hammond and Alexandria)

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- Cultural Consciousness (Baton Rouge and Grambling)
- Safety-Decision Making (Shreveport, Monroe, and Baton Rouge)
- Safety-Decision Making “Lunch and Learn Webinar” (February, April, and July)

Child Welfare Basics is a one-day workshop focused on the fundamentals of the Child in Need of Care practice. This program is designed for a multi-disciplinary audience. Presenters discuss the constitutional, federal and state law underlying child welfare cases. Attendees explore these legal principles, as well as the concepts of timely permanency for families, reasonable efforts both to prevent removal and to further the permanency goal, child development, the impact of trauma on child behavior, and the roles and responsibilities of the various parties to a child welfare case. The roles and responsibilities session includes a focus on ethics – namely, the guiding ethical rules and regulations for the different professional roles. The training incorporates adult learning theory, incorporating lecture, small group discussion and interactive practice. Child Welfare Law Specialist applicants will enjoy this refresher course prior to sitting for the examination. (6.5 hours)

Cultural Consciousness as a course introduces participants to concepts of Cultural Consciousness in the workplace and explores the impact of personal views and values regarding sexual orientation, gender, race and ethnicity in their role. Through activities, videos and group discussions, participants explore the roots of their biases and assumption and how these dynamics affect their working relationships with others. During the course, participants are challenged to address issues concerning how their perspectives on lesbian, gay, bisexual, transgender are impacted by their world views. Participants create and share strategies for raising awareness and interacting more effectively with individuals who are different from themselves. (6.0 hours)

Safety Decision-making training is based on the American Bar Association publication, Child Safety: A Guide for “safe” and “unsafe” child, define "threat of danger" and "risk" and distinguish between the two, define "child vulnerability" and "protective capacity" and the relationship of the two, Understand the DCFS six areas of assessment, understand what information is gathered in the assessment and why, Understand the purpose of the Advanced Safety Focused Practice, understand stakeholders’ roles in safety decision making. (6.0 hours)

Safety Decision Making “Lunch and Learn Webinar” introduces attendees to the concept that “the basic and most important determination judicial and child welfare agency staff make in child in need of care cases is whether a child(ren) is safe. Critical safety decisions are made when removing a child and determining whether a child should return home. However, without a comprehensive decision-making structure and thorough inquiry, decisions can lead to over and under removal, leaving children unsafe or returning them home too quickly. (1.0 hour)

Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
Child Welfare Basics	July 29, 2016	Lafayette, LA	125	4.6/5	
Child Welfare Basics	November 22, 2016	Monroe, LA	70	4.7/5	Pre-test median score: 60.98%, Post-test median

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					score: 79%. Demonstrating an increase in knowledge of 18.02%.
Child Welfare Basics	February 15, 2017	Baton Rouge, LA		4.6/5	
Safety Decision Making	March 24, 2017	Shreveport, LA	97		Pre-test median score: 72%, Post-test median score: 80%. Demonstrating an increase in knowledge of 8%.

- The Mock Trial dramatization “State in the Interest of...” was debuted at the 2016 Together we Can conference. A Legal workgroup comprised of members of the Pelican Center Training and Education committee and DCFS Training Department and Legal Department are creating the curriculum to accompany the Mock Trial videos for use in DCFS New Worker training modules.
- In collaboration with our partners at the ABA Center on Children and the Law, the following Law and Best Practices Bulletins were published:
 - Reasonable Prudent Parent Standards
 - Safety Decision Making
 - ICWA
- 58 Louisiana CINC practitioners have applied to become Child Welfare Law Specialists with the National Association of Counsel for Children. At the beginning of this federal fiscal year there were only 11 certified attorneys. Now the list has grown to 24 certified attorneys. We expect a significant increase in this number by end of this fiscal year.

Pelican Center Update FFY 2018: The Pelican Center conducted several different types of trainings including: In-Person Training (Cultural Consciousness, Safety Decision Making), Webinars (Safety Decision Making), One-On-One Training (Judicial Fellow), and Collaborative Training (Child Welfare Basics, Together We Can).

- ❖ **In-Person Training:** Pelican Center for Children and Families conducted the following interdisciplinary trainings:
 - Cultural Consciousness
 - April 2017 in Baton Rouge
 - July 2017 in Grambling
 - Safety Decision Making
 - March 2017 in Shreveport
 - May 2017 in Monroe
 - July 2017 in Baton Rouge

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Each training utilized two evaluation tools: a pre- and post-test designed to measure participants' understanding of the material covered in the training and a satisfaction survey measuring participants' opinions of the training and trainers.

The following presents the results of the evaluations of these training topics.

- Two trainings on Cultural Consciousness were conducted. The first was held in April 2017 in Baton Rouge, and the second was held in July 2017 at Grambling.
- At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were anonymous, so changes in individual scores cannot be calculated. A total of 74 pre-tests and 81 post-tests were completed across the two sessions.
 - At the pre-test, 66% of the participants answered more than half of the questions correctly. At the post-test 85% answered more than half of the questions correctly.
 - This is a 27 % increase the number of correct responses from the pre- to post-test.
 - The surveys completed at the end of the training show high levels of user satisfaction. Although different surveys were used at the two trainings, both showed that participants felt engaged, felt the instructional materials were useful, and the training was valuable.
- Three trainings on Safety Decision Making were conducted. At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were anonymous, so changes in individual scores cannot be calculated. A total of 241 pre-tests and 233 post-tests were completed across the three sessions.
 - At the pre-test, 39% of the participants answered 20 or more of the 25 the questions correctly. At the post-test, this figure increased to 69%.
 - This is a 77% increase in the number of participants who answered 20 of the 25 questions correctly.
- The surveys completed at the end of the training show high levels of user satisfaction.
 - At least 80% of the participants at all three trainings said the activities helped to build skills.
 - At each site, most participants believed that families and children will ultimately benefit from have stakeholders trained in Safety Decision Making and felt the training was a useful experience.
- ❖ **Webinars:** Three webinars were held on Safety Decision Making. There were 1,430 individuals that clicked on registration for the webinars and of those 1,430 individuals 546 register and 339 attended at least a portion of the webinar.
 - The three webinars varied in the number of individuals who clicked on the registration link, indicating an interest in the program – 45% looked at the link for the February webinar, 38% in April and 27% in July.
 - Of those who registered, 61% and 67% attended at least a portion of the February and April webinars. Participation was lower (at 44% of the registrants) in July.
- ❖ **One-On-One Trainings:** The Judicial Fellow, Judge Ann Simon, has supported Pelican Center trainings in a number of ways:

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- She sends information about each training to all the judges who are new to CINC cases in 2017-2018.
- She conducts outreach to all new judges shortly after they are elected and again in October or November. During these calls, she underscores the importance to the trainings to both judges and District Attorneys.
- As an in-person training approaches she contacts some of the judges in the location where the training will take place to encourage participation.
- She is part of a team going back to the sites that have had Safety Decision Making training to determine if it is being used and, if it is not, ways to encourage its use.

❖ **Collaborative Trainings:**

- Child Welfare Basics - Four trainings on Child Welfare Basics were held during this fiscal year.
 - November 30, 2016 in Monroe
 - February 15, 2017 in Baton Rouge
 - May 16, 2017 in Hammond
 - September 15, 2017 in Alexandria

The results of pre- and post-tests are available for three of these trainings.

- A total of 219 pre-tests and 205 post-tests were completed across the two sessions.
- At the pre-test, only 4% of the participants answered at least 20 of the 25 questions correctly. At the post-test nearly half (42%) of the participants answered this many correctly.

The surveys completed at the end of the training show high levels of user satisfaction.

- At least 70% of the participants at all three trainings said the activities helped to build skills.
- At each site, most participants believed that families and children will ultimately benefit from have stakeholders trained in Safety Decision Making and felt the training was a useful experience.
- Together We Can - The 2016 Together We Can conference was the 14th year of this event. The goal for the 2016 conference was to reach 500 registrations and we reached 121.6%% of the target by reaching 608.
 - The attendees included a diversity of child welfare stakeholders. CASAs were the most populous group, accounting for 30% of those attending. DCFS workers were next at 28%. Attorneys accounted for 11% of those attending.
 - The Together We Can Conference offered 14 hours in ethics. There were 42 requests for CLE credit and a total of 588 CLE hours were earned.

Category	2014	2015	2016	2017	2018
Attorney	43 Overall	31	68 Overall	94 Overall	79 Overall
• Attorney	11	6	9	40	19
• Attorney – DCFS BGC	11	8	19	10	10
• Attorney – Children’s	18	13	14	1	20
• Attorney – Parent’s	3	4	4	0	7
• Court Staff	7	17	18	31	21
• DA/Indigent Defenders	6	5	4	12	2

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Judge	4	5	3	3	3
CAC	24	26	16	42	19
CASA	225	195	186	166	179
Mental Health	9	10	7	21	12
DCFS (does not include BGC Attorneys)	141 Overall	152 Overall	169 Overall	158 Overall	135 Overall
• State Office	33	40	38	27	25
• Social Worker	108	112	131	131	110
Education	20 Overall	11 Overall	11 Overall	11 Overall	55 Overall
• Educators	11				37
• Students/Interns	9				18
Faith-based	7	2	1	1	0
Foster Parent	12	16	2	2	33
Former Foster Youth	4	Not tracked – 8 unofficially	Not tracked – 10 unofficially	Not tracked – 6 unofficially	Not tracked – 6 unofficially
Law Enforcement	1	1	8	6	1
Medical	2	4	2	5	1
Nonprofit Organization	38	73	62	75	21
Social Worker (non-DCFS)	23	24	57	34	37
Tribal Representatives	1	1	0	2	2
All other categories	12	21	6	14	16

Undoing Racism®: The Pelican Center and its LCWTA partners recognize the disparate outcomes for children of color in care, and the disproportionate number of children of color, particularly African-American children, in care. 23 members of the Pelican Center’s Board of Directors, staff members, Training and Education Committee, CIP Child Advocacy Resource Effort and community partners participated in this 2.5day training event in Baton Rouge, Louisiana, September 19-21, 2018. The People’s Institute for Survival and Beyond (PISAB), “is a national and international collective of anti-racist, multicultural community organizers and educators dedicated to building an effective movement for social transformation.” This training was sought to help attendees better understand historical trauma experienced by people of color, and how it impacts the work we do with children and families. The training was transformative and gave birth to two workshops unveiled at the annual “Together We Can”, conference entitled “What is Cultural Intelligence (CQ) and Why do I Need It” and “Racial Disproportionality and Disparity”. The Pelican Center and its LCWTA continue to implement “Undoing Racism” strategies and training in our work.

The Mock Trial dramatization: “State in the Interest of...” was debuted at the 2016 Together we Can conference. In collaboration with our LCWTA partners in this fiscal year, the individual hearing videos were used for independent training for foster parents and students of social work. Plans are nearing completion to debut the training videos on the Childrens’ Law Advocacy Resources Online (CLARO) for online continuing education credit.

Child Welfare Law Specialists: The list of Child Welfare Law Specialists (CWLS) grew to 29 this year, with six more pending completion of the certification process. To support the applicants, CWLS and other Louisiana practitioners, we partnered with the National Association of Counsel for Children and three other states, in the pilot offering of a 7week Red Book Online training course. The training was facilitated in a live webinar format with training materials and online

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access to the *Child Welfare Law and Practice: Representing Children, Parents, and State Agencies in Abuse, Neglect, and Dependency Cases (3rd Edition)* referred as “the Red Book”. 27 Louisiana CINC practitioners completed this course.

Legal Courtroom Simulation: In collaboration with partners of the LCWTA we facilitated Legal Courtroom Simulation training for DCFS staff as one of their New Worker training modules. Training materials included a hypothetical fact pattern which all of the participants had to study to prepare for “court”. The participants were broken into groups according to their real like work duties, i.e. investigations, foster care, and family services. To simulate the real-life experience of testifying, the new workers appeared as witnesses before an actual juvenile court judge, and were examined by an actual assistant district attorney, children’s attorney, and parent’s attorney. The trainees received the benefit of real-time feedback from the legal practitioners. Statewide support has been secured from other juvenile court judges and court teams to continue to provide this practical training in each region of the state.
 FFY 2018 CIP Training

Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
Child Welfare Basics	November 30, 2017	Ruston, LA	55	92.8%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). The average score on the pre-test (N = 55) was 56 and the average score on post-test (N = 48) was 77, having a percentage change of 21 % increase in knowledge.
Child Welfare Basics	February 6, 2018	Lafayette, LA	64	94%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). The average score on the pre-test (N = 64) was 54 and the average score on post-test (N = 60) having a percentage change of 26% increase in knowledge.

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
Child Welfare Basics	April 13, 2018	New Orleans, LA	83	92.2%	The pre-tests and post-tests included the same multiple-choice questions, in same order (see below). Some of the participants completed the pre-test using the online electronic version. The average score on the pre-test (N = 70) was 53 and the average score on post-test (N = 65) was 83 having a percentage change of 30% increase in knowledge.
Child Welfare Basics	July 18, 2018	Baton Rouge, LA	86	87.6	Some of the participants completed the pre-test using the online electronic version and some completed the pre-test at training event. All post-tests were completed at the training event. The average score on the pre-test (N = 78) was 56 and the average score on post-test (N = 75) was 84 having a percentage change of 28 % increase in knowledge.
Cultural Consciousness	October 18, 2017	Mandeville, LA	39	96.4%	The pre-tests and post-tests included the same multiple-choice questions, in same order (see below). The average score on

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					the pre-test (N = 32) was 67 and the average score on post-test (N = 37) was 79, having a percentage change of 12 % increase in knowledge.
Cultural Consciousness	January 30, 2018	Monroe, LA	60	97.3%	The pre-tests and post-tests included the same multiple-choice questions, in same order (see below). The average score on the pre-test (N = 46) was 62 and the average score on post-test (N = 55) was 91, having a percentage change of 29% increase in knowledge.
Cultural Consciousness	April 24, 2018	Lake Charles, LA	26	100%	The pre-tests and post-tests included the same multiple-choice questions, in same order. The average score on the pre-test (N = 27) was 54 and the average score on post-test (N = 24) was 84, having a percentage change of 57% increase in knowledge.
Cultural Consciousness	July 25, 2018	Kenner, LA	24	100%	The pre-tests and post-tests included the same multiple-choice questions, in same order. The pre-test was completed using online survey by 16 participants and 7 of them

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					completed the pre-test at the training event. All post-tests were completed at close of training event. The average score on the pre-test (N = 23) was 65 and the average score on post-test (N = 23) was 86, having a percentage change of 23% increase in knowledge.
Cultural Consciousness	September 27, 2018	Natchitoches, LA	35	99.4%	The pre-test was completed using online survey by 24 participants and 9 of them completed the pre-test at the training event. All post-tests were completed at close of training event. The average score on the pre-test (N = 33) was 63 and the average score on post-test (N = 35) was 87. The percentage change in knowledge increase by 38%.
Mosaic Dimension 2.0	February 28, 2018	Baton Rouge, LA	37	97.3%	The pre-tests and post-tests included the same multiple-choice questions, in same order (see below). The average score on the pre-test (N =

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					36) was 62 and the average score on post-test (N = 35) was 87, having a percentage change of 25% increase in knowledge.
Mosaic Dimension 2.0	June 12, 2018	Alexandria, LA	42	99.3%	The average score on the pre-test (N = 40) was 61 and the average score on post-test (N = 36) was 93, which is a 32 % increase in knowledge.
Mosaic Dimension 2.0	August 30, 2018	Ruston, LA	34	99.8%	The average score on the pre-test (N = 31) was 60 and the average score on post-test (N = 28) was 85, which is a 25% increase in knowledge.
Safety Decision Making	October 27, 2017	Slidell, LA	75	92.8%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). The average score on the pre-test (N = 75) was 71 and the average score on post-test (N = 68) was 84, which is a 13% increase in knowledge.
Safety Decision Making	January 29, 2018	Alexandria, LA	37	88.9%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). 41 total pre-tests were completed and 23 of those were completed by participants using the online survey monkey link. The

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					average score on the pre-test (N = 41) was 75 and the average score on post-test (N = 35) was 80, having a 5% increase in knowledge.
Safety Decision Making	April 27, 2018	Ruston, LA	34	99.7 %	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). 36 total pre-tests were completed and 14 of those were completed by participants using the online survey monkey link. All post-tests were completed at the end of the training event. The average score on the pre-test (N = 36) was 69 and the average score on post-test (N = 34) was 78, having a 9% increase in knowledge.
Safety Decision Making	September 18, 2018	Marksville, LA	40	90%	The average score on the pre-test (N = 32) was 73 and the average score on post-test (N = 33) was 81, demonstrating an increase in knowledge of 11%.

Pelican Center Update FFY 2019: The Pelican Center conducted several different types of trainings including: In-Person Training (Child Welfare Basics, Cultural Consciousness, Mosaic

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Dimension 2.0, Safety Decision Making), Webinars (Safety Decision Making), One-On-One Training (Judicial Fellow), and Collaborative Training (Together We Can).

❖ **In-Person Training:** Pelican Center for Children and Families conducted the following interdisciplinary trainings:

- Child Welfare Basics
 - November 2017 in Ruston
 - February 2018 in Lafayette
 - April 2018 in New Orleans
 - July 2018 in Baton Rouge
- Cultural Consciousness
 - October 2017 in Mandeville
 - January 2018 in Monroe
 - April 2018 in Lake Charles
 - July 2018 in Kenner
 - September 2018 in Natchitoches
- Mosaic Dimension 2.0
 - February 2018 in Baton Rouge
 - June 2018 in Alexandria
 - August 2018 in Ruston
- Safety Decision Making
 - October 2017 in Mandeville
 - January 2018 Alexandria
 - April 2018 in Ruston
 - September 2018 in Marksville

Each training utilized two evaluation tools: a pre- and post-test designed to measure participants' understanding of the material covered in the training and a satisfaction survey measuring participants' opinions of the training and trainers. The following represents the results of the evaluations of these training topics.

- Four trainings on Child Welfare Basics were conducted. The first was held in November 2017 in Ruston, second in February 2018 in Lafayette, third in April 2018 in New Orleans, and the fourth was held in July 2018 in Baton Rouge.
- At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were anonymous, so changes in individual scores cannot be calculated. A total of 267 pre-tests and 248 post-tests were completed across the four sessions.
 - There was a 26.25% increase in the number of correct responses from the pre- to post-test.
 - The surveys completed at the end of the training show high levels of user satisfaction. Course surveys were used at the four trainings, and all showed that participants felt engaged, felt the instructional materials were useful, the training was valuable and would recommend the training to colleagues.
- Four trainings on Cultural Consciousness were conducted. The first was held in October 2017 in Mandeville, the second in January 2018 in Monroe, the third was held in April 2018 in Lake Charles and the fourth in July 2018 in Kenner.
- At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were

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anonymous, so changes in individual scores cannot be calculated. A total of 163 pre-tests and 181 post-tests were completed across the four sessions.

- There was a 20.75% increase in the number of correct responses from the pre- to post-test.
 - The surveys completed at the end of the training show high levels of user satisfaction. Course surveys were used at the four trainings, and all showed that participants felt engaged, felt the instructional materials were useful, the training was valuable and would recommend the training to colleagues.
 - Three trainings on Mosaic Dimension 2.0 were conducted. The first was held in Baton Rouge 2018 in Baton Rouge, the second in June 2018 in Alexandria, the third was held in August 2018 in Ruston.
 - At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were anonymous, so changes in individual scores cannot be calculated. A total of 107 pre-tests and 99 post-tests were completed across the four sessions.
 - There was a 27.3% increase in the number of correct responses from the pre- to post-test.
 - The surveys completed at the end of the training show high levels of user satisfaction. Course surveys were used at the four trainings, and all showed that participants felt engaged, felt the instructional materials were useful, the training was valuable and would recommend the training to colleagues.
 - Four trainings on Safety Decision Making were conducted. The first was held in October 2017 in Mandeville, the second in January 2018 in Alexandria, the third was held in April 2018 in Ruston and the fourth in September 2018 in Marksville.
 - At each training participants were asked to complete pre- and post-tests to assess knowledge gain. Not all participants completed both surveys and the tests were anonymous, so changes in individual scores cannot be calculated. A total of 184 pre-tests and 170 post-tests were completed across the four sessions.
 - There was an 8.75% increase in the number of correct responses from the pre- to post-test.
 - The surveys completed at the end of the training show high levels of user satisfaction. Course surveys were used at the four trainings, and all showed that participants felt engaged, felt the instructional materials were useful, the training was valuable and would recommend the training to colleagues.
- ❖ **Webinars:** Three webinars were held on Safety Decision Making. There were 1237 individuals that clicked on the registration link for the webinars and of those 1,237 individuals, 386 registered and 203 attended at least a portion of the webinar.
- The three webinars varied in the number of individuals who clicked on the registration link, indicating an interest in the program – 65% looked at the link for the October 2017 webinar, 18% looked at the link for the February 2018 webinar, and 15% for the August 2018 webinar.
 - Of those who registered, 49% attended at least a portion of the October webinar, 52% attended at least a portion of the February webinar and 67% attended at least a portion of the August webinar. Participation was lowest, at 49% of the registrants in October 2017.

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- ❖ **One-On-One Trainings:** The Judicial Fellow, Judge Anne Simon, has supported Pelican Center trainings in a number of ways:
 - She sends information about each training to all the judges who are new to CINC cases in 2017-2018.
 - She conducts outreach to all new judges shortly after they are elected and again in October or November. During these calls, she underscores the importance to the trainings to both judges and District Attorneys.
 - As an in-person training approaches she contacts some of the judges in the location where the training will take place to encourage participation.
 - She is part of a team going back to the sites that have had Safety Decision Making training to determine if it is being used and, if it is not, ways to encourage its use.
 - The 2018 Together We Can conference was the 16th year of this event. The event was held October 15 - 17 at the Lafayette Cajundome. The goal for the 2018 conference was to reach at least 600 registrations and registration exceeded the target by reaching our largest ever number of attendees - 678.
 - The attendees included a diversity of child welfare stakeholders. Again, CASAs were the most populous group, accounting for 26% of those attending. DCFS workers were next at 20%. Attorneys accounted for 12% of those attending.
 - The Together We Can Conference offered 14.5 continuing education hours for attorneys and social workers.

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CIP FFY 2019 Training Events: Pre-and post-test results continue to be analyzed to determine level of increase in knowledge for training participants. Test questions (usually 10 to 25, depending upon the length of the training program) are designed to determine transfer of learning on key principles of the curriculum. This information is reviewed to determine a threshold level of knowledge acquisition. If certain questions result in a high number of wrong responses, the question is analyzed first to determine if the wording is confusing. If so, edits are made to make the question clearer. If it is determined the question is satisfactory, then a review would be made of the content and presentation methodology for possible revision.

In addition to pre-/post-testing, the Pelican Center Training and Education Committee continues to use a universal course evaluation form which is administered and collected after each training event. Both evaluation and assessment processes are conducted by Pelican Center staff in consultation with course faculty.

- The following interdisciplinary trainings were added to the training calendar to be offered this federal fiscal year in the listed regions:
 - Child Welfare Basics (Shreveport, Lake Charles, Monroe, Houma, New Orleans)
 - Cultural Consciousness (Hammond, Lafayette, Alexandria)
 - Mosaic Dimension 2.0 (Kenner, Houma, Monroe, Lake Charles)
 - Safety-Decision Making (Kenner, Baton Rouge, Lafayette, Monroe)
 - Safety-Decision Making “Lunch and Learn Webinar” (December, February, May and July)

Child Welfare Basics is a one-day workshop focused on the fundamentals of the Child in Need of Care practice. This program is designed for a multi-disciplinary audience. Presenters discuss the constitutional, federal and state law underlying child welfare cases. Attendees explore these legal principles, as well as the concepts of timely permanency for families, reasonable efforts both to prevent removal and to further the permanency goal, child development, the impact of trauma on child behavior, and the roles and responsibilities of the various parties to a child welfare case. The

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roles and responsibilities session include a focus on ethics – namely, the guiding ethical rules and regulations for the different professional roles. The training incorporates adult learning theory, incorporating lecture, small group discussion and interactive practice. Child Welfare Law Specialist applicants will enjoy this refresher course prior to sitting for the examination. (6.5 hours)

Cultural Consciousness as a course introduces participants to concepts of cultural consciousness in the workplace and explores the impact of personal views and values regarding sexual orientation, gender, race and ethnicity in their role. Through activities, videos and group discussions, participants explore the roots of their biases and assumption and how these dynamics affect their working relationships with others. During the course, participants are challenged to address issues concerning how their perspectives on lesbian, gay, bisexual, transgender are impacted by their world views. Participants create and share strategies for raising awareness and interacting more effectively with individuals who are different from themselves. (6.0 hours)

Mosaic Dimension 2.0: Racial Disproportionality as a one-day training, introduces participants to concepts of cultural programming and implicit racial bias through the Mosaic Dimension Model. It strives to foster a climate of success and reduce racial disproportionality and disparity through three extraordinary practices. The Mosaic Dimension Model assumes that children who are moving through the foster care system are as culturally unique and different as mosaic patterns. The Mosaic Dimension Model teaches that through “the Power of One,” we can each work to create a child welfare system where all children “fare well.” This experiential, scenario-based training is designed to go beyond traditional programs to explore this topic on a broader level. It includes a data-driven practicum designed to encourage and strengthen transfer of knowledge and competencies to actual work experience. (6 hours)

Safety Decision-making training is based on the American Bar Association publication, Child Safety: A Guide for “safe” and “unsafe” child, define "threat of danger" and "risk"; and distinguish between the two, define "child vulnerability"; and "protective capacity"; and the relationship of the two, Understand the DCFS six areas of assessment, understand what information is gathered in the assessment and why, Understand the purpose of the Advanced Safety Focused Practice, understand stakeholders’ roles in safety decision making. (6.0 hours)

Safety Decision Making “Lunch and Learn Webinar” introduces attendees to the concept that “the basic and most important determination judicial and child welfare agency staff make in child in need of care cases is whether a child(ren) is safe. Critical safety decisions are made when removing a child and determining whether a child should return home. However, without a comprehensive decision-making structure and thorough inquiry, decisions can lead to over and under removal, leaving children unsafe or returning them home too quickly. (1.0 hour)

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FFY 2018 CIP Training

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Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
Cultural Consciousness	September 27, 2018	Natchitoches, LA	35	99.4%	The pre-test was completed using online survey by 24 participants and 9 of them completed the pre-test at the training event. All post-tests were completed at close of training event. The average score on the pre-test (N = 33) was 63 and the average score on post-test (N = 35) was 87. The percentage change in knowledge increase by 38%.
Mosaic Dimension 2.0	February 28, 2018	Baton Rouge, LA	37	97.3%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). The average score on the pre-test (N = 36) was 62 and the average score on post-test (N = 35) was 87, having a percentage change of 25% increase in knowledge.
Mosaic Dimension 2.0	June 12, 2018	Alexandria, LA	42	99.3%	The average score on the pre-test (N = 40) was 61 and the average score on post-test (N = 36) was 93, which is a 32 % increase in knowledge.

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
Mosaic Dimension 2.0	August 30, 2018	Ruston, LA	34	99.8%	The average score on the pre-test (N = 31) was 60 and the average score on post-test (N = 28) was 85, which is a 25% increase in knowledge.
Safety Decision Making	October 27, 2017	Slidell, LA	75	92.8%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). The average score on the pre-test (N = 75) was 71 and the average score on post-test (N = 68) was 84, which is a 13% increase in knowledge.
Safety Decision Making	January 29, 2018	Alexandria, LA	37	88.9%	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). 41 total pre-tests were completed and 23 of those were completed by participants using the online survey monkey link. The average score on the pre-test (N = 41) was 75 and the average score on post-test (N = 35) was 80, having a 5% increase in knowledge.
Safety Decision Making	April 27, 2018	Ruston, LA	34	99.7 %	The pre-tests and post-tests included the same multiple - choice questions, in same order (see below). 36 total pre-tests were

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Statistics of Pelican Center FFY Interdisciplinary Training:					
Training	Date	Location	# of Attendees	Evaluation Score	% increase in knowledge
					completed and 14 of those were completed by participants using the online survey monkey link. All post-tests were completed at the end of the training event. The average score on the pre-test (N = 36) was 69 and the average score on post-test (N = 34) was 78, having a 9% increase in knowledge.
Safety Decision Making	September 18, 2018	Marksville, LA	40	90%	The average score on the pre-test (N = 32) was 73 and the average score on post-test (N = 33) was 81, demonstrating an increase in knowledge of 11%.

CIP FFY 2019 Training Events: Pre-and post-test results continue to be analyzed to determine level of increase in knowledge for training participants. Test questions (usually 10 to 25, depending upon the length of the training program) are designed to determine transfer of learning on key principles of the curriculum. This information is reviewed to determine a threshold level of knowledge acquisition. If certain questions result in a high number of wrong responses, the question is analyzed first to determine if the wording is confusing. If so, edits are made to make the question clearer. If it is determined the question is satisfactory, then a review would be made of the content and presentation methodology for possible revision.

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Educational Stipends: Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. Upon graduation, DCFS Field Operations will place each student based on staffing needs in the allowable programs of Family Services, Foster Care and Adoption. The chart below shows the number stipends awarded through State Public Universities.

Educational Stipends of Persons Preparing for Employment						
State (Public) University	# of BSW / MSW Stipends SFY 2014	# of BSW / MSW Stipends SFY 2015	# of BSW / MSW Stipends SFY 2016	# of BSW / MSW Stipends SFY 2017	# of BSW / MSW Stipends SFY 2018	# of BSW / MSW Stipends SFY 2019
Southern University at New Orleans (SUNO)	3 BSW 5 MSW	7 BSW 2 MSW	3 BSW 5 MSW	2 BSW 5 MSW	3 BSW 3 MSW	4 BSW 5 MSW
Grambling State University (GSU)	6 BSW 2 MSW	3 BSW 3 MSW	4 BSW 2 MSW	3 BSW 2 MSW	1 BSW 2 MSW	2 BSW 2 MSW
Southern University Baton Rouge (SUBR)	3 BSW 0 MSW	6 BSW 0 MSW	4 BSW 0 MSW	5 BSW 0 MSW	5 BSW 0 MSW	5 BSW 0 MSW
University of Louisiana at Monroe (ULM)	5 BSW 0 MSW	4 BSW 0 MSW	3 BSW 0 MSW	8 BSW 0 MSW	5 BSW 0 MSW	3 BSW 0 MSW
Northwestern State University (NSU)	2 BSW 0 MSW	4 BSW 0 MSW	4 BSW 0 MSW	3 BSW 0 MSW	4 BSW 0 MSW	5 BSW 0 MSW
Southeastern Louisiana University (SLU)	6 BSW 0 MSW	6 BSW 0 MSW	3 BSW 0 MSW	5 BSW 0 MSW	6 BSW 0 MSW	5 BSW 0 MSW
Louisiana State University (LSU)	0 BSW 2 MSW	0 BSW 5 MSW	0 BSW 3 MSW	0 BSW 3 MSW	0 BSW 2 MSW	0 BSW 2 MSW
Annual Total # BSW Stipends / Cost (\$6,500 each)	25 BSW \$6,500 each \$162,500	30 BSW \$6,500 each \$195,000	21 BSW \$6,500 each \$136,500	21 BSW \$6,500 each \$136,500	24 BSW \$6,500 each \$156,000	24 BSW \$6,500 each \$156,000
Annual Total #MSW Stipends /Cost (\$8,500 each)	9 MSW \$8,500 each \$76,500	10 MSW \$8,500 each \$85,000	10 MSW \$8,500 each \$85,000	10 MSW \$8,500 each \$85,000	7 MSW \$8,500 each \$59,500	9 MSW \$8,500 each \$76,500

For SFY 2014 and SFY 2015, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are distributed through the contract with Northwestern State University who in turn contracts with the other six public/state universities. During the 2014/2015, school year educational stipends were awarded to forty non-employees attending school at one of the seven public school of social work with the

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expectation that the student agrees to work for DCFS after graduation. Ten of these students graduated in December 2014, and are currently employed with DCFS. Child Welfare Training and Operations sections are currently working with students for job placement upon graduation in May 2015, based on staffing needs in the allowable programs of Family Services and Foster Care.

Educational Stipends Update FFY 2016: For SFY 2015, the stipend amount for the BSW and MSW students remained the same. The stipend amounts are distributed through the contract with Southeastern Louisiana University and subcontract between Southeastern Louisiana University and Northwestern State University, who in turn contracts with the other five public/state universities. During the 2015/2016 school year educational stipends were awarded to forty non-employees attending school at one of the seven public school of social work with the expectation that the student agrees to work for DCFS after graduation. One recipient was dismissed from her field placement and from the universities Social Work program in November 2015. Seven of these students graduated in December 2015. Of the seven students, three declined employment with DCFS; one deferred employment to attend graduate school; and one offered employment with DCFS was later terminated. Based on staffing needs in the allowable programs of Family Services and Foster Care child welfare staff are currently working with students for job placement upon graduation in May 2016. DCFS and the Universities Alliance are working diligently to improve the selection and recruitment of Title IV-E recipients. New standards include increasing the grade point average of students selected to a 3.0 overall GPS and focusing on selecting students who display the 10 Child Welfare Worker Entry Level Competencies.

Educational Stipends Update FFY 2017: For SFY 2017, the stipend amount for the BSW and MSW students remained the same. The stipend amounts are distributed through the contract with Southeastern Louisiana University and subcontract between Southeastern Louisiana University and Northwestern State University, who in turn contracts with the other five public/state universities. During the 2016/2017, school year educational stipends were awarded to thirty-one non-employees attending school at one of the seven public school of social work with the expectation that the student agrees to work for DCFS after graduation. Two recipients were dismissed from their field placement and from the universities Social Work program in November 2016. Twelve students graduated in December 2016. Of the twelve students, one declined employment with DCFS. All other students are employed with DCFS or waiting on employment. The remaining students are scheduled to graduate in May 2016, and DCFS is currently assisting these students in identifying job placements. DCFS and the Universities Alliance are working diligently to improve the selection and recruitment of Title IV-E recipients. New standards were used this FFY and included increasing the grade point average of students selected to a 3.0 overall grade point average and focusing on selecting students who display the 10 Child Welfare Worker Entry Level Competencies.

Update FFY 2018: For SY 2018, the stipend amount for BSW and MSW students remained the same. The stipend amounts are distributed through a contract with Southeastern Louisiana University and a subcontract between Southeastern Louisiana University and Northwestern State University, who in turn contracts with the other five public/state universities. During the 2017/2018 school year, educational stipends were awarded to 24 BSW students and 7 MSW students.

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Update for FFY 2019: For SFY 2019, the stipend amount for the BSW and MSW students remained the same. The stipend amounts are distributed through the contract with Southeastern Louisiana University and subcontract between Southeastern Louisiana University and Northwestern State University, who in turn contract with the other five public/state Universities. During the 2018/2019 school year, educational stipends were awarded to thirty-three (33) non-employees attending school at one of the seven public schools of social work with the expectation the student agrees to work for DCFS after graduation.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) - The CIP has been working on the development of a Center (now known as the Pelican Center) to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant CW stakeholders. Through the partnership with the DCFS and the University Alliance, all parties work together in FFY 2015 develop and implement training and education of CW practitioners including children's and indigent parents' attorneys, judges, CASAs, and district attorneys.

Update FFY 2016: The following multi-disciplinary training efforts have been undertaken or will be completed in FFY 2016:

Mosaic Dimension Training – The Mosaic Dimension is based on the assumption that children who are moving through the foster care system are as culturally unique and different as mosaic patterns. This curriculum was developed to address the systemic issue of disproportionate minority representation in child welfare and the court systems. Patsy Wilkerson will take you through an experiential, scenario-based training, designed to go beyond traditional programs to explore this topic on a broader level.

In most cultural competence and diversity training programs, we generally focus on primary and secondary dimensions. The primary dimensions (race, ethnicity) are basic and cannot be changed by the person. Secondary dimensions (education, geography) can be influenced or changed more easily. These patterns are sometimes invisible or undiscovered and may require us to look beneath the surface and question our previous beliefs and assumptions.

October 10, 2014 – New Orleans

Number Trained: 37

Pre and post testing was not available.

November 14, 2014 – New Orleans

Number Trained: 37

Pre and post testing was not available.

February 20, 2015 – New Orleans

Number Trained: 20

7.6% increase in knowledge

May 4, 2015 – Lake Charles

Number Trained: 23

3.7% increase in knowledge

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June 25, 2015 – New Iberia

Number Trained: 43

14.9% increase in knowledge

Mosaic Dimension comprehensive curriculum completed September 2015.

The Red Book II: Advanced Litigation Skills for Child Welfare Attorneys – This “practice focused” training to be developed by the National Association of Counsel for Children for Louisiana will include the following: (1) Integrating the “business of childhood” into CW advocacy, (2) Child development and legal advocacy, (3) Developing a trauma-informed position, (4) Skills for interviewing, questioning, and examining the child-client, (5) Motion, writs, and appeals, and (6) other material focused on local practice needs. Training held July 31, 2015 – New Iberia; Number Trained: 67; 36.0% increase in knowledge.

“Introduction to Child Welfare Law” – Sponsored by the Pelican Center an introduction to child welfare law, this interdisciplinary program was developed and delivered by the National Association of Counsel for Children. The goal of the program was to introduce the legal underpinnings of the child welfare system to a broad range of stakeholders, lawyers and non-lawyers alike. Attendees included DCFS staff and administration, CASAs, children’s and parents’ attorneys, foster parents, Title IV-E stipend students and others. The success of this program led to the identified need for the development of the Introduction to Child Welfare curriculum currently under development by NACC in collaboration with the Pelican Center. This “new” curriculum will be more Louisiana-centered and become a permanent part of the Louisiana Child Welfare Training Academy’s catalog of offerings. Training held September 24, 2015 – Lafayette, LA; Number Trained: 73; 22.0% increase in knowledge.

Update FFY 2017: With the success of the “Introduction of Child Welfare Law” course, and the recognition that the field of child welfare is nuanced and specialized, requiring professionals across stakeholder groups to understand federal law, Louisiana state law, local practice ethical rules, and social science the “Introduction to Child Welfare Law” morphed into “Child Welfare Basics” in FFY 2017. The idea was to develop a comprehensive overview of the basics of child welfare law that would appeal to a broad array of child welfare stakeholders, ensuring that all who work in the system possess the same general knowledge and understanding. The new “Child Welfare Basics” curriculum was rolled out on July 29, 2016. By the completion of the new curriculum, trainees should be able to:

- Demonstrate an understanding of the basic legal (federal and state) framework governing Child in Need of Care (CINC) cases in Louisiana;
- Distinguish the roles and responsibilities of various stakeholders in the Louisiana child welfare system;
- Be able to apply a “reasonable efforts” analysis in CINC cases, both at removal and with respect to finalization of the permanency plan;
- Understand the impact of trauma on child behavior and developmental milestones.

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FFY 2017 Child Welfare Basics Training Dates:			
Date:	Training Location:	# of Attendees:	Average Increase in Knowledge:
July 29, 2016	University of Louisiana, Lafayette, Lafayette, Louisiana	104	11.6%
November 22, 2016	University of Louisiana, Monroe, Monroe, Louisiana	70	08.0%
February 15, 2017	Southern University Law Center, Baton Rouge, Louisiana	97	20.0%
May 16, 2017	Southeastern Louisiana University, Hammond, Louisiana	65	18.0%
September 15, 2017	Westside Regional Library, Alexandria, Louisiana	64	16.0%

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) Update FFY 2016: Louisiana CASA, in collaboration with the Court Improvement Program, has been engaged in strategic planning for the growth of the Louisiana CASA programs; training, both pre-service and in-service training for CASA volunteers as well as multi-disciplinary trainings for stakeholders in the child welfare system; and, planning for addressing the needs of special populations, particularly the LGBTQ youth in foster care. In 2015-2016, Louisiana CASA actively participated in planning and coordination of the Together We Can Conference, and projects coordinated by the Pelican Center's Training and Education Committee, specifically, the Mock Trial work group. Louisiana CASA launched *Indigo* an online training program for CASA volunteers state-wide and hosted a state-wide, multi-disciplinary training on transitioning youth. Louisiana CASA and the Program Advisory Council has been reviewing data and cost projections in order to finalize a state wide growth plan to achieve the goal of a CASA volunteer for every child in an In Need Of Care case. Additionally, Louisiana CASA has reconvened the LGBTQ Task Force which had been dormant for several years. The Task Force is formulating surveys for foster youth, foster parents and CASA volunteers regarding the needs and challenges faced by this population in order to inform the strategic direction of the Task Force.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) Update FFY 2017: In 2016-2017, Louisiana CASA, supported by the Pelican Center and the Court Improvement Program, began the process of developing a written growth plan to achieve the goal of providing a CASA volunteer for every child in a Child In Need of Care case. Data was collected and analyzed to determine the needs of the local CASA Programs to achieve growth. Each of the Executive Directors of the local CASA programs expressed concern over the resources necessary to recruit, train and supervise additional volunteers. An initial goal of increasing volunteers by 10%, translating to a 12% growth in the number of children served, was discussed by Louisiana CASA. The CASA Program Council has not approved the goals set by Louisiana CASA. Nevertheless, Louisiana CASA, in coordination with the CASA Program Council, began developing a statewide recruitment plan and applied for funding to support this effort. Additionally, CASA programs expanded into the 8th Judicial District (Winn Parish), the 13th

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Judicial District (Evangeline Parish) and the 34th Judicial District (St. Bernard Parish) making CASA appointments a possibility for an additional 245 children in foster care.

In 2016-2017, Louisiana CASA participated in the TWC Conference Committee and the Pelican Center's Training and Education Committee, as well as the Mock Trial Workgroup. LouisianaChildren.org organized and hosted twenty (20) multi-disciplinary training events for stakeholders, as part of the Pelican Center and Court Improvement Training Program. Additionally, Louisiana CASA hosted three (3) trainings specific to the operation of a CASA program. Louisiana CASA has resolved most of the technical issues that were barriers to the operation of *Indigo*, and uploaded three (3) training modules. Additionally, Louisiana CASA developed and conducted a training needs survey of CASA volunteers and program staff. Three hundred twenty-five (325) individuals responded to the survey, identifying the training topics most needed as well as the day and time most convenient for training.

In 2016-2017, the LGBTQ Task Force faced significant challenges in arranging meeting dates and times to conduct business with a quorum present. Nevertheless, LouisianaChildren.org researched best practices to address issues facing the LGBTQ foster care population and resources available for working with LGBTQ youth. In coordination with the Pelican Center, the LGBTQ task force hosted a training on LGBTQ issues entitled: "*Quality of Care for Queer and Transgender Clients*", conducted by Shaena Johnson of BreakOUT, which resulted in a 19.36% increase in knowledge. Efforts are being made to build the capacity of the LGBTQ Task Force, as well as develop a resource catalog and speaker bureau specific to the issues of LGBTQ youth.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) - Update FFY 2018: Primary focus of the CIP in general relates to improving the overall quality of safety decision-making by legal stakeholders, which include judges, attorneys for all parties, district and agency attorneys. The operating theory of change is as follows:

- **Theory of Change:** In order for children to be safely maintained in their homes, or safely returned home, all key stakeholders need to understand how safety and risk assessments should be and are being made. A research-based, structured safety and risk assessment process has been adopted by DCFS. Stakeholders are being trained in the use of the model. A uniform court report and instanter affidavit will be drafted to cover the key areas of Safety Decision Making. The new instruments will be piloted in selected jurisdictions.
- A summary of the Theory of Change includes the following activities and outcomes. They are discussed in greater detail below.
 - Four regional trainings on foundational elements of the Advanced Safety Focused Practice Model
 - Four quarterly statewide “Lunch & Learn” webinars on the CIP “Safety Decision-making Law and Best Practices Bulletin”
 - DCFS CQI will randomly sample cases from the state caseload and conduct CFSR file reviews.
 - DCFS CQI will share results with CIP CQI Committee.
 - CIP CQI Committee will review data from case file reviews (and CFSR results), determine next steps and develop strategies to improve performance.

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- A template will be created for written affidavits that support oral instant orders. This template will clearly articulate safety threats, child vulnerability, protective capacity, reasonable efforts, welfare facts, and circumstances.
- Create a template for standardized court reports that: lays out information under the six areas of assessment, identifies the safety threat, assesses protective capacities, articulates vulnerability, and establishes conditions for return.
- Legal community (and other stakeholders) will have a clear understanding of the safety decision making framework (increase in knowledge).
- Legal community will identify ways to incorporate knowledge of safety framework into their practice (increase in skills).
- Judges and attorneys will get sufficient case information to assess safety, safety threats are identified, and protective capacities are assessed throughout the life of the case.
- Parents better understand the conditions of return.
- Parents are more engaged in and out of court.
- Judges make safety related decisions around removal, reunification, visitation based on sound evidence and reasoning.
- Case plans are assessed according to progress on reducing threats and enhancing protective capacities (not merely compliance with items in the plan).
- CFSR Safety Outcome 2, Item 3 shows improvement over time.
- Time to permanency improves (through reunification, relative placement, adoption).
- Short-stayer rates improve.
- Overall number of children in care decreases.
- Re-entry rates improve

Progress on all of the action items in the CIP strategic plan are in process. The CIP, in collaboration with DCFS, is using data collected from each entity's respective CQI processes to target training and outcomes.

The CIP will utilize evaluation techniques learned at the Capacity Building Center for Courts training and evaluation workshop in March in Denver to evaluate success. An example of some valuable qualitative data to date follows:

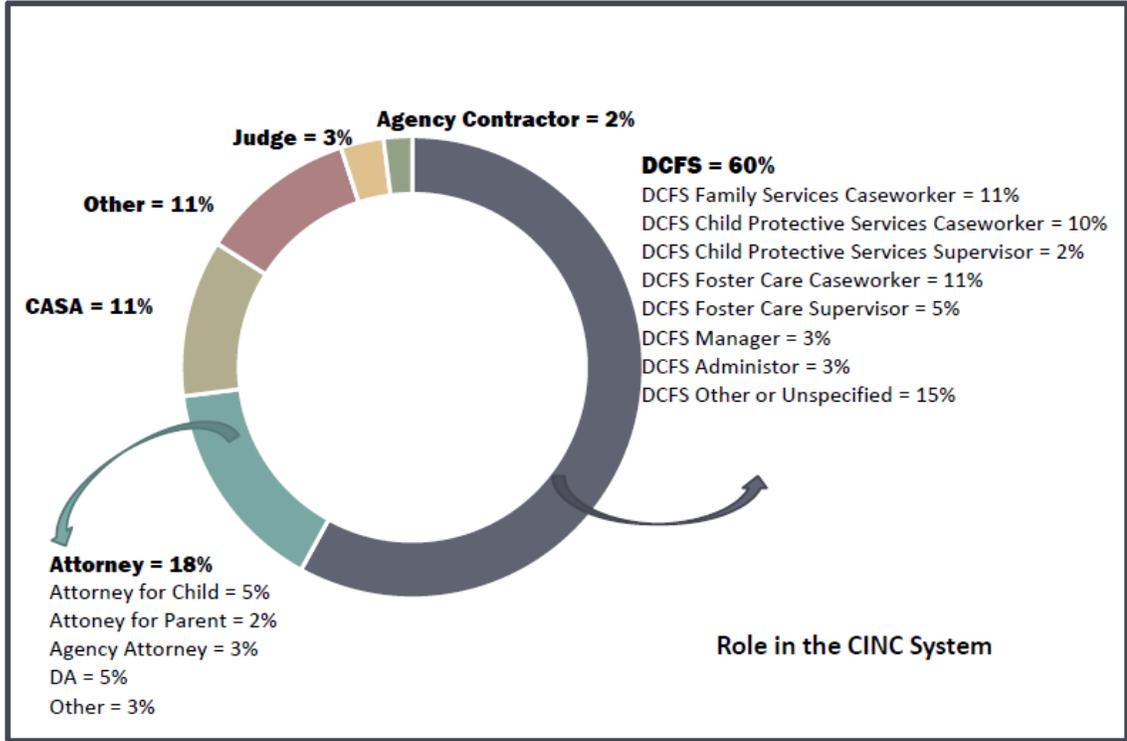
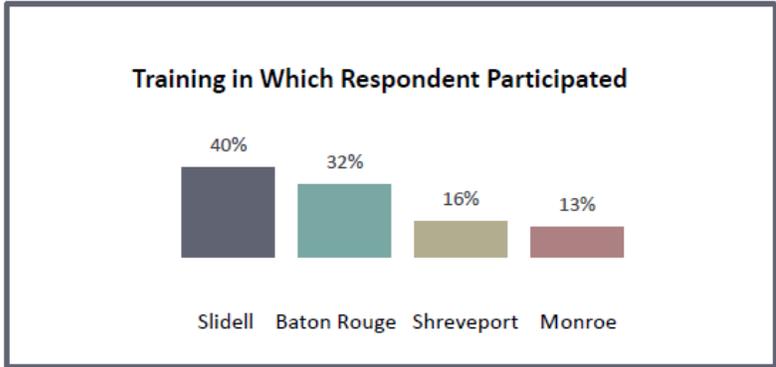
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**Follow-up with Stakeholders
Who Received Safety Decision Making Training**

Background on Trainings and Stakeholders

- Most stakeholders took part in either the Slidell (40%) or Baton Rouge (32%) training sessions.
- Nearly a third of the stakeholders (29%) said they work in either Baton Rouge or St. Tammany.
- Over half of the attendees (60%) were DCFS staff (workers or supervisors)
- Attorneys were the next most common profession (18%) (children’s attorneys, parents’ attorneys, agency attorneys, and district attorneys)
- Only 3% were judges



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Update for FFY 2019: Continued implementation of the CIP strategic plan includes additional interdisciplinary and 6.5 hour trainings on the DCFS Advanced Safety Focused Practice model and four webinars, while monitoring available data from the CIP and DCFS CQI processes. Completion of a best practices model for the affidavit in support of instant order and court report will be completed. These two models, developed jointly with DCFS, will underscore and reinforce sufficient information gathering, good assessment of safety, and resultant decisions by courts, that will ensure children are only brought into foster care as a last resort.

Collaboration with Tribes Update FFY 2016 Update: In order to develop knowledge of the ramifications of ICWA, the CIP Judicial Fellow, Judge Anne L. Simon (Retired) monitors the websites of NICWA and NARF for updates on jurisprudence. Judge Simon joined the National ICWA Constituency Group and has participated in two online meetings. She has been in email exchanges with Scott Trowbridge of the ABA. During this period Judge Simon made two presentations on ICWA: one at TWC October 2015 and one at the Meeting of the Juvenile and Family Court Judges Winter Meeting January (That meeting was held at the Tribal Headquarters of the Tunica-Biloxi.) Additionally, the Fellow had opportunities to announce her availability to help with ICWA issues at the meetings of CJA, the Children's Code and Persons Committees of the Louisiana Law Institute, and during contacts with the tribes in her capacity as an Associate Appeal Court Judge for the three of the four federally recognized tribes of Louisiana – the Chitimacha, Coushatta and Tunica-Biloxi. Judge Simon has met with the fourth tribe, the Choctaw Band of Jena, as they develop their judicial organization. The Fellow has worked with the Adoption section of DCFS to add ICWA inquiry to their practice. Judge Simon's availability to assist with ICWA compliance appears to be widely known. The Fellow has received four telephone calls from courts seeking ad hoc guidance when they have been confronted with the possibility of Native American heritage. She receives informal information from attorneys for children that courts are asking the necessary questions with more regularity.

Update FFY 2017: DCFS CW Training continues to work closely with the four Federally Recognized Tribes of Louisiana. Each tribe is invited to participate in all trainings provided by DCFS CW and workshops provide through the LLCWTA. In FFY 2017, The DCFS Trainers and Manager visited the Social Services Department and Court at Chitimacha Reservation. This educational meeting/visit held on March 3, 2017; provide the CW Trainers valuable information regarding ICWA Law and procedure. It provided a cultural educational experience regarding tribal customs, traditions, and language. In May 2017, newly hired Social Services staff employed by the Chitimacha Tribe will be provided CW Worker Orientation by the CW Training unit with assistance from Foster Care Program unit. A Child Welfare Trainer, along with other DCFS representatives, participated in the Title IV-B Tribal meeting with the tribes and federal representatives on May 9, 2017. An invitation was extended for the new staff at the Coushatta Tribe to participate in CW NWO along with new staff at the Chitimacha Tribe.

Update FFY 2018: DCFS CW Training continues to work closely with the four Federally Recognized Tribes of Louisiana. Each tribe is invited to participate in all trainings provided by DCFS and the LCWTA. ICWA was a featured training at the 2017 Together We Can Conference. The Louisiana Children's Code Committee of the Louisiana Law Institute recommended revisions to the Louisiana Children's Code to provide greater guidance relating to ICWA.

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Update FFY 2019: Louisiana has continued to work closely with the four federally recognized tribes of Louisiana to continue to invite them to participate in child welfare trainings provided by DCFS and LCWTA. The announcements are sent to the tribal representatives for each training. On-line ICWA training has been recorded and is currently being offered online through the LCWTA. The training link is as follows: <https://vimeo.com/257869249>

Training Activities Planned for FFY 2015-2019 (Please refer to the systemic factors section on Staff Training for additional information.):

SFY 2014

Key activities to be accomplished include:

Administrative

1. Develop the vision and mission for training academy;
2. Create infrastructure including a governance structure;
3. Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
4. Develop MOU between DCFS, Pelican Center, and lead university (SLU);
5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
6. Establish an initial budget for DCFS training and enter into a contract with SLU and others as needed to initiate the transfer of training responsibilities.

Service Delivery

1. In collaboration with the Pelican Center, compile a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance;
2. Plan and conduct at least one training function as a partnership between the Pelican Center, University Alliance, and DCFS;
3. Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of 3 additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
4. Produce TWC conference on key areas of CW practice.

Update FFY 2015 & Activities Planned for FFY 2016:

1. Developed the vision and mission for the Child Welfare Training Academy (LCWTA).
 - a. Mission: To provide training and professional development to child welfare staff and stakeholders.
 - b. Vision: Through a partnership between the DCFS, the Pelican Center, and the University Alliance, the Child Welfare Training Academy will provide high quality training and professional development opportunities to develop a professional, competent, and stable workforce.
2. Create infrastructure including a governance structure;
 - a. A comprehensive infrastructure is being built. DCFS has committed one full-time executive level staff (LCWTA Director) to ensure the Department's priorities are represented, and the university partnership can be maximized. This position reports to the Deputy Secretary of Programs who in turn reports to the Secretary. However, the Secretary is fully accessible and in frequent contact with the LCWTA Director.

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The LCWTA is fully staffed with Southeastern employees; policies and procedures have been put into place for hiring, contracting, payments, etc. The contract between DCFS and Southeastern and the MOU between DCFS, Southeastern, and the Pelican Center detail the responsibilities of each party.

3. Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
 - a. A University Alliance meeting is held at least once per quarter to plan with and update all partners on the progress of the LCWTA. Individual meetings are held at least once per year to review the DCFS vision for the LCWTA/university partnership, DCFS' commitment to workforce development, and the role each university can play in this vision.
4. A MOU between DCFS, Pelican Center, and lead university (SLU) was created.
5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
 - a. Written updates are provided to the Secretary and DCFS executive management on a monthly basis, and an in-person meeting is held with the Secretary to review progress, challenges, and to resolve any issues. Updates are provided to field staff at each monthly Web-ex hosted by the Secretary. Additional updates are provided to the Regional Administrators and State Office Programs and Operations staff at least quarterly during the regularly scheduled Operations meetings held the third Wednesday of each month. The LCWTA Director participates in numerous CW Program workgroups and bi-weekly conference calls with program leaders, operations leaders, and key stakeholders to ensure integrated implementation of all CW efforts. The LCWTA is on the advisory board of the Pelican Center and co - chair of the training advisory group for the Pelican Center.

Service Delivery

- In collaboration with the Pelican Center, a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance was compiled.
- Plan and conduct at least one training function as a partnership between the Pelican Center, University Alliance, and DCFS;
 - The Trauma Conference and the TWC conference were both held in partnership between DCFS, Pelican Center, and the University Alliance.
- Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of three additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
 - Marsha Salus conducted a multi-session training program for a cohort of 22 supervisors over a four-month period. Three additional DCFS staff participated in an effort to build internal capacity. These staff will be responsible for helping to replicate the program using in-state personnel as trainers.
- Produce and hold the TWC conference on key areas of CW practice.

SFY 2015
Service Delivery

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- Conduct a training needs assessment of DCFS staff and stakeholders;
 - The training needs identified in year one continues to be the focus of attention.
- Prioritize areas of focus based on the needs assessment for the next three years, and develop a plan for implementation;
 - Safety Plan Training: Advanced Safety Focused Practice was expanded to include training on “Creating Safety Plans”. A full day training for all levels of staff and an extra half day for supervisors. Pre and post tests were administered to track gains in knowledge, and a criterion test measured ability to create a safety plan meeting policy criteria.
 - Creating Permanency: The LCWTA partnered with the National Association of Social Workers to sponsor a 10-session certificate program “Creating Permanency: Foster Care and Adoption Advanced Competency Certificate Program”. DCFS identified 22 staff from across the state to participate in this intensive training. In addition to those participating, five people (four DCFS employees and one stakeholder) were identified, trained, and mentored by the presenter during and following each session in preparation to proceed with implementation of the program.
- Develop and implement phase one of a multi-level professional development plan for supervisors;
 - The LCWTA through SLU contracted with LSU to lead the development of a 12-month Training and Professional Development Plan for New Supervisors. This training is based on developing core skills in administrative, educational, and supportive supervision. In addition to developing these skills, the Department customized the curriculum to include more case related material and specific policies/practices applicable in Louisiana. The comprehensive plan was developed with the input of an advisory group of supervisors and managers over a period of several months
- In collaboration with SLU, engage each University Alliance member in exploring and establishing their role within the training academy;
 - Engaging each university in the development and implementation of the LCWTA is ongoing. See above details of each university’s area that have been identified. Progress has been made and will continue to be developed.
- Transition child welfare in-service training to the University Alliance and/or the Pelican Center. All in-service training is currently provided through the LCWTA or the Pelican Center.
- Produce TWC conference on key areas of CW practice.

The Pelican Center Training and Education Committee is fully staffed and functional. The Committee continues its work with DCFS and University Alliance partners to develop a comprehensive CW training and education curriculum for Louisiana, all in accord with the Pelican Center’s mission and vision. The committee continues to meet monthly. The committee has adopted a standard curriculum format to each training module to be developed, and a policy to approve curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument. The information gleaned from this format and these processes will help to ensure consistency.

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Activities Planned for FFY 2017 - 2019:

SFY 2016

Service Delivery

- Implement Level 1 priorities from needs assessment;
- Establish key partnerships for advanced level training in areas such as domestic violence, mental health, and substance abuse;
- Produce Together We Can conference on key areas of child welfare practice.

SFY 2016 Areas of Focus

Administrative

Personnel (Transition DCFS-CW trainers and manager to LCWTA; hire specialist to develop online training; hire training assistant to coordinate logistics and conduct educationally appropriate material)

Financing (Construct new budgets with all university partners and put into place monitoring procedures to ensure sufficient funds are generated to support the current budget)

Policy and procedures (Develop a comprehensive policy and procedural manual to cover all activities of the LCWTA.

Evaluation (Design and implement overall evaluation guided by federal expectations)

Website (Establish website connected to DCFS/Pelican Center/universities/CLARO so that resources can be shared; will serve as hosting site for various recorded webinars, etc.)

Training: New Worker

Competencies (Adoption of new worker competencies)

Curriculum development (Development of 24 weeks of intensive training for new caseworkers; numerous modules to be developed)

Identification and preparation of trainers (Determine the number of trainers needed to competently train new worker content; identify trainer competencies and attempt to hire those with the required competencies; develop plan to increase competencies of current trainers who do not already have necessary competencies)

Training: In-service

Substance abuse (Assessing the impact of substance abuse on parenting; what you need to know to assess the safety of substance exposed newborns)

Mental Health (Understanding how to assess the impact of mental health issues on parental protective capacity)

Domestic Violence (Understanding how to assess the impact of domestic violence issues on parental protective capacity)

Engaging Difficult Clients (Core components of Motivational Interviewing)

Adolescent Development (In context of trauma/cw involvement; normalcy)

Stipend Program

Reallocation of stipends (Implement recommendations of workgroup to prioritize DCFS staff for MSW stipends toward a goal of ½ of all supervisors in each CW office having a MSW or related degree)

Internship experiences (Develop standardized experiences for all interns and create a supervisor's guide; integrate new worker training)

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Data collection and evaluation (Establish clear goals and data necessary to track in order to evaluate effectiveness.)

Foster Parent Training

Certification (Review up-to-date models and determine best model for LA)

Post-certification (Create 3-year plan for prescribed training; identify content experts for Year 1 choices; develop and implement plan for Year 1)

Continuation of New Supervisor and Permanency Certificate Programs (2 cohorts per year)

SFY 2017

Service Delivery

- Implement Level 2 priorities from needs assessment.
- Produce annual TWC interdisciplinary conference on key areas of CW practice involving safety, permanency and the well-being of children in or at risk of entering the foster care system.

SFY 2018

Service Delivery

- Implement Level 3 priorities from needs assessment.

SFY 2015-2019

Administrative

- Evaluate progress of LCWTA implementation and effectiveness each year, and in 2019, conduct evaluation over the past five years. Develop new CFSP based on additional research, data analysis, and lessons learned.

Service Delivery

- Continue to operate a fully functioning LCWTA for all CW staff and stakeholders, including a focus on recruitment, hiring, and retention as well as research and program evaluation.
- Produce Annual TWC conference on key areas of CW.

Update for FFY 2017: The 24-week Orientation for new CW staff was revised in January 2017, to provide new staff more activities to ensure they were more job-ready. The sequence of training was re-organized, moving specialized training in CPS, FS and FC to week 3 of classroom based training and creating topically focused 1-2-day training modules in high priority areas to be completed by all new workers within their first 6 months to one year of working in child welfare. The modules will begin to be offered to existing staff as in-service training opportunities. Priority topics in 2017 transitioning into 2018 include Child Welfare Basics, Trauma Focused Care, Separation and Placement, Cultural Consciousness, Child and Adolescent Development, Basic Legal Training, Courtroom Simulation Training, Worker Safety, Physical Indicators of Maltreatment, Substance Use and Child Welfare, and Domestic Violence and Child Welfare. Please see the attached draft of the Child Welfare Curriculum (New Worker Orientation) dated April 1, 2017.

CW Training and the LCWTA use the evaluation developed by the LCWTA based on the evaluation and reports received from New Jersey. Information was gathered and submitted for review within 48 hours of training. The evaluations processes continues to be refined to include

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the gathering of information from pre/post-test results and evaluations of training. Some of the barriers in reporting include the use of students to calculate and report information. Student workers are hired part-time by the university and are not readily accessible to DCFS staff. When the university is closed for summer session students are not available for work. During semester breaks, information is gathered and held until a student is available. DCFS with its partnership with the LCWTA, the Pelican Center and the Universities Alliance will continue to provide training opportunities for DCFS staff, federally recognized tribes and other partners. DCFS continues to partner with other state agencies and University Alliance partners to ensure quality competency based trainings. The LCWTA will continue to strive toward developing a robust evaluation system and will continue efforts focused on developing a competency based curriculum.

During FFY 2017, frontline staff was provided training to improve skills when interviewing children with disabilities. The Building Communications Skills: Child Victims with Disabilities Training provided by Scott Model was sponsored by the Children's Justice Act Task Force and provided two-day training for all staff and community partners that worked with child victims of abuse and neglect. Training was provided from January 2017, through February 2017, in three locations through the State. Approximately 200 additional DCFS employees participated in this training opportunity, which was provided in 2015 and 2016. DCFS Training partnered with local residential partner to provide Understanding Girls: A Trauma Informed Perspective, Changing the Way We Think and Talk about Girls. This training was provided to approximately 120 DCFS and 5 Methodist Children's Home staff from November 2016 to April 2017. Due to the overwhelming response from staff 6 additional training sessions will be held between May and July 2017. DCFS offered the Supervisory Certification Program to new supervisors and the Permanency Certificate Program in 2017.

Update FFY 2018: LCWTA utilized the Five Arcs of Success, namely Outstanding Customer Service, Measuring and Communicating Outcomes, Blending/Merging Operations with the University Partnership, Impressive Delivery of Training, and Fiscal Responsibility to guide decision-making, staffing and alignment of resources. LCWTA hired full-time professional staff in Fall 2017 who have been focused on data collection, analysis, and reporting to inform the impressive delivery of training and support continuous quality improvement in the training function. In addition, a faculty member at Northwestern State University is begun leading the collection, analysis and reporting of data as it relates to the stipend program. LCWTA staff is working closely with DCFS staff to communicate with all current and future foster and adoptive parents regarding training opportunities available through the LCWTA and to enroll them in the new LCWTA Moodle system. LCWTA staff has been dedicated to supporting foster and adoptive parents in accessing training.

DCFS and LCWTA focus on strengthening new worker training through expansion of the Baton Rouge on-the-job training pilot into FS and FC programs and the addition of modular based training in priority topic areas. A new Courtroom Simulation training was piloted, refined, and implemented as part of training to be offered to new workers. Interdisciplinary trainings including Child Welfare Basics, Cultural Consciousness, Safety Focused Practice, SBIRT, and ACES were provided. Training in domestic violence and child welfare, LGBTQ youth, QPI, TBRI, self-care and resilience, worker safety, child mental health, adult mental health, and trauma informed care were provided. A network of trainers were recruited and trained as trainers for the domestic violence and substance use disorder curriculums. A new on-line juvenile trafficking 101 training

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was developed. LCWTA implemented a new Moodle system and is creating multiple on-line trainings accessible through the site. As of March 28, 2018, foster parents, staff and others had participated in close to 1,500 hours of training through the new Moodle site. A new class of supervisors completed the Supervisory Certification Program and graduated in April, 2018.

Continued to strengthen and re-align the Child Welfare Title IVE Stipend Program and related DCFS policies and procedures to provide greater support and guidance to stipend students and supervisors in creating meaningful internship experiences as well as specialized learning opportunities, supervision, licensure, and peer support to stipend program graduates during the first few years of their employment with DCFS. DCFS and the LCWTA/University Alliance initiated the DCFS Child Welfare Employee MSW Educational Support Program to support staff obtaining advanced degrees in social work and committing to investing in child welfare longer-term. Implemented the competency based screening and selection process for selecting stipend students and new staff for child welfare roles. Phase 2 of the assessment process in the Quality Improvement Center for Workforce Development grant process was completed. Louisiana was subsequently selected to be one of 8 jurisdictions chosen to participate in testing workforce strategies and building knowledge to strengthen the child welfare workforce.

Update FFY 2019: LCWTA continues to utilize the Five Arcs of Success, namely Outstanding Customer Service, Measuring and Communicating Outcomes, Blending/Merging Operations with the University Partnership, Impressive Delivery of Training, and Fiscal Responsibility to guide decision-making, staffing and alignment of resources. LCWTA designed and implemented the new integrated learning management system that supports on-going needs assessment and evaluation. LCWTA hired full-time professional staff in early 2018 to facilitate communication and access to training by foster and adoptive parents and to expand the number and quality of on-line learning opportunities for foster parents, staff and community partners. DCFS added a staff person in late 2018 to design and integrate new worker classroom and structured on the job learning opportunities into the new LCWTA learning management system and to maintain courses, data, and reports in the new system for informing learning outcomes for new and on-going staff.

The LCWTA focus on enhancing data collection, analysis, and reporting to support high quality training and professional development of learners as well as continuous improvement in the overall training and professional development system. This includes working closely with lead faculty and staff at Northwestern State University and the lead evaluator with the Pelican Center for Children and Families to incorporate Child Welfare Scholar Program and Pelican Center data, analysis and reporting into overall LCWTA reporting. The LCWTA and Pelican Center hosted a Louisiana Continuous Quality Improvement (CQI): Training Development and Evaluation Workshop facilitated by Scott Trowbridge from the Capacity Building Center for Courts and Jacqueline Melton from the Capacity Building Center for States in November 2018 to further developed staff and partners' knowledge and skills and to facilitate application of CQI model to trainings in different stages of development.

DCFS and LCWTA continue to focus on strengthening new worker training. A three year training plan has been drafted and is under review and revision to support employees as they progress through the initial years of employment with DCFS. A new class of supervisors completed the Supervisory Certification Program and graduated in April, 2019.

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LCWTA and the University Alliance continued to strengthen the Title IVE Child Welfare Scholars Program, including the CW Employee MSW Educational Support Program and retention of child welfare scholars and staff.

DCFS and LCWTA/University Alliance continued supporting staff obtaining advanced degrees in social work and committing to investing in child welfare longer-term through the CW Employee MSW Educational Support Program and monitoring the implementation of the competency based screening and selection process for selecting stipend students and new staff for CW roles. Faculty at Northwestern State University provided preliminary evaluation information relating to the competency based screening and selection process in the Summer of 2018.

Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E and Title IV-B and Title XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100%-time study conducted by all Child Welfare (CW) Trainers. Each trainer accounts for all hours in the work week, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters that information into a database. The database, which was created to document and track training activities, contains all courses from the CW training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff.

Random Moment Sampling (RMS) procedures are in place and field staff is sampled on an ongoing basis. The process identifies activities that staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

In FFY 2013, DCFS expended \$9,729,115 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$1,921,500 were allocated for foster care training and \$510,779 for adoption training. In FFY 2014, DCFS expended \$3,983,126 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$2,574,894 were allocated for foster care training and \$84,985 for adoption training. In FFY 2015, DCFS expended \$3,584,590 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$789,455 were allocated for foster care training and \$106,693 for adoption training. In FFY 2016, DCFS expended \$3,237,830 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$636,110 were allocated for foster care training and \$100,293 for adoption training. Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Please note the reduction of actual cost for FFY 2015, associated with training expenditures in the categories below are a result of the reorganization of DCFS and the CW Training Section. All in

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- service trainings provided by CW Training were moved into the DCFS contract with Southeastern Louisiana University (SLU) to develop and implement a LCWTA. CW Training experienced a reduction of staff and expenditures during this time period. CW Training staff was responsible for the implement and training or New Child Welfare Worker Orientation. The contract with SLU is included in “Other Charges” listed on the Projected Training Expenditures chart.)

Projected Training Expenditures								
Category of Expenditure	Actual FFY 2014	Projected FFY 2015	Actual FFY 2015	Projected FFY 2016	Actual FFY 2016	Projected FFY 2017	Actual FFY 2017	Actual FFY 2018
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$2,270,382	\$5,579,376	\$662,487	\$662,487	\$1,941,153	\$647,489	\$840,010	\$776,085.00
Travel	\$2,897	\$7,282	\$64,394	\$64,394	\$2,785	\$199,880	\$205,925	\$165,098.00
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$13,654	\$40,810	\$11,769	\$11,769	\$120	\$3,858	\$3,858	\$2,207
Supplies	\$843	\$6,879	\$598	\$598	\$281	\$687	\$687	\$376
Acquisitions	0	0	0	0	0	0	0	0
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$781,380	\$3,169,562	\$1,758,677	\$1,758,677	\$963	0	0	\$4,663
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$914,813	\$1,041,704	\$1,086,664	\$1,086,664	\$1,292,528	\$3,615,405	\$3,615,405	\$2,861,818
Total	3,983,126	\$9,845,613	\$3,584,589	\$3,584,589	\$3,237,830	\$4,467,319	\$4,665,885	\$3,810,247

Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training

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(including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training, therefore most training is held at the state office located in Baton Rouge, Louisiana. If there is a cluster of trainees in a particular area the training is conducted there. Less travel costs are incurred using this method. The average cost per person will vary based on lodging and meal allowances. The majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below were developed using the formula below and is applied to all child welfare training courses.

Travel Costs - Travel and Training costs from October 1, 2013 – September 30, 2014, are as follow:

- Lodging: Avg. \$104.00 (low for Tier I - \$77.00 – high for Tier 2 - \$131.00 per night excluding taxes and surcharge)
- Meals: Average of \$47 per day; (Tier I - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; Tier II (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)
- Trainees' workbooks: average cost \$8 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight - hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For trainings held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/workbook = \$1590 (\$159/trainee)
 - With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)
 - With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)
 - With Contract Trainer \$1900 = \$3490 (\$349/trainee)
- Maximum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)
 - With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)
 - With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)
 - With Contract Trainer \$1900 = \$6193 (\$229/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

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Update FFY 2015:

Travel Costs: Travel and Training costs from October 1, 2014 – September 30, 2015, are as follow:

- Lodging: Avg. \$117.00 (low for Tier I - \$83.00 – high for Tier 2 - \$151.00 per night excluding taxes and surcharge)
- Meals: Average of \$53.50 per day; (Tier I - \$51 per day: Breakfast \$9; Lunch \$13; Dinner \$29; Tier II (including New Orleans) - \$56 per day: Breakfast \$10; Lunch \$16; Dinner \$30.)
- Trainees' workbooks: average cost \$15 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight - hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$2000/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$117 + \$54.50 for meals and \$15/workbook = \$1865.00 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$2,425.00 (\$242.50/trainee)
 - With two DCFS trainers (\$1,120.00) = \$2,985.00/day (\$298.50/trainee)
 - With Contract Trainer \$2000 = \$3865.00 (\$386.50/trainee)
- Maximum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$117 + \$53.50 for meals and \$15 for workbooks = \$5,595 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$6,155.00 (\$205.16/trainee)
 - With two DCFS trainers (\$1,120) = \$6,715.00 (\$223.83/trainee)
 - With Contract Trainer \$2000 = \$7,595.00 (\$253.16/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

Update FFY 2016:

Travel Costs: Travel and Training costs from October 1, 2015 – September 30, 2016, are as follows:

- Lodging: Avg. \$117.00 (low for Tier I - \$83.00 – high for Tier 2 - \$151.00 per night excluding taxes and surcharge)
- Meals: Average of \$53.50 per day; (Tier I - \$51 per day: Breakfast \$9; Lunch \$13; Dinner \$29; Tier II (including New Orleans) - \$56 per day: Breakfast \$10; Lunch \$16; Dinner \$30.)
- Trainees' workbooks: average cost \$15 per workbook

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- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight - hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$2000/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$117 + \$54.50 for meals and \$15/workbook = \$1865.00 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$2,425.00 (\$242.50/trainee)
 - With two DCFS trainers (\$1,120.00) = \$2,985.00/day (\$298.50/trainee)
 - With Contract Trainer \$2000 = \$3865.00 (\$386.50/trainee)
- Maximum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$117 + \$53.50 for meals and \$15 for workbooks = \$5,595 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$6,155.00 (\$205.16/trainee)
 - With two DCFS trainers (\$1,120) = \$6,715.00 (\$223.83/trainee)
 - With Contract Trainer \$2000 = \$7,595.00 (\$253.16/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

Update FFY 2017: Travel Costs: Travel and Training costs from October 1, 2016 – September 30, 2017, are as follows:

- Lodging: Avg. \$124.50 (low for Tier I - \$89.00 – high for Tier 2 - \$160.00 per night excluding taxes and surcharge)
- Meals: Average of \$53.50 per day; (Tier I - \$51.00 per day: Breakfast \$9.00; Lunch \$13.00; Dinner \$29.00; Tier II (including New Orleans) - \$56.00 per day: Breakfast \$10.00; Lunch \$16.00; Dinner \$30.00.)
- Trainees' workbooks: average cost \$15.00 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70.00 per day per trainer. One eight-hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1,120 per day.
- Contract Trainer Cost: Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LLCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

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- **Minimum Cost:** For training held at the state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$124.50 + \$53.50 for meals and \$15/workbook = \$1,930.00, per day (\$193.00/trainee)
 - With one DCFS trainer (\$560.00) = \$2,490.00 (\$249.00/trainee)
 - With two DCFS trainers (\$1,120.00) = \$3,050.00/day (\$305.00/trainee)
 - With Contract Trainer (\$650.00) = \$2,580.00 (\$258.00/trainee)
- **Maximum Cost:** For training held at the state office/headquarters or a regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$124.50 + \$53.50 for meals and \$15 for workbooks = \$5,775.00 per day (\$193.00/trainee)
 - With one DCFS trainer (\$560.00) = \$6,350.00 (\$211.67/trainee)
 - With two DCFS trainers (\$1,120) = \$6,895.00 (\$229.83/trainee)
 - With Contract Trainer (\$650.00) = \$6,425.00 (\$214.17/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

Update FFY 2018: Travel Costs: Travel and Training costs from October 1, 2017 – September 30, 2018, are as follows:

- **Lodging:** Average \$123.50 (low for Tier I - \$91.00 – high for Tier 2 - \$156.00 per night excluding taxes and surcharge)
- **Meals:** Average of \$55.00 per day; (Tier I - \$51.00 per day: Breakfast \$9.00; Lunch \$13.00; Dinner \$29.00; Tier II (including New Orleans) - \$59.00 per day: Breakfast \$10.00; Lunch \$19.00; Dinner \$30.00.)
- **Trainees' workbooks:** Average cost \$15.00 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of \$70.00 per day per trainer. One eight-hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1,120 per day.
- **Contract Trainer Cost:** Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- **Minimum Cost:** For training held at the state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$123.50 + \$55 for meals and \$15/workbook = \$1,930.00, per day (\$193.00/trainee)
 - With one DCFS trainer (\$560.00) = \$2,490.00 (\$249.00/trainee)
 - With two DCFS trainers (\$1,120.00) = \$3,050.00/day (\$305.00/trainee)
 - With Contract Trainer (\$650.00) = \$2,580.00 (\$258.00/trainee)
- **Maximum Cost:** For training held at the state office/headquarters or a regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$123.50 + \$55 for meals and \$15 for workbooks = \$5,775.00 per day (\$193.00/trainee)

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- With one DCFS trainer (\$560.00) = \$6,350.00 (\$211.67/trainee)
- With two DCFS trainers (\$1,120) = \$6,895.00 (\$229.83/trainee)
- With Contract Trainer (\$650.00) = \$6,425.00 (\$214.17/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

Update FFY 2019: Travel Costs: Travel and Training costs from October 1, 2018 – September 30, 2019, are as follows:

- Lodging: Average \$174.50 (low for Tier I - \$94.00 – high for Tier 2 - \$161.00 per night excluding taxes and surcharge)
- Meals: Average of \$55.00 per day; (Tier I - \$51.00 per day: Breakfast \$9.00; Lunch \$13.00; Dinner \$29.00; Tier II (including New Orleans) - \$59.00 per day: Breakfast \$12.00; Lunch \$17.00; Dinner \$30.00.)
- Trainees' workbooks: Average cost \$15.00 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70.00 per hour per trainer. One eight-hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1,120 per day.
- Contract Trainer Cost: Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For training held at the state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$174.50 + \$55 for meals and \$15/workbook = \$2,445.00, per day (\$244.50/trainee)
 - With one DCFS trainer (\$560.00) = \$3,005.00 (\$300.50/trainee)
 - With two DCFS trainers (\$1,120.00) = \$3,565.00/day (\$356.50/trainee)
 - With Contract Trainer (\$650.00) = \$3,095.00 (\$309.50/trainee)
- Maximum Cost: For training held at the state office/headquarters or a regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$174.50 + \$55 for meals and \$15 for workbooks = \$7,335.00 per day (\$244.50/trainee)
 - With one DCFS trainer (\$560.00) = \$9,015.00 (\$300.50/trainee)
 - With two DCFS trainers (\$1,120) = \$10,695.00 (\$356.50/trainee)
 - With Contract Trainer (\$650.00) = \$9,285.00 (\$309.50/trainee)

Louisiana Child Welfare Regional Offices will work with training staff to provide the required information regarding each training component and cut used for Title IV-E in the 2020-2024 CFSP.

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CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN: The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized with Title IV- B funds and Social Services Block Grant (SSBG) funds in Louisiana to prevent, identify, and treat child abuse and neglect situations.

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs. The state provides notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were and will be used to address the purposes of the grant and achieve the objectives of the grant. Substantive changes to the use of CAPTA funds include the funding of services related to Human Trafficking (HT). Louisiana is fully compliant with all federal legislation related to HT. DCFS has amended its policies related to disclosure of fatalities and near fatalities to direct that the Department shall share information on these cases. In practice, and for many years, DCFS has always shared the information on fatalities and near fatalities when requested.

Most recently, and to comply with Public Law 114-198, House Bill 678 passed the state legislature and on June 22, 2017 the Governor signed Act 359. The Department then promulgated an emergency rule that went into effect on 10/1/17. The legislation is described in more detail in the following pages.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

A.) ALLOWABLE AREAS:

- Intake, assessment, screening, and investigation of reports of child abuse or neglect;
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

SERVICES PROVIDED:

A. Child Protective Services (CPS) including:

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1.) Child Welfare System Develop Project (Formerly: Common Access Front End) – Transformation Phase I included the implementation of a Customer Call Center, Document Imaging and Content Management System, and a Common Access Front End System (CAFÉ). With the Child Welfare System Development Project (CWSDP), formally known as Transformation Phase II, DCFS envisions building upon the investments made, to ultimately achieve the complete replacement of legacy information systems. The CWSDP planning team was tasked with identifying opportunities for replacement of the current “legacy systems”.

In October of 2014, functionality was added in CAFÉ. CAFÉ provides a public facing provider portal for the submission of foster/adoptive parent applications, emergency preparedness plans, requests for reimbursement, and viewing of payment history. The CAFÉ provider worker portal includes functionality that provides for submission of foster/adoptive parent applications, approval of reimbursement requests, referrals for vendor services to specific vendors and the management of provider case activities. The worker portal provides an assignment dashboard, scheduling that integrates with Outlook, cross program case search to view data from other program areas (as allowed by law), rules and regulations, tasks and alerts. It allows for presentation of case information from TIPS, data entry wizard with integration with TIPS, staffing wizard for recording and storing of case staffing, and an IV-E wizard to automate the IV-E process. [For additional information on Information Systems, please refer to the state’s 2017 Annual Progress and Services Report (APSR) and the Systemic Factor for Information Management.]

FFY 2016 Update: The Department continued to refine and enhance CAFÉ and its interface with TIPS as business practices are added or changed. In parallel the CWSDP Planning Team continues to work towards planning for the development and implementation of legacy information system replacement for the Child Welfare Program. The Annual Advanced Planning Document Update was submitted to all federal partners in October 2016 and it provided an overview of activities and project timelines for CWSDP. Due to the change in DCFS priorities, which includes the dire need for a modernized comprehensive solution and the uncertainty regarding the impact of the budget on the long-term planning efforts, timeframes for FFY 2017 project tasks were adjusted, leaving the need to re-evaluate the timeframe for future project tasks when submitting the 2018 Annual APD. The implementation period for a C solution has been targeted for May 2019.

FFY 2017 Update: In the summer of 2016 leadership determined a comprehensive Child Welfare solution would need to be implemented. The Department decided to expedite the implementation of the new solution, which resulted in the CWSDP team severing from the One DCFS Transformation Project Advanced Planning Document (APD) submission. The newly formed CWSDP submitted a Planning Advanced Planning Document (PAPD) to the Administration of Children and Families (ACF) on December 15, 2016. The PAPD requested funding to support the activities required to plan for the procurement of technology solutions and technical assistance in the development of a certified Comprehensive Child Welfare Information System (CCWIS) to replace the current legacy systems. The PAPD was approved effective December 1, 2016. The CWSDP is currently working on developing the Implementation Advanced Planning Document (IAPD) to requesting funding to develop and implement a CCWIS compliant system. Once funding is secured from ACF, the project team plans to publish a Request for Proposals (RFP) in the fall to procure an Independent Verification and Validation (IV&V) vendor.

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Update FFY 2018: The CWSDP submitted an Implementation Advanced Planning Document (IAPD) to the Administration of Children and Families (ACF) on April 27, 2017. The IAPD requested approval for continued use of federal funds from Title IV-E for the activities required to procure technology solutions and technical assistance for the development of a Comprehensive Child Welfare Information System (CCWIS) to replace the current legacy systems. The IAPD was approved effective May 26, 2017. The CWSDP has decided to procure a Quality Assurance/Quality Control (QA/QC) vendor instead of an IV&V vendor, and plans to publish the RFP in April 2018. The CWSDP has decided to publish two separate Design, Development and Implementation (DDI) RFPs in order to secure a vendor to build the new CCWIS system. The first RFP is a request for qualified personnel to augment the project staff to build the system. The second RFP is a request for vendors to propose a solution that can meet the Department's needs. The CWSDP plans to publish both DDI RFP's in May 2018. The CWSDP has released a Request for Response (RFR) to bring a vendor on to assist the project with data cleanup activities. The vendor is expected to begin in June 2018. The team is working on documenting the existing legacy systems for the vendor library, developing high level user stories, and writing the Annual APD submission that is due May 1, 2018.

Update FFY 2019: The data clean up vendor has identified data quality issues and developed a list of recommendations for future data governance. The level of effort to assist with manual and automated cleansing will require the project to scale up to complete. We have assessed project needs and have determined the best course of action is to wait until we have a CCWIS vendor on board and use tools of the new solution during the data conversion process. Onboarding of the DDI vendor has been pushed back due to delays in the procurement process. DDI is shorthand for the integration of Domain Name System (DNS), Dynamic Host Configuration Protocol (DHCP) and, Internet Protocol Address Management (IPAM). Onboarding is anticipated for the Fall of 2019. The Quality Assurance (QA) and Quality Control (QC) vendor has been selected and the contract is currently under federal review.

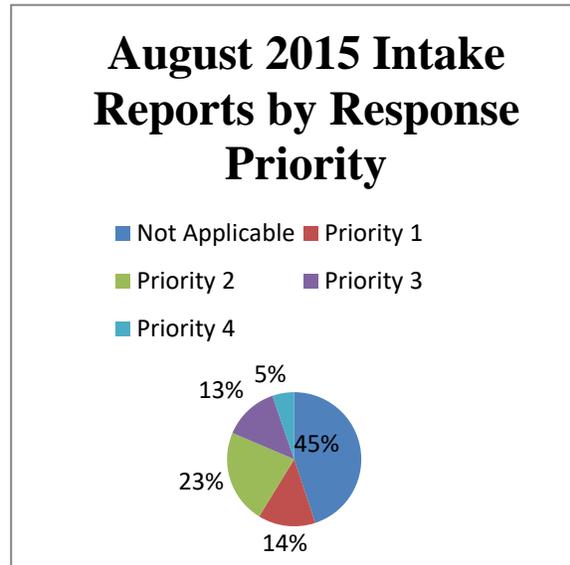
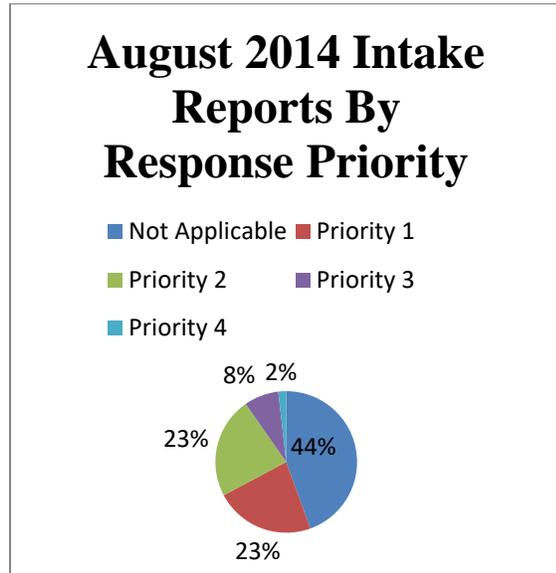
2.) Centralized Intake (CI) Service Description – A CI system was developed by DCFS in 2011. The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The hotline is operated by Child Protection Services (CPS) teleworkers who will work from home and are stationed throughout the state. The centralized child abuse hotline is operated by approximately 48 teleworkers, ten supervisors, three managers, and two support staff. Staff is selected based on the following guidelines/ qualities:

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

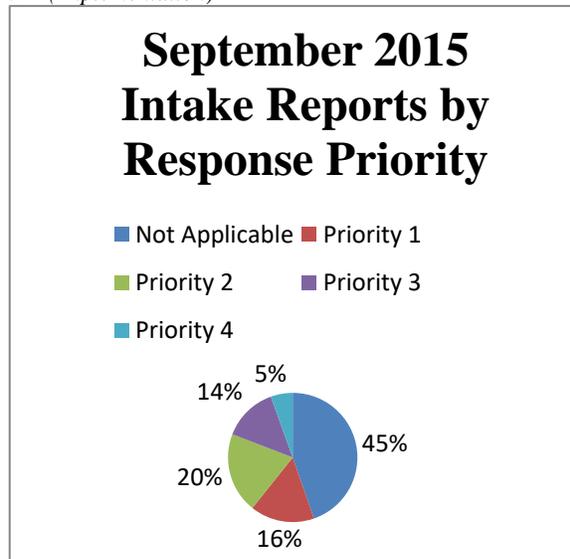
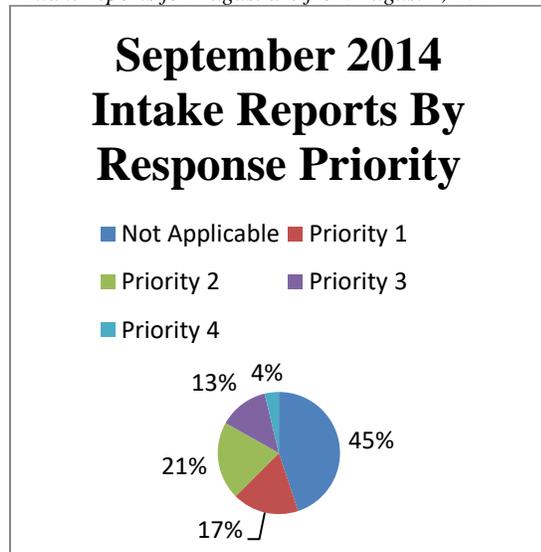
CI was trained in Advanced Safety Focused Practice (ASFP) referred to as Safety Focused Practice (SFP) and CI managers provide individual training and mentoring to the supervisors and CI specialists on an ongoing basis. Managers travel statewide to provide community education to mandated reporters such as law-enforcement, and medical/school personnel.

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CI Area of Focus: In August 2014 DCFS made changes to the response priority for reports of abuse and neglect. Subsequent to this practice change, a new response priority instrument was implemented and CI managers have continued to monitor implementation. From August 2014 to November 2014 there was a predictable shift in data indicating a reduction in cases identified as Priority 1 and Priority 2. There was a five percent increase in Priority 3 cases, and Priority 4 cases doubled. Not Applicable cases increased by one percent. See data indicated in graphs below:



**Intake reports for August are from August 4, 2014 – August 31, 2014 (Implementation)*



The new response priority system continued with improved outcomes as evidenced by a reduction of Priority 1's from 23% in August 2014 to 16% in September 2015. Priority 2's was 23%, September 2015, 20%. Priority 3's, August 2014 were 13%, September 2015, 14% and finally, Priority 4's was 4% and September, 5%. Managers worked closely with supervisors to train their staff on the response tool and continue the progress with SFP decision-making. The quality assurance measure of reviewing calls has continued with 20 recorded calls each month and 30

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recorded when possible. The assistance of a Child Welfare Consultant separate from the CI unit was utilized to support an optimal environment for objectivity and for greater transparency of possible issues or concerns. A two-day training of the managers working with the supervisors was held on December 4-5, 2015 to continue to refine decision-making. This training supported more face-to-face interactions to enhance working relationships. Workers went to local office trainings to connect with local office staff and assure their continued networks with other child welfare staff.

Update FFY 2016:

CALLS RECEIVED BY CENTRALIZED INTAKE												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Calls Received 2014-2015	8275	8635	9367	8973	7607	7162	8167	7434	8864	8929	8517	7796
# of Calls Received 2015-2016	8285	9380	9602	9693	8373	7742	7941	8112	8720	8049	7795	6671

NUMBER OF INTAKES RECEIVED AND PERCENTAGE OF INTAKES ACCEPTED FOR CPS SERVICES													
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	
# of Reports Received 2014-2015	3914	4170	4638	4868	3720	3832	4300	3834	4748	4556	4461	4007	
# of Reports Accepted 2014-2015	1907	2218	2375	2365	1684	1779	2237	2006	2435	2462	2435	2059	
% of Reports Accepted 2014-2015	48.7	53.1	51.2	48.6	45.3	46.4	52.0	52.3	51.3	54.0	54.6	51.4	
# of Reports Received 2015-2016	4121	4668	4916	4794	4189	4038	4445	4460	4642	4917	4693	3920	
# of Reports Accepted 2015-2016	2058	2229	2380	2298	2091	2091	2217	2258	2516	2759	2669	2327	
% of Reports Accepted 2015-2016	49.9	47.8	48.8	47.9	49.9	49.9	49.9	50.6	54.2	56.1	56.9	59.4	

The breakdown of calls received through CI is as follows:

- 100,000 calls per year
- 48,000 are informational
- 52,000 are reports of alleged abuse and neglect requiring a disposition
- 26,000 are reports of abuse and neglect that are accepted for services by CPS.

Based on the numbers cited above, CI staff experience an average of 450 calls daily. Divided by a 7.5-hour work day (this equals one staff person) this results in a need of 60 intake workers. At this time, DCFS has only 48 workers. During high call volume times, callers are frequently experiencing long hold times. With the new system, callers now have an option to leave their number for a call-back from an intake worker. There is a wait time associated with this during high call volume times.

Update FFY 2017:

CALLS RECEIVED BY CENTRALIZED INTAKE												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June
# of Calls Received 2015-2016	8285	9380	9602	9693	8373	7742	7941	8112	8720	8049	7795	6671
# of Calls Received 2016-2017	6523	9279	9185	8634	8893	7787	9493	9648	11085	9368	9941	6993

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NUMBER OF INTAKES RECEIVED AND PERCENTAGE OF INTAKES ACCEPTED FOR CPS SERVICES												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Reports Received 2015-2016	4121	4668	4916	4794	4189	4038	4445	4460	4642	4917	4693	3920
# of Reports Accepted 2015-2016	2058	2229	2380	2298	2091	2087	2217	2258	2516	2759	2669	2327
% of Reports Accepted 2015-2016	49.9	47.8	48.4	47.9	49.9	51.7	49.9	50.6	54.2	56.1	56.9	59.4
# of Reports Received 2016-2017	3743	4545	4874	4606	4050	3866	4508	4179	4684	4228	4310	3454
# of Reports Accepted 2016-2017	1535	2658	2904	1839	1646	1478	1812	1672	1918	1739	1847	1404
% of Reports Accepted 2016-2017	41.0	58.5	59.6	39.9	40.6	38.2	40.2	40.0	41.0	41.1	42.9	40.6

Update FFY 2018: The focus for FFY 2018 was on quality customer service and implementing an online mandated reporter solution for submission of electronic reports of abuse and neglect. Thirty calls were reviewed each month by a consultant outside of Centralized Intake. The consultant reviewed the calls for professionalism, courtesy, gathering sufficient information, interaction skills and accuracy of information documented in the written report. Monthly reports are submitted to CI Managers for review. The reports include the worker reviewed, date of call, call interaction number, type of reporter, case acceptance information and evaluation of the call. The information is used in a debriefing between the manager and supervisor to provide guidance on how to improve the quality of customer service and information gathering during calls. The goal of decreasing the wait time, referred to average speed to answer (ASA), for callers reporting abuse and neglect, was set at 10 minutes or below. The baseline (Jan 2017 to Mar 2017) was 16.78 minutes. The ASA for FFY 2017 was 11.38 minutes. As of March 31, 2018, the ASA speed for FFY 2018 is 8.06, which meets the goal established for this FFY.

Month	ASA	#Days ASA Below 10 Minutes
October 2017	9.46	25
November 2017	7.21	25
December 2017	4.26	30
January 2018	7.52	25
February 2018	4.62	27
March 2018*	14.93	19

*Note: Server outage in March impacted the answering system for approximately 12 hours.

This goal was achieved by implementing alternative ways of reporting non-emergent reports of abuse and neglect by mandated reporters. In September, 2017, the Department introduced the new Louisiana Department of Children and Family Services Mandated Reporter Portal (MRP), https://mr.dcfs.la.gov/c/MR_PortalApp.app#. Since implementation on 9/25/2017 through March 31, 2018, a total of 10,874 initial and follow-up reports have been received through the portal. The goal of improving the number of calls answered was set at 75% or above for FFY 2018. The baseline data (Jan 2017 to Mar 2017) was 61.5%. FFY to date (October 2017 to March 2018) was 70.5%, an improvement of 9%.

Month	Percent of Calls Answered*
October 2017	68.6%

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November 2017	70.5%
December 2017	77.7%
January 2018	70.1%
February 2018	76.9%
March 2018	61.9%

*Percent of calls answered = (Calls answered live + Callbacks)/Total Incoming Calls

Although the goal overall monthly has not been met, significant improvements are indicated in the metrics. In March 2018, CI experienced a significant increase in number of calls and number of reports received through the portal. This increase impacted overall metrics. Staff outside of CI was utilized to assist with the volume several days during March. There was a server outage for approximately 12 hours in March, which impacted metrics.

February Call Volume + Portal Volume = 8881

March Call Volume + Portal Volume = 9755

% Increase = 10%

The mandated Reporter Form was revised and implemented in June of 2017. The mandated Reporter Online reporting system went live on September 25, 2017. There was no outreach immediately done when the portal became available due to the end of the federal fiscal year; however, plans were developed to inform mandated reporters of the new online reporting system.

Update FFY 2019: Continue the activities planned for FFY 2019. Our focus is to accommodate the increase in online reporting. The focus for FFY 2019 was on quality customer service and online mandated reporter submission of electronic reports of abuse and neglect. Thirty calls were reviewed each month by a consultant outside of Centralized Intake. The consultant reviewed the calls for professionalism, courtesy, gathering sufficient information, interaction skills and accuracy of information documented in the written report. Monthly reports are submitted to CI Managers for review. The reports include the worker reviewed, date of call, call interaction number, type of reporter, case acceptance information and evaluation of the call. The information is used in a debriefing between the manager and supervisor to provide guidance on how to improve the quality of customer service and information gathering during calls. The goal of decreasing the wait time, referred to average speed to answer (ASA), for callers reporting abuse and neglect, was set at 10 minutes or below. The ASA for FFY 2018 (Oct 2017-Sept 2018) was 9.9 minutes, which meets the goal established for this FFY.

Month	ASA	#Days ASA Below 10 Minutes
October 2017	9.46	25
November 2017	7.21	25
December 2017	4.26	30
January 2018	7.52	25
February 2018	4.62	27
March 2018*	14.93	19
April 2018	8.07	24
May 2018	4.94	27
June 2018	3.21	27
July 2018	3.02	31
August 2018**	30.91	7

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September 2018**	20.59	10
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This goal was achieved since implementation of Louisiana DCFS Mandated Reporter Portal (MRP) in September, 2017. https://mr.dcf.la.gov/c/MR_PortalApp.app#. The number of initial and follow-up reports from October 1, 2017 through September 30, 2018 is 21,798. The goal of improving the number of calls answered was set at 75% or above for FFY 2018. The number of calls answered for the entire FFY 2018 (October 1, 2017 through September 30, 2018) was 70.6%. The percentage was below the targeted goal.

Month	Percent of Calls Answered*
October 2017	68.6%
November 2017	70.5%
December 2017	77.7%
January 2018	70.1%
February 2018	76.9%
March 2018	61.9%
April 2018	71.1%
May 2018	75.9%
June 2018	84.1%
July 2018	82.7%
August 2018**	51.7%
September 2018**	56.0%

*Percent of calls answered = (Calls answered live + Callbacks)/Total Incoming Calls

Although the overall monthly goal has been met with regards to call response time, the increase in reports received through the online reporting system has maintained the high report volume. DCFS plans to hire WAE workers to assist with the increase in online reports received through the mandated reporter portal.

3.) Structured Decision Making Service Description – The SDM® model incorporates a set of evidence-based assessment tools and decision making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM® model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision making points that range from intake to reunification. The SDM® model utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Update FFY 2016: The Department continues to implement several efforts to improve consistency and quality of desired outcomes for children and families within their homes by focusing on the risk assessment. This risk assessment is designed to assist workers in making critical decisions such as determining the likelihood of future maltreatment without intervention. The Child

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Protective Services (CPS) worker conducts a thorough assessment of the family dynamics by obtaining information in the six areas of assessment using the ASFP surrounding the six areas of assessment. This information is used to help accurately complete the risk assessment.

2014 STRUCTURED DECISION MAKING TIMELINESS AND CONSISTENCY						
Area of Practice	Q1	Q2 Baseline	Variance	Q3	Q4	Variance
Correct Household	n/a	98.22	n/a	97.50	99.17	1.67
Timeliness	n/a	50.85	n/a	46.67	59.17	12.5
Consistency	n/a	64.41	n/a	60.83	69.17	8.34

2015 STRUCTURED DECISION MAKING TIMELINESS AND CONSISTENCY						
Area of Practice	Q1 Baseline	Q2	Variance	Q3	Q4	Variance
Correct Household	95.0	94.2	0.8	91.7	95.0	3.3
Timeliness	62.5	63.3	0.8	61.7	65.0	3.3
Consistency	55.0	43.3	11.7	48.3	44.2	4.1

Area of Practice	FFY 2014 Baseline	FFY 2015	FFY 2016	FFY 2017***
Correct Household	98.30	93.98	97.5	
Timeliness	52.23	63.13	82.5	
Consistency	64.80	47.7	67.5	82.0

*** There was a change in how data was collected during this period.

In comparing data from 2014 average quarter data to 2015, there was a decrease of 4.32% in data completing the risk assessment on the correct household. The 2014 and 2015 data comparison revealed a significant 10.9% increase in timely approval of the risk assessment. However, consistency of information documented in the case record to the indices endorsed on the risk assessment shows a decrease from 2014 to 2015 of 17.1%. This highlights a decline in staff correctly identifying the household and collecting information consistent with their risk assessment endorsements. However, a sharp increase was noted in the timely completion of the risk assessments with families. The risk assessment along with accurate safety decision making assists the worker in determining the appropriate disposition of a case and determining the need for continued services through departmental or community service providers.

An integral part in assessing timely approval of the risk assessment was adding a risk assessment approval box into ACESS to ensure better supervisory oversight, review, and concurrence of the information endorsed on the initial risk assessment. Correctly endorsed items ensure the risk level is accurate and appropriate decisions are made by the Department regarding on-going services to the family. Ongoing consultation was provided by CQI staff and the CPS program consultants during Case Crisis Reviews (CCR), ASFP case review exits, CQI reviews, and case consultations.

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Update FFY 2017: Beginning in FFY 2016 through the early part of FFY 2017, the Safety Focused Practice (SFP) lead worked with staff at the consultant level. The goal was to improve inter-rater reliability on SFP case reviews and to build capacity among the state SFP leads. The CQI Team continued to coach supervisors in various areas of supervision. One of the topics covered with Supervisors was on Risk and Safety Assessments. The purpose was to enhance the supervisor's ability to guide workers on understanding how to assess risk and safety and how to utilize the instruments to guide decision making.

Update FFY 2018: A shift was made to have CW Managers review a minimum of 5 cases per month to assess practice in their assigned areas. The goal of the reviews was to utilize the information to identify areas of practice where supervisors may need additional training or mentoring, with an ultimate goal of improving the overall practice within the Manager's team and office. A review instrument was developed to focus on the same critical decision points in practice as well as to assess the supervisor's guidance provided to workers throughout the life of the case. A reporting tool was developed to track trends in specific practice areas that can be targeted for monitoring by State Office and Regional leadership. The review instrument includes 11 items. One of those items included is if the SDM risk assessment is completed correctly.

The Manager reviews started in July of 2017(3rd quarter); however, due to managers learning how to use the instrument, and learning how to complete the reviews, the data was not collected and reported for this quarter. The data was collected and reported from October 2017 until December 2017 (4th quarter). The data and reports for the reviews from Q4 were forwarded to Regional and State office leadership, and reviewed during Management and Leadership meetings. Information from the reviews was used to:

- Track trends at the State Office level to inform policy clarifications or changes;
- Assess practice areas for additional training and/or mentoring needs; and
- Identify areas of practice for supervisory focus during consultation with managers.

There were 122 CPS cases reviewed by the CPS managers for Q4 of 2017. The data indicates that the SDM was completed correctly on 100 cases, which is 82% of the time, but in 19 cases, which are 15.6% of the time, the SDM was not completed correctly. In 3 cases, or 2.4% of the time, the worker was unable to complete the SDM which would have been due to the case being closed as a special closure, such as, unable to locate, client non-cooperative, or another special closure reason. In Q1 of 2016 the SDM was completed correctly 35.0% of the time. The data from Q4 of 2017 reflects a significant increase.

Eckerd Rapid Safety Feedback (ERSF) High Risk Staffing protocol was implemented on July 3, 2017 in Louisiana. The ERSF model of high risk staffing uses predictive analytics to identify cases with a high likelihood of a poor outcome. Cases identified through this process will either be reviewed by an ERSF reviewer or a Child Welfare Manager. Cases staffed by an ERSF reviewer follow the Eckerd staffing model. Cases staffed by a Child Welfare Manager follow the normal office procedures for staffing high risk cases. The ERSF process follows a quality assurance, proactive approach to discussion and assessing cases in order to actively address safety-related issues on our most "at risk" population. This model is framed around a teamwork and mentoring approach of shared responsibility on critical cases. In implementing this model, Louisiana is

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looking to reduce the incidence of substantiated fatalities or near fatalities for children already known to DCFS. Known to DCFS is defined as having a prior report regardless of the final finding or service delivery within a 24-month period.

CQI continues to be an ongoing mentoring project for CPS Supervisors on providing supervision to workers to assure accurate use of the SDM risk assessment. CQI examined the quality of assessments and information gathering throughout the course of a CPS case through the Eckerd consultations. The CPS email address, DCFS.ChildProtectiveServices@la.gov, is being utilized by field staff. It allows CPS Consultants to address policy questions and/or concerns sent up from the field as it relates to risk assessment and the completion of the risk assessment instrument.

Update FFY 2019:

- Manager Reviews began that were inclusive of safety issues, however the requirement for regions to continue the reviews and submit to State Office ended. Receiving the CFSR results has shed more light on the need to re-evaluate our focus on safety, how it is measured and monitored. We anticipate this being an area of focus in our PIP plan which was submitted March of 2019.
- CQI continued the mentoring project for CPS supervisors. There were ongoing trainings and consultations scheduled to enhance the staff's ability to complete the SDM correctly, as well as to use the information accurately as it relates to determining case closure, referral for services or removal.
- The CPS email address, DCFS.ChildProtectiveServices@la.gov, continued to be utilized as a point of contact by field staff to submit questions/concerns as it relates to risk assessments and/or completion of the risk assessment instrument.

4.) ACCESS 2.0 (Formerly ACCESS): Service Description: The Department has A Comprehensive Enterprise Social Services System (ACCESS) which is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (CI) that are assigned to the CPS program. ACCESS used to serve as the electronic case record for all intakes, child abuse and neglect reports and CPS services until the development and implementation of On-Base. ACCESS provides some case management tools. The Department continues to address system issues for optimal performance.

Over the last decade, DCFS has made modifications to ACCESS to align the information system with policy and practice changes. Some examples include modifications made in August 2014 to change the response priorities for CPS cases; coerced abortion was added to the allegation framework for abuse and neglect after 2014 legislation was enacted; with the implementation of ASFP [referred to as SFP] ACCESS was modified to include the six areas of assessment including: the extent of maltreatment, circumstances surrounding maltreatment, child functioning, adult functioning, parenting general, and disciplinary practices.

Update FFY 2018:

- In January 2017, a change to ACCESS was implemented to reactivate the ability to attach documents in an ACCESS case to ensure that documents were associated with specific CPS cases and expunged per the records retention schedule.
- In May 2017:

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- The ACESS system changed to ensure that records were destroyed timely and according to the Expungement Law.
- ACESS was made to allow users the ability to view Safety Assessments after case closure for out of home investigations.
- ACESS allowed users the ability to edit or delete (cancel) an attachment after an Intake Case closes. Users now can view an attachment after it has been edited.
- In September of 2017, DCFS implemented an online Mandatory Reporter Portal. This portal is available for submission of non-emergent reports of abuse and/or neglect, and is an effort to streamline processes while decreasing the wait time on the Child Abuse/Neglect hotline.

The planned activities for FFY 2018 were contingent upon the decision to replace the existing ACESS and legacy system with a CCWIS system. The agency is moving forward with implementing a full CCWIS system. In the meantime, rising costs associated with our existing system of record for Child Protection Intakes and Investigations (ACESS) required DCFS to replace ACESS with a system that would duplicate the existing functionality. ACESS 2.0, the new version of our Child Protection system, is anticipated to go live June 18, 2018. As a result, many of the planned activities were put on hold to focus on this replacement of ACESS, ultimately freezing the existing codes, preventing changes from being made. Changes could not be made on 10/01/2018 to capture the required data for CARA implementation.

Update FFY 2019: ACESS 2.0, the replacement system for the original version of ACESS, went live on August 6, 2018. Procurement began for a CCWIS solution to enhance Child Protective Investigations, while ACESS 2.0 is considered a temporary solution to meet our existing business needs. Most activities since implementation have centered around defect resolution and change readiness activities. The following are highlights of overall system enhancements/changes related to Child Protective Services:

- Implementation of ACESS 2.0;
- The Mandatory Reporter Portal, implemented in September of 2017 now interfaces with ACESS 2.0. There has been a significant increase in the number of reports received through the Mandatory Reporter Portal. When reports are made through the portal, they are now triaged in a queue and automatically transferred to the ACESS Intake system.
- Incorporation of required NCANDS data elements in ACESS related to Human Trafficking and the Comprehensive Addiction and Recovery Act. This included making changes to the TIPS tracking legacy system;
- Modifications to implement a Tiered Validity system that determines an individual's placement on the State Central Registry of abuse and/or neglect, along with the length of time on the State Central Registry and the record retention for the respective investigation;
- Implementation of a Clearance Module within ACESS 2.0 that provides a means to conduct various types of child abuse background clearances and the ability to generate notifications of clearance results;
- Implementation of a Child Abuse and Neglect Clearance System (CANS), a streamlined system for requesting the following types of child abuse clearances from DCFS:
 - Staff of facilities licensed by DCFS;
 - Employees of out of state licensed child care facilities who previously resided in the State of Louisiana;

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- Child Protection Agencies from other states requesting information related to ongoing investigations; and
- Out of State Agencies certifying foster and adoptive parents serving foster children;
- Modifications that enhanced the state's due process system. Functionalities include:
 - Notifications of appeal rights along with tracking of time limitations of such;
 - An internal case review process; and
 - Appeal functionality including the ability to track the appeal process and make changes to validity/tiers as indicated;
- Automated expungement of intakes and investigations based on the state approved records retention schedule has not been implemented. The complexity of the various rules for expunging cases and having twelve sets of rules that apply to distinct periods of time has delayed implementation. Development and testing in this area has been extensive and implementation is expected to occur within the next six months;
- Modifications were made to link Child Protection Intakes deemed to be additional reports to existing open investigations;
- Defect resolution prevented the enhancement of additional functionality. The ACCESS team is developing a list of system enhancements to be prioritized based on available resources. Therefore, the following activities are pending:
 - Corrections to be made to two questions in the intake response priority assessment at intake to clarify the meaning of the questions.
 - An ACCESS improvement is slated to occur within the Intake Summary Form. In addition to a home phone number there will be a place to document a cell phone number. Directions to the home will be displayed. The added demographical information will enhance the investigator's ability to locate/interview the individuals in the intake report. These changes will improve the field staff's ability to complete investigations timely and in accordance with agency guidelines.
 - A new mandatory dropdown field will be added to the Client Intake screen under demographics section to record reporter's knowledge of intake client's membership or eligibility for membership in a federally recognized Indian tribe in the system and that information populated on the Intake Summary Form.
 - A special closure reason will be created for reports of newborns exposed to drugs or alcohol and having been placed for adoption with the worker unable to make contact with the family prior to the placement.
 - A special closure reason "False Reports" is needed for CPS to track said reports per Louisiana law. A record retention schedule is needed for this special closure reason.
- A help screen was added with a hyperlink to the Appendix 4-B of CPS allegations on the allegations page in intake cases to assist staff with definitions of allegations; and
- DCFS collaborated with the Louisiana Department of Education in their effort to develop a comprehensive system that conducts the five required background checks for child care employees. On July 1, 2018, DCFS began utilizing this system to retrieve requests for SCR clearances and conducting State Central Registry clearances on all child care employees. Between July 1, 2018 and October 1, 2018, approximately 23,000 SCR clearance requests were received and completed through this system.

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B.) ALLOWABLE AREA:

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

SERVICES PROVIDED:

Criminal Record Clearances - DCFS continued use of the MORPHTRAK Motorola Live Scan equipment which was previously known as PRINTRAK during FFY 2014 to complete fingerprint based criminal record clearances through the Louisiana State Police (LSP) and the FBI. Criminal record clearances were obtained on prospective foster/adoptive parents (both DCFS and private agency) prior to certification, on relative caretakers, and on residential direct care staff prior to employment to insure the safety of children placed in the care of these individuals. Additionally, all DCFS staff that are “new hires” receives criminal record clearances prior to hire to insure safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers who will be working for long stretches of time alone with a child to receive criminal record clearances as well since they are the caretakers of the child while they are alone with the child. Additional information can be found in Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Update FFY 2016: Continued use of MORPHTRAK to complete fingerprint based criminal record clearances through the state police and FBI. New workers, mentors, visiting resources, foster/adoptive parents and potential applicants and volunteers continued to undergo the fingerprinting process for safety assessment purposes. DCFS worked to establish a structured protocol with the state’s sheriff departments to acquire fingerprint based criminal clearances. The sheriff departments have the same equipment and connections to the LSP and FBI. This will expand accessibility for families and relieve DCFS of the responsibility of maintaining equipment compatible with the technology at the Louisiana State Police. It will provide a backup system when DCFS experiences equipment malfunctions in an area of the state.

Update FFY 2017: DCFS has continued to complete criminal record clearances on all caretakers of children in foster care and DCFS staff with direct client responsibility. DCFS continues to maintain fingerprinting machines in all regions, along with the necessary connections to the Louisiana State Police (LSP) system for the interface with the Federal Bureau of Investigation data system to ensure nationwide, fingerprint based, criminal clearances. During this FFY, DCFS continues to review the technical capacity of the current system to determine the feasibility of continuing to maintain equipment with the requisite system upgrades to remain compatible with the LSP or expanding collaboration with law enforcement agencies.

Update FFY 2018: DCFS has continued to complete criminal record clearances on all caretakers of children in foster care and DCFS staff with direct client responsibility. Fingerprinting machines have been maintained in all regions, along with the necessary connections to the Louisiana State Police (LSP) system for the interface with the Federal Bureau of Investigation data system to ensure nationwide, fingerprint based, criminal clearances. DCFS started updating our

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MORPHOTRAK equipment in every region to sustain connectivity with the national Automated Fingerprint Information System (AFIS).

Update for FFY 2019: All the fingerprint, criminal background clearance equipment – desktop Live Scan devices and printers were replaced in each of the ten offices where they are housed during SFY 2018-2019. A company called Idemia has bought out Morphotrak, and is the new vendor. We coordinated the investment in updated equipment to retain connectivity to the Louisiana State Police which is the entity with access to the AFIS system and FBI databases. We invested in a portable Live Scan devices and are working to determine if it will have any potential for increasing efficiency and productivity for field staff in obtaining fingerprint scans from foster parent and relative applicants in the home setting as opposed to requiring travel to the regional offices. A Louisiana legislative audit was performed on the DCFS Child Welfare practice of completing fingerprint clearances, and procedures were updated to ensure compliance with department policies surrounding the completion of the clearances.

C.) ALLOWABLE AREAS:

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- Developing, strengthening, and facilitating training including:
 - Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
 - Training regarding the legal duties of such individuals;
 - Personal safety training for case workers; and
 - Training in early childhood, child, and adolescent development;

SERVICES PROVIDED:

1.) Nurturing Parent Program –The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the state’s Family Resource Centers (FRC) located in every region of the state. Technical assistance on implementation of the model is provided to the Family Resource Centers. This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parent, two parents, step-parent or paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families could be intact or families with the goal of reunification families. Families should not be actively using substances or in recovery. Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to assure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children’s group activities consist of age-appropriate activities including role - play, music, arts, puppets, reading, infant massage and modeling of parents. The Nurturing Parent Program is 16 weeks long.

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Update FFY 2016: NPP services are no longer only provided at FRCs and have been made available at DCFS offices. Departmental staff is now available to co-facilitate NPP services to families who may not be in a position to travel to the region’s FRC location or who may choose to schedule this service on a previously scheduled visit to the office. Trainings were open to participation by interested DCFS staff in order to enhance their skills. The NPP, specifically for families participating in substance abuse treatment, was/is available in the Lafayette Region through Gulf Coast Teaching Family Services. Group classes were available to clients in Lafayette, Iberia and Vermilion parishes. The Department continues to monitor the progress of FRC services particularly the NPP via quarterly site visits and monthly conference calls between DCFS state office staff, DCFS regional liaisons and FRC staff. These calls served to discuss referral trends and troubleshoot issues. The calls have led to a greater understanding of FRC services, as often times they are attended by field supervisors as well.

Prevent Child Abuse Louisiana (PCAL) provides on-site consultation and assessment utilizing the NPP Fidelity Rating Scale. A post-visit report is submitted to DCFS and FRC staff. Reports include identified strengths and weaknesses of each site and recommendations for improving implementation of the program(s). Follow-up is determined. Reports include a recommendation that the FRC make an exploratory visit to another FRC to observe a particular program component that has been identified as needing improvement. Additionally, part of the PCAL contract deliverables are to invite the NPP Consultants that were trained from the FRC’s to observe these site visits. There is currently two FRC staff with this designation. As part of participation in the LA ACE Educator Program, they have offered four (4) ACE presentations/webinars to DCFS and FRC staff on the following topics.

- An Overview of Nurturing Parenting: Positive Outcomes for Child Welfare Families
- Understanding the AAPI-2- Assessing Parenting Attitudes
- Exposure to Violence and Child Development
- Empathy: Building Nurturing Families for the Prevention of Child Abuse and Neglect

FFY	Number of Parents receiving NPP	# and % of parents who complete the Nurturing Parenting Program	# and % of parents who completed the Nurturing Parenting Program with a higher post-test mean score than the pre-test mean score.
FFY 2016	267	173 (64%)	125 (72%)
FFY 2017	376	193 (52%)	169 (84%)
FFY 2018	328	212 (64%)	198 (93%)

Update FFY 2017: The FRC Network offered a three-day Nurturing Parenting Program Training that was held in the Lafayette Region November 7-9, 2016 with Sheri Hogg of PCAL. This was open to participation by all Child Welfare Family Resource Centers. Sheri Hogg of PCAL offered WebEx trainings for DCFS and FRC staff. (Feb. 2016-May 2017):

- Understanding Adverse Childhood Experiences: Building Self-Healing Communities
02/05/2016

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- Brian Development and the Impact of Toxic Stress on Children and Teens 4/26/16
- Communicating with RESPECT 06/17/2016, 12/02/2016
- The Facts about Child Sexual Abuse 01/20/2017
- Why Preventing Child Abuse and Neglect Should Be a Priority 03/17/2017
- Family Resource Center (FRC) Agency Highlights 05/19/2017

The FRC network held a Skills Training Day for all staff of all FRCs to exchange ideas on how to better provide services to family. They shared tips and training modules to learn from each other and strengthen their programs and practices. Gulf Coast Social Services provided the 16-week Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery. This program is designed to assist parents in strengthening their own recovery and to build a nurturing family lifestyle. In addition to weekly classes, two home visits during the series are included. In each FFY, six groups are offered across four different parishes in the region to allow for convenient access in the community.

PCAL partnered with ETC, the Lake Charles FRC, and piloted a Substance Abuse Treatment and Recovery nurturing class in November 2016 to introduce that population to the concepts of a nurturing lifestyle and to help prepare them for the next full Nurturing Parenting Program in January 2017. This allowed the families to receive services while still in treatment and recovery and better prepare them for success in their follow up services. The goal is to enhance the parent's self-awareness and increase understanding of their parenting skills and their children's needs. The group supports and aids in sobriety, motivates families to work their case plan and encourages families to focus on child safety. Weekly sessions were 2.5 hours (including adult group and a child group with special family time included) followed by bi-weekly home visits. This program does not replace substance abuse classes or parenting classes the parent may need, but rather works in conjunction with substance abuse treatment programs in preparation for Nurturing Parenting classes. Nine families including 16 adults and 21 children were referred and/or served.

ETC offered Lake Charles staff a half-day car-seat safety training class in order to help staff identify and practice safe car seat practices and discard expired or broken seats. Monthly Monitoring Reports are reviewed during monthly calls held with the FRC Director, DCFS contract monitor and DCFS field liaison to ensure the needs of the families are addressed and to troubleshoot any issues related to referrals or services provided. FRC continues to use monitoring tools in order to provide data on program effectiveness. The FRC's plan to pool resources to bring the evidenced based Circle of Security training program to Louisiana for participation by all FRCs. The Extra Mile FRC is offering a free 10-week Community Nurturing Parenting class for anyone in the community that is held at a centrally located church. These classes are for anyone interested in developing a nurturing lifestyle for their family. The Extra Mile is planning to offer a domestic violence group for male perpetrators in April 2017.

Update FFY 2018: The FRCs continued to offer the Core Services under the current contract period of 10/1/17-09/30/20, consisting of Evidenced based parenting, Family Skill Building and Visit Coaching. Some FRCs have added to their Core service array. For example, The Extra Mile FRC expanded services to include a foster parent partner in addition to the parent partner. They plan to add the Nurturing parenting program for Families in Substance Abuse Treatment and Recovery series (by Fall 2018). The Extra Mile offered Community Nurturing Parenting series

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that was open to anyone in the community interested in learning about a nurturing lifestyle. ETC is planning to bring back their “STAR” group in the Fall of 2018. This group was successfully piloted in 2016. STAR is an 8 week nurturing class that provides clients with the opportunity to learn about a nurturing lifestyle while they are still in treatment for their substance abuse issues. STAR prepares clients to enroll in the full 16-week Nurturing Parenting classes. FRCs were trained in Nurturing Parenting in several locations around the state:

- DCFS State Office, March 6-8, 2018 at DCFS State Office.
- NELA FRC in Monroe 6/21/-23/17.
- NELA FRC in Monroe 9/20-21/17.
- ETC FRC in Lake Charles 11/13-15/17.

Sheri Hogg, PCAL, provided FRCs with NPP tips sheets (“infographs”) for use with families in NPP, Family Skill Building and Visit Coaching. A TBRI workshop was scheduled in New Orleans April 16-20, 2018 with several participants from the FRCs. Skills learned at this workshop can be incorporated into the FRC’s work with families in the Nurturing Parenting Program and other services.

Update FFY 2019: The Family Resource Centers continued to offer their core services: Evidenced Based Parenting, Visit Coaching, and Family Skill Building. Some centers were able to expand on the core services. For example, both ETC Lake Charles and The Extra Mile Lafayette Family Resource Centers have added the Nurturing Parenting Program for substance abuse and recovery 16-week program to meet the needs of that growing population. ETC began a “foundations workshop” series that includes principles of nurturing parenting as well as TBRI in the form of weekly, two hour classes, that are open to anyone (clients and DCFS staff alike). These Monday morning sessions are independent (stand alone) and can be attended by anyone interested in the presented topic. The Extra Mile continues to offer support for families and foster parents through the Parent Partner program and the Foster Parent Partner program. DCFS is exploring an MOU to evaluate the Parent Partner program now that it has been implemented for several years. The PCAL contract was not renewed. DCFS was unable to collect usable data from the FRCs in order to establish outcomes regarding repeat maltreatment. We hope to have consistency in data collection with the development of CCWIS. Until that time, FRCs are manually gathering the data for their monthly and annual reports. However, according to the data collected, there appears to be improved learning based on the number of parents who completed the Nurturing Parenting Program with higher post – test scores.

2.) Training - Child Welfare Training in coordination with the Louisiana Child Welfare Training Academy (LCWTA) continued to provide the 24-week competency based child welfare curricula for new staff. The Department offers various training opportunities to all staff throughout the year including a core child welfare curriculum (4-6 sessions of the core curriculum is offered annually). Other opportunities for training are through conference participation, and professional development workshop participation within the state’s prospective communities. This involvement with the community creates opportunities for staff to collaborate with other service providers and to engage in collaborative networking activities. Staff receiving these training opportunities is responsible for case management duties in the areas of child protection, family preservation, foster care, adoption, and independent living services. Both management and program staff are afforded

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the same opportunities in the initial phases of any new initiative to serve as leads in the training after having been trained by contracted experts.

Performance measures and practice expectations are incorporated into each training staff receives. From the new worker phase to the experienced worker phase, trainings required of departmental staff address the skills, and knowledge needed to carry out specified job responsibilities in the four core areas under the Promoting Safe and Stable Families Program. (For additional information, please refer to the 2017 Annual Progress and Services Report (APSR) in the section detailing the systemic factor on Staff Training.). Training is available to foster/adoptive parents through LCWTA sponsored training providers. Additional trainings may be used to meet licensing requirements including:

- Louisiana Foster/Adoptive Parent Association annual conference;
- National Foster Parent conferences;
- Community agency or organization trainings (pre-approved by the regional or state office);
- Participation in consultation with a licensed professional for purposes of implementing an individualized behavior management program or other therapeutic treatment on behalf of a foster child;
- On-line trainings (pre-approved by state office).

All families applying to become certified as foster/adoptive parent(s) in Louisiana are required to complete pre-service training and to receive education in CPR/first aid. Pre-service training is scheduled at a minimum of every 10 weeks. Pre-service trainings are held statewide in various locations to accommodate potential applicants. Both morning and evening sessions are held statewide as well as Saturday sessions for kinship/relative families that choose to pursue licensure for the placement and permanency goal of their relative/kin. (For additional information, please refer to the 2017 APSR systemic factor section on Foster and Adoptive Parent Licensing, Recruitment, and Retention.)

The Department utilizes the following mechanisms of technology to meet training needs;

- Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS);
- Web-Based Training;
- Video Conferencing;
- Webinars and Teleconferences.

Update FFY 2016: New worker training was provided 27 times during this timeframe and was provided to approximately 92 new employees. From January 2015 – December 2015, regional staff held approximately 47 pre-service trainings statewide in various locations to accommodate potential applicants. There were approximately 748 newly certified families during FFY 2015. The work of the LCWTA and work with university partners was fine tuned. Work continues to address the in-service training needs identified by foster/adoptive parents. The Together We Can Conference was held in October 2015 in the Cajun Dome and included workshops on trauma-informed care, safety planning and safety decision-making, ICPC, ICWA, psychotropic medications, school/education connections, engaging non-custodial parents, and transition planning for foster youth, children coming to court, legal and social worker ethics and professionalism, among others. (For additional information on Training refer to the state's Training Plan and Systemic Factor on Staff Training in the 2017 APSR.)

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Update FFY 2017: New Child Welfare Worker Orientation was provided 9 times during the 2016, calendar year and was provided to approximately 188 new or rehired DCFS employees within the first six months of employment. Orientations were held at Grambling State University School of Social Work, Southern University A&M College School of Social Work, and Northwestern State University School of Social Work. This helped to strengthen our partnership with University Alliance members and provided an opportunity for Title IV-E Stipend Recipients to attend part of Orientation during their internship and prior to becoming employed with DCFS. A new worker orientation and on the job training program was piloted in the Baton Rouge Region in November 2016 for Child Protective Service Staff. The pilot started in Baton Rouge as a result of an ongoing high rate of turnover of new staff resulting in an unstable workforce. This was negatively impacting office work and morale in several ways, including:

- Supervisors assigned cases to handle, thereby impacting their ability to focus on training and supervision of staff;
- Supervisors having to constantly train new staff;
- Backlog of incomplete cases being reassigned to new employees.

Based on these issues the initial goal was focused on getting new employees hired quickly, while providing on the job training, with a focus on worker retention, in an effort to stabilize the workforce. This on the job training model focuses on a hands on approach with new employees. While new workers are provided with the same training material that is received in the traditional, classroom training, the approach is very different. Classroom training is coordinated with field shadowing of seasoned employees and trainer facilitated debriefings. This allows new employees the benefit of applying what they have learned in the classroom to real case situations.

The training process with each new employee is designed to span a period of 12 weeks. There is the flexibility built in that some staff may advance more quickly through the material and training and exit the program in 10 weeks. The training covers all aspects of the job including: handling a case from beginning to end; observing and participating in court proceedings; completing documentation in systems (ACESS, FATS, SDM, etc.); transferring a case to another program, i.e. from CPS to FS or FS to FC; and participating in Multidisciplinary staffings. The goal is to develop the program in Child Protective Services, Family Services and Foster Care in the Baton Rouge Region within this FFY with plans for statewide implementation to follow.

There were approximately 1024 newly certified families during FFY 2016. A review of the 2016 calendar year listing of orientations shows there were approximately 198 orientations held statewide. Orientations were held at various locations: churches, regional/parish offices, libraries and college campuses. The orientations were held in various locations: parish offices (73); regional offices (92); churches (9); and library (24). Regional staff held approximately 301 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 95 evening trainings (7 sessions each) and on Thursdays there were 127 trainings (7 sessions); there were 14 trainings held on Wednesdays; two on Mondays (one session each); and on Saturdays, there were 63 trainings (two – three sessions each). The trainings were held in various locations: parish offices (27); regional offices (24); churches (5); college campus (2); and library (1). This indicates the working relationship between the department and community partners. DCFS continued to strengthen the LCWTA and its partnerships with University Alliance members and other

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stakeholder. Through the LCWTA, Southeastern Louisiana University is leading the development of an in-service curriculum for foster/adoptive parents.

The Together We Can Conference was held on October 24-26, 2016, at the Doubletree Hotel in Lafayette, LA. This conference was provided to approximately 170 DCFS employees through the collaboration between DCFS, Pelican Center for Children and Families, Children's Justice Act Task Force, LouisiananChildren.org, and NASW – Louisiana Chapter. Workshops included information on Legal and Court Preparation, Trust Based Relationships for Trauma Informed Practice, Normalcy and Prudent Parent Standards, Juvenile Sex Trafficking, Humanitarian Based Immigration Relief, ICWA, Family Engagement, Special Education Process for Children with Disabilities, LGBTQ Youth, Substance Abuse, and social worker ethics and compassion fatigue among others. (For additional information on Training refer to the state's Training Plan and Systemic Factor on Staff Training in the 2017 APSR.)

Update FFY 2018: DCFS, LCWTA/University Alliance and the Pelican Center work closely together to expand Louisiana's child welfare training and workforce development capacities. See Training Plan and Systemic Factor Training and Staff Development. The annual Together We Can Conference was held November 7-9, 2017 in Lafayette, Louisiana. Please see details regarding the conference in the Training Plan. A record number of participants attended the training.

Update FFY 2019: DCFS, LCWTA/University Alliance and the Pelican Center continue to work closely together to expand Louisiana's child welfare training and workforce development capacities. (See Training Plan and Systemic Factor Training and Staff Development.) The annual Together We Can Conference was held October 15-17, 2018 in Lafayette, Louisiana. Please see details regarding the conference in the Training Plan.

D.) ALLOWABLE AREA: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

SERVICES PROVIDED:

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

Population Served: The CISM team can provide stress prevention education statewide to any DCFS employee in the child Welfare, Economic Stability, and Child Support Enforcement units, upon request when experiencing job related critical incidents, either directly or indirectly.

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Update FFY 2016: From 10/01/14-09/30/15, thirteen (13) group interventions and thirty-four (34) 1:1 individual intervention were requested serving ninety (90) staff which increased from the previous year of fourteen (14) requested interventions (1:1 or group) servicing approximately sixty-eight (68) staff. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on feedback surveys that are completed anonymously by staff participants in the interventions and forwarded to the Team Coordinator. Additionally, management staff acknowledges the CISM team’s outstanding support to staff. After an intervention, the team follows up with select staff participants via phone/email the week following the intervention and the Team Coordinator follows up with team members the day after the intervention to ensure quality support. Due to competing requirements for staff time and resources, the annual team meeting of March 19, 2015, was cancelled. Instead, resource articles to include self-care, worker safety and secondary trauma were shared with team members to stay abreast of current findings in the field.

CISM Interventions			
	Requested Group Interventions	Requested 1:1 Interventions	Total Staff Receiving Services
FFY 2014	0	6	28
FFY 2015	0	14	68
FFY 2016	13	34	90
FFY 2017	6	11	52
FFY 2018	3	9	39

Update for FFY 2017: The CISM team continues to function and respond in the event of a critical incident when assistance is requested. The team, which consist of thirty-four (34) active members, is trained and registered with the International Critical Incident Stress Foundation (ICISF) through January 18, 2018, and maintains the integrity of the critical incident model established by this trauma response organization. From 10/01/15-09/30/16, six (6) group interventions and eleven (11) 1:1 individual intervention were requested serving fifty-two (52) staff. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on 1) feedback surveys that are completed anonymously by staff participants in the interventions and forwarded to the Team Coordinator and 2) through emails from management acknowledging the CISM team’s outstanding support to staff. After an intervention the team follows up with select staff participants via phone/email the week following the intervention and the team coordinator follows up with team members the day after the intervention to ensure quality support. Due to mandatory meetings and trainings throughout the year the team was unable to meet as a group but on-going contact is made with group members by the Team Coordinator.

Update FFY 2018: The DCFS CISM team continues to function and respond in the event of a critical incident when assistance is requested. The team, which consist of thirty-two (32) active members, is trained and registered with the International Critical Incident Stress Foundation (ICISF) through January 05, 2019, and maintains the integrity of the critical incident model established by this trauma response organization. From 10/01/16-09/30/17, three (3) group
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interventions and nine (9) 1:1 individual intervention were requested serving thirty-nine (39) staff, including four (4) foster parents. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on 1) feedback surveys that are completed anonymously by staff participants in the interventions and forwarded to the Team Coordinator and 2) through emails from Management staff acknowledging the CISM team's outstanding support to staff. After an intervention the team follows up with select staff participants via phone/email the week following the intervention and the Team Coordinator follows up with team members the day after the intervention to ensure quality support and to debrief. Due to mandatory meetings and trainings throughout the year the team was unable to meet as a group during the time frame of 10/01/16-09/30/17. Resource articles to include self-care, worker safety and secondary trauma were forwarded to team members to stay abreast of current findings.

Update FFY 2019: The DCFS CISM team continues to function and respond in the event of a critical incident when assistance is requested. The team, which consists of fifty (50) active members, is trained and registered with the International Critical Incident Stress Foundation (CISF) through January 5, 2020, and maintains the integrity of the critical incident model established by this trauma response organization. From 10/01/17 – 09/30/18, nine (9) group interventions, 31 (thirty-one) 1:1 interventions, and 1 (one) 1:2 interventions were requested serving 90 (ninety) staff. From 10/01/18 – 01/31/19, 2 (two) 1:1 intervention were requested, serving 2 (two) staff members. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on 1) feedback surveys completed anonymously by staff participants in the interventions and forwarded to the Team Coordinator and 2) through emails from Management staff acknowledging the CISM team's outstanding support to staff. After an intervention the team follows up with select staff participants via phone/email the week following the intervention and the Team Coordinator follows up with team members the day after the intervention to ensure quality support and to debrief. Due to mandatory meetings and trainings throughout the year the team was unable to meet as a group during the time frame of 10/01/17-09/30/18. A two-day CISM training was held for eighteen (18) new members on November 7 and 8, 2018. Resource articles to include self-care, worker safety and secondary trauma were forwarded to existing team members to stay abreast of current findings. By the end of FFY 2019 the State CISM Coordinator will have implemented quarterly statewide team webinars for continued knowledge development and team building. These webinars will include discussion of locally organized & facilitated CISM practice exercises to sustain team skill levels.

E.) ALLOWABLE AREA:

- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:
 - Existing social and health services;
 - Financial assistance;
 - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and

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- The use of differential response in preventing child abuse and neglect;

SERVICES PROVIDED

1.) Substance or Alcohol Exposed Newborns (Mona Michelli)- The Department has met with community partners to develop strategies to reduce the number of infants exposed to drugs during the mother's pregnancy. The community partners include the Louisiana Department of Health (LDH), local hospitals, Healthy LA, judicial stakeholders, and behavioral health agencies. Policy has been updated to give staff guidance on completing safety assessments and completing CPS cases of Substance Exposed Newborn (SEN) cases. The policy describes the special features of cases involving drug and/or alcohol affected newborns, subsequent CPS cases of newborns with allegations of drug and/or alcohol exposure and drug/alcohol abuse allegations involving an infant who was harmed as a result of drug and/or alcohol exposure via breastfeeding. The Department has tracked these cases to identify trends in order to determine what the needs are and what interventions or resources are appropriate to meet the needs. The Department has implemented high risk staffings, consultations with Bureau of General Counsel attorneys, and court ordered safety planning to assist with identifying safety needs and implementing interventions. The Department continues to see a rise in the number of substance exposed newborns. Policies were updated to ensure all cases involving a substance exposed newborn receives a Priority 1 (24 hour) response by CPS staff to determine the safety of the newborn infant.

Update FFY 2016: In December 2015 the Drug/Alcohol Identification page was added to the ACESS system. Policy and training was completed on how to correctly complete the Drug/Alcohol Identification page. When substance abuse/drug use is alleged, the CPS worker assesses whether the parent or caregiver has a past or current substance abuse/alcohol abuse problem and whether that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug or alcohol use is not considered an alcohol or drug problem. The worker makes diligent efforts to verify the drug use and document the findings in the CPS case record. Examples of diligent efforts include drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use. Interference in parent's or caretaker's functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement,
- Marital or family relationships, ability to provide protection, supervision, and care for the child.
- Arrest in the past two years for driving under the influence or refusing Breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

The worker must complete this page on every household member who has a drug/alcohol addiction. The worker first selects the client for whom they are completing the Drug/Alcohol Identification page. The worker then enters the drug/alcohol category (i.e. Opiates,

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Benzodiazepines, Cannabinoids, Alcohol, Amphetamines, Barbiturates, Cocaine, MDMA, Methadone, Methamphetamines, Phencyclidine, Propoxyphene, and other). Next the worker enters the diagnosis category. If the infant was diagnosed by a physician with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorder (FASD) then the category which the doctor diagnosed the child with is endorsed. Lastly, the worker enters any comments they have concerning the client. This is a mandatory field if “other” is identified for the drug alcohol category. With this new drug/identification page, the Department will be able to identify trends with substance exposed newborns with respect to geographical areas, medical concerns, and the needs for treatment programs within certain geographical areas.

Update FFY 2017: DCFS is in compliance with CAPTA as it relates to SEN. All SEN reports were received as per Louisiana Children’s Code, Article 610 G (1) that states, if a physician has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance, as defined by R.S. 40:961 et seq., the physician shall order a toxicology test upon the newborn, without the consent of the newborn's parents or guardian, to determine whether there is evidence of prenatal neglect. If the test results are positive, the physician shall issue a report to the Department, as soon as possible, in accordance with Article. SEN reports accepted as a CPS case are assessed within 24 hours of receipt by the Department. Child safety is the essential focus for the CPS intervention and is the primary concern throughout the case process. It starts at the point a report is made, and continues throughout the CPS case to identify present and impending danger and on to the point the family transfers to Family Services or Foster Care, for continue treatment service provision. The chart below provides specific data on the number of CPS cases with valid and invalid dispositions. In 2016, DCFS received 1,811 statewide reports of SEN from physicians and health care practitioners involved in the delivery or care of SEN. Out of the 1,811, 1,677 were determined valid and 134 were determined to be invalid. Based on the below data, the number of SEN cases continued to increase. When the allegation is SEN, the disposition is determined by the following:

- The physician’s statement or laboratory confirmation of the evidence of the prenatal drug exposure (effects, withdrawal and/or positive toxicology report) and that the drug exposure was the result of illegal drug use by the mother.
- An allegation of alcohol affected newborn is determined by the physician’s verification of the effects on the newborn, diagnosis of Fetal Alcohol Syndrome, or a positive toxicology report for the newborn.

Disposition of # of children w/allegation of SUBSTANCE EXPOSED NEWBORNS (SEN)						
FFY	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Valid	1,113	1,301	1,395	1,677	1,699	1,927
Not Valid	143	131	125	134	164	257
Total	1,256	1,432	1,520	1,811	1,863	2,184

SEN cases with a disposition of valid are referred to the Family Services Program for ongoing assessment and service provision, unless it is determined that the child is unsafe and a safety plan cannot adequately protect the child in the home. In those cases, an instanter custody order is requested to place the child in foster care. Family Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet

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future risk of harm continues to be a concern. Services are provided while the child remains in the home. The Family Services, and if warranted, the Foster Care worker develops a plan of safe care in collaboration with the family to assess the child's safety, referrals to services, or other providers are included in the plan.

Plans of Safe Care:

DCFS is responsible to assure there are plans for the safe care for these vulnerable newborns. Departmental policy requires that the following be included in the plan:

- Verification of the prenatal drug and/or alcohol exposure (may be provided by the physician and the hospital medical records);
- Verification of prescription/legal use of the controlled substance by the mother (i.e. methadone or similar prescribed drugs) if applicable to case circumstances;
- Substance abuse evaluation/assessment of parents and other caregivers in the home by a professional substance abuse clinician
- Documentation of the newborn's medical and developmental needs, as it relates to the drug exposure, from a medical professional (including current conditions, special needs, or disabilities)
- Assessment of parental attachment and bonding (mother, father) and their ability to provide safe care for the newborn
- Documentation of the verification of the prescription/legal use of the controlled substance by the mother, including methadone or similar prescribed drug shall be obtained and attached to the CPS ACCESS record;
- Determination of the condition and any special needs of the newborn and any other children in the home;
- Plan of Safe Care (determined with a present and impending danger safety assessment and, if necessary, a safety plan). Referral services are: Early Intervention Program, Family Resource Centers, and Homebuilders;
- Recommendations for post discharge care, such as Home Health services or other support services (including formal and informal support)
- Preparation and necessities for infant including crib, clothing, housing, formula, medication, (including medical follow up)
- Referral for medical and substance use services for infant and family, based on recommendations of medical examinations and substance use assessments by clinicians
- Review of departmental history to determine if the mother has a prior valid finding of drug and/or alcohol affected newborn;
- Contact with the biological father to determine his ability to care for the child and his knowledge regarding the mother's substance use during her pregnancy;
- Documentation of safe sleep; and
- Documentation of diligent efforts to verify drug use.

The DCFS, in collaboration with the LDH/Office of Public Health and the Office of Behavioral Health, Women's Hospital, and Capital Area Human Services, participated in the Louisiana's Innovation Accelerator Program for Substance Use Disorders (IAP-SUD). In 2016, the IAP-SUD committee developed a Substance Use in Pregnancy Clinician's Toolkit to provide key information and tools regarding evidence-based practices that decrease the risks associated with substance use during pregnancy focusing on the use of tobacco and alcohol, the misuse of prescription

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medications, and the use of illegal drugs that substantially contributes to maternal and infant morbidity and mortality. The following are the IAP-SUD goals:

- Provide key information about the impact of legal and illegal substances on a woman's pregnancy and on the unborn child.
- Encourage use of evidence-based practices and tools to improve care and decrease risks associated with substance use during pregnancy and address co-morbid conditions such as depression, and intimate partner violence.
- Improve collaboration among primary care and behavioral health treatment providers in the care of pregnant women.

Update FFY 2018:

- During the month of September 2017, the Comprehensive Addiction and Recovery Act of 2016 (CARA) informational stakeholder meetings were held in each region. These meetings served to introduce and educate the community on CARA, Louisiana Act 359, and the Department's plans to satisfy the federal monitoring requirement. At a systematic level, the Department will monitor plans of care via Regional Quarterly Stakeholder Teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. Some stakeholders invited to participate during the quarterly meetings include: Kid-Med, Local Hospital staff, Office of Behavioral Health, Office of Public Health, Bureau of Family Health, Early Steps, Home Builders providers, Local Governing Entities, and other community agencies providing Addictive Disorders Treatment and/or services to Substance Exposed Newborns and affected parents/caregivers.
- The Governor signed Louisiana Act 359 and rulemaking occurred to establish specific procedures for notifications to the Department of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning that a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. The Physician Notification of Substance Exposed Newborns No Prenatal Neglect Suspected form was developed to notify the department of these newborns. The form includes a plan of safe care to ensure the family's needs are met upon discharge from the hospital. On October 1, 2017, physicians began completing the form and submitting it to the Department. This form is a notification for data gathering purposes and does not constitute a report of abuse/neglect.
- DCFS has updated both Centralized Intake (CI) and CPS policy to include receipt of all reports/notifications of SEN identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder. CPS policy was updated to provide more direction and focus on the development of Plans of Safe Care, including the newborn's mother/family/caregivers.
- Through statewide WebEx's, consultations, and trainings, CPS staff received guidance regarding policy updates on Substance Exposed Newborns (SEN) and Plans of Safe Care.
- The Department continued to work with the Substance Use Disorder Collaborative and the NAS Committee to bring awareness to the public regarding SEN and reducing the numbers of SEN. Through these efforts, the Department participated in a Governor's commission on the prevention and treatment of Opioid use and as a result was instrumental in the development of the Louisiana Substance Use in Pregnancy Clinicians-Toolkit. Louisiana's

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IAP-SUD Substance Use in Pregnancy Clinician's Toolkit was published and distributed to the obstetricians/gynecologists in September 2017.

- The first two-day module of Louisiana's substance use disorders and child welfare curriculum series has been developed and a group of internal and external trainers selected and initially trained. Additional practice refinements are being added to the initial training as well as prioritizing content to be included in the next module in the series. An introductory on-line 4.5-hour course created by the National Center on Substance Abuse and Child Welfare has been made available to staff, foster parents, partners etc. through the Louisiana Child Welfare Training Academy website. In-person training will not be offered until SFY 2018-2019.
- Rising costs associated with our existing system of record for Child Protection Intakes and Investigations (ACCESS) required DCFS to replace ACCESS with a system that would duplicate the existing functionality along with adding the updates that were needed to meet the CARA requirements. ACCESS 2.0, the new version of our Child Protection system, is anticipated to go live on June 18, 2018. As a result, many of the planned activities were put on hold to focus on this replacement of ACCESS, preventing changes from being made to the current system. Changes could not be made on 10/1/17 to capture the required data for CARA implementation. However, the new system will have the functionality to gather the required data to meet the CARA requirements.

Update FFY 2019:

- ACCESS 2.0 was implemented in August 2018 and is gathering all the new data required by CARA. The new system:
 - Captures data in regards to notifications of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. It captures if a plan of safe care was developed and referrals made to ensure the needs of the family are met upon discharge from the hospital.
 - Captures data of whether or not a plan of safe care was developed and monitored for screened in reports, including services/referrals for the affected family or caregiver. This data is pushed to our TIPS system to allow for NCANDS reporting.
- On a systemic level, the Department continued to monitor plans of safe care via regional quarterly stakeholder teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. On a case specific level, all accepted cases were monitored by supervisors to ensure a plan of safe care was developed, appropriate referrals were made, and there was follow up on those referrals.
- A two day in person substance abuse and co-occurring disorders curriculum through the Training Academy was developed and will roll out in May 2019 to assist staff in understanding the dynamics of substance abuse, the unique characteristic involving Opioid use, enhancing engagement skills that will result in better outcomes, and to assist staff in assessing safety/risk in substance using families.

F.) ALLOWABLE AREA:

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- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;

SERVICES PROVIDED:

1.) **Media Campaigns/Community Education** - The Department recognizes it is vitally important that any approach to protecting children and strengthening families in Louisiana includes a strong prevention/awareness component. The media have been an essential tool to inform the community of safety initiatives implemented by the Department to keep our children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster. The following activities were completed regarding media campaigns and community education:

- Continued distribution of Safe Haven materials (posters, brochures, Safe Baby stickers) to hospitals, law enforcement, fire stations, child advocacy centers, etc. The online training video will update as soon as funding becomes available.
- Redesign and distribution online of Safe Haven training video and document;
- ***Adoption Awareness*** month (November) activities included:
 - Activities that promoted the need for foster and adoptive families, including a press release and editorial;
 - DCFS hosted its 16th Annual Adoption Reception at the Louisiana Governor's Mansion honoring the 459 families who adopted 627 foster children. A press release was sent to media outlets, and a proclamation was obtained from the Governor's office announcing the commemoration of Adoption Awareness Month;
 - Media coverage included the press release, the reception, adoption profiles for adoptable children, and coverage of adoption awareness events across the state.
- The ***Child Safety*** campaign included:
 - blog and associated social media posts that touched on all aspects of child health and safety;
 - Press releases were sent out on the topics of Summer Safety.
- ***Child Abuse Prevention*** month (April) activities included:
 - Sending out a press release about child abuse prevention;
 - Supported PCAL by having staff attend local events, having the DCFS Secretary speak at the Kickoff Luncheon, and by raising funds to be donated to PCAL;
 - Editorial was sent to newspapers on the signs and symptoms of abuse and neglect;
 - Posts and shares to social media accounts to support partnerships and to give information to the public on what child abuse and neglect are and how to prevent them;
 - Created a Prevention Pinwheel garden at state office location in Baton Rouge during the month of April.
- ***Foster Care Awareness*** month (May) activities included:
 - Obtained a proclamation from the governor's office;
 - Will send at least one press release on the need for foster families in Louisiana;
 - Foster/adoptive families from various regions of the state were available to news outlets to conduct interviews on their experiences as caregivers;

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- Shared information on how to become a foster/adoptive parent on social media accounts.
- Partnered with several television stations that promoted and displayed adoptable children in the Louisiana foster care system;
 - Worked with partners to help publicize their activities to promote positive Child Welfare information;

Update FFY 2016:

- Safe Haven promotions included updating and redesigning the online training video. Safe Haven printed materials continue to be available on the website for download. Requests for hard copies of materials are made and fulfilled by the DCFS Communications Bureau.
- Most Adoption Awareness Month activities went as planned. The main Governor's Mansion event was cancelled due to bad weather. Children available for adoption were highlighted on social media.
- A Foster Parent Recruitment Campaign was held titled "Temporary Situation, Permanent Impact" where the DCFS Secretary spoke with media outlets (television, radio and print) in six regions of the state about the need for additional foster families. Local foster parents were invited to the media events and were able to share their experiences. The campaign received media coverage in every region of the state, except Monroe.
- Child Abuse Prevention Month activities were held to promote the child abuse prevention and the DCFS' child abuse hotline. Activities included press releases/editorials, television interviews and social media posts. DCFS partnered with PCAL on numerous Pinwheels for Prevention plantings and in their kickoff luncheon.
- Foster Care Awareness month activities promoted the need for foster families. DCFS requested a proclamation from the Governor's office designating the month as Foster Care Awareness Month. Events were publicized in regions.
- DCFS promoted child safety activities, such as water safety, firework safety, and hot car safety during summer months and worked with HP Serve to create a statewide Louisiana Heart Gallery featuring Louisiana's adoptable foster children.
- DCFS continued development of and maintenance of partnerships with several television stations and community organizations to promote adoptable children in the Louisiana foster care system. FOX8 in New Orleans and WVLA in Baton Rouge reached out to DCFS to begin featuring adoptable foster children in new segments.

Update FFY 2017:

- DCFS distributed press releases and worked with news reporters to promote departmental initiatives through news features and in-depth reports. The DCFS Secretary and other departmental leadership made themselves available for interviews, and the Department promoted news reports through social media.
- Safe Haven promotions included development of a searchable online database of Safe Haven sites and a reprinting of the Safe Haven brochure. The cost of these promotions was covered by the Children's Trust Fund, in response to a proposal by DCFS. The Department prepared press releases and conducted media interviews during the year when relinquishments or child welfare abandonments occurred, underscoring the need for people to access the law.

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- Adoption Awareness is a year-round communication effort that intensifies during Adoption Awareness Month, with traditional and social media. Louisiana's First Lady Donna Edwards participated in the November 2016 celebration event, which was held at the State Capitol Welcome Center. The Governor's Mansion, which has hosted the event in years past, suffered major damage from the flood in August 2016.
- Foster parent recruitment continued throughout the year, beyond Foster Care Awareness Month activities in the spring. The subject was the focus of events and messaging in conjunction with the Department's launch of its Quality Parenting Initiative Louisiana. It became the focus of various discussions of DCFS activities, including disaster planning. There will be an increased focus on Louisiana's Quality Parenting Initiative, partnerships with non-profit and faith-based organizations to support foster families and resources for Youth Aging out of Foster Care.
- Continued work with HP Serve and its Louisiana Heart Gallery that features Louisiana's adoptive foster children. HP Serve hosted and maintained the Heart Gallery website and worked with regional staff to see that children are professionally photographed.
- Continued to create and maintain partnerships with several television stations and community organizations to promote adoptable children in the Louisiana foster care system. The Department began a new partnership with WVLA Channel 33 in Baton Rouge for a "Wednesday's Child" segment.
- Increased followers and engagement through social media and created a Twitter account for the DCFS Secretary.
- Partnered with Prevent Child Abuse Louisiana (PCAL) to promote child abuse prevention and the child abuse hotline during Child Abuse Prevention Month activities. State and regional staff donated funds for Pinwheels for Prevention and participated in events designed to draw attention to the effort.
- The Department's secretary and executive team conducted a series of town hall meetings, called "Conversations with the Secretary" in all nine regions of the state to introduce the public to the leadership team, to inform the public about DCFS challenges and goals and to answer questions impacting Louisiana's children and families. DCFS staff used email marketing to publicize the event to a wide variety of stakeholders in each region.
- The Secretary and Executive Team made presentations with local, state and federal policymakers in an effort to educate officials about the needs of the Department and the children and families it serves.
- Created the Public Information Officer (Digital Media) position, with responsibilities for ensuring the public better online access to information and services provided by the Department.
- The Department is in the process of producing a retention/recruitment video, with funds provided by the LCWTA. It will serve as a major part of a public awareness campaign in 2017 that will be aimed at prospective employees, existing staff and the broader public.

Update FFY 2018:

- DCFS has continued its communication efforts through traditional and digital means. There has been an increased focus on digital media, with the addition of two communication staff members who have graphic design and social media experience.
- The Department launched a website redesign January 2018, with completion in July 2018.

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- DCFS joined First Lady Donna Edwards in August 2017 to launch Louisiana Fosters, a campaign designed to link government, faith groups, nonprofit organizations, businesses and community members in creating a united network of support for Louisiana's foster care system. The launch event at the Governor's Mansion featured a campaign website (www.LouisianaFosters.la.gov), press release, brochures, social media, multi-media presentation and other materials. The First Lady and Secretary met with the press in advance of the event, and this outreach generated news articles, television and radio reports and social media posts.
- Foster Care Awareness month activities in April promoted the need for quality parenting for all children and community support for foster parents. Efforts will focus on Louisiana's Quality Parenting Initiative and Louisiana Fosters. The campaign addressed foster parent recruitment, as well as recruitment of organizations and volunteers to support foster parents. Communication assets included Louisiana Fosters materials, a newly designed QPI website, social media and traditional media outreach, video presentations, etc.
- Adoption Awareness was a major focus of the Department during Adoption Awareness Month (November). In addition to the annual Adoption Month celebration at the Governor's Mansion that included media outreach, DCFS launched a social media campaign aimed at promoting foster children available for adoption. The campaign featured cleverly designed social media posts that encouraged the public to visit the AdoptUSKids gallery to view all of the children available for adoption. DCFS staff designed a billboard for use in 14 donated spaces in South Louisiana in December that promoted the number of children available for adoption and a website link. The billboards generated 1.77 million impressions per week and were exposed to 65,000 cars per day. News media conducted interviews and ran reports on new "forever families" around the Thanksgiving and Christmas holidays. Adoption promotions continue throughout the year in media coverage, social media, website promotions and presentations.
- DCFS is continuing to work with HP Serve to create a statewide Louisiana Heart Gallery featuring Louisiana's adoptable foster children. HP Serve is hosting and maintaining the website and working with regional staff to see that recruitment efforts are ongoing for children who are awaiting an adoptive family. DCFS' webmaster has begun linking to children's videos produced by the Heart Gallery.
- The Safe Haven database/locator was promoted as a convenient way to make parents aware of their options to abandoning a newborn.
- Partnerships were maintained with several television stations and community organizations promoting adoptable children in the Louisiana foster care system. The Department successfully pitched adoption stories to news stations that have not recently aired adoption news reports.
- The Communications staff disseminated 27 press releases, launched an internal and external newsletter, posted frequent updates on DCFS social media platforms, created new web pages and updated others, designed brochures and presentations, and created other communication vehicles designed to inform the public about the Department's initiatives.
- The Department updated and maintained its social media sites including Facebook and Twitter and evaluated other media platforms for possible use by the Department.
- Child Abuse Prevention Month activities have been designed to promote the child abuse prevention and DCFS' child abuse hotline. Partnership continued with PCAL on Pinwheels for Prevention plantings, as well as a new "Pass the Pinwheel" campaign.

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- Child safety activities were promoted, such as water safety, firework safety, and hot car safety during the summer months.

Update FFY 2019:

- Traditional and digital communications have continued, with an increasing focus on digital media. DCFS has been working with a contractor to implement a redesign of the DCFS.la.gov website. The redesign improves the look and function of the site, but it makes it more accessible to users, particularly on mobile sites. As much as 60-70 percent of DCFS clients access the department's website through a mobile device. Although the initial design work is complete, work continues to improve the content of each page.
- During Foster Care Awareness month, DCFS launched a new foster parent recruitment campaign, with a logo, press release and social media outreach. The department worked with news media organizations to produce news reports on foster parenting. The reports focused on two DCFS initiatives: Quality Parenting Louisiana and Louisiana Fosters.
 - The department promoted Louisiana's Quality Parenting Initiative through the QPI national conference in New Orleans in January. In addition to media outreach and social media, the communications staff developed presentations and created a QPI web page for the DCFS website.
 - In August, the department promoted Louisiana Fosters and provided communications and event planning support for the 2nd Annual Louisiana Fosters Summit at the Governor's Mansion. In an attempt to increase awareness of the Louisiana Fosters website and partner resources, the staff developed New Year's letters and Louisiana Fosters magnets and mailed them to every foster parent household in January.
- Communicating with foster youth has been a major effort of the department in FFY19, as the state launched its effort to extend the age of foster care to 21. DCFS worked with a contractor to design a new "YouthLink" microsite and booklet especially for youth, ages 14-21. The department hosted a media event, featuring Governor John Bel Edwards and partners, to launch the effort to extend the age of foster care. The event was accompanied by a press release and social media postings. The department promoted various developments in the effort to extend the age, including the October 2018 receipt of a \$3 million Youth Villages grant and the February 2019 release of a task force report calling for extending the age of care.
- DCFS used both digital media and traditional news media outreach to spread the word about the department's record-setting year of adoptions from foster care and its partnership with the Dave Thomas Foundation.
- The department continued to work with HP Serve to create a statewide Louisiana Heart Gallery featuring Louisiana's adoptable foster children. HP Serve hosts and maintains the website and works with regional staff to recruitment efforts are ongoing for children who are awaiting an adoptive family.
- DCFS looked for new ways to promote the Safe Haven law, to make parents aware of their options to abandoning a newborn. DCFS plans to promote Safe Haven during Child Abuse Prevention Month in April 2019.
- The staff continued efforts to establish partnerships with television stations and community organizations to promote adoptable children in the Louisiana foster care system.

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- The department informed the media, community and stakeholders of initiatives implemented by the Department focusing on the DCFS mission to keep children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster.
- Social media has become a primary communication tool for DCFS. The department updated and maintained social media sites including Facebook and Twitter and broadened its social media outreach to include Instagram and LinkedIn accounts.
- Child Abuse Prevention Month activities will be designed to promote child abuse prevention and the DCFS' child abuse hotline, as well as other initiatives intended to keep children safe. In recent years, DCFS has partnered with Prevent Child Abuse Louisiana (PCAL) to promote Child Abuse Prevention Month by selling and promoting "pinwheels for prevention." With the dissolution of PCAL earlier this year, DCFS will have to develop a new strategy for promoting Child Abuse Prevention Month.
- DCFS promoted safe sleep and partnered with other state agencies over a six-week period to promote awareness of "hot cars" and the dangers of leaving children in vehicles unattended.

G.) ALLOWABLE AREAS:

- Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies;
- Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;
- The provision of services that assist children exposed to domestic violence and that support the care giving role of their non-abusing parents.

SERVICES PROVIDED:

1.) Early Intervention Services - Policy requires referrals to Early Steps for children ages 0-3. The number of children served in the FS Program that are referred to Early Steps Program has not been captured. DCFS can provide the number of children in open FS caseloads that would be eligible for referral based on age (0-3 years, up to 36 months), at the time of the FS case open date. During FFY 2014, two thousand four hundred sixty-two (2,462) children in the FS Program were eligible for referrals to the Early Steps Program.

Update FFY 2015: The number of DCFS referrals from all programs (CPS, FS, FC) received by the Early Steps Program for FFY 2014 (10/1/13-9/30/14) was 1,934. The number of eligible referrals from all Programs was 3,697. The number of eligible referrals during this timeframe was 3,487. LDH captures the total number of Early Steps referrals received from DCFS. However, the specific program areas (CPS, FS, FC) are not indicated. No outcomes by specific DCFS Program are available, as the referrals are not separated by program when referred. The System Point of Entry (SPOE) for Regions 4 and 5 (Thibodaux and Lafayette), reported that she recently began capturing data and may be equipped to offer statistics based on DCFS outcomes versus outcomes from other referral sources. These regions have noticed an increase in the number of referrals for drug affected newborns. DCFS and LDH have continued to participate in conference calls and face to face meetings to discuss more effective ways of working collaboratively to identify and address the needs of the very young children we serve. The Early Childhood Risk and Reach Louisiana

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report has been reviewed. The report referenced earlier discussions regarding the impact of collaboration and the benefits to families and agencies in mutually focusing on drug affected newborns, including those affected by abuse and neglect. The agencies explored ideas for effective coordination of services, as well as cross training of staff.

Update FFY 2016: In FFY 2015 the number of actual DCFS referrals to the Early Steps program from all child welfare programs was 2,773. This number represents unduplicated, substantiated child victims under the age of 3 in all DCFS Child Welfare Programs including (CPS, FS and FC). This is the number of children eligible for referral, but does not necessarily reflect those that will qualify for Early Steps program services. Of the 2,773 referrals, DCFS had 1,856 unduplicated children age 36 months and under who were served in Family Services cases. These children were eligible to be referred to Early Steps when the family's FS case was opened.

Other efforts toward early intervention included workgroups focused on NAS. The workgroups have been ongoing with pilot projects active in Baton Rouge, Slidell and Lafayette. The state is participating in the Innovation Accelerator Program for Substance Use Disorders (IAP-SUD). This collaboration began in January 2015 and provides an opportunity to advance state-specific aims and goals related to Substance Use Disorders (SUD). Louisiana has chosen the priority topic of NAS.

The state's mission in participating in this technical assistance opportunity was to develop a process by which early identification; prompt referrals to care, use of integrated care models, access to needed services and supports, and payment reforms are achieved. The overarching goal was to improve outcomes for mothers and their babies. The long term hope is to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels.

To accomplish its initial goals, state project leads and representatives from LDH, Office of Medicaid, Office of Behavioral Health (OBH), Office of Public Health (OPH), and Office of Citizens with Developmental Disabilities (OCDD), DCFS, the Office of Juvenile Justice (OJJ), the Department of Education (DOE), and other interested stakeholders participated in weekly Center for Medicaid (CMS)-sponsored High Intensity Learning Collaborative (HILC) calls, Targeted Learning Opportunity Webinars (TLO's), and worked with assigned CMS consultants to draft a state specific work plan. The group established an SUD Steering Committee and relevant sub-committees to support this process, and is developing a repository of needed services and supports, payment reform strategies, and data. Three pilot sites that included the Woman's Hospital (Baton Rouge), LA Project LAUNCH (15th JDC, started March 2015) and ACER substance use treatment center (Slidell) partnered. Entering its second year, IAP-SUD project partnered with the Louisiana's Perinatal Commission on its NAS legislative resolution as well as developing a toolkit that can be adopted by all providers in the state to address SUD among pregnant women and relevant services for their babies.

Update FFY 2017: All children ages 0-36 months continue to be referred to Early Steps. DCFS continues to partner with community agencies to improve outcomes for infants at risk of neonatal abstinence syndrome. The development of the Louisiana Substance Use in Pregnancy Toolkit is being finalized with plans to share with OB/GYN doctors statewide. The statewide Neonatal Abstinence Syndrome (NAS) workgroup will continue this work as the DCFS project with Medicaid will end and the NAS group will take over reporting of data to national Medicaid.

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In FFY 2016 (10/1/2015 – 09/30/2016) the number of actual DCFS referrals to the Early Steps program from all child welfare programs (Child Protective Services, Family Services, and Foster Care) was 3,280. This number represents unduplicated, substantiated child victims under the age of 3 years (0-36 months). This is the number of children eligible for referral, but does not necessarily reflect those that will qualify for Early Steps program services. The number of eligible referrals from all programs was 3,900.

Update FFY 2018: In FFY 2017 (10/01/2016-09/30/2017) the number of DCFS referrals to the Early Steps program was 2,861. This number represents unduplicated, substantiated child victims under the age of 3 years (0-36 months). The number of children qualifying for the service after the referral may be less. The number of eligible (potential) referrals was 3,849. Referrals to Early Steps for children ages 0-36 months (that have not already been referred by a pediatrician or other referent) are required. Policies related to drug and alcohol affected newborns are reviewed to ensure that the requirements meet the needs of families. This includes all requirements outlined in CARA legislation (Comprehensive Addiction and Recovery Act). Family Services continues to support the use of family teaming principles when working with families and developing case plans.

Update FFY 2019: In FFY 2018 (10/1/17-09/30/2018) there were 3564 victims eligible for Early Steps with 3094 DCFS referrals made for Early Steps (86.8%) for our highest year of referrals. This number represents unduplicated, substantiated child victims under the age of 3 years (0-36 months). Referrals to Early Steps for children ages 0-36 months (that have not already been referred by a pediatrician or other referent) are required. Policies related to drug and alcohol affected newborns are reviewed and include requirements outlined in CARA legislation (Comprehensive Addiction and Recovery Act). Quarterly regional CARA meetings with community stakeholders are held and documented to ensure the needs of the drug and alcohol affected infants and their families are addressed and include discussions of Early Steps referrals and potential barriers. FS tracking for drug affected newborns (code 85) is active, however, code 88 for alcohol affected newborns has not been activated. The system change to add this code has been submitted, however, there have been other priorities to its completion (in light of our impending Comprehensive Child Welfare Information System - CCWIS upgrades). Family Services continues to support the use of family teaming principles when working with families and jointly developing case plans.

2.) Human Trafficking (HT) - DCFS is in full compliance with the implementation of the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and changes to the related amendments to CAPTA. DCFS has continued its work to combat HT. In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. In March 2013, screening for HT was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. Procedures were added to the policy regarding identification of trafficking and specialized staffings to determine needs and services.

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In 2014 DCFS was tasked by Act 564 of the 2014 Louisiana Legislature to develop an annual statistical report on HT in Louisiana. A report is to be sent to the Legislature by DCFS by the first of February each year with the following information:

- a. The services offered
- b. Geographic areas served
- c. Number of children (or adults) served
- d. Individual status updates on each child served

This information is to be collected on both adult and juvenile victims of labor and sexual trafficking. DCFS partnered with HT providers, Child Advocacy Centers (CAC), and sexual assault centers in Louisiana to develop a data gathering process on victims served, to produce the annual report. DCFS partnered with LSP to access the existing HSIN website for data entry for the report by HT providers with data. The first report was developed and submitted to the Louisiana Legislature on February 7, 2015.

The Legislation tasked CI screening to accept calls concerning Human Sexual Trafficking in Louisiana and making appropriate referrals for both adult and child victims. In response to this requirement DCFS partnered with the Polaris Project (National HT Resource Center) and the National HT Hotline. Clients not served because the alleged perpetrator is not a parent/caretaker or for adult cases, are referred to the National HT Hotline for assistance. For CY 2015 and CY 2016 CI did not record any data on calls that were not accepted for CPS services. DCFS has the ability to staff cases of foster youth who have been identified as confirmed or at high risk for juvenile sexual trafficking victims. These staffings with field staff were initiated in 2014 and provide consultation with management on these cases.

Update FFY 2016: Data regarding HT victims within Louisiana continues to be collected. This required numerous meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015 annual report to the Louisiana Legislature on HT in Louisiana, which is the 2nd report completed of this type. The Report for CY 2015 was submitted on February 23, 2016, to the Louisiana Legislature. The executive summary contained the following:

DCFS developed a list of 56 HT providers in Louisiana and contact was made to report information on human trafficking victims served. An Excel spreadsheet was developed with instructions and sent to each of the providers. A website was developed with the assistance of LSP for providers to securely enter their data, for those agencies wishing to use the website. A total of 13 agencies provided data for this report. Providers reported a total of 357 confirmed and prospective victims. Of the victims identified, 289 (81%) were sexual trafficking victims, 64 (18%) were labor trafficking victims, three victims were not reported as to type, and one was a victim of both labor and sexual trafficking. Of the sexual trafficking victims, 104 (36%) were identified as juveniles. Juvenile victims of trafficking were most frequently associated with Caddo, East Baton Rouge and Orleans parishes as the identified parishes for both trafficking and rescue. East Baton Rouge, Caddo, Jefferson and Orleans parishes have the largest number of adult victims. Of the victims reported, 86% were female, 11% male, 2% not reported and 1% Transgender. The most frequently provided services were Referral to Community Resources, Health Care, Mental Health, Education, and Housing. The age range of sexual trafficking victims was from 7-58. There were five sexual trafficking victims age 12 and under. Labor trafficking victims ranged in age from 31-65.

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Other efforts to address HT in Louisiana included the following: A representative from the data unit and from CPS participated as one of the three state/county child welfare representatives on the HHS HT Work Group. This group developed the data elements to enhance ACF's capability of collecting data on HT and child welfare. The work group is scheduled for a final wrap up on May 10, 2015. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACCESS and TIPS, to be able to identify and track which cases have HT involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group continues to meet and make plans to improve collection of data.

DCFS attended meetings regarding combating HT within Louisiana with a group that included representatives from the Court Improvement Program (CIP), LSP, and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continued to meet and have the screening tool developed and in use prior to the end of 2016. Through these meetings, DCFS was able to work with LSP to create a MOU regarding protocol and information sharing for HT cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children's Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on HT that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of HT. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents, residential care providers, and CASA workers were invited to attend. This training was performed as in-person training in all regions of the state. DCFS worked with the Pelican Center for Children and Families to post the training on their website for viewing by all. The training can be view at:

<http://www.clarola.org/resources/directory/item/1126-louisiana-juvenile-sex-trafficking>

In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for HT. DCFS has partnered with the CWTA and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the train, the trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are underway to bring Love 146 to Louisiana to provide a train the trainer for their "Not a #Number" curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and Louisianachildren.org will be working with stakeholders to partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis.

A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have

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been part of the placement group work. The group worked to develop specialized foster homes for youth who are victims of HT or are at high-risk of HT. The work regarding these homes includes development of policy, procedure, board rates, and criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group worked with current residential providers to ensure they received training on HT on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff were engaged to discuss what their needs were relative to housing this population and what types of supports were warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing a protocol/best practice quick reference guide for placement providers to utilize once a child is placed with them that is a victim of HT. Work on development of this guide should continue through FFY 2016 and FFY 2017.

DCFS continues work with multiple stakeholders to combat HT. Meetings with stakeholders are held at different times within the year by DCFS, Louisianachildren.org, or HP Serve and have included work with the following:

- The Court Improvement Program (CIP)
- Department of Juvenile Services (BR)
- Louisiana Children's CJA Task Force
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff's Association
- Louisiana State Police (LSP)
- Office of Juvenile Justice
- Louisiana Baptist Children's Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries
- Child Advocacy Centers of Louisiana

Update FFY 2017: Staffings with staff for HT cases continued during FFY 2017 as did staffings concerning CPS cases involving HT. During the year, a directory of service providers for human trafficking victims was developed for the Orleans region and a directory of trauma-focused treatment providers was developed for the Shreveport area. Both of these services directories were distributed to DCFS and respective stakeholders. DCFS is working with existing specialized MDT staffing teams in the Orleans and Shreveport Regions to improve the identification and response to juvenile trafficking victims.

Specialized juvenile sexual trafficking screening tools have been developed for foster care and family service cases. A separate screening tool for juvenile sexual trafficking was developed for first responders such as law enforcement, teachers, child protection investigators and health care providers. This tool was developed under the guidance of a state-wide multidisciplinary group of State Police, judges, the Supreme Court, private providers and DCFS staff. The integration of the screening tool into DCFS CPS policy has been initiated

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A Memorandum of Understanding (MOU) with the Louisiana State Police (LSP) Special Victims Unit on referral of sexual trafficking victims and communication on mutual cases was initiated. As a result, staff of both agencies is in contact on a daily basis about related cases. DCFS participated in the meetings of the HHS/ACF Office of Trafficking in Persons Technical Working Group and provided input on the requested data items.

Update for FFY 2018: Work has been proceeding with the Child Welfare Training Academy and local human trafficking provider HP Serve with the development of a computer based HT training that will be available to DCFS staff and anyone else who can utilize this training. DCFS state office staff have been participating in the development of the training. One of the DCFS recommendations was to include a human trafficking survivor and service provider speaking in the videos. Additional training being developed with the Child Welfare Training Academy is the customization of the specialized and in-depth training developed for ACF for caregivers, case managers, and CW supervisors who serve HT victims. Introductory training on human trafficking for DCFS staff and external partners was delivered in every region of the state. Specialized training on juvenile sexual trafficking was delivered statewide to residential providers of foster youth.

Training to CPS staff was delivered in one DCFS region on the CPS juvenile sexual trafficking screening instrument. For Family Services and Foster Care staff a webex was held for all staff statewide on 03/03/2017 entitled “Risk Screening for Sex Trafficking - Policy Review and Training on Tool”.

Obtained national sexual exploitation prevention curriculum by Love 146, titled “Not a #Number” and trained 20 providers statewide to provide the curriculum to youth in foster care and other youth within the state (Independent Living Providers, CAC providers, Residential facility providers, NGO service providers). During this period there were 21 sessions of “Not a #Number” for which there were a total of 270 juvenile attendees. There is work in progress to re-developing the training and use of the Human Trafficking Prevention Plan- “Keeping Myself Safe”.

For CPS cases with an allegation of juvenile sexual trafficking, follow up has been initiated from DCFS State Office staff to discuss the case and set up a specialized staffing with the State Office Human Trafficking multidisciplinary team. Additionally, screening is being made on new CPS cases without an allegation of juvenile sexual trafficking, when community MDTs identify the juvenile as a high risk or confirmed trafficking victim.

Modifications to the CPS ACESS to accurately capture data and track clients who are identified as HT victims, are in the process of being implemented. These changes will permit the agency to be in compliance of the requirements of P. L. 113-183 and report data to NCANDS. Continued development of juvenile sexual trafficking specific MDTs within multiple regions of the state (joint effort with HP Serve, LA CACs, LSP, and the National Criminal Justice Training Center). DCFS state office continues to refer juvenile trafficking case to the Louisiana State Police Special Victims unit as agreed upon in our joint MOU. DCFS state office staff continue to participate in quarterly meetings with the Louisiana State Police Special Victims unit to improve the identification and response to juvenile sexual trafficking. In partnership with CJA and HP Serve developed indicator cards for human trafficking for law enforcement and other first responders. In partnership with HP Serve, LA Child Advocacy Centers, Louisiana State Police, Children’s Cabinet (Governor’s Office), and the National Criminal Justice Training Center developed and Transmittal Date June 30, 2019

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hosting Regional Human Trafficking Summits across the state. Additional activities included the participation of DCFS staff at each of the Summits.

Update FFY 2019: Data for human trafficking in Louisiana was collected from a total of 35 agencies. The final report was completed and submitted to the Louisiana Legislature in February 2019. The Executive Summary of the report follows. Act 564 of the 2014 Louisiana Legislature requires the development of an annual statistical report on human trafficking in Louisiana. The report is to be submitted to the Legislature by the Department of Children and Family Services (DCFS). DCFS developed a list of 58 human trafficking providers in Louisiana and contacted them to report information on human trafficking victims they served. This is the fifth year a report is being submitted to the Legislature. The data in the report is for services provided in Calendar Year 2018. An Excel spreadsheet was developed with instructions and sent to each of the providers. A total of 32 agencies provided data for this report. Another three agencies reported that they provided no services to human trafficking victims. This means we received response from a total of 35 agencies. This was an increase of 46% (11 more than the previous year). The increase is due to the continuing efforts of the Louisiana Alliance of Children's Advocacy Centers and the Greater New Orleans Human Trafficking Task Force. This year marks a milestone that we have received responses from 60% of the identified agencies who provide services to human trafficking victims. One of the limitations of the report, is data has not been submitted from the majority of sexual assault centers or refugee/migration service agencies. The result is limited data on adult sexual abuse and labor trafficking victims. DCFS has made numerous outreach efforts to providers to obtain this data. Some of the feedback from providers not providing data in prior years is they believe providing some of the data items in the report would be in violation of federal confidentiality laws. Another response by providers was there is no requirement for them to provide this data. For the providers that did provide data in 2018, they reported a total of 744 confirmed and high risk (prospective) victims. This was an increase of 63 victims identified (9% increase) over the previous year. One caveat about the data: the numbers of victims are not unduplicated. It is impossible to get an unduplicated count of victims when dealing with so many different provider agencies.

Of the number of persons reported as confirmed or prospective trafficking victims, 710 (95.4%) were sexual trafficking victims; 7 (.9%) were labor trafficking victims; 18 (2.4%) were victims of both sexual and labor trafficking; and there were 9 additional trafficking victims for whom the type of trafficking was not reported. Of all reported victims, 428 (57.5%) were identified as juveniles, a 20% increase over the previous year. For adult victims there was a decrease of 17.1% (46 victims) identified from the previous year. There were 223 adult victims in the current report and 269 in the previous year. The age was unknown or not reported on 93 confirmed or prospective victims. There were 42 sexual trafficking victims age 12 and under. The age range of all Sexual Trafficking victims is from 5 months to age 65. The number of all confirmed victims was 333 (45%), and the number of high risk (prospective) victims was 285 (38%). One-hundred and twenty-six victims (17%) did not have a victim status identified. The increase for juveniles can be partly attributed to an increase in the number of agencies providing data. Additionally, there have been increased efforts in identifying juvenile victims.

As in prior reports, the gender of victims is overwhelmingly female 678 (91.1%). Forty-four (44) victims (6%) were male; 13 victims identify as transgender, and 9 (1%) of the victims (15%) did not have a gender identified. The racial composition for victims was 366 African American (49%),

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233 White (31%), 8 Asian (1%), 25 Multiracial (3%), 58 Other (8%), and 54 Unknown (7%). For adult victims, East Baton Rouge was the highest for parish of origin and parish of trafficking, followed by Caddo and Orleans parishes. For juvenile victims, the highest for victim origin and parish of trafficking was Caddo and Orleans followed by East Baton Rouge, Bossier, Calcasieu and Jefferson parishes. The most frequently provided services were Mental Health, Referral to Community Services, Health Services, Housing Services, Forensic Interviewing, and Education Services.

NCANDS Submission: For the FFY 2018 NCANDS submission, there was a reporting of juvenile human trafficking cases for which CPS was involved and there was parental culpability. Additional work will be required on the ACESS system to provide a more complete submission of data for FFY 2019. Individual data is available but NCANDS has not issued an alternative submission date through the Agency File. DCFS could submit that data if the Agency file had the option to submit trafficking data.

Participation in the Federal Region VI Regional Human Trafficking Work Group: DCFS child welfare staff have been invited and accepted the invitation to represent child welfare on the Louisiana contingent for the Federal Region VI Regional Human Trafficking Work Group. Participation has included attendance at the Work Group meeting in Austin, Texas from September 18-19, 2018 by Walter Fahr; and participation at the meeting in New Orleans January 24-25, 2019 by Walter Fahr, Christy Tate and Lauren Brocksmith. Participation by DCFS staff took place in a telephone conference on November 15, 2018. The DCFS staff responded to requests for assistance from other Work Group member from other states. Participation in meetings with the group in multiple sub - committees has continued.

Best Practices Guide: DCFS became aware of a Guiding Principles Booklet developed by other states through the Federal Region VI Work Group and is in the process of determining its use within Child Welfare as a best practice guide. The booklet has been distributed to staff and stakeholders to gain feedback on its use and content.

Centralized Intake Human Trafficking Protocol:

- When a call is received that is related to Human Trafficking in Centralized Intake, the intake worker is required to alert the supervisor via instant messenger by posting “*Human Trafficking Call.*” A supervisor immediately joins the call to assist the worker in gathering the necessary information. During the call, the following demographics should be gathered if available:
 - Name of the child (the name provided to law-enforcement and liaison)
 - Demographics of the child (DOB or Age; Gender; and Race)
 - Parents’ name (if this information is available) as well as location and contact information of parent (s)
 - Information regarding current location of the child.
 - Where the child normally resides (address and/or state, any info where she/he is from)
 - Current situation (This should include a description of the child)
 - Identification of the liaison person and law enforcement officer if applicable
 - Does this child have any siblings? If so, gather names and any available information for other children.

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- Following the intake call, the report is assessed for acceptance.
- Human Trafficking calls received through Centralized Intake are subsequently reviewed by an intake manager to ensure proper decision making.
- All human trafficking intake cases, whether accepted for investigation or not, must be documented on the agency Human Trafficking Victim Notification Form and sent to State Office for notification and tracking.

H.) ALLOWABLE AREAS:

- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs;
- Providing child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- Addressing the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or
- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;

SERVICES PROVIDED:

1.) Interagency Collaboration: Consultation with Physicians - The Department continuously consults with physicians or other appropriate medical professionals in assessing the health needs, including mental health needs, and well-being of foster children and determining medical treatment. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth or age one year and older whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based on a physician's recommendations.

Louisiana has adopted the provisions of the Affordable Care Act which allow youth aging out to retain Medicaid coverage from age 18 to age 26. These services include only those which are needed for routine wellness or medical necessity. DCFS implemented a psychotropic medication

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consultation process with a contracted Psychiatrist at LDH. Children on multiple psychotropic meds at risk of placement disruption are targeted for presentation on bi-weekly calls. The purpose of the consultation is to educate staff on the impact multiple psychotropic medications have on children and youth in foster care and to empower staff with information to advocate on their behalf. The Psychiatrist consults with departmental staff to provide guidance in case planning as needed. Policy and forms were created to address the use of psychotropic medications requiring parental consent when parental rights are retained, requiring that psychotropic meds be considered a last resort treatment option, and requiring a discussion of the medication's impact and options with the child, birth parent and caregiver. A statewide WebEx was conducted to review updates to psychotropic meds policy and to provide support to staff with case specific questions on the topic. The psychotropic meds training was posted and is accessible on the DCFS website to all staff and stakeholders.

DCFS worked in collaboration with the Louisiana Child Welfare Trauma Project (LCWTP) to improve access to needs-driven, evidence-based mental and behavioral health services for children and youth in the foster care system, as training and trauma assessment tools have been shared in the Baton Rouge and Lafayette regions.

Update FFY 2016:

- Continued working with the LCTP. Training and trauma assessment tools were provided to all regions.
- Shared data with LDH and identified those children in DCFS custody on multiple psychotropic medications.
- Conducted bi-weekly psychopharmacology consultations with an OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications.
- Provided clients with medical, dental and behavioral health care services through Medicaid and LDH contracts.
- Non-Medicaid services required to meet the care needs of children in foster care were provided through alternative DCFS resources.
- The integrated case management process for working with OJJ collaboratively to serve crossover youth was implemented statewide.

Update FFY 2017:

- Continued working with the LCWTP. Training and trauma assessment tools have been implemented statewide.
- Matched data with LDH to identify those children in DCFS custody on multiple psychotropic medications.
- Conducts bi-weekly or "as needed" psychopharmacology consultations with an OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being prescribed multiple psychotropic medications.
- Provides clients with medical, dental and behavioral health care services through their own insurance or Medicaid.
- Non-insurance or non-Medicaid services required to meet the care needs of children in foster care are provided through alternative DCFS financial resources.

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Update FFY 2018:

- The trauma assessment process implementation has been completed statewide, and all policy updates related to use of the process have been made.
- Continued bi-weekly and follow-up psychopharmacology consultations with an OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications. As a result, practices and procedures regarding the use of psychotropic medications are ensuring improved well-being and daily care of our children in foster care.
- DCFS provided medical wellness and medically necessary care daily as needed by each individual child through Medicaid Managed Care organizations to meet the physical, dental and behavioral health needs of children in foster care.

Update FFY 2019:

- Collaboration efforts and discussions will continue with OBH about initiating strategies of proposal that calls for the establishment of a tele psychiatry program for a complex cohort of children/adolescents in the foster care system in Louisiana.
- Child welfare will continue data matching process with LDH for multi-psychotropic medications monitoring of children in foster care and polypharmacy and diagnostic consultations with OBH.
- Child welfare will ensure the wellness of children in foster care by ensuring connection to developmentally appropriate screening and treatment for primary care, dental care and behavioral health.

2.) Interagency Collaboration: Louisiana Behavioral Health Partnership (now Healthy Louisiana (HL)/Coordinated Systems of Care – Prior to March 2012, the Department had a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody. Then in March 2012, this process was contracted to Magellan as part of the collaboration between LDH, OBH, OJJ, DCFS Child Welfare Program and DOE known as the Louisiana Behavioral Health Partnership (LBHP) / now Healthy Louisiana (HL). Through this partnership all behavioral health services supported through these four governmental agencies were provided.

Coordinated Systems of Care (CSoC), a part of HL, includes services targeted to at risk children and youth (young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system) with significant behavioral health challenges or co-occurring disorders. The goal of CSoC is to reduce the number of targeted children and youth in detention and residential settings and to improve the overall outcomes of these children and their caretakers. These services continue to be managed by Magellan; however, the state no longer contracts with Magellan for medical healthcare coverage.

On December 1, 2015, Louisiana transitioned to an integrated health management environment, and administration of behavioral health services transitioned to the five managed care organizations responsible to administer primary health services (i.e. Healthy LA). It was determined that the existing managed care entity for behavioral health services would retain administration of behavioral health services solely for youth enrolled in CSoC, for a period of no

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more than two years, in order to ensure a successful transition of CSoC to integrated health management.

Update FFY 2016: Pursuant to the transition to Healthy LA, DCFS assumed administration of agreements with residential childcare facilities and child placing agencies, two residential levels of care that had previously been managed under the HL. These levels of care are not Medicaid reimbursable, and for this reason no longer fall within the scope of work of the Managed Care Organizations (MCOs). Included in the administration of these levels of care, the Department will undertake a more robust approach to quality assurance activities. A quality assurance surveillance tool is being developed that will be used during quarterly site visits with residential childcare facilities and child placing agencies. Additionally, this tool will be applied during quarterly site visits at Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Groups Homes (TGH) that provide residential behavioral health treatment services to youth in custody. Efforts will be made to automate the surveillance tool so that the data can be aggregated and reportable.

A new statewide unit was created within the Department to manage the transition to integrated health management by the five MCOs participating in Healthy LA. The twelve person statewide Behavioral Health and Placement Services Unit works closely with the managed care entities and providers to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs. DCFS selected two of the MCOs as DCFS preferred providers: Louisiana Health Care Connections and Amerigroup. This decision was made to ensure that children, families and the DCFS maintain choice among health plans, and to enhance collaboration to meet the specialized needs of children in custody, of the Department and of the health plans.

Throughout this year, the Behavioral Health and Placement Services Unit provided education and technical assistance to assist staff and key stakeholder to navigate within Healthy LA. The array of residential behavioral health treatment providers has remained relatively stable with the transition to Healthy LA. Currently there are five (5) Psychiatric Residential Treatment Facilities and eight (8) Therapeutic Group Homes participating in the residential treatment providers. By the end of the year, it is anticipated that there will be sixteen Therapeutic Group Homes providing service in Louisiana. The array of residential care providers has remained stable. Currently there are twenty (20) Non- Medical Group Homes, and eight (8) Therapeutic Foster Care provider agencies providing services to youth in Louisiana who are in DCFS custody.

The LDH CSoC team worked with the University of Washington Research and Evaluation Team to conduct the Wraparound Fidelity Index Assessment with CSoC youth and families in the five existing regions to establish a baseline metric of the integration of high fidelity wraparound practice. LDH CSoC team began work to refine the CSoC Quality Assurance Strategy to assess progress and outcomes of youth enrolled in CSoC and convened regular strategic planning sessions among all the managed care organizations to create processes and procedures to address the complexities of administering CSoC services in an integrated health management environment. At the end of FFY 2016, a total of 1705 children and youth were enrolled in CSoC. Of the children and youth enrolled in CSoC, 133 were identified as children in the foster care system.

Update FFY 2017: DCFS continued to work with the Office of Behavioral Health and Medicaid located within the Louisiana Department of Health to build a more efficient and effective system

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of behavioral health care and a more integrated health system for the children and youth of Louisiana.

The Behavioral Health and Placement Services Unit provided education and technical assistance to assist staff and key stakeholder to navigate within the system of managed care to ensure children and youth in DCFS custody are connected to needed services and supports in a timely manner, at the correct level of care and for the appropriate amount of time. The array of residential behavioral health treatment providers has remained consistent since the transition to managed care. The anticipated growth in the array of Therapeutic Group Homes did not occur, but remains a goal. Currently there are twenty (20) Non- Medical Group Homes, and eight (8) Child Placing Agencies with which DCFS does contract to provide Therapeutic Foster Care to youth in Louisiana who are in custody. DCFS partnered with the OBH to apply for a federal System of Care Expansion Grant. The goals are two tiered: 1) establish a center of excellence to train stakeholders throughout the state; 2) increase leadership and participation of families and youth in the System of Care. The award of this grant has not yet been announced. The CSoC contractor continues to administer the CSoC on behalf of the LDH, and to administer all CSoC services and all specialized behavioral health state services for youth enrolled in CSoC. The five health plans contracted by Medicaid continue to administer all specialized behavioral health state plan services for youth who are enrolled in Medicaid, but who are not enrolled in CSoC. In FFY 2017, Crises Stabilization migrated from a CSoC service to a specialized behavioral health state plan service, available to all Medicaid eligible children and youth.

Update FFY 2018: DCFS works with the Office of Behavioral Health and Medicaid located within the Louisiana Department of Health to build a more efficient and effective system of behavioral health care and a more integrated health system for the children and youth of Louisiana.

Update FFY 2019: DCFS continued to work with the Office of Behavioral Health and Medicaid located within the Louisiana Department of Health to build a more efficient and effective system of behavioral health care and a more integrated health system for the children and youth of Louisiana. DCFS studied the feasibility of contracting directly with one or more Health Plans to administer behavioral health services for youth in custody. It was determined such a shift would not be beneficial to the children and families serviced by child welfare, nor to the Department. DCFS did collaborate with the Louisiana Department of Health in the development of the Request for Proposal for Managed Care Services to solicit providers for contracts that will go into effect January 1, 2020. The Behavioral Health and Placement Services Unit continued to assist and coach child welfare staff to become more knowledgeable and adept in navigating the system of managed care for behavioral health services and supports, in order to ensure children and youth in DCFS custody are connected to needed services and supports in a timely manner, at the correct level of care and for the appropriate amount of time. The array of residential behavioral health treatment providers has changed. LDH currently licenses fourteen (14) Therapeutic Group Homes, and four (4) Psychiatric Residential Facilities. DCFS currently licenses twenty-two (22) Non- Medical Group Homes, and fourteen (14) Child Placing Agencies. DCFS did collaborate with the Louisiana Office of Behavioral Health (OBH) in a learning community to investigate how to develop a more family-focused culture within residential treatment levels of care. OBH obtained a grant by which The Building Bridges Initiative provided training and coaching to Louisiana state agencies and providers on family engagement and collaborative care planning. The Behavioral Health and Placement Services Unit will develop more focused workflows to: decrease reliance on congregate

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care settings; decrease the number of children who experience inappropriate residential treatment; increase family-care settings; and identify service gaps that prevent family care settings.

3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities - DCFS has complied with federal regulations with regard to media disclosure on child fatalities and near fatalities.

Update FFY 2016: Upon request, the Department has consistently provided summary information on cases of child abuse and neglect which has resulted in a fatality or a near fatality. To ensure continued compliance with these federal mandates, the Department updated policy regarding child fatalities and near fatalities in April 2016. In policy 1-530 “Release of Abuse and Neglect Investigation Information” it states that “upon request, DCFS **shall** provide summary information on cases of child abuse and neglect which has resulted in a fatality or near fatality”. Furthermore, policy 1-540 “Release of Information to Review Boards and Panels” has been updated to reflect “DCFS **shall** disclose information as requested by the child abuse and neglect citizen review board so long as the information is necessary for the panel to carry out its function consistent with state and federal law”.

FFY 2015	Total Number of Children	Valid	Invalid	Inconclusive
Number of Children Investigated as a Fatality	80	37	40	3
<i>Fatality data from WebFocus Managed Reporting extracted 5/12/2016</i>				
Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive
Investigated as a Near-Fatality Victim	16	11	3	2
Report came in as Near Fatality - Child Later Died	8	5	3	0
Near Fatalities that did not become Fatalities	8	6	0	2

NOTE: Near Fatality data from Microsoft Access database that is maintained on children with Fatality and Near Fatality allegations. ACESS is the data source for NCANDS.

DCFS does not currently identify near fatality data in the CPS management information system so these incidents are tracked based on reports submitted by local offices to state office. A system change has been requested to add allegations of “Life Threatening Injury Abuse” and “Life Threatening Injury Neglect” to enable better data management and knowledge concerning near fatalities. Users will be required to include a specific allegation type when “Life Threatening Injury” is an allegation. The system enhancement is scheduled for implementation in September 2016.

Update FFY 2017: Upon request, the Department has consistently provided summary information on cases of child abuse and neglect which has resulted in a fatality or a near fatality. To ensure continued compliance with these federal mandates, the Department updated policy regarding child fatalities and near fatalities in April 2016. In policy 1-530 “Release of Abuse and Neglect Investigation Information” it states that “upon request, DCFS **shall** provide summary information on cases of child abuse and neglect which has resulted in a fatality or near fatality”. Through the DCFS website, there is a mechanism in place for media inquiries, and the Department frequently

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provides data to various organizations, media outlets, and other entities regarding fatalities and near –fatalities. DCFS currently has three full-time employees in our Communications division to respond to all media inquiries and request for data. Furthermore, policy 1-540 “Release of Information to Review Boards and Panels” has been updated to reflect “DCFS **shall** disclose information as requested by the child abuse and neglect citizen review board so long as the information is necessary for the panel to carry out its function consistent with state and federal law”. Through a Data Sharing Agreement, DCFS provided the Louisiana Department of Health (LDH) with data regarding child deaths in Louisiana. In addition, LDH secured a grant from the Center for Disease Control for the prevention of violence and injuries, which will allow for a shared Epidemiologist between DCFS and LDH to review data to improve outcomes for children. In June of 2016, ACESS updates and policy changes were made that added allegations of “Life Threatening Injury Abuse” and “Life Threatening Injury Neglect” to better enable data management and knowledge concerning near fatalities. Users are required to include a specific allegation type when “Life Threatening Injury” is an allegation.

FFY 2016*	Total Number of Children	Valid	Invalid	Inconclusive
Number of Children Investigated as a Fatality	77	41	29	3
<i>Fatality data from WebFocus Managed Reporting extracted 3/31/2017</i>				
Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive
Investigated as a Near-Fatality Victim	18	9	5	4
Report came in as Near Fatality - Child Later Died	6	3	2	1
Near Fatalities that did not become Fatalities	12	6	3	3

There is 1 Fatality pending, 3 with findings of UTL, and 1 of CNC.

Update FFY 2018: The Department has consistently provided summary information on cases of child abuse and neglect which has resulted in a fatality or a near fatality upon request. There is a mechanism in place for media inquiries on the DCFS website, and the Department frequently provides data to various organizations, media outlets, and other entities regarding fatalities and near –fatalities. The Department continued collaboration through a Data Sharing Agreement where DCFS provided the Louisiana Department of Health (LDH) with data regarding child deaths in Louisiana. In addition, LDH continued to secure a grant from the Center for Disease Control for the prevention of violence and injuries, which will allow for a shared Epidemiologist between DCFS and LDH to review data to improve outcomes for children.

FFY 2017	Total Number of Children	Valid	Invalid	Inconclusive
Number of Children Investigated as a Fatality	57	27	28	2
<i>Fatality data from WebFocus Managed Reporting extracted 6/25/2018</i>				
Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive

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Investigated as a Near-Fatality Victim	22	17	5	0
Report came in as Near Fatality - Child Later Died	8	5	3	0
Near Fatalities that did not become Fatalities	14	12	2	0

FFY 2018	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation
Number of Children Investigated as a Fatality	43	29	11	2	1

Fatality data from WebFocus Managed Reporting extracted 6/25/2018

Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive
Investigated as a Near-Fatality Victim	23	9	11	3
Report came in as Near Fatality - Child Later Died	8*	4	4	0
Near Fatalities that did not become Fatalities	15**	5	7	3

Sources of Data on Child Maltreatment Deaths - All child maltreatment fatalities are reported through CI and entered into ACESS. The majority of reports, regarding child fatalities, is reported from coroners and law enforcement and is accepted for CPS services. The other percentage of accepted fatality reports stem from medical providers, relatives/friends, anonymous, etc. The child deaths substantiated by the Department come exclusively from intakes accepted. The data is obtained through ACESS, the state's intake system. The Department continues to work with the OPH, LDH to obtain current information on child abuse and neglect fatalities. As of May 19, 2016, Act 118 was signed by the Governor and it is designed to allow better access to the child fatality data between DCFS and OPH/ LDH.

Update FFY 2016: Thirty-nine (39) fatalities were reported in the recent NCANDS submission.

Update FFY 2017: All child maltreatment fatalities are reported through CI and entered into ACESS. The majority of reports, regarding child fatalities, is reported from coroners and law enforcement and is accepted for CPS services. The other percentage of accepted fatality reports stem from medical providers, relatives/friends, anonymous, etc. The child deaths substantiated by the Department come exclusively from intakes accepted. The data is obtained through ACESS, the state's intake system.

In 2013, consultation began with the coroner in the state's largest city to identify any additional fatality victims that needed to be included in the NCANDS submission. The number of individual law enforcement agencies in Louisiana currently exceeds 400 and this creates barriers for DCFS as individual contacts within each agency is currently beyond the capacity of the Department. It is anticipated that through the strengthened relationship with the Child Death Review Panel, that this may be an avenue to explore in obtaining this information.

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The Department continues to work with the OPH, LDH to obtain current information on child abuse and neglect fatalities. Legislation passed in 2016 allows better access to the child fatality data between DCFS and OPH/ LDH. As a result, policies were revised and implemented to increase the availability of data to the Child Death Review Panel, as well as requiring staff to invite local Child Death Review Panel members to all Multi-Disciplinary Team Staffings involving a fatality to improve data sharing, identify gaps in reporting, and form a closer collaborative effort in addressing child deaths.

All nine regions within the State have a Child Death Review Panel (CDRP) in which DCFS participates, in addition to a State Office Level CDRP to review systematic issues. The LDH, OPH leads the CDRP meetings, thus discussions are held between DCFS and the CDRP to ensure that all suspected cases of abuse/neglect are reported to DCFS. The CDRP's throughout the state have robust participation of the various Coroner's Offices, Law Enforcement, Medical Providers, and other state/local entities.

OPH, with the support of DCFS, applied for, and was awarded a grant from the CDC to address incidences of injury and violence. DCFS has been an active participant in the work of the grant, with one of the primary goals being to increase levels of coordination, collaboration and mission alignment among state-level Child Abuse and Neglect partners, through assessing existing data sources and gaps, and creating a minimum core data set with standardized data for Child Abuse. With the recent hiring of an Epidemiologist through this grant, it is expected that the work of this grant will progress, including increasing the amount of data available for child fatalities.

Update FFY 2018: All child maltreatment fatalities are reported through Centralized Intake and entered into ACESS. The majority of reports are reported from coroners and law enforcement and are accepted for CPS services. The other percentage of accepted fatality reports stem from medical providers, relatives/friends, anonymous, etc. The child deaths substantiated by the Department come exclusively from intakes accepted. The data is obtained through ACESS, the state's intake system.

The Department continues to work with the OPH, LDH and other stakeholders to obtain current information on child abuse and neglect fatalities. Legislation passed in 2016 and 2018 that allows better access to the child fatality data between DCFS and OPH/ LDH, and the coroners. Staff participate in local Child Death Review Panels to all Multi-Disciplinary Team Staffings, along with key stakeholders involving a fatality to improve data sharing, identify gaps in reporting, and form a closer collaborative effort in addressing child deaths.

All nine regions within the State have a Child Death Review Panel (CDRP) in which DCFS participates, in addition to a State Office Level CDRP to review systematic issues. The LDH, OPH leads the CDRP meetings, thus discussions are held between DCFS and the CDRP to ensure that all suspected cases of abuse/neglect are reported to DCFS. The CDRP's throughout the state have robust participation of the various Coroner's Offices, Law Enforcement, Medical Providers, and other state/local entities.

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alignment among state-level Child Abuse and Neglect partners, through assessing existing data sources and gaps, and creating a minimum core data set with standardized data for Child Abuse. With the hiring of an Epidemiologist through this grant, it is expected that the work of this grant will progress, including increasing the amount of data available for child fatalities.

Update FFY 2019: DCFS continues to strengthen collaborative efforts with members of all Child Death Review Panels to encourage data sharing and ultimately increase the amount of data available from multiple resources in NCANDS reporting. Collaboration efforts continue with LDH to share data and to utilize the epidemiologist to identify patterns and causes of child death and to assist with reducing the risk and occurrence. DCFS currently does not collect data regarding fatalities in cases that do not involve abuse or neglect by a caregiver. Information sharing efforts remain in affect with LDH through monthly regional and statewide child death review panels to identify child death data that is not available to DCFS.

There is a mechanism in place for media inquiries on the DCFS website, and the Department frequently provides data to various organizations, media outlets, and other entities regarding fatalities and near –fatalities. The Department continues to identify systematic causes of child deaths in order to enhance prevention efforts in areas identified as emergent through data collection. The Department’s ultimate goal is utilize data as a means to create public awareness regarding child deaths and enhance community education.

Program Instruction ACYF-CB-PI-18-06: The Louisiana Department of Children and Family Service (DCFS) Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018 and held a meeting on June 5, 2018 to discuss initial plans to address needed changes. As per Program Instruction ACYF-CB-PI-18-06, Louisiana will need to document steps taken to track and prevent child maltreatment deaths in the APSR due June 30, 2019, including:

- A description of the steps Louisiana is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on deaths from the relevant organizations in the state.
- A description of the steps Louisiana is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.

Louisiana is requesting an extension to address Program Instruction ACYF-CB-PI-18-06 by August 15, 2018. A workgroup was developed and an initial meeting was held on June 5, 2018 to discuss the plans to address these changes. The following is the initial outline of procedures and protocols LA DCFS will pursue to address the Steps to Track and Prevent Child Maltreatment Deaths of the PI Workgroup.

- Develop an instrument through QATS system to track relevant information on Fatality cases
 - Coroner’s report, medical report, forensic report, child death review reports, etc.
- Identify High Risk cases through the Eckerd model and develop strategies to address
 - Eckerd Reviews
 - High Risk Staffings
- Work with stakeholders to provide more public awareness and education

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- Commercials
- Pamphlets and flyers
- Presentations
- More intense specialized training for our staff
- Engage local parenting centers
- Well-being checks for high risk families from community partners

Identified Partners:

- LA Department of Health
- LA Coroner's Association
- Child Death Review Teams
- Law enforcement agencies

Addendum (ACYF-CB-PI-18-06): CHILD ABUSE PREVENTION AND TREATMENT ACT:

As required by Title IV.B, Subpart 1, states are to describe steps to track and compile complete information on child maltreatment deaths from several sources that are used for NCANDS reporting.

Louisiana utilizes multiple sources of information in investigating child fatalities that informs NCANDS reporting. For all allegations of Death and/or Life Threatening Injuries, Louisiana requires the additional allegation that caused the death or injury, which improves accuracy in reporting. The following are existing processes in place to track child maltreatment deaths:

- Law Enforcement agreements are in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, agreements of their working relationship and sharing of information.
- All child fatalities require a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision making. Child Death Review Panel members, Law Enforcement, Coroners, and other service providers are encouraged to participate in MDT's on cases where they are involved.
- A strong partnership with the Louisiana Child Death Review Panel has been established with the agency, that allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana State Police, representatives from the Office of Vital Statistics, The Louisiana Coroner's Association, The Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a Pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:
 - Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
 - Quarterly state level Child Death Review Panel meetings to review systemic issues and develop strategies to reduce fatalities;

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- Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions;
- Passage of state legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized DCFS to have access to any and all information/documents in the possession of the Child Death Review Panel;
- Fatality data is tracked and monitored at the DCFS State Office Executive Management level. Monthly fatality meetings are held with the DCFS' Secretary, Deputy Secretary, Child Welfare Assistant Secretary, The Bureau of General Counsel, Child Protective Services' Program staff, and regional management. During these meetings, each child maltreatment fatality is reviewed and assistance is offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report; and
- The DCFS' Child Welfare Programs contains a Data Analytics Unit. This unit tracks all fatality data and compiles an on-going report containing all legislatively required data.

Increase in CAPTA Grant: As per ACYF-CB-PI-18-06, states must include specific information in their APSR and CAPTA plan for using the increased funding, with a priority on developing, implementing, or monitoring plans of safe care.

As part of Louisiana's implementation of CARA, quarterly regional stakeholder meetings were initiated for the purpose of monitoring Plans of Safe Care at the local level. The common theme throughout the state is the need for expeditious Substance Use Disorder assessments and treatment options to improve engagement with many of our ambivalent clients, and ultimately improve outcomes for our children and families. Staff and community stakeholders recall the successful implementation of a previous collaboration between DCFS and the Louisiana Department of Health (LDH) that provided for a substance abuse counselor to be housed at a local DCFS office within each region of the state. The role of these counselors was to conduct on-site screening and assessments; and provide expert consultation to field staff on Substance Use Disorder issues. This collaboration ended several years ago due to lack of funding.

Louisiana's plan for the increased CAPTA funding is to collaborate with LDH to house substance abuse counselors in each of the nine DCFS regions to conduct screenings, assessments and referrals for treatment. The objectives related to this collaboration are:

- Increase accessibility to Substance Use Disorder assessments through Substance Abuse Counselors being located within each DCFS region.
- Increase accessibility to available treatment resources; and
- Increase compliance with the completion of Substance Abuse assessments and treatment, through providing flexibility in conducting assessments in various settings such as the DCFS offices, hospitals, and potentially in the home.

Conversations were initiated with the LDH to explore two additional collaboration efforts, including the use of recovery coaches and accessing MIECHV funds to expand home visitation programs for our families of newborns affected by substances.

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Citizen Review Panels – Louisiana has three (3) Citizen Review Panels (CRP) located in the North, South, and Southwest areas of the state. The Beauregard Panel is parish based and located in the southeastern quadrant of the state within the Lake Charles Region. The Monroe Panel is regional based and located in the north quadrant of the state. The remaining panel is based in the region of Lafayette, which is located in the south quadrant of the state. The Monroe and Lafayette Regions consist of multiple parishes that are part of their panels.

The goal of the panel is to provide an opportunity for citizens to commit, promote, and create positive change for the overall well-being and safety of children. The Panels meet on a quarterly basis at a minimum, to review and discuss specific policies and procedures and where applicable, specific cases of both state and local agencies, and prepare an annual report.

During the last year, CRPs have reported the following:

Lafayette Region Citizen Review Panel Members:

Linda Boudreaux, Family Resource Center Director
Katy Bajat, LCSW, Special Needs Parent
David Yarbrough, Dean of Community Services, ULL
Darce Byrd, Lafayette Drug Court
Madeline Rosette, St. Landry CASA, Executive Director
Lavonya Malveaux, Opelousas City Court Representative
Amber Hebert, Lafayette Sheriff's Department
Melissa Thompson, LCSW-BACS, Area Director Lafayette Region
Leslie Calloway, Child Welfare Supervisor

The Lafayette Region DCFS Citizen Review Panel held meetings on the following dates in 2015: April 30, 2015, June 26, 2015, and November 16, 2015. A Focus Group with Lafayette Region Supervisors was conducted on August 10, 2015. The Focus Group was facilitated by David Yarbrough, Linda Boudreaux, and Amber Hebert.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The CRP team focused on the retention of child welfare staff in 2015. Retention in child welfare has been noted as a pervasive problem nationwide. Since research indicates that supervisors play an integral role in staff retention, a Focus Group with supervisors was selected to inform the Department of retention issues and identify strategies to improve staff retention in Lafayette Region. According to the research article "Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research" by the Institute for the Advancement of Social Work Research, it was emphasized that professional commitment and the level of education are the most consistent personal characteristics involving retention of child welfare staff. Supervisory support and workload/caseload are the most consistent organizational factors mentioned that contribute to retention. The Focus Group participants were selected from the following program areas in Child Welfare: Child Protection, Foster Care, Family Services, and Home Development. Supervisors selected had a range of experience from one month to 16 years of child welfare supervisory experience.

Recommendations: A focus on personal safety, training, resources and tools, user friendly electronic system, pay increases and manageable work load, some of which was included in our annual CRP Report. The panel requested any feedback from state office.

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DCFS Response: The issues identified by the panel were recently outlined in a transition report that was provided to the newly elected governor in effort to aid with suggestions and recommendations for improving the Child Welfare in Louisiana. The information was shared by experts, along with the collective experience of committee members that provided the analysis of the Department and framed the series of structural, communication, staffing, funding, and programmatic recommendations focused on strong service to Louisiana.”

Lafayette Region Citizen Review Panel Update FFY 2017: The Lafayette Region DCFS Citizen Review Panel held meetings on the following dates in 2016: March 31, 2016, June 16, 2016, and October 27, 2016. The panel members were provided a copy of the “Onward Louisiana Report” for review and discussions. This report was composed by the Transition Committee on Children and Family Services that consisted of 22 people from diverse disciplines and backgrounds in different geographical regions of the state then submitted to the Governor of Louisiana. Their purpose was to “establish policies to provide meaningful opportunity to serve the disadvantaged who are at risk of securing basic human needs and to assure that the Department utilizes an outcomes-based assessment to determine whether strategies work and to make informed decisions on necessary programmatic changes.”

Later during the 2016 year, the committee focused its efforts on youth transitioning out of foster care, which included identifying mentoring opportunities for youth in foster care. In an attempt to create a successful mentoring program, current barriers to mentoring within the child welfare system were identified. One of the major barriers identified was mentor’s inability to be involved in unsupervised contacts with the mentee. Supervised contact is required because the Department does not conduct state central registry clearances on mentors as it is not a provision identified in the law. Since this was an issue identified as a barrier for developing a mentoring program for youth, a referral was submitted to state office via the Regional Program Quality Improvement (PQI) process. In the referral, the committee identified the difficulties associated with developing positive relationships with youth in a supervised environment and suggested that the Department support legislation changes or policy changes to eliminate this barrier. The members expressed a desire to pursue mentoring in an effort to link youth in foster care to positive role models. The goal is for mentors to form bonds with youth that support long-term connections, aid in teaching youth independent living skills, and identify supports after foster care. In addition to mentoring, the committee will focus its efforts on identifying additional strategies that will support and promote positive outcomes for youth in foster care.

Identified trends/findings/concerns: The CRP members submitted a referral to State Office via the Regional Program Quality Improvement (PQI) process to address a barrier for developing a mentoring program for youth. A barrier identified was the mentor’s inability to be involved in unsupervised contacts with the mentee. Supervised contact is required because the Department does not conduct State Central Registry clearances on mentors as it is not a provision identified in the law.

Recommendations:

- 1) Provide necessary supports to youth who age out of foster care to decrease homelessness, incarceration and other adverse outcomes for former foster youth.

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DCFS Response: Louisiana Independent Living Skills (LILS) training to our youth in foster care help track and search for youth as they are aging out of care. The youth are provided ongoing case management and support and ongoing service delivery as needed. They are afforded the opportunity to complete National Youth Transitional Database (NYTD) surveys for federal reporting as part of the tracking process. During this tracking process the youth will sustain connections/relationships, and supportive resources. Once the youth are connected to the Independent Living (IL) network in Louisiana, youth can continue receiving supportive assistance from these providers after aging out of foster care throughout the state up to at least age 26.

- 2) The committee will attempt to increase membership in the Lafayette Region Citizens Review Panel by identifying community members interested in promoting positive change within child welfare.

DCFS Response: An event may be hosted whether it is an annual workshop, a quarterly Lunch & Learn or an online Webinar. Speakers' should present information that targets the panel's current needs and/or concerns. This process would gain credibility for the panel and provide an opportunity to increase the membership. The panel members may choose to schedule an additional meeting. Encouragement should be made to bring a "guest," offering the opportunity to join the panel and increase in membership.

Lafayette Region Citizen Review Panel Update FFY 2018: The Lafayette Region DCFS Citizen Review Panel held a meeting on April 7, 2017. A focus group was conducted with youth in foster care on June 23, 2017.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The focus for 2017 was youth in foster care, which included a focus on outcomes for youth aging out of the foster care system. The members of the panel are well aware of the negative outcomes youth encounter after they exit foster care; this includes a higher rate of incarceration, homelessness and school dropout, than youth in the general population. A focus group was convened to ascertain information, from these youth, about their positive and negative experiences in child welfare and to identify specific needs of youth.

There will be continued work towards increasing membership in the Lafayette Region CRP. The panel continues identifying community members interested in promoting positive change within child welfare.

Identified trends/findings/concerns:

Discussion points from the focus group included the following:

- 1) Importance of discussing future opportunities, including education, housing and transportation with youth;
- 2) Increased input from youth in developing and understanding the Youth Transition Plan;
- 3) Responsiveness of foster care worker; availability to assist when youth is in trouble;
- 4) Involvement of youth in placement decisions; being transparent and honest with youth;
- 5) Practicing normalcy in all aspects of the youth's life;
- 6) Decent gifts for birthday and Christmas;

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- 7) Importance of maintaining personal items during placement transitions, privacy, extracurricular activities, friendships and relationships;
- 8) Opportunity to purchase own clothing; and
- 9) Support for academic achievement.

Recommendations:

- 1) Identify organizations willing to mentor youth in foster care.
- 2) Develop strategies to improve the experiences of youth in foster care.
- 3) Develop strategies to recruit families for youth in foster care.

Lafayette Region Citizen Review Panel Update FFY 2018: On June 23, 2017, a focus group was held with eight youth and one young adult. The facilitators for the group were Linda Boudreaux and Madelyn Rosette (panel members). The children discussed their concerns openly and honestly; they provided information that will inform future decisions and activities within the region to promote self-sufficiency, independence and safety for youth.

Through the Continuous Quality Improvement (CQI) committee referral process, a request was made regarding advocating for changes in the law to allow the Department to conduct State Central Registry (SCR) clearances on potential mentors. Although one of the faith based organizations developed a mentoring program for foster youth in Lafayette Region, a huge barrier to the success of the program was the mentor's inability to participate in unsupervised activities with the youth. This led to difficulty developing strong relationships between the youth and mentor. A provision in the law has been added that allows the Department to conduct SCR clearances on potential mentors; therefore, unsupervised contact with mentors is no longer a barrier for mentoring programs.

DCFS Response: The Department, in May 2017, created new positions to develop and manage the programs for youth in foster care, which includes youth transitioning out of foster care. Specialized Foster Care Case Managers were developed in June 2017 to serve 17-year-old youth in foster care. It was later determined they will serve youth ages 15-17. The Department has 20 specialized case managers. In March and April (2018), State Office hired three consultant staff to provide in-person direct consultation with front-line staff carrying cases of youth in foster care. The Open Table model will be introduced across the state; this will be in partnership with the United Methodist Church and other community stakeholders. The model has been implemented in Baton Rouge and Monroe regions. The Department continues to contract with providers to increase services available to youth ages 14-26. The providers have continued to evolve their curricula to best meet the needs of the youth they serve. Experiential activities and collaboration with foster caretakers are required to reinforce the information provided to youth.

Monroe Region Citizen Review Panel Members:

Angie Thomas, Vice-Chair, Louisiana Methodist Children's Home
Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions
Patty Newman, OYD Regional Administrator
Tammie Slawson, Seeker Spring (*No longer with the panel as of FFY 2018)
Gatha Green, Children's Coalition of NELA (*No longer with the panel as of FFY 2018)
Laura Nettles, Families Helping Families (*No longer with the panel as of FFY 2018)
Ella Nimmers, Our House for Teens

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Marion Carraway, Louisiana MENTOR (*No longer with the panel as of FFY 2017)
Jacquiela Dorsey, Big Brothers Big Sisters, the Wellspring Alliance for Families, Inc.
Melody Karamanis- La. Baptist Children's Home
Andrea Savage -ULM Title IV-E Coordinator (*No longer with the panel as of FFY 2018)
Cindy Murphy-Independent (Formerly Reg. Admin. With DCFS)
(*No longer with the panel as of FFY 2018)
LaRanda Jason-CWS DCFS (*No longer with the panel as of FFY 2017)
Tamara Thompson-River City Counseling Services
(*No longer with the panel as of FFY 2018)
Keri Foust, CASA
Ellen Hammons, Area Director, Monroe Region/DCFS Liaison
(*No longer with the panel as of FFY 2017)
Katie Herring, Child Welfare Consultant/DCFS Liaison
Karen Herrington, Child Welfare Manager, DCFS Liaison

The year 2015 proved to be a continued period of many changes as the Department (DCFS) underwent significant new initiatives, reorganization of staff, job descriptions, administrative changes, and new initiatives that affected Child Welfare programs aimed at improvement of qualitative and quantitative measures in fulfilling the Department's mission. The members of the Monroe Region Citizen Review Panel continue to demonstrate and fulfill the mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Region IX Citizen Review Panel remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The panel members and DCFS staff continue to demonstrate an exceptional and cooperative relationship in meeting our mandated goals.

The Monroe Region DCFS panel members met four times during 2015, meeting the mandated one meeting per quarter requirement. The members continue to maintain active membership and commitment in fulfilling the mission of the Panel and assisting in the achievement of departmental goals. The year 2015 meetings focused on the continuation of Foster Care Life Skills Camp, which is designed to teach skills that are imperative for youth preparing to transition from Foster Care to Independent Living; a Christmas Camp designed to give respite to Foster Parents during the holiday season; further development of Sibling Camp for Foster Care sibling groups living separately; continuation of the much heralded appreciation luncheon for Agency staff; and monitoring other CRP activity nationwide.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: Our Life Skills Camp continues to be of interest and active in providing life skills to youth in foster care. Our 6th annual Life Skills Camp was held May 1-3 with 23 teens in attendance. Volunteers from all areas of the community were present to provide engaging and educational trainings to the youth who were preparing for transition out of foster care and into adulthood/independent living. The Panel members have begun making plans for subsequent annual camps. The community is much appreciated as various groups and individuals work together to provide a successful and entertaining opportunity for this increasingly vulnerable population. Both the Christmas Camp and the Sibling Camp were deemed a success and an appreciated effort by Foster Parents and the

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Foster Care Youth. The Panel remains in gratitude of those who devote their time and effort to serve as our camp volunteers and the champions for these children.

Identified trends/findings/concerns: Monroe Region underwent reaccreditation by the Council on Accreditation (COA) during the 2015 calendar year, which was a massive undertaking and a very extensive process that included meetings with various program clients, stakeholders, and visits to several DCFS locations to ensure ongoing compliance. The DCFS, Region IX (Monroe), continued to be in compliance with the Public Agency Accreditation Standards. This is a tremendous achievement that demonstrates that DCFS is recognized as a provider that continues to successfully implement high performance standards and, as such, is delivering the highest quality services to all of its stakeholders.

An additional change occurred to staff in the Monroe Region Home Development Unit as a new supervisor was identified, bringing the unit total to 5 employees. The Home Development Unit has continued to use the Model Approach to Partnership in Parenting (M.A.P.P.) training, as it has been recognized as an imperative component of foster parent recruitment and development. The need for new foster parents remains critical and the Home Development Unit is hard at work to increase the number of certified foster homes in the region, while ensuring that eligible relative placements and fictive kin are extended an opportunity to participate in the certification process.

Rose Sam, DCFS Program Manager and state coordinator of the Louisiana CRP, continues to keep our panel informed of state and national meetings. The routine state conference calls continue to be held with DCFS staff, who, in turn share information learned with the local panel.

The Citizen Review Panel's newly elected officers, Jacquiela Dorsey, Chair and Angie Thomas, Vice-Chair served the panel in 2015. Mrs. Dorsey is the Director of Big Brother's Big Sisters for the Wellspring Alliance. The Monroe regional staff expressed appreciation for the service of the panel.

Recommendations: None

Monroe Region Citizen Review Panel Update FFY 2017: Marion Carraway, LaRanda Jason, and Ellen Hammons are no longer Monroe Region Citizen Review Panel Members.

This year, 2016 proved to be a continued period of many changes as the Department underwent significant changes including reorganization of staff and supervisors, job descriptions, administrative changes, and new initiatives that affected Child Welfare programs aimed at improvement of qualitative and quantitative measures in fulfilling the agency's mission. The members of the Monroe Region Citizen Review Panel continue to demonstrate and fulfill the mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Region IX Citizen Review Panel remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The panel and DCFS were challenged through the 2016 year in meeting our mandated goals.

The Monroe Region DCFS panel members met three times during 2016, with less than a quorum presents on one occasion. This did not meet the one meeting per quarter requirement as the CRP has experienced a decrease in attendance and commitment due to various individual issues.

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Members have been requested to consider their involvement, then rededicate themselves or suggest another individual to serve who are committed to fulfilling the mission of the panel and assisting in the achievement of agency goals. The meetings held in 2016 focused on the development of the panel; further development of Sibling Camp for Foster Care sibling groups living separately; continuation of the much heralded appreciation luncheon for Agency staff; and monitoring other CRP activity nationwide.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The calendar year 2016, brought two major floods to our state both in North and South Louisiana, causing not only devastating damages to homes and families, but delays in services, processes and funding. Life Skills camps for 2016 had to be cancelled due to the flooding, but sibling camps were still held in March and October 2016 even though, there was a decrease in registration for the camps. Christmas camp was held in December 2016. Camps continue to be an interactive opportunity for campers and a place to help them learn critical life skills while serving as a much needed respite for parents.

Identified trends/findings/concerns: Employee recruitment and retention continues to be a challenge. New employees are being trained as thoroughly as possible to prepare them for the extremely difficult, yet rewarding jobs. The panel has identified preparation and training as critical to employee retention. DCFS positions are high stress, high demand jobs that require a top level of commitment. For this reason, recruiting and retaining quality employees are major challenges. DCFS is applying new processes for acclimating new staff in attempts to prevent burnout and overload.

The need for new foster parents remains critical. Home Development is working diligently to increase the number of foster parents in the region, while ensuring that all relative placements are certified as foster parents as quickly as possible, in an effort to maintain family connections. Additionally, the continued recruitment and expansion of the Methodist Therapeutic Foster Care (TFC) Program in the Monroe area has been an essential partnership that offers specialized homes to children who experience more challenging behaviors and allows DCFS to maintain foster children within the Monroe Region. This lessens the stress on workers, support staff and families as it minimizes the time spent traveling to maintain relationships and family connections.

Rose Sam, DCFS Program Manager and state coordinator of the Louisiana CRP, continues to keep the panel informed of state and national meetings. The routine state conference calls continue to be held with staff, who, in turn share information learned with the local panel.

Recommendations: None

Monroe Region Citizen Review Panel Update FFY 2017: The Citizen Review Panel's officers, Jacquiela Dorsey, Chair and Angie Thomas, Vice-Chair served the panel in 2017. Mrs. Dorsey is the director of Big Brothers Big Sisters for the Wellspring Alliance. The Monroe Region DCFS child welfare offices are truly grateful for the service, to this panel and the children of the Monroe Region DCFS, by the members.

The members of the Monroe Region CRP continue to demonstrate and make every effort to fulfill the mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Transmittal Date June 30, 2019

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Region IX CRP remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The panel and DCFS were met with many challenges during and throughout the 2017 year in meeting the mandated goals in reference to attendance at quarterly panel meetings.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The Monroe Region DCFS panel members met four times during 2017, with less than a quorum presents on more than one occasion. The number of meetings held did meet the one meeting per quarter mandate; however, attendance at meetings was extremely low. In an unfortunate series of losses, two of the panel's very active and committed members passed away in 2017 and two members moved outside of the region. Consequently, the panel has experienced a decrease in attendance and commitment due to various individual issues. However, members have been requested to reconsider and refocus their involvement, then rededicate themselves or suggest other individuals to serve who are believed to be committed to fulfilling the mission of the panel and assisting in the achievement of the Agency and panel's goals. Targeted recruitment efforts have been implemented in order to revitalize panel membership and participation. These efforts were the focus of the 2017 meetings, as well as, reviewing panel initiatives and overall goals.

Identified trends/findings/concerns:

- 1) The Agency continues to face the challenge of employee recruitment and retention.
- 2) The need for new foster parents remains critical.

Recommendations: None

Monroe Region Citizen Review Panel Update FFY 2017: In the year 2017 the panel discussions revolved around the ability to continue hosting Foster Care sibling camps at Seeker Springs. There was an in-depth look at how the panel might assist with helping to improve availability and access to resources for children aging out of foster care in the region. Specific partnerships and activities have been discussed as a focus for the panel to create more avenues for foster care youth, resources for foster care workers and support for foster parents'/group facilities caring for youth who will soon age out of the foster care system.

Beauregard Parish Citizen Review Panel Members:

Chair- Tommy Edwards, CASA Executive Director

DFCS Liaison- Telisa Pooler, CWS 4

DCFS Liaison- Patricia McClinton, CWS 5

Carol Williams, Victim Assistant Coordinator – District Attorney Office

Alba Dubois, Counselor, Grace Church (*No longer with the panel as of FFY 2018)

Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board

(*No longer with the panel as of FFY 2018)

Kim Haynes, Beauregard Parish School Board (*No longer with the panel as of FFY 2017)

Annette Duplechin, Executive Director, BeauCARE

Sgt. D. Coker, DeRidder Police Department (*No longer with the panel as of FFY 2018)

Myrna Cooley, TASC Supervisor (Truancy)

Eddie Joslin, Beauregard Parish School Board, Designee of Tim Cooley (*As of FFY 2017)

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The Citizen Review Panels (CRP) continues to meet in conjunction with the Beauregard Parish Child Advocacy Panel for quarterly meetings. During these meetings, CRP members provide updates to all members' present including the Children Advocacy Panel members.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: On December 3, 2015, the panel members held their last meeting for the year. There were only three individuals present during the Advocacy Panel meeting and no discussions were held. The other quarterly meetings were held on March 5, 2015, June 16, 2015, and October 1, 2015.

During the FY 2014-2015, the member's area of focus was to work on identifying methods that could be used to increase the number of foster homes in Beauregard Parish. A Power Point Training (PPT) presentation was developed and provided for the panel members. Contact was made with DCFS in regards to the PPT for additional insight and input. The CRP members have decided to continue review of the current need for additional foster homes in the parish and the benefits of having additional homes, which would bring to the children/families and support agencies in the parish. The CRP panel members were afforded the opportunity to attend the "Beauregard Parish Foster Parent Christmas gathering." The Court Appointed Special Advocates (CASA) provided additional items for the children's gift bags that were provided to the families present. There were several personnel changes implemented during the year; however, orientation for new personnel remains ongoing.

Identified trends/findings/concerns: Due to the limited number of current foster homes in the parish, children are often placed outside of the parish and/or their community of origin. This situation places hardship on the families and service providers since it requires frequent travel for involved parties to meet.

Recommendations:

1. To utilize additional methods of advertising and recruiting of foster parents for the parish.
2. The continued collaboration and partnership of the agencies that provide services to the children.

DCFS Response: *AdoptUSKids*, the Children's Bureau and the Ad Council is now in its tenth year promoting the "National Adoption Recruitment Campaign" that encourages citizens with this statement: "they don't have to be perfect to be a perfect family and they have the ability to provide the stability and security that children in foster care need and deserve" (Ad Council). The national website <http://adoptuskids.adcouncil.org/> offers local organizations and state agencies free Public Service Announcements (PSA) materials for localization that could be utilized to raise awareness of the need for foster parenting. The website provides quick and easy access to multiple articles that may be downloaded to enhance your ideas on promoting foster parenting or media material you may be interested in receiving for your community.

Beauregard Parish Citizen Review Panel Update FFY 2017: Kim Hayes is no longer a Beauregard Parish Citizen Review Panel Member; However, Eddie Joslin, Beauregard Parish School Board, Designee of Tim Cooley is now a member of the Beauregard Parish Citizen Review Panel.

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The Citizen Review Panel (CRP) continues to meet in conjunction with the Beauregard Parish Child Advocacy Panel during the quarterly meetings. Some of the CRP members provide agency updates during the Children Advocacy Panel meeting.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: On October 6, 2016 the eight panel members met and discussed activities for 2016. The following items were discussed and agreed as potential activities to be conducted during the year:

- A. Meet with DeRidder Mayor and provide an overview of the CRP program.
- B. Gather information on Heart Gallery for adoptions.
- C. Address the need for available foster homes and the effects on children and service providers when the children are placed outside of the community.
- D. Participation in the Beauregard Parish Parade and Fair.
- E. Participation in DeRidder's "Miracle on Washington Street". Panel members participated in "Miracle on Washington Street" and distributed information on adoption, foster care and CASA programs.

The panel will continue to review the current need for additional foster homes in the parish. Work will be done with DCFS staff, and the local media and community partners to provide information to members of the community on ways to participate in the process. The CRP members attended the Beauregard Parish Foster Parent Christmas gathering.

Identified trends/findings/concerns:

- 1) Additional distribution of information to the community is needed to increase community awareness in regards to foster care and adoption.
- 2) A concern with placing children outside of the parish requiring frequent travel for families and service providers.

Recommendations:

3. Continue to utilize additional methods of advertising and recruiting of foster parents for the parish.

DCFS Response: The panel may wish to continue use of the national website <http://adoptuskids.adcouncil.org/> that offers local organizations and state agencies free Public Service Announcements (PSA) materials for localization that could be utilized to raise awareness of the need for foster parenting. The website continues to provide quick and easy access to multiple articles that may be downloaded to enhance your ideas on promoting foster parenting or media material of interest for the community.

4. Continue collaboration and partnership of the agencies that provide services to the children.

DCFS Response: The effective collaboration of this panel would facilitate strategies to achieve common goals of ensuring the child welfare system is meeting the needs of the children in Louisiana. The child welfare system will learn to recognize these differing viewpoints through their contact with professionals with expertise in different areas when the use of effective collaboration is utilized.

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Beauregard Parish Citizen Review Panel Update FFY 2018: The Beauregard Citizen Review Panel will continue to meet in conjunction with the Beauregard Parish Child Advocacy Panel for quarterly meetings. Some of the CRP members are Child Advocacy members; they provide agency updates during the Children Advocacy Panel meeting.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: During FFY 2018, members of the CRP accomplished the following:

September 2017:

- Coordinated radio interviews with DCFS Home Development staff from the Lake Charles Region on radio stations KVVP and KJAE. The focus of the interviews was on the recruitment of additional foster families.
- Facilitated the recording of Public Service Announcements at both radio stations to be continuously aired.
- Scheduled a local newspaper interview for DCFS Home Development staff (Lake Charles Region) to be ran in the Beauregard Daily News and the Leesville Daily Leader.

October 2017:

- Participated in the Court Appointed Special Advocate's (CASA) annual Light Up the Park – Child Abuse and Neglect Awareness event. Information about foster care was distributed.
- Participated in District 5 Block Party in DeRidder along with other local agencies to distribute additional DCFS foster care information.

December 2017:

- Participated with CASA during DeRidder's annual Miracle on Washington Street. Information about CASA was distributed.
- Beauregard Parish Child Advocacy and CRP members distributed recruitment flyers during the prior six months during Child Advocacy Panel meetings, Beauregard Parish Ministerial Alliance meetings and in the local community.

Identified trends/findings/concerns:

- 1) Additional distribution of information and marketing to the community is still needed.
- 2) There's a need to increase efforts to promote public awareness of the need for additional foster homes.
- 3) The requirement to place children outside of the parish has an adverse effect on the children and their families.

Recommendations:

- 1) Continue to partner with DCFS to increase foster parent recruitment efforts in the parish through DCFS advertising and recruiting tools.
- 2) Increase agency collaboration and partnerships with city/parish leadership and other agencies throughout the parish that provide similar services to children in foster care.
- 3) Coordinate a DCFS Home Development foster parent orientation through one of the local organizations or churches.

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DCFS Response: The AdoptUSKids' national website www.adoptuskids.adcouncil.org offers local organizations and state agencies free materials that could be utilized to raise awareness of the need for foster parenting. The website provides access to multiple articles to assist in enhancing your ideas on promoting foster parenting or media material you may be interested in receiving for your community. The statewide implementation of the Quality Parenting Initiative (QPI) was completed in May 2017. Each of the nine regions established QPI regional steering committees and task force groups to identify, develop and implement strategies to support quality parenting based on the needs of the particular regions. Regional QPI steering committees are held quarterly to oversee implementation of the strategies recommended by their task force group. The task force group consist of agency personnel, foster caregivers and community partners. Targeted measures are being developed to determine the success of the QPI implementation as related to: increased number of quality parenting foster homes, foster home retention, reduced placements in groups homes, reductions in unplanned changes, reduced number of sibling separations, and achieving timely permanency.

Beauregard Parish Citizen Review Panel Update FFY 2018: The Beauregard CRP worked with various community partners and the DCFS staff to promote an awareness of the need for foster families. They utilized the following areas to promote awareness: newspaper, radio, flyers and other agency/organization functions. The information stated above outline the specific activities that were accomplished by the Beauregard CRP.

Update FFY 2016: The Louisiana CRPs continued active engagement with meetings throughout the year as the Department focused on the safety and well-being of children. The Lafayette Panel focused on the retention of child welfare staff. A Focus Group was formed with Child Welfare supervisors to identify strategies that would improve staff retention in Lafayette Region. The Monroe office continued focus on their on-going Life Skills Camp for Youth in Foster Care. The camp continues to offer children life skill preparation to transition from state care to independent living, which is a significant magnitude of foster children's lives. Monroe CRP has continued plans for subsequent annual camps that included both the Christmas Camp and Sibling Camp which deemed a success and an appreciated effort by Foster Parents and the Foster Care Youth. The Beauregard Panel member's area of focus was to work on identifying methods that could be utilized to increase the number of foster homes within Beauregard Parish. The CRP members reviewed information that revealed a current need for additional foster homes, which would provide the necessary homes in meeting the need of the children/families served. A Power Point Training presentation was developed and provided for the panel to review. It provided new ideas on recruiting interested foster families. The state CRP coordinator continued participation as a member on the CRP National Advisory Board to ensure the importance of making Louisiana CRP(s) effective in communities statewide. Board members were given the opportunity to express their local panel's concerns during quarterly conference calls involving all state coordinators. Regional coordinators were invited to participate on these calls and were provided pertinent information through emails.

Update FFY 2017: The Department's CRP Coordinator continued to work with the three Louisiana CRPs (Lafayette, Monroe and Beauregard) and the National CRP Coordinator. Information from the National CRP Coordinator regarding free webinars was sent to the Department's CRP Coordinator. This information was shared with the three Louisiana CRPs to encourage participation in free webinars, such as Your Connection to Resources, Understanding Transmittal Date June 30, 2019

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CW Information Gateway, Helping Teens Manage Stress, and The Impact on Domestic Violence on Children. The Louisiana CRP Coordinator has had continued contact with the CRP National Advisory Board through conference calls and emails. A regional meeting was scheduled for April 2017 and requests were submitted for approval to attend the regional meeting; however, it was later learned the meeting would need to be rescheduled. The CPR Annual Report was completed by the Louisiana CRPs for 2016. On an individual basis, as stated previously in this document, the Lafayette CRP focused its efforts on youth transitioning out of foster care, which included identifying mentoring opportunities for youth in foster care. The Monroe CRP has had some challenges with consistent member participation during the past year. They are looking to revitalize the panel and place a continued focus on foster care placement resources. The Beauregard CRP will continue its focus on foster/adoptive awareness within the community.

Update FFY 2018: The Department's CRP Coordinator worked with the three Louisiana panels (Lafayette, Monroe and Beauregard) and the National CRP Coordinator. In April 2017, the Department's coordinator resigned as a board member of the National Citizen Review Panel. The Lafayette Region CRP obtained assistance through the Continuous Quality Improvement Committee (CQI) to advocate for changes in law regarding potential mentors. As a result, a provision in the law has been added that allows DCFS to conduct state central registry clearances on potential mentors; therefore, unsupervised contact with mentors is no longer a barrier for mentoring programs in Lafayette Region. In the year 2017 the Monroe Region CRP's discussions revolved around the ability to continue hosting Foster Care sibling camps at Seeker Springs. There were struggles noted in regard to maintaining panel members. However, the panel will continue to look for way to assist with helping to improve availability and access to resources for children aging out of foster care in the region. The Beauregard Parish CRP coordinated radio interviews with DCFS Home Development personnel on radio stations KVVP and KJAE to discuss recruitment of additional foster homes. Flyers were distributed over a six-month period, as a form of recruitment. As a result, there has been an increase of certified foster homes in Beauregard Parish. The panel continued to work in partnership with other agencies that provide services to children of the state of Louisiana to facilitate strategies to achieve common goals of ensuring that the child welfare system is meeting the needs of the children in the state.

Update FFY 2019: The **Citizen Review Panels** have continued to engage and involve CQI staff in the quarterly meetings and utilize their expertise in assisting to measure outcomes with regard to the improvement of child and family outcomes. The CRP group has utilized information provided by the CQI team including any suggestions and/or recommendations to the department. Both the Lafayette region and Monroe region actively engaged the CQI team in their areas. The state coordinator provided the regional coordinators and stakeholders the data needed from the CQI team, in order to keep them on target with regard to improvement of child safety and well-being as well as family engagement outcomes.

It remains a continuous task for the State of Louisiana to carry on with their strategic plan to include specifics on continued recruitment and retention of CRP members, building productive relationships and focusing on the improvement of performance measures and outcomes in Louisiana's child welfare system. Beauregard Parish CRP panel stated concerns in recruiting foster parents for their parish area within the last year. The CRP state coordinator shared information in

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the annual report involving options panels could utilize for advertisement purposes in recruitment of foster parents and interest in CRP membership.

The CRP state coordinator continues to encourage the regional coordinators to explore the idea of hosting onsite regional CRP workshops as a tool to boost their regional CRP membership since budget restraints eliminate the process of hosting annual workshops. The members continue looking diligently at ideas for plans to go forth with preparation of annual conferences for years to come, which, strengthened panels' membership and encouraged current members to go forth with new ideas and a stronger commitment in making their panels successful.

ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]: The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed by using the PowerDMS link <https://powerdms.com/docs/404926>. The Department began using Power DMS in July 2018. PowerDMS network is accessible to active users in the DCFS directory. Public documents in PowerDMS can be viewed by using the DCFS public facing portal. It is located on the DCFS webpage at www.dcfslouisiana.gov and can be accessed under the **About Us/Policy Management** tab.

Information related to the following can be reviewed in the Louisiana 2017 Annual Progress and Services Report:

- Services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect:
- Training to be provided to support staff in report taking, screening assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:
- Training to be provided for individuals required to report suspected cases of child abuse and neglect:

Policies/procedures on involvement of families in decision making pertaining to children who experienced child abuse or neglect: In every child welfare program area policy require staff to involve children and families in making decisions related to their case. For example, DCFS foster care policy 6-205 addresses the Assessment of Family Functioning (AFF) which is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The AFF tool is used to engage families in order to gather information about the child and family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems that led to the abuse and/or neglect of a child.

Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc.: Throughout all program areas, departmental policies and procedures require thorough assessments which include the domains of Substance Abuse, Mental Illness, Domestic Violence and Human Trafficking. Staff screen parents/caretakers, adolescents or children under age 12 for mental illness, substance abuse and domestic violence. In some instances, specific tools, such as the GAIN-Short Screener, are used by staff. When indicated by the assessment/screening, the parent/caretaker, adolescent or child

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under age 12 is referred for a mental health and/or substance abuse assessment. In cases where domestic violence is present staff refer the parent to domestic violence services for domestic violence safety planning.

To this end, the Department collaborates with domestic violence service agencies, substance abuse treatment agencies, and other agencies in the delivery of services and treatment to children and families. Child Welfare Performance and Quality Improvement (PQI) policies and procedures outline requirements for collaboration and the Department has developed several MOUs and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families. For additional information on services related to substance exposed newborns (SEN) and the state's compliance with CARA, please refer to the SEN section of this CAPTA plan.

Policies and procedures regarding the use of differential response: In Louisiana, differential response was referred to as Alternative Response Family Assessment (ARFA). The process was discontinued effective April 2014 when DCFS implemented ASFP (referred to as SFP).

During FFY 2016, the Department changed the name of the front end from Child Protection Investigation (CPI) Program to Child Protection Assessment and Services Program (CPS) using the same safety and risk assessment instruments and documentation protocols for all screened-in reports. All cases, regardless of risk level, are now assessed using the ASFP framework to determine safety, risk and service needs of the family. A unified assessment framework was implemented.

SUBSTANTIVE CHANGES IN STATE LAW: Louisiana state law is fully compliant with all federal legislation related to HT. CARA legislation passed the 2017 legislative session. Linda Haley is the CARA lead for the state of Louisiana. Ms. Haley may be reached via email at Linda.Haley.DCFS@LA.GOV or by phone at (225)342-8637. Bernadette Mitchell Williams is the State Office CARA lead regarding Family Services. Ms. Williams may be reached via email at Bernadette.Mitchell.DCFS@LA.GOV or by phone at (225)342-5334. There are no other substantive changes in Louisiana state law affecting eligibility for CAPTA funds.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Lori Miller serves as the state's liaison officer. She can be reached by e-mail at Lori.Miller.DCFS@LA.GOV or by phone at (225)342-9928 or by U.S. post addressed attention to Ms. Miller, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821. Ms. Miller's contact information is posted on the DCFS home page under Child Welfare, Plans & Reports.

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Child Protective Service Workforce: Louisiana DCFS provides Child Welfare (CW) services for children and families of the state beginning from intake through adoption. Child Protective Services (CPS) staff is responsible for the assessment of safety and risk, the assessment of the child and parental protective capacity, and the service provision and/or referral in reports of abuse and neglect. In-home services and out-of-home services are provided to ensure the safety, permanency and well-being of children impacted by abuse/neglect. Staff members are generally assigned to a single parish as well as a single program, but in some instances staff have multi-parish assignments within a region and work in more than one program.

DCFS submits the following demographic information on child welfare personnel.

Age of Employee	FFY 2016	FFY 2017	FFY 2018
20-29	15%	17%	15%
30-39	28%	27%	28%
40-49	24%	23%	22%
50-59	25%	25%	24%
60-69	.08%	8%	11%
70-79	.005%	1%	1%

Race of Employee	FFY 2016	FFY 2017	FFY 2018
African American	67%	65.00%	66.5%
White	33%	33.00%	32.35%
Asian	.0008%	0.14%	0.20%
Indian		0.21%	0.13%
Declined to State		1.03%	0.73%

Gender of Employee	FFY 2016	FFY 2017	FFY 2018
Female	86%	94%	94%
Male	14%	6%	6%

*HR report includes all CW organization units.

I. Introduction

Workforce Development efforts have been underway for a number of years in DCFS, but in CY 2016 DCFS CW developed a steering committee focused on the development and implementation of a Comprehensive Multi-Year Workforce Development Plan. Focus areas include recruitment, training, support, and retention.

II. Staff Turnover

A baseline for reducing staff turnover was established by averaging the turnover rate for each region and statewide for Calendar Years (CY) 2012 and 2013. The average turnover rates for those two years are reflected in the table below. The goal for CY 2014 was to reduce the turnover rate by at least 5% in each region with a turnover rate greater than 20%, and by at least 3% in other regions.

Data for CY 2014 is provided along with the change from baseline. The goal of a 5% reduction in turnover was not achieved in any region. Turnover was reduced in only two regions (Covington and Thibodaux). As indicated in the table, the goal was not met statewide, and was only met in

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two regions (Covington and Thibodaux). The reduction was less than 3% in each region. Statewide, the turnover rate increased by 8.23%, and increased by more than 10% in Orleans, Baton Rouge, Lafayette and Alexandria Regions. Statewide and in every region except Thibodaux, the turnover rate exceeded 20%, and it approached 50% in Baton Rouge and Orleans Regions. Statewide, the highest average turnover rate was among CPS staff at 42.31% and lowest among Adoptions staff at 7.89%.

The CY 2015 and CY 2016 the turnover rate is provided. In CY 2015, the Orleans and Covington Regions were the only two regions to reduce staff turnover. Orleans showed a significant increase in retention with a 12.99% reduction in turnover. In CY 2016 turnover in the Baton Rouge Region reached a high of 50.65% which shows an increase in turnover of 18.34%.

Statewide staff turnover increased by 3.99% above the baseline during CY 2015 and by 1.57% above the baseline during CY 2016. While turnover continues to be above the baseline rate of 21.32% the turnover rate has been reduced overall since the establishment of the baseline.

Region	Baseline	CY 2014	Change from Baseline	CY 2015	Change from Baseline	CY 2016	Change from Baseline	CY 2017	Change from Baseline	CY 2018	Change from Baseline
Orleans	28.92%	47.56%	18.64%	26.09%	-2.83%	15.93%	-12.99%	21.43%	-7.49%	14.42%	-14.5%
Baton Rouge	32.31%	46.00%	13.69%	33.80%	1.49%	50.65%	18.34%	31.88%	-0.43%	24%	-8.31%
Covington	22.21%	20.72%	-1.49%	19.74%	-2.47%	21.53%	-0.68%	10.71%	-11.5%	14.65%	-7.56%
Thibodaux	16.45%	14.29%	-2.16%	30.67%	14.22%	17.57%	1.12%	23.68%	7.23%	18.82%	2.37%
Lafayette	11.57%	26.47%	14.90%	15.07%	3.50%	8.33%	-3.24%	12.58%	1.01%	7.79%	-3.78%
Lake Charles	22.61%	28.30%	5.69%	33.75%	11.75%	22.22%	-0.39%	21.05%	-1.56%	14.47%	-8.14%
Alexandria	16.36%	35.38%	19.02%	21.88%	5.52%	18.75%	2.39%	7.87%	-8.49%	17.53%	1.17%
Shreveport	21.22%	25.30%	4.08%	25.83%	4.61%	27.59%	6.37%	11.71%	-9.51%	17.25%	-3.97%
Monroe	25.02%	27.94%	2.92%	33.66%	8.64%	36.54%	11.52%	18.28%	-6.74%	11.63%	-13.39%
Statewide	21.32%	29.55%	8.23%	25.31%	3.99%	22.89%	1.57%	16.54%	-4.78%	14.94%	-6.29%

Turnover by Length of Service: Turnover by length of service was not provided for CY 2014 or 2015; however, based on consistent history, approximately 50% of all turnovers occur within the first five years of employment. In CY 2016, 40.01% of turnover statewide occurred in the first three years of employment.

Supervision and Management Turnover: Much of the turnover of staff with more than ten years of experience is the result of retirements, and those retiring employees frequently leave supervisory and management positions. As a result, the level of experience at the supervisory and management level remains lower than desired. The table below provides the average number of years of supervisory and management experience for Child Welfare supervisors and managers in each region. Lafayette Region has supervisors with the greatest number of years of supervisory experience, and Thibodaux Region has supervisors with the smallest number of years of supervisory experience. Child Welfare managers in Alexandria Region have the highest number of years of experience, and managers in Baton Rouge and Shreveport Regions have the lowest number of years of management experience.

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Supervisory and Management Experience		
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

Information learned in the exit interviews indicate the primary reasons for staff departure were pay, workload, supervision and training.

A. Pay: No performance pay adjustments were provided for several consecutive years; however, the time for promotion from the Child Welfare Specialist 1 to Child Welfare Specialist 2 position was reduced from two years to one year. This change resulted in 7% pay increases for front line staff early in their careers. The third change made to resolve the pay issue was an increase in the number of Child Welfare Specialist 3 positions. The increase in number of available Specialist 3 positions resulted in promotions and pay increases for staff who were promoted.

In order to help recruit and retain staff who possess a Master’s Degree in Social Work or a related human services field, DCFS has been utilizing Civil Service approved Special Entrance Rates (SER) since February 2008. Civil Service approved these SERs in order to recruit and retain qualified, experienced child welfare staff. Further, justification must be provided when an applicant without a social work or related degree is hired or promoted when an applicant with such credentials has been passed over.

B. Workload: Factors that impact workload include staffing levels, caseload size, extended new worker training, reassignment of staff, higher expectations for performance and quality, Family Medical Leave, and overtime. Each of these factors is addressed below along with rewards and recognition:

1. Staffing Levels: Every effort will be made to maintain current staffing levels for child welfare during the next five budget years.

5. Caseload Size: The caseloads for experienced and new workers are shown in the table below:

Child Welfare Caseload Standards		
Program	Caseload Standard for Experienced Workers	Maximum Caseload for Workers with Less than Six Months Experience
CPI	10	7
Family Services	15	10
Foster Care	10	7

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Adoptions	15	N/A*
Home Development	55	N/A*

*DCFS requires that experienced workers carry Adoptions and Home Development caseloads.

The baseline for caseload size is the average caseload for each region and statewide in each of the major child welfare programs for FFY 2013. The goal for caseload size is to achieve the caseload standard in all programs in all regions and statewide by FFY 2018. Retaining staff and rapid hiring to replace departed workers are expected to support caseload size standards.

The table below provides the caseload standard for experienced workers in child welfare program areas: Child Protective Services (CPS), Family Services (FS), Foster Care (FC) and Adoptions (AD). It provides the average caseload per worker in each region and statewide during Federal Fiscal Year (FFY) 2014. Statewide, the average caseload size declined from FFY 2013 for CPS, AD and HD. Statewide average caseload sizes were at or below the established caseload standards in FS, AD and HD.

Average Caseload Size by Region and Statewide FFY 2014 (October 2013 through September 2014)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	11.45	13.22	10.27	16.38	48.55
Baton Rouge	12.14	16.88	11.60	12.63	59.94
Covington	10.28	14.98	10.57	12.58	49.99
Thibodaux	10.69	14.47	10.74	10.25	37.79
Lafayette	11.51	11.22	10.91	9.74	45.57
Lake Charles	11.58	17.66	12.51	13.96	56.38
Alexandria	11.21	18.85	14.23	16.60	50.96
Shreveport	10.89	16.48	12.26	9.05	93.35
Monroe	11.47	13.84	14.46	14.34	56.11
Statewide Average	11.22	14.80	11.89	12.48	53.79

The table below provides the caseload standard for experienced workers in child welfare program areas: Child Protective Services (CPS), Family Services (FS), Foster Care (FC) and Adoptions (AD). It provides the average caseload per worker in each region and statewide during Federal Fiscal Year (FFY) 2015. Statewide, the average number of cases per worker was below the caseload standard in all programs except Foster Care and Home Development. However, because of the turnover rate, time required to replace and train new workers, etc., actual caseloads for experienced workers were higher than the average caseload.

Average Caseload Size by Region and Statewide FFY 2015 (October 2014 through September 2015)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	10.00	15.94	10.70	10.96	53.97
Baton Rouge	11.05	14.87	11.59	13.74	63.37
Covington	10.02	12.58	10.82	15.15	60.98
Thibodaux	9.97	12.98	12.84	10.66	47.04
Lafayette	8.50	12.56	9.29	13.84	48.26
Lake Charles	10.94	18.16	15.76	15.36	69.25

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Average Caseload Size by Region and Statewide FFY 2015 (October 2014 through September 2015)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Alexandria	11.06	13.70	12.16	11.80	59.43
Shreveport	9.27	13.53	12.64	16.24	75.98
Monroe	9.37	13.22	12.92	20.79	50.47
Statewide Average	9.88	13.99	11.78	14.01	57.41

The table below provides the caseload standard for experienced workers in child welfare program areas: Child Protective Services (CPS), Family Services (FS), Foster Care (FC), Adoptions (AD), and Home Development (HD). In addition, it provides the average caseload per worker in each region and statewide during FFY 2016. Statewide, the average number of cases per worker was above the caseload standard for all programs. The turnover rate and the time required to hire and to train new workers continue to impact staff caseloads.

Average Caseload Size by Region and Statewide FFY 2016 (October 2015 through September 2016)					
Region	CPS STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	9.87	17.75	11.77	10.31	59.80
Baton Rouge	12.03	22.19	10.72	20.67	67.71
Covington	10.41	14.33	11.19	15.60	62.88
Thibodaux	11.70	13.88	14.56	22.13	71.26
Lafayette	8.31	14.03	9.92	11.58	47.50
Lake Charles	10.84	16.99	14.08	18.11	66.71
Alexandria	11.22	13.94	10.44	9.81	68.09
Shreveport	10.73	13.73	13.87	22.40	67.45
Monroe	10.90	11.72	13.57	34.50	80.96
Statewide Average	10.67	15.40	12.24	18.35	65.82

Average Caseload Size by Region and Statewide FFY 2017 (October 2016 through September 2017)					
Region	CPS STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	8.05	13.19	8.31	10.08	65.90
Baton Rouge	10.17	17.92	13.78	20.45	50.10
Covington	8.45	14.95	11.68	18.06	71.78
Thibodaux	9.99	12.66	12.95	40.80	74.71
Lafayette	6.87	14.22	9.59	17.26	47.48
Lake Charles	8.51	17.14	13.42	16.60	75.13
Alexandria	10.06	13.17	8.57	16.22	55.94
Shreveport	8.93	10.20	10.93	17.16	60.03
Monroe	8.07	11.22	14.31	19.44	83.56
Statewide Average	8.50	13.92	11.32	18.39	63.80

As indicated in the table below, Child Protection Services (CPS) caseloads increased statewide and in all regions for FFY 2018, which is a change in the trend experienced since FFY 2015.

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Orleans saw the greatest rate of increase at 64.5% from FFY 2017 to FFY 2018 with Baton Rouge (48.5%) and Lake Charles (52.8) following. The increase is attributed to turnover in those Regions. The average number of cases per worker did not fall below the standard in any region. Actual caseloads for experienced workers are higher than the overall average due to new workers having lower caseloads (caseload standard for new workers is seven during their first six months of employment) and veteran workers carry higher caseloads to compensate. This causes the average caseload to appear lower than that which workers may be experiencing at any given time. The statewide average has increased 22.8% from the baseline set for FFY 2018.

Child Protective Services Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	12.96	11.45	10.00	9.87	8.05	12.07
Baton Rouge	13.21	12.14	11.05	12.03	10.17	14.02
Covington	11.38	10.28	10.02	10.41	8.45	14.64
Thibodaux	12.38	10.69	9.97	11.70	9.99	17.38
Lafayette	9.58	11.51	8.50	8.31	6.87	14.58
Lake Charles	11.31	11.58	10.94	10.84	8.51	11.95
Alexandria	11.80	11.21	11.06	11.22	10.06	12.76
Shreveport	10.53	10.89	9.27	10.73	8.93	11.48
Monroe	9.56	11.47	9.37	10.90	8.07	15.85
Statewide	11.41	11.22	9.88	10.67	8.50	14.01

In FFY 2018, the Family Service (FS) caseload standard exceeded the average in one region; Lake Charles. The remaining regions caseload standards did not exceed the average. Although there was an increase from FFY 2015-2016 of 10%, since that time the average caseloads have fallen below the standard. Five regions decreased below the baseline in FFY 2018; Orleans, Covington, Thibodaux, Lafayette and Alexandria. The statewide average remains below the standard for FFY 2018 .

Family Services Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	17.14	13.22	15.94	17.75	13.19	11.56
Baton Rouge	14.65	16.88	14.87	22.19	17.92	15.33
Covington	13.86	14.98	12.58	14.33	14.95	13.21
Thibodaux	13.34	14.47	12.98	13.88	12.66	12.98
Lafayette	12.99	11.22	12.56	14.03	14.22	12.13
Lake Charles	11.15	17.66	18.16	16.99	17.14	17.53
Alexandria	16.24	18.85	13.70	13.94	13.17	15.37
Shreveport	10.39	16.48	13.53	13.73	10.20	12.52
Monroe	12.51	13.84	13.22	11.72	11.22	14.79
Statewide	13.58	14.80	13.99	15.40	13.92	13.56

In FFY 2018, Statewide, Foster Care (FC) caseloads remained above the caseload standard and decrease slightly from the baseline and the average caseloads in FFY 2018. FC caseloads decreased from the statewide baseline in Alexandria and Shreveport and increased from the statewide baseline in all other regions. All regions had average FC caseload sizes that exceeded

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the caseload standard. The foster care caseload average for the state is 25.3% above the baseline average for FFY 2018.

Foster Care Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	11.36	10.27	10.70	11.77	8.31	12.07
Baton Rouge	10.82	11.60	11.59	10.72	13.78	14.02
Covington	11.36	10.57	10.82	11.19	11.68	14.64
Thibodaux	10.50	10.74	12.84	14.56	12.95	17.38
Lafayette	8.56	10.91	9.29	9.92	9.59	14.58
Lake Charles	10.82	12.51	15.76	14.08	13.42	11.95
Alexandria	13.38	14.23	12.16	10.44	8.57	12.76
Shreveport	12.79	12.26	12.64	13.87	10.93	11.48
Monroe	11.04	14.46	12.92	13.57	14.31	15.85
Statewide	11.18	11.89	11.78	12.24	11.32	14.01

Statewide, adoption caseloads for FFY 2016 increased from the FFY 2015 caseload average by 31%. During that time, caseloads increased 7.56% from the baseline. During FFY 2018, adoption caseload size increased below the baseline in three regions; Orleans, Baton Rouge and Shreveport. Adoption caseloads exceeded the established caseload standard in Covington, Thibodaux, Lafayette, Lake Charles, and Monroe. The adoption caseload average for the state is 25.7% above the caseload average for FFY 2018. Statewide adoption caseloads increased by 10.6% from the baseline.

Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	21.28	16.38	10.96	10.31	10.08	10.20
Baton Rouge	16.26	12.63	13.74	20.67	20.45	12.12
Covington	14.84	12.58	15.15	15.60	18.06	21.14
Thibodaux	17.77	10.25	10.66	22.13	40.80	28.51
Lafayette	11.43	9.74	13.84	11.58	17.26	20.01
Lake Charles	18.72	13.96	15.36	18.11	16.60	18.75
Alexandria	12.31	16.60	11.80	9.81	16.22	12.56
Shreveport	18.48	9.05	16.24	22.40	17.16	14.09
Monroe	22.45	14.34	20.79	34.50	19.44	27.92
Statewide	17.06	12.48	14.01	18.35	18.39	18.86

Home Development (HD) caseloads declined from the baseline statewide in three regions; Orleans, Baton Rouge and Shreveport in FFY 2018. In FFY 2018, two regions fell below average caseloads; Orleans and Alexandria. Caseload standards were higher than the standard in five regions; Covington, Thibodaux, Lake Charles, Alexandria and Monroe. During FFY 2016, DCFS made the certification of relatives and non-relatives serving as placement for foster children a main priority. This is reflective in the significant increase in HD caseloads (14.6%) over FFY 2015. The HD caseload average for the state is 8.4% above the caseload average for FFY 2018. Two regions were within the average caseload standard for FFY 2018; Baton Rouge and Lafayette.

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Home Development Caseloads (Standard = 55)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	77.8	48.55	53.97	59.80	65.90	46.52
Baton Rouge	72.1	59.94	63.37	67.71	50.10	55.96
Covington	64.6	49.99	60.98	62.88	71.78	68.99
Thibodaux	42.2	37.79	47.04	71.26	74.71	72.46
Lafayette	42.1	45.57	48.26	47.50	47.48	55.69
Lake Charles	63.9	56.38	69.25	66.71	75.13	66.68
Alexandria	49.7	50.96	59.43	68.09	55.94	84.3
Shreveport	86.3	93.35	75.98	67.45	60.03	51.46
Monroe	53.7	56.11	50.47	80.96	83.56	80.86
Statewide	61.37	53.79	57.41	65.82	63.80	59.62

C. Training - Extended New Worker Training: The Department plans to continue the extended training and reduced caseloads for new workers for the first six months of employment. This is recognized as an important practice to assure that new workers are fully prepared for the challenging careers child welfare offers. Achieving the goal of improved retention of staff will significantly reduce the impact that extended new worker training has on the caseloads of experienced workers. DCFS CW staff expects the supervisory training to result in better preparation of new staff and reduce the high rate of turnover among staff with three or fewer years of experience. (For additional information on New Worker Training and supervisory training, please refer to the Staff Training Systemic Factor and Training Plan sections of this plan.)

D. Supervision: Increasing the knowledge level of supervisors with limited supervisory experience is a priority of the Department (For additional information on supervisory training please refers to the Systemic Factor – Staff Training and the Training Plan portion of this plan.) The table below provides the average number of years of supervisory and management experience for Child Welfare supervisors and managers in each region. Lafayette Region has supervisors with the greatest number of years of supervisory experience, and Thibodaux Region has supervisors with the smallest number of years of supervisory experience. Child Welfare managers in Alexandria Region have the highest number of years of experience, and managers in Baton Rouge and Shreveport Regions have the lowest number of years of management experience. In seven of the nine regions, the average number of years of supervisory experience is less than five; and in five regions, the average number of years of management experience is less than five.

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

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In order to focus more directly on improving the skills of inexperienced supervisors and managers, the Department has begun providing training specifically focused on this group. The table below provides the number of supervisors in each region, the number of supervisors with three years of experience or less as a supervisor and the percentage of supervisors with three years of experience or less. As noted in the table, 60% of supervisors statewide have three years or less of experience in that role. Alexandria Region has the highest percentage of supervisors with little experience at 87.5%. Covington is the only region with less than 40% of supervisors having more than three years of experience.

Supervisors with Three Years or Less Experience			
Region	Total CW Supervisors	Number of Supervisors Under Three Years' Experience	Percentage of Supervisors Under Three Years' Experience
Orleans	19	10	52.63%
Baton Rouge	13	9	69.23%
Covington	23	9	39.13%
Thibodaux	13	10	76.92%
Lafayette	25	16	64.00%
Lake Charles	14	8	57.14%
Alexandria	16	14	87.50%
Shreveport	17	12	70.59%
Monroe	18	8	44.44%
Statewide	158	96	60.76%

The table below provides the number of Child Welfare Managers in each region along with the number and percentage of managers who have three years or less of experience as a manager. Statewide, nearly 70% of managers have three years or less experience as a manager. In three regions (Baton Rouge, Lake Charles and Shreveport) all managers have three years or less experience. Monroe is the only region where all child welfare managers have more than three years of experience.

Managers with Three Years or Less Experience			
Region	Total CW Managers	Number of Managers Under Three Years' Experience	Percentage of Managers Under Three Years' Experience
Orleans	5	2	40.00%
Baton Rouge	4	3	75.00%
Covington	5	4	80.00%
Thibodaux	3	2	66.67%
Lafayette	5	4	80.00%
Lake Charles	2	2	100.00%
Alexandria	3	2	66.67%
Shreveport	3	3	100.00%
Monroe	4	0	0.00%
Statewide	34	22	64.47%

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In addition to lack of experience in their current roles, not all supervisors and managers have social work degrees. The table below provides the number of first line child welfare supervisors in each region, the number who have a bachelor's degree in social work and in a related field and the percentage of supervisors in each region who have a Bachelor's degree in social work or a related field. Orleans Region has the highest percentage of supervisors with a BSW or related degree. Thibodaux Region has the lowest percentage of supervisors with a BSW or related degree. Lafayette Region reported only MSW degrees for supervisors and Managers.

Child Welfare Supervisors with BSW or Related Field as of March 2015					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	18	5	12	17	94.44%
Baton Rouge	13	5	4	9	69.23%
Covington	26	15	7	22	84.62%
Thibodaux	13	3	2	5	38.46%
Lafayette	16	N/R	N/R	N/R	N/R
Lake Charles	13	1	10	11	84.62%
Alexandria	18	8	3	11	61.11%
Shreveport	18	1	10	11	61.11%
Monroe	15	3	10	13	86.67%

In 2015, regions self-reported social work and related degrees; based on the decline in BSW and related degree supervisors from 2015 to 2016, it appears that regions reported supervisors in both the bachelor's and master's categories. In 2016, degree data was obtained through Human Resources and only the highest degree is captured.

Child Welfare Supervisors with BSW or Related Field as of April 2016					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	19	0	3	3	15.79%
Baton Rouge	13	3	3	6	46.15%
Covington	23	5	6	11	47.83%
Thibodaux	13	2	5	7	53.85%
Lafayette	25	1	15	16	64.00%
Lake Charles	14	2	10	12	85.71%
Alexandria	16	7	8	15	93.75%
Shreveport	17	1	3	4	23.53%
Monroe	18	4	7	11	61.11%

Child Welfare Supervisors with BSW or Related Field as of April 2017					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	19	0	3	3	15.79%
Baton Rouge	13	3	2	5	38.46%
Covington	23	5	6	11	47.83%
Thibodaux	13	2	3	5	38.46%
Lafayette	25	1	15	16	64.00%
Lake Charles	14	2	10	12	85.71%

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Child Welfare Supervisors with BSW or Related Field as of April 2017					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Alexandria	16	7	8	15	93.75%
Shreveport	17	1	3	4	23.53%
Monroe	18	4	5	11	%
Statewide	158	25	55	82	67.09%

The percentage of supervisors with master's degrees in social work or a related field was lower than desired in 2015. In Lake Charles Region only 15% of supervisors hold such degrees.

Child Welfare Supervisors with MSW or Related Field as of March 2015					
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%
Statewide	150	60	17	62	45.11%

The percentage of supervisors with master's degrees in social work or a related field continues to be lower than desired. In 2016, less than 25% of supervisors have such degrees in three regions (Thibodaux, Lake Charles and Alexandria),

Child Welfare Supervisors with MSW or Related Field as of April 2016					
Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	19	13	2	15	78.95%
Baton Rouge	13	7	0	7	53.85%
Covington	23	9	3	12	52.17%
Thibodaux	13	6	0	3	23.08%
Lafayette	25	9	0	9	36.00%
Lake Charles	14	1	1	2	14.29%
Alexandria	16	1	0	1	6.25%
Shreveport	17	4	4	8	47.06%
Monroe	18	2	4	6	33.33%
Statewide	158	52	14	63	57.03%

Child Welfare Supervisors with MSW or Related Field as of April 2017					
Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	19	13	2	15	78.95%
Baton Rouge	13	7	0	7	53.85%

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Child Welfare Supervisors with MSW or Related Field as of April 2017					
Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Covington	23	9	3	12	52.17%
Thibodaux	13	4	2	6	23.08%
Lafayette	25	9	0	9	36.00%
Lake Charles	14	1	1	2	14.29%
Alexandria	16	1	0	1	6.25%
Shreveport	17	4	4	8	47.06%
Monroe	18	2	4	6	33.33%
Statewide	158	50	16	66	60.03%

The percentage of child welfare managers with social work or related bachelor's degrees is at 100% in three regions, but is but is at 33% in three other regions, as indicated in the table below.

Child Welfare Managers with Bachelor's Degree in Social Work or Related Field as of March 2015					
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%
Statewide	33	11	7	18	54.55%

As noted in the table below, the number of managers with bachelor's level social work or related degrees decreased by about 20% statewide from 2015 to 2016.

Child Welfare Managers with Bachelor's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Managers	# BSW	# Related Bachelors	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	5	0	0	0	0.00%
Baton Rouge	3	1	0	0	33.33%
Covington	5	2	2	4	80.00%
Thibodaux	3	0	2	2	66.67%
Lafayette	6	0	2	2	33.33%
Lake Charles	3	0	1	1	33.33%
Alexandria	4	1	0	1	25.00%
Shreveport	4	1	0	1	25.00%
Monroe	4	2	0	2	50.00%
Statewide	36	7	7	13	36.11%

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Child Welfare Managers with Bachelor's Degree in Social Work or Related Field as of April 2017					
Region	# of CW Managers	# BSW	# Related Bachelors	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	5	0	0	0	0.00%
Baton Rouge	5	3	0	0	60.00%
Covington	5	2	2	4	80.00%
Thibodaux	3	0	2	2	66.67%
Lafayette	6	0	2	2	33.33%
Lake Charles	3	0	1	1	33.33%
Alexandria	4	1	0	1	25.00%
Shreveport	4	1	0	1	25.00%
Monroe	4	2	0	2	50.00%
Statewide	37	8	7	13	35.14%

All child welfare managers in Orleans, Lake Charles and Shreveport Regions hold master's degrees in social work or a related field, and the lowest percentage of master's level managers is in Thibodaux Region.

Child Welfare Managers with Master's Degree in Social Work or Related Field as of March 2015					
Region	# of CW Managers	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	5	5	0	5	100.00%
Baton Rouge	3	2	0	2	66.67%
Covington	5	2	1	3	60.00%
Thibodaux	3	0	1	1	33.33%
Lafayette	6	3	N/R	3	60.00%
Lake Charles	3	2	0	2	100.00%
Alexandria	4	2	0	2	66.67%
Shreveport	4	2	1	3	100.00%
Monroe	4	2	0	2	50.00%
Statewide	36	20	3	23	69.70%

Statewide, over 60% of managers have master's degrees in social work or a related field. All managers in Orleans Region hold such a degree and 75% or more of managers in Lafayette, Alexandria and Shreveport have such degree.

Child Welfare Managers with Master's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Managers	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	5	5	0	5	100.00%
Baton Rouge	3	2	0	2	66.67%
Covington	5	1	0	1	20.00%
Thibodaux	3	0	0	0	0.00%
Lafayette	6	3	2	5	83.33%
Lake Charles	3	2	0	2	66.67%
Alexandria	4	3	0	3	75.00%
Shreveport	4	2	1	3	75.00%
Monroe	3	1	0	1	33.33%
Statewide	36	19	3	22	61.11%

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Child Welfare Managers with Master's Degree in Social Work or Related Field as of April 2017					
Region	# of CW Managers	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	5	5	0	5	100.00%
Baton Rouge	4	3	0	3	75%
Covington	5	1	0	1	20.00%
Thibodaux	3	1	0	1	30.00%
Lafayette	6	3	2	5	83.88%
Lake Charles	3	2	0	2	66.67%
Alexandria	4	2	0	2	50.00%
Shreveport	4	2	1	3	75.00%
Monroe	3	1	0	1	33.33%
Statewide	37	20	3	23	62.16%

The lack of experience among supervisory staff is being mitigated through quarterly supervisory training and support from Casey Family Programs to identify needed training and support for supervisors.

D. Training: The Louisiana Child Welfare Training Academy has provided staff and provider training since FFY 2014. Please refer to the Systemic Factor on Staff Training and the Training Plan portions of this document for details.

III. How Staff is Recruited and Selected

The Department has developed a steering committee focused on workforce development. Further, DCFS has applied for a grant with the federal Quality Improvement Center for Workforce Development (QIC-WD) and has been approved for further exploration in Phase II of the process. An on-site meeting between DCFS CW staff and the QIC-WD is scheduled for July 20, 2017. DCFS CW has adopted an evidence-based practice of screening and selecting entry-level staff and the process was rolled out statewide on March 1, 2017.

As a Louisiana state agency, DCFS is required to follow the rules set forth by the Department of Civil Service in accordance with Article X, Section 7 of the Louisiana Constitution. Employment practices are to be based on “merit, efficiency, fitness and length of service”.

In an effort to recruit interested and qualified applicants for vacancies, staff intermittently contact job placement offices and/or attend college/university Career Fairs and State Agency Career Days. On an as needed basis, the Department may broadcast job opportunities on radio stations, post flyers at job service offices, place job vacancy advertisements in the newspaper, or place job vacancy advertisements on websites (i.e., BetterBatonRougejob.com, Monster.com, Career Builders, or, etc.).

As required, the Department posts vacant positions to the Civil Service LA Careers on-line system, interested individuals apply, and, from these applications, a certificate of eligible candidates that meet the qualification requirements for the job is developed and provided to hiring managers. At times throughout the year, preference is given to hiring Title IV-E stipend students into Child Welfare Specialist jobs upon graduation to gain the benefit of their interest in child welfare and their child-welfare specific social work education, along with encouraging their long-term careers in child welfare.

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Hiring managers and supervisors began using an evidence based screening and selection process for entry-level staff on March 1, 2017. Reference checks as well as legally required background checks and drug testing are completed on all selected individuals before making any final employment offers. Once hired, new employees must complete a probationary or “working test” period for a minimum of twelve months during which performance of duties is closely monitored and evaluated to ensure at least satisfactory performance.

During FFY 2015, DCFS executive staff met with Civil Service to determine whether pay incentives could be implemented in regions with the highest turnover. Such mechanisms were available, but funding limitations precluded implementation of those mechanisms. Currently, DCFS is exploring other options for addressing staffs’ needs and specific work with Civil Service on recruitment has been initiated.

IV. Education and Experience Requirements for Child Welfare Workers and Other Professionals Responsible for the Management of Cases and Child Welfare Staff

During FFY 2017, the Department moved forward with a return to separate structures for child welfare and other DCFS programs.

Classified Social Services Positions Specific to Child Welfare:

Social Services Analyst positions are used in IV-E Eligibility Determination Units:

Social Services Analyst 1 (SS410)

- Bachelor’s degree
- Six years of full-time work experience in any field may be substituted for the required bachelor’s degree.
- Candidates without a bachelor’s degree may combine work experience and college credit to substitute for the bachelor’s degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Analyst 2 (SS411)

- Bachelor’s degree plus one year professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor’s degree.
- Candidates without a bachelor’s degree may combine work experience and college credit to substitute for the bachelor’s degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience

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- 90-119 semester hours for three years of experience
- 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Analyst 3 (SS413)

- Bachelor's degree plus two years of professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Counselor Positions are used in the Adoption Petitions Program.

Social Service Counselor 1 (SS410)

- Bachelor's degree
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience

Social Service Counselor 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience

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- Bachelor's degree in social work, sociology, psychology, behavioral science or human service counseling from an accredited institution will substitute for all of the required experience.
- Graduate training in social work, sociology, psychology, or human service counseling will substitute for the one year of required experience on the basis of thirty semester hours for one year of experience.

Child Welfare Specialist positions are used in front-line service for Child Protective Services, Family Services, Foster Care, Adoptions and Home Development Programs:

Child Welfare Specialist Trainee (SS411)

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional social services experience.
- Bachelor's degree in a non-related field plus one year of professional social services work.
- Master's degree in a non-related field.

Child Welfare Specialist 1 (SS412)

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional social services experience.
- Bachelor's degree in a non-related field plus two years of professional social services experience.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services.
- Master's degree in a non-related field plus one year of professional social services experience.

Child Welfare Specialist 2 (SS414)

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services

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counseling; vocational rehabilitation; or human services plus two years of professional level experience in social services, one year of which must have been in child welfare.

- Bachelor's degree in a non-related field plus three years of professional level experience in social services, one year of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional child welfare social services experience.
- Master's degree in a non-related field plus two years of professional level experience in social services, one year of which must have been in child welfare.

Child Welfare Specialist 3 (SS415)

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional level experience in social services, two years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus four years of professional level experience in social services, two years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus two years of professional child welfare social services experience.
- Master's degree in a non-related field plus three years of professional level experience in social services, two years of which must have been in child welfare.

Child Welfare Supervisor (SS417): Provides services in child welfare program areas administered by the Department of Children and Family Services by supervising a unit of professional child welfare staff.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional social services experience, three years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus five years of professional social services experience, three years of which must have been in child welfare.

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- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional child welfare social services experience.
- Master's degree in a non-related field plus four years of professional social services experience, three years of which must have been in child welfare.

Child Welfare Consultant (SS418): Provide consultation and program guidance to managers and other child welfare staff.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional social services experience, three years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional child welfare social services experience.

Child Welfare Manager 1 (SS420): Manage a state office unit responsible for the administration of child welfare programs, or several special programmatic support functions, or the contracts and federal eligibility function for the agency.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus six years of professional social services experience, four years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional child welfare social services experience.

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- Master's degree in a non-related field plus five years of professional level experience in social services, four years of which must have been in child welfare.

DCFS Area Director (SS421): Direct social service operation activities for a region as defined by the Department of Children and Family Services.

- Bachelor's degree plus six years' professional level social services experience, including three years at the supervisory level in Child Welfare programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the general experience on the basis of thirty semester hours for one year of experience: counseling; social work; psychology; economics; business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required general experience.
- Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- Ph.D. in the above fields will substitute for two years of the required general experience.
- Graduate training and degrees will substitute for a maximum of two years of the required general experience.

DCFS Regional Administrator (SS 423): Serve as administrator over social service field activities for multiple regions as defined by the Department of Children and Family Services.

- Bachelor's degree plus seven years professional level social services experience, four years of which must have been at the supervisory level in Child Welfare program.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the general experience on the basis of thirty semester hours for one year of experience: counseling; social work; psychology; economics; business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required general experience.
- Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.

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- Ph.D. in social work or a related field will substitute for two years of the required general experience.

Child Welfare Manager 2 (SS422): Administer complex child welfare statewide program(s) and/or direct statewide functions and practices.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus six years of professional social services experience, four years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional child welfare social services experience.
- Master's degree in a non-related field plus five years of professional level experience in social services, four years of which must have been in child welfare.

Child Welfare Director (SS423): Administer statewide programs that provide child welfare services to children and families.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus six years of professional level experience in social services, five years of which must have been in child welfare. Two years of experience must have been in child welfare at the supervisory level.
- Bachelor's degree in a non-related field plus seven years of professional social services experience, five years of which must have been in child welfare. Two years of experience must have been in child welfare at the supervisory level.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus five years of professional level child welfare social services experience. Two years of experience must have been in child welfare at the supervisory level.

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- Master's degree in a non-related field plus six years of professional level experience in social services, five years of which must have been in child welfare. Two years of experience must have been in child welfare at the supervisory level.

Classified Administrative Services Positions that Support Child Welfare:

Program Specialist-Social Services (SS414): Provide professional support services for social service programs.

- Bachelor's degree plus two years of professional level experience in administrative services, economics, public health, public relations, social services, or health services.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the experience on the basis of thirty semester hours for one year of experience: public health; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required experience.
- Juris Doctorate will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for the two years of required experience.

Executive Staff Officer (AS616): Serve as a confidential assistant to an Assistant Secretary or equivalent level administrator.

- Bachelor's degree plus three years of professional level experience in a public or private sector setting.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

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Program Consultant – Social Services (SS417): Provide advanced professional level support services for social service programs.

- Bachelor's degree plus three years of professional level experience in administrative services, economics, public health, public relations, social services or health services.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

Program Manager 1 – Social Services (SS419): Manage statewide social service programs that have a lesser degree of impact and complexity.

- Bachelor's degree plus four years professional experience in administrative services; day care center administration; economics; public health; public relations; family life education; early childhood development regulatory experience; the monitoring of health care or social care facilities for licensing compliance; teaching in an early childhood development program or teaching at the elementary or secondary level; social services; or health services.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for two years of the required experience.
- Specialized degrees will substitute for a maximum of two years of the required experience.

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Qualifications for the Program Manager 2 – Social Services (SS421), Program Manager 3 – Social Services (SS422), Program Manager 4 – Social Services (SS423) are the same as the Program Manager 1 except that five years of professional experience are required.

Attorney 2 (AS618)

- Possession of a license to practice law in the state of Louisiana plus two years of experience as a practicing attorney

Attorney 3 (AS620)

- Possession of a license to practice law in the state of Louisiana, plus three years of experience as a practicing attorney

Attorney Supervisor (AS622)

- Possession of a license to practice law in the state of Louisiana, plus four years of experience as a practicing attorney

Attorney-Deputy General Counsel 1 (AS 623)

- Possession of a license to practice law in Louisiana, plus five years of experience as a practicing attorney

Attorney-Deputy General Counsel 2 (AS 624)

- Possession of a license to practice law in Louisiana, plus five years of experience as a practicing attorney

Executive Management Advisor (AS623): Serve as the special assistant and advisor to a Secretary; performs a wide variety of complex and diverse management duties.

- Bachelor's degree plus five years' professional level experience in a public or private sector setting.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

Program Manager 4 – Social Services (SS423): Administer the largest and most complex social service program(s) or programmatic support activities.

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- Bachelor's degree plus five years of professional experience in administrative services, economics, public health, public relations, program evaluation, social services, or health services.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for two years of the required experience.
- Specialized degrees will substitute for a maximum of two years of the required experience.

Deputy Assistant Secretary 3 (AS 626): Direct the programs for a state office having either: over three thousand employees or (2) a state office having the most technical programs; and to serve as principal assistant to the Assistant Secretary.

- Bachelor's degree plus five years of professional level experience in a public or private sector setting.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.

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- Ph.D. in the above fields will substitute for two years of the required experience.

- **Unclassified Positions**
 - Assistant Secretary of Child Welfare
 - Unclassified Position – No minimum qualifications
 - Assistant Secretary of Family Support
 - Unclassified Position – No minimum qualifications
 - General Counsel
 - Unclassified Position – No minimum qualifications
 - Deputy Secretary
 - Unclassified Position – No minimum qualifications
 - Undersecretary
 - Unclassified Position – No minimum qualifications
 - Secretary
 - Unclassified Position – No minimum qualifications

V. Certifications Required for Child Welfare Workers and other Professionals Responsible for the Management of Cases and Child Welfare Staff:

Licensing requirements for social workers are not expected to change during the next five years, and are expected to remain as described below. DCFS has encouraged master's level social workers to work toward the Licensed Clinical Social Worker (LCSW) credential by providing preparatory courses for staff to prepare for the licensure exam. In order to increase LCSWs, it is necessary for the Department to have more Board Approved Clinical Supervisors (BACS). To that end, the Child Welfare Training Academy has continued to encourage LCSW credentialed staff to become BACS by paying for the training.

The Louisiana Social Work Practice Act requires that any individual with a degree in social work (at the undergraduate or graduate level) who is practicing social work in Louisiana must be credentialed by the Louisiana State Board of Social Work Examiners.

Social work practice is defined in the Act as the professional application of social work values, theories, and interventions to one or more of the following: enhancing the development, problem - solving, and coping capacities of people; promoting the effective and humane operations of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; developing and improving social policy; and engaging in research related to the professional activities. The practice of social work includes but is not limited to clinical social work, planning and community organization, policy and administration, research, and social work education.

All professional level employees of the DCFS who hold a degree in Social Work must be credentialed at one of five levels:

- Registered Social Workers (RSW) are persons who hold a Bachelor's or Master's degree from a social work program accredited by the Council on Social Work Education (CSWE).

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- Certified Social Workers (CSW) are persons who hold a Master’s Degree in Social Work and apply to become LMSW’s. They are credentialed as CSW’s upon approval of their application to become LMSW’s and retain Certified Social Worker credential until they pass the LMSW exam and become licensed.
- Licensed Master Social Workers (LMSW) is persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.
- Licensed Clinical Social Workers (LCSW) are persons who hold a Master's degree in Social Work from a CSWE accredited university, have completed at least 5760 hours of postgraduate social work practice, of which at least 3840 hours was completed under the supervision of board-approved clinical supervisor, and have passed an exam approved by the Louisiana Board of Social Work Examiners.
- Board Approved Clinical Supervisors (BACS) are persons who hold a Master's degree in Social Work from a CSWE accredited university, hold the LCSW license, have completed at least three years of full-time social work experience at the LCSW level, and have participated in a board approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure.

All staff that holds a Bachelor’s degree in Social Work holds an RSW, the only credential available to Bachelor’s level social workers. The percentage of staff holding a master’s degree in Social Work by license type is shown in the following table. The percentage of master’s level staff who is Registered Social Workers has increased and/or remained steady while the percentage of those who are Licensed Clinical Social Workers has mostly declined until 2016. Licensure data includes only supervisors and managers. The number of Board Approved Clinical Supervisors increased slightly from 2012 to 2013, declined in 2014 and 2015 and showed a slight increase in 2016 due to the concerted efforts of DCFS to assist staff in getting that training and level of licensure. DCFS continues to recruit staff with social work degrees and encourage attainment of higher levels of licensure among staff with Master’s degrees in social work.

VI. Demographic Information on Current Staff and Recent Hires

PERCENTAGE OF STAFF BY SOCIAL WORK CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LCSW W/BACS
2013	32%	19%	40%	9%	4%
2014	41%	3%	43%	13%	3%
2015	62%	.05%	27%	0.04%	0.02%
2016	62%	.53%	31%	1%	1%
2017	62.5%	.50%	33%	2.3%	1%
2018	54.39%	9.03%	27.32%	5.46%	3.8%
2019	57.2%	8.0%	26.7%	4.9%	3.2%

A. Education

The Child Welfare Training Academy conducted a study of the IV-E Stipend Program in Louisiana. The study included exploration of a plan to provide stipends for current DCFS employees to obtain a MSW. As a result of the study, DCFS is developing policy and procedure to resume this program. A focus on hiring professional level social work staff with social work degrees has continued and DCFS has implemented an evidence-based screening and selection

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process for entry-level staff. These new screening and selection procedures and tools were implemented effective 3/1/2017. The Department works with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program.

B. Educational Support

The Department will work with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program.