

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2013

Annual Progress and Services Report

Year Four of the 2010-2014

Child and Family Services Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Activities Planned FFY 2014: The committee will continue to meet quarterly and seek additional participation from the community, biological parents, foster parents, youth and tribal partners.

C) Other Committees, Workgroups and Partnerships:

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

Enhanced Collaboration: Promotion of best practice and collaboration among stakeholders serving families through the establishment of the Pelican State Center for Children and Families; Interdisciplinary education and training (“Together We Can” Conference); Multi-disciplinary, joint training, exchange of data, and identification of challenges, promising practices and strategies for improvement, both statewide and in the 16th JDC Transformation Zone (TZ).

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 transition from foster care to independent living, and that long-term foster care placements are stable and; Increase and improve engagement of the entire family, including fictive kin and foster parents.

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

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

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

- DCFS and DOE - explore issues related to educational outcomes for children in foster care and include mechanisms for data sharing, surveying staff and cross training staff. The committee also addresses transportation issues to prevent children having to change schools upon entering foster care if a placement within the school zone that meets the child's needs is not available.
- Louisiana Child Welfare Workforce Alliance (refer to training plan for additional information).
- A committee has been established that includes DCFS, OJJ, managers of various departments within the DHH, and private medical providers working under contract with the DHH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in foster care.
- Foster Care Program and Transitional Living Services staff works with the Office of Citizens with Developmental Disabilities (OCDD) to obtain services for developmentally delayed children and youth.
- Prevention staff works with the Office of Addictive Disorders (OAD) to maintain substance abuse counselors in DCFS offices to assess and refer clients as needed.
- Foster Care Program and Transitional Living Services staff works with the Office of Mental Health for identification and treatment of mental health disorders in children, youth and parents.
- Foster Care and IV-E Program staff work with the OJJ to assure that IV-E eligibility is calculated accurately for children in the custody of the Department of Corrections.
- Transitional Living Program staff and OJJ staff work together to assure that youth receive the life skills training needed to function independently as adults.
- Child Protection Investigations (CPI), Prevention/Family Services (FS) and Foster Care (FC) Program staff works with the DCFS TANF unit, to provide an efficient referral process for various financial assistance programs.
- Citizen Review Panels (CRP), CASA, the Louisiana Foster and Adoptive Parent Association and the Louisiana Adoption Advisory Board. (For additional information on CRP, please refer to CAPTA portion of this plan.)
- Federal Partners - DCFS collaborates with ACF Region VI on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as Program Improvement Plan (PIP) implementation. DCFS also receives a wide array of training and technical assistance (T/TA) from the National Resource Center (NRC) Network. For additional information on T/TA refer to that portion of this plan.

D.) Private Not for Profit Organizations: Since 2010, Louisiana has been engaged in ongoing collaboration with the Casey Family Foundation and the Annie E. Casey Strategic Group for various projects including cold case reviews and implementation of the Family Team Meeting model. The

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Braveheart Foundation, a Baton Rouge based organization, supports DCFS statewide through provision of backpacks with comfort items for children entering care to scholarships for foster care alumni.

E.) 2013 APSR Development: Consultation with federal partners on the development of the 2013 Annual Child and Family Services Report (APSR) was done via phone calls and e-mail correspondence. A site visit was conducted on April 25, 26, and 27, 2012 as well as December 20, 2012. Stakeholder involvement in plan development occurs on an ongoing basis throughout the year through the PQI Stakeholder Committee and the CIP. Each year, a draft of the APSR/CFSP which includes the work and efforts of each of these work groups is distributed for additional comment and feedback among those stakeholders who represent over 30 organizations statewide. On March 28, 2013, Bridget Clark presented at the PQI Stakeholder Committee meeting and on April 30, 2013, Carmen Spooner attended the annual tribal/state held in Charenton, Louisiana. They discussed a number of items including the 2013 APSR.

A public notice regarding the APSR and the public hearing was published in the Louisiana Register and posted on the DCFS website on April 20, 2013. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 8, 2013 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 Paul Darden, Sr. is the Chief and Karen Matthews is the Social Services Director. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-4973. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Sickey is the Chairman and Milton Hebert is the Social Service Director. The mailing address is P.O. Box 818, Elton, LA 70532, and the telephone number is (337) 584-1449. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Earl Barbry, Sr. is the Chief and Debbie Johnson is the Social Services Coordinator. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 240-6444. Website: www.tunicabiloxi.org
- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Cheryl Smith is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

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

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

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

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

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

In 2011, 2012, and 2013 all tribal representatives were sent a copy of the APSR and their feedback was requested. On April 20, 2011, May 24, 2012 and April 30, 2013 further discussion regarding the APSR was held at the federal, state and tribal meeting held in Marksville and Charenton, Louisiana. Additionally, Bridget Clark presented information at the CQI Stakeholder Committee Meeting on March 28, 2013. Unfortunately, no tribal members participated in the meeting.

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

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

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

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

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

While the state does not currently capture data on the notification to tribes when a Native American child becomes involved in the child welfare system, DCFS is able to provide data on removals among this population. During 2012-2013, the state worked to modify TIPS so additional information could be captured. "CAFÉ" is being created for the Department as an entry portal into all other data systems of

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the Department. CAFÉ’ is also being designed to capture additional data related to tribal affiliation of clients identified as Native American as well as worker actions in complying with ICWA.

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

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

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

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2010	5	4	9
2011	8	5	13
2012	10	6	16
2013			
2014			

Data Source: ACN0007 Unduplicated person report

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

FFY	Total Alleged child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2010	26,818	63	0.23%	9,046	23	0.25%
2011	24,827	46	0.19%	9,662	19	0.20%
2012	23,403	73	0.31%	8,726	40	0.46%
2013						

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

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

Family Preservation: DCFS seeks to provide services to prevent the breakup of Native American families. DCFS is working toward building a continuum of services that focuses on prevention and the preservation of the family unit for all families served by the Department, including Tribal families.

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

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

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

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

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

- DCFS will increase its diligence regarding assuring that tribes are notified of available DCFS training and are invited to regional Performance and Quality Improvement Committee (PQI) meetings, and will use state and regional PQI to focus on areas where the relationship between DCFS and tribes is not productive.
- DCFS will use video training conferences to review basic ICWA training and provide Tribal Social Service Directors an opportunity to speak directly to DCFS staff about unique cultural attributes of each tribe.
- DCFS will provide Ansell-Casey Life Skills Assessment training to Tribal Social Services Directors and provide social learning books.
- DCFS will provide tribes with technical assistance conference call information so that they can become aware of the process, and tribes and DCFS will jointly request technical assistance for train-the-trainer sessions on ICWA including historical trauma issues.
- In the long term, DCFS will strengthen ICWA policy.

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

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

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

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

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

On April 20, 2011 ACF coordinated a meeting between Louisiana tribes and DCFS. During the meeting all parties discussed issues identified at the last meeting and resolutions that have taken place and where work must continue. The Department presented changes in the APSR and sought feedback from tribal partners. In the meeting, tribal representatives noted concerns about parenting education and the Department offered the following resources:

- Copies of parenting handbooks by Dr. Stephen Bavolek called "Nurturing the Families of the World: Nurturing Parenting Easy Reader Handbook." This book is used with parents in the parenting education provided through the Department.

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- Each tribe was invited to send one representative to a Nurturing Parenting, Train the Trainer session held in Baton Rouge May 9, 2011; however, no tribes attended.

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

Tribal Collaboration Update FFY 2013: During this period, DCFS has diligently worked toward building relationships, sharing information, and supporting the four tribes in the state. DCFS scheduled a phone conference with the tribes for December 5, 2012 to introduce the new tribal liaison. The phone conference was not attended by any tribal staff. Elizabeth Anthon conducted visits with the Coushatta, Chitimacha, and Jena Band of Choctaw tribes in January and February 2013. DCFS Training Supervisor Karen Austin conducted site visits with all four tribes. Tribal staff was invited to participate in Family Team Meeting (FTM) training in December 2012 and the AFCARS audit in March 2013. Other communication by DCFS with the tribes included dissemination of information regarding Behavioral Health Forums with Magellan, the Uninterrupted Scholars Act and the Leadership Academy for Supervisors. DCFS staff participated in webinars entitled “Indian Child Welfare Act: What Parents’ Attorneys Need to Know” and “Homelessness among American Indians”. Elizabeth Anthon participated in a conference offered by the National Indigenous Women’s Resource Center in Lafayette, LA on February 13 – 15, 2013. The conference was entitled “Embracing, Engaging, and Empowering Our Communities” and focused on the domestic violence epidemic in Native American populations. In February 2013, several DCFS staff conducted a staffing with Karen Matthews of the Chitimacha Tribe to address the specific needs of a youth aging out of care. Representatives of DCFS also participated in the annual Tribal IV-B meeting held on the Chitimacha Reservation on April 30, 2013. During the meeting, there was discussion about the development of a Title IV-E agreement, but the tribes maintain they are not interested in doing so at this time. DCFS remains available to assist if tribes indicated an interest. Family Team Meetings (FTM) and Safety-Focused Practice were discussed to advise the tribes of new practice models that DCFS is implementing across the state. Discussion also centered on procedures for obtaining annual credit reports for youth age 16 and older in foster care and requirements for NYTD. Information and materials were provided to the tribes regarding the Governor’s Program on sexual abstinence for youth. Details and contact information about the Children’s Trust Fund Triple P Parenting Program was also provided. Tribes were invited to participate in the quarterly PQI

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Stakeholder Committee meeting held June 27, 2013 and the Independent Living Coalition Meeting held May 21, 2013. Information was also provided to the tribes for tribal foster youth participation in the youth training and NYTD reunion events held in collaboration with DCFS contract Independent Living Services providers in the months of May and June.

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

Tribal Collaboration Activities Planned FFY 2014: The state level Foster Care and Transitioning Youth Unit will do the following:

- Continue to review and update policy for improved guidance to departmental staff in serving Native American children and families;
- Continue monthly teleconference communication on at least a quarterly basis and meet onsite with at least one tribal social service director and their local child welfare tribal liaisons to identify challenges in collaboration 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 DCFS 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;
- Continue to require 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 transitioning to adulthood;
- Continue to be available to helping tribes with development of a Title IV-E plan and/or agreement, if needed;
- Work to improve the Adoption and Foster Care Analysis Reporting System (AFCARS) data collection and reporting and consider opportunities to develop field staff knowledge regarding identification and reporting of children's Native American status; and,
- Continue monthly participation in the national Indian Child Welfare Managers teleconference calls.

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WORKFORCE INFORMATION

I. Introduction

The Department of Children and Family Services (DCFS) has been reviewing and comparing turnover rates in child welfare for several years. The table below provides turnover data for the Child Welfare Series from SFY 2005-2006 through 2009-2010 for each region, state office, and totals. The current job titles of these positions are Child Welfare Trainee, Child Welfare Specialists 1-6, Family Support Parish Manager 2 (Program Operations Manager), and Family Support Regional Administrator (Area Director), Family Support Program Executive Director (Regional Administrator), Child Welfare Executive Manager, Child Welfare Administrator.

In the past report, workforce data was provided for all child welfare staff, including state office, but workforce issues related to Division of Operations staff working in the regional and parish offices are a priority focus of the Department. Therefore, the workforce data provided in this report is focused on child welfare staff in the field at the direct practice levels of Child Welfare Trainee, Child Welfare Specialists 1, 2 and 3; the first line supervisor level of Child Welfare Specialist 4, and the manager level of Family Support Parish Manager 2 (Program Operations Manager).

The turnover data for Calendar Year (CY) 2012 only represents the operations staff noted above; therefore, direct comparisons cannot be made with prior years. This data is important to the Department's focus on workforce development in the field.

Region	SFY 2005-2006	SFY 2006-2007	SFY 2007-2008	SFY 2008-2009	SFY 2009-2010	CY 2012	CY 2013
Orleans	14.29%	12.68%	11.94%	16.95%	5.00%	23.33%	
Baton Rouge	25.86%	27.93%	18.02%	17.43%	17.00%	20.33%	
Covington	15.48%	19.66%	14.97%	15.54%	10.38%	18.90%	
Thibodaux	24.64%	22.67%	18.29%	23.75%	6.41%	19.75%	
Lafayette	10.76%	18.63%	17.47%	11.24%	10.50%	11.76%	
Lake Charles	23.29%	19.74%	30.49%	28.24%	24.27%	21.18%	
Alexandria	10.57%	17.24%	10.40%	19.01%	11.40%	14.74%	
Shreveport	14.86%	14.94%	14.11%	13.92%	12.80%	17.21%	
Monroe	13.27%	10.10%	13.76%	14.91%	14.29%	24.04%	
State Office	4.23%	15.28%	9.59%	5.00%	15.38%	N/A*	
Totals	16.10%	19.00%	16.39%	15.99%	12.76%	19.32%	

*Data not available.

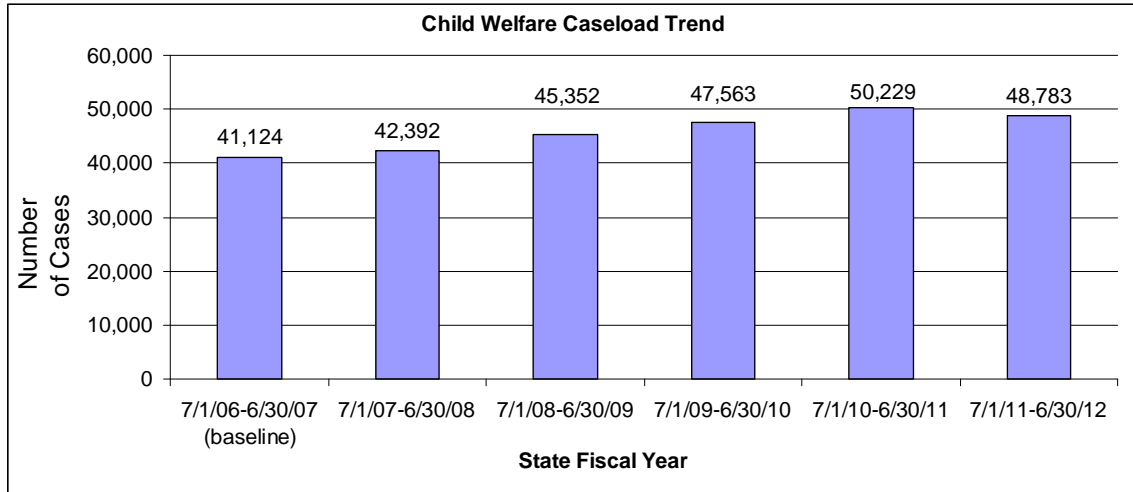
The Louisiana Department of Civil Service report of Non-Temporary Classified Employee Turnover for State Fiscal Year (SFY) 2010/2011 reflected a statewide Voluntary Turnover Rate of 12.94% for all of Louisiana state government. In SFY 11/12, the overall voluntary turnover rate for the same group increased to 13.35%.

DCFS, like other child welfare organizations around the country, has implemented efforts to retain staff through training and mentoring as addressed in other sections of this report. Exit interviews are conducted by the Deputy Secretary for Operations and the Assistant Deputy Secretary to identify the reasons for turnover.

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DCFS began a deeper exploration of Human Resources issues and their impact on key performance issues in 2011. DCFS has made every effort to maintain child welfare caseloads at a manageable level. The number of child welfare workers increased each year until 2011 and in that year the number of filled positions declined as a result of fiscal necessity. The increasing number of child welfare workers did not keep pace with the increase in cases (this table includes all types of child welfare case, including Adoption Subsidy) as demonstrated in the table below.

Data is not available for the time period of 7/1/2012 through 6/30/2013.



In addition to the increase in caseload size over the last several years, some caseworker duties have increased dramatically as the result of a focus on using evidenced based practices. Efforts to improve performance and quality such as implementation of the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) have resulted in an increase in caseworker and supervisory duties. Improvement efforts within and outside the PIP include expansion of Structured Decision Making practice into additional child welfare programs, advanced safety-focused practice and Family Team Meeting (FTM) Model. Training and implementation of advanced safety focused practice and FTM is planned in all regions.

The following information is not exclusive to child welfare. It relates to the Department as a whole:

The Louisiana Department of Civil Service report of Non-Temporary Classified Employee Turnover SFY 10/11 shows that DCFS ranked in the top five state agencies with the highest turnover rate. The statewide Voluntary Turnover Rate was 12.94% for all of Louisiana State Government. Four hundred twenty-two veteran DCFS employees have retired since January 2010 and DCFS experienced 485 voluntary separations in FY 2011.

The number of filled positions and the number of employees using FMLA did not change significantly in fiscal years 2008 and 2009. In fiscal years 2010 and 2011, the number of filled positions has dropped significantly each year. While the number of employees using FMLA in 2011 decreased compared to 2010, the percentage of employees using FMLA increased each year. Further, the number of hours of FMLA used in 2011 was almost equal to the number of hours used in 2008 even though there were nearly a thousand fewer employees. The table below provides the number of filled DCFS positions each

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year, the number of employees using FMLA, the percentage of employees using FMLA during fiscal years 2007 through 2011.

Data was not available for 2012.

FMLA USAGE BY DCFS STAFF				
Fiscal Year	Filled Positions	# Employees using FMLA	% Employees Using FMLA	FMLA Hours
2007 – 2008	4885	925	18.94%	178,719.00
2008 - 2009	4971	905	18.21%	173,066.46
2009 – 2010	4269	960	22.49%	189,867.88
2010 - 2011	3939	896	22.75%	175,434.28

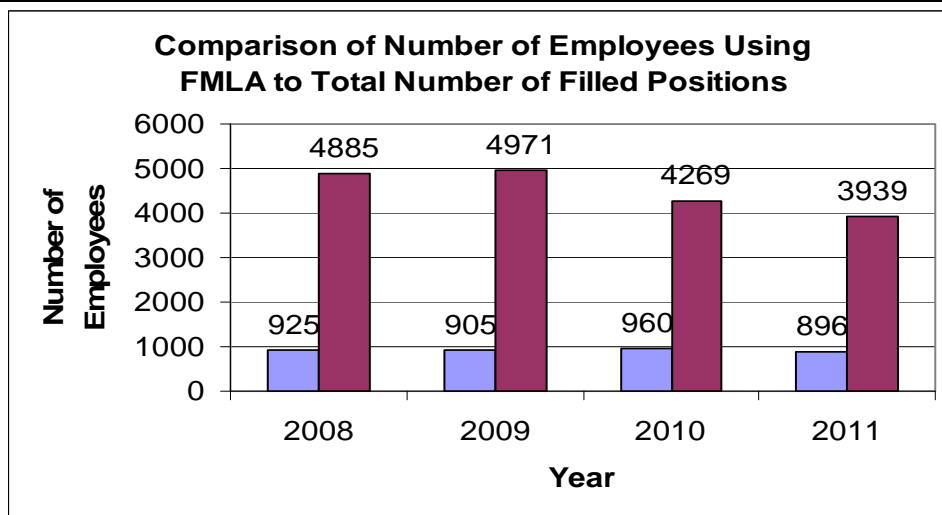
Comparison with prior years is difficult, because the information presented previously included all staff of the Department. Data regarding FMLA usage is presented in this report based on child welfare staff in the field at levels of Child Welfare Trainee through Child Welfare Program Operations Manager. The data is provided by quarter for Federal Fiscal Year (FFY) 2012. Beginning with October 2012, the data is provided in segments of two bi-weekly pay periods (approximately one month).

FMLA Usage by DCFS Child Welfare Field Staff per Quarter during FFY 2012			
Quarter	Staff on Board	Hours of FMLA Used	Hours of FMLA per Employee
10/11 – 12/11	998	12,471	12.49
1/12 – 3/12	998	13,837	13.86
4/12 – 6/12	947	12,208	12.89
7/12 – 9/12	1313	11,364	8.65
10/1/12 - 11/25/2013	929	4801.20	5.15
11/26/12 - 12/23/12	919	2405.75	2.6
12/24/12 - 1/20/13	935	2204.25	2.35
1/21/13 - 7/17/13	940	2607.00	2.77
2/18/13 - 3/18/13	945	4546.00	4.81

The graph below demonstrates that while the number of filled positions has fallen fairly significantly, the number of employees using FMLA used has remained nearly constant.

The data below was not available in year four of the Child and Family Services Plan/ for the 2013 APSR.

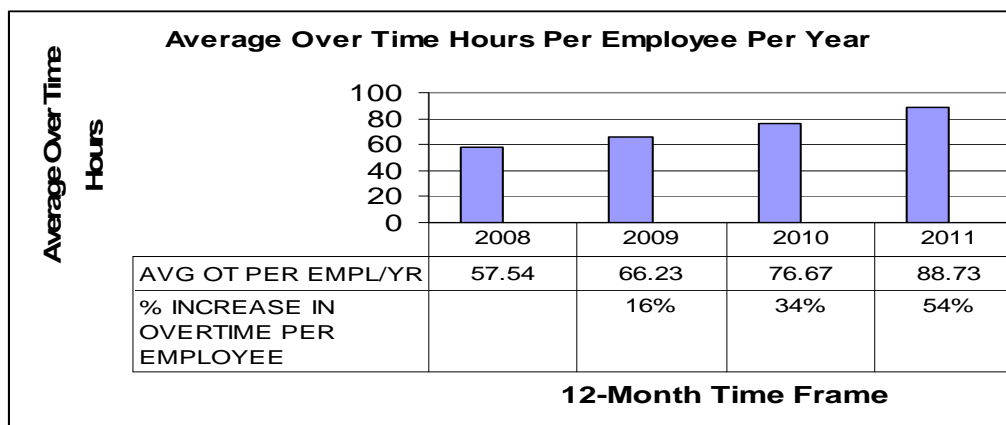
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Increased workload and decreased staff has also resulted in an increase in the amount of overtime earned by DCFS staff. The average number of overtime hours worked has increased significantly during the past four years. In 2008 the average overtime per employee was 57.54 hours; in 2009 it was 66.23 hours; in 2010, it was 76.67 hours; and in 2011 through November it was 88.73 hours. This represents a 54% increase in the last three years.

The increase in overtime is demonstrated in the graph below. The cost of overtime for non-exempt employees is especially high because they must be granted compensatory time at a rate of one and a half hours for each hour of overtime worked in a 40 hour workweek. If they do not use the compensatory leave, they must be paid at a rate of time and a half, and the DCFS budget is insufficient to support paid overtime.

There is no additional information provided in year four of the Child and Family Services Plan/2013 APSR.



The following table reflects the number of DCFS staff on board (Child Welfare Specialist Trainee through Program Operations Manager), the number of hours of overtime worked and the number of hours of overtime per employee for FFY 2012.

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Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2012			
Quarter	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
10/11 – 12/11	998	32,416	32.48
1/12 – 3/12	998	31,401	31.46
4/12 – 6/12	947	29,412	31.05
7/12 – 9/12	1313	26,722	20.35
Total	4256	119, 951	28.18

II. How Staff is Recruited and Selected

As a Louisiana state agency the DCFS is required to follow the rules set forth by the Department of Civil Service in accordance with Article X, Section 7 of the Louisiana Constitution. Employment practices are to be based on “merit, efficiency, fitness and length of service”.

In an effort to recruit interested and qualified applicants for vacancies, we intermittently contact job placement offices and/or attend college/university Career Fairs and State Agency Career Days. On an as needed basis, the Department may broadcast job opportunities on radio stations, post flyers at job service offices, place job vacancy advertisements in the newspaper, or place job vacancy advertisements on websites (i.e., Monster.com, Career Builders, or BetterBatonRougejob.com, etc.).

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 for fulfillment of their contract obligations.

Hiring managers utilize “best practice” techniques to interview and evaluate candidates in order to select the best qualified individuals for employment. Reference checks as well as legally required background checks and drug testing is completed on all selected individuals before making any final employment offers. Once hired, new employees must complete a probationary or “working test” period for a minimum of twelve months during which performance of duties is closely monitored and evaluated to ensure at least satisfactory performance.

III. Education and Experience Requirements for Child Welfare Workers and Other Professionals Responsible for the Management of Cases and Child Welfare Staff

A. Classified Social Services Positions:

Social Services Analyst 1 (SS410)

- Bachelor’s degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience

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- 45-59 semester hours substitutes of three years of experience
- 60-74 semester hours substitutes of four years of experience
- 70-89 semester hours substitutes of five years of experience
- 90-94 more semester hours substitutes of six years of experience

Social Services Analyst 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Analyst 3 (SS413)

- Bachelor's degree plus two years of professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Analyst Supervisor (SS415)

- Bachelor's degree plus three years of professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90 94 more semester hours substitutes of six years of experience

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- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for two years of the required experience

Social Services Counselor 1 (SS410)

- Bachelor's degree
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience

Social Services Counselor 2 (SS411)

- Bachelor's degree plus one year professional social services experience
- Degree may be substituted with
 - Eight years full time work experience
 - Combination of education and work experience
 - 15-29 semester hours substitutes of one year of experience
 - 30-44 semester hours substitutes of two years of experience
 - 45-59 semester hours substitutes of three years of experience
 - 60-74 semester hours substitutes of four years of experience
 - 70-89 semester hours substitutes of five years of experience
 - 90-94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Graduate credit in social work or related field may be substituted for the required professional social services experience on the basis of thirty semester hours for one year of experience

Child Welfare Specialist Trainee (SS411)

- Bachelor's degree in social work or related field
- Bachelor's degree in unrelated field with one year professional social services work
- Master's degree in unrelated field
- Participation in Title IV-E Child Welfare Training and Curriculum Development Project and graduation with a baccalaureate degree in Social Work

Child Welfare Specialist 1 (SS412)

- Bachelor's degree in social work or related field plus one year professional social services experience
- Bachelor's degree in unrelated field with two years professional social services experience
- Master's degree in social work or related field
- Master's degree in unrelated field plus one year professional social services experience

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Child Welfare Specialist 2 (SS414)

- Bachelor's degree in social work or related field plus three years of professional social service experience, two years of which must have been in child welfare
- Bachelor's degree in unrelated field plus four years professional social services experience, two years of which must have been in child welfare
- Master's degree in social work or related field plus two years of professional child welfare experience
- Master's degree in unrelated field plus three years professional social services experience, two years of which must have been in child welfare

Child Welfare Specialist 3 (SS415)

- Bachelor's degree in social work or related field plus four years of professional social services, three years of which must have been in child welfare
- Bachelor's degree in an unrelated field plus five years professional social services experience, three years of which must have been in child welfare
- Master's degree in social work or related field plus three years professional child welfare experience
- Master's degree in non-related field plus four years professional social services experience, three years of which must have been in child welfare

Child Welfare Specialist 4 (SS417)

- Bachelor's degree in social work or related field plus five years of professional social services experience, four years of which must have been in child welfare. Two years of the child welfare experience must have been at the journeyman level
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare, including two years of the child welfare experience at the journeyman level
- Master's degree in social work or related field plus four years of professional child welfare experience, two years of the child welfare experience must have been at the journeyman level
- Master's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare, including two years of the child welfare experience at the journeyman level

Child Welfare Specialist 5A (SS418)

- Master's degree in social work plus five years of professional child welfare experience, two years of which must have been at the advanced level
- Master's degree in related field plus five years of professional child welfare experience, two years of which must have been at the advanced level
- Bachelor's degree in social work plus six years of professional child welfare experience, two years of which must have been at the advanced level

Child Welfare Specialist 6 (SS420)

- Bachelor's degree in social work or related field plus seven years of professional social services experience, six years of which must have been in child welfare; two years of the child welfare experience must have been at the supervisory level

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- Bachelor's degree in unrelated field plus eight years of professional social services experience, six years of which must have been in child welfare; two years of the child welfare experience must have been at the supervisory level
- Master's degree in social work or related field plus six years of professional child welfare experience, two years of which must have been at the supervisory level
- Master's degree in unrelated field plus seven years of professional social service experience, six years of which must have been in child welfare; two years of which must have been at supervisory level.

Family Support Parish Manager 2 (SS419)

- Bachelor's degree plus seven years professional level social services experience, including four years as supervisor over two or more professionals or as a program or project specialist
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for two years of the required general experience

Family Support Regional Administrator (SS421)

- Bachelor's degree plus ten years professional level social services experience, including six years as supervisor over two or more professionals
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for two years of the required general experience.

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Family Support Program Director (SS422)

- Bachelor's degree plus seven years professional level experience in social services, accounting, budgeting, personnel, management analysis, administrative services, auditing, purchasing or staff development. Five years of the experience must have been at the advanced level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Candidates with 90 or more semester hours of credit, but without a degree, must also have at least two years of full-time work experience to substitute for the baccalaureate degree only.

Child Welfare Executive Manager (SS422)

- Bachelor's degree in social work or related field
- Bachelor's degree in unrelated field plus ten years of professional social services experience, eight years of which must have been in child welfare; four years of child welfare experience must have been at supervisory level
- Master's degree in social work or related field plus eight years of professional child welfare experience, four years of which must have been at the supervisory level
- Master's degree in unrelated field plus nine years of professional social services experience, eight years of which must have been in child welfare; four years of child welfare experience must have been at the supervisory level

Child Welfare Administrator (SS423)

- Master's degree in social work plus eight years of professional child welfare experience, four years of which must have been at the supervisory level

B. Classified Administrative Services Positions:

Program Specialist-Social Services (AS 615)

- Bachelor's degree plus three years of professional level experience in business operations, economics, public health, public relations, research and evaluation, or in providing social services or health services.
- Eight years of work experience may be substitute for the degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience

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- 75-90 semester hours for five years experience
- 90 or more semester hours for six years experience
- Candidates with 90 or more semester hours of credit, but without a bachelor's degree, must also have at least two years of full time work experience to substitute for the bachelor's degree.
- A Juris Doctorate will substitute for two years of the required experience
- A master's degree in the above fields will substitute for two years of the required experience.
- A Ph.D. in the above fields will substitute for three years of the required experience.

Executive Staff Officer (AS616)

- Bachelor's degree plus five years professional level experience in business Administration, government, law, public administration, planning, or social services. Three years of the experience must have been at the advanced journeyman level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

Program Coordinator –Social Services (AS618)

- Bachelor's degree plus four years of professional level experience in business operations, economics, public health, public relations, research and evaluation, or in providing social services or health services. Substitutions:
- Eight years full-time work experience in any field may be substituted for degree only
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with eighteen semester hours in one or any combination of following fields will substitute for one year of experience on basis of thirty semester hours for one year of experience: public health, counseling, social work, psychology, rehabilitation services, economics, business, public health or health administration
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience

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- Ph.D. in above fields will substitute for three years of experience

Attorney 2 (AS618)

- Possession of a license to practice law in the state of Louisiana plus two years of experience as a practicing attorney

Program Manager 1 – Social Services (AS620)

- Bachelor's degree plus five years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; one year of the experience must have been at the advanced level or above.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Candidates with 90 or more semester hours of credit, but without a degree, must also have at least two years of full-time worker experience to substitute for the bachelor's degree only.
- Graduate training with eighteen semester hours in one or any combination of following fields will substitute for one year of experience on basis of thirty semester hours for one year of experience: public health, public relations, counseling, social work, psychology, rehabilitation services, economics, business, public health or health administration
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience
- Graduate training will not substitute for more than three years of the general experience.

Attorney 3 (AS620)

- Possession of a license to practice law in the state of Louisiana, plus three years of experience as a practicing attorney

Program Manager 2 – Social Services (AS622)

- Bachelor's degree plus six years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; two years of the experience must have been at the advanced level or above.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience

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- 60-74 semester hours for four years of experience
- 75-90 semester hours for five years experience
- 90 or more semester hours for six years experience
- Graduate training with eighteen semester hours in one or any combination of following fields will substitute for one year of experience on basis of thirty semester hours for one year of experience: public health, public relations, counseling, social work, psychology, rehabilitation services, economics, business, public health or health administration
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience

Executive Management Officer 3 (AS622)

- Bachelor's degree plus five years professional level experience in business administration, government, law, public administration, planning, or social services. Two years of the experience must have been at the advanced journeyman level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Candidates with 90 or more semester hours of credit, but without a degree, must also have at least two years of full-time work experience to substitute for the baccalaureate degree only.
- Graduate work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

Attorney Supervisor (AS622)

- Possession of a license to practice law in the state of Louisiana, plus five years of experience as a practicing attorney

Family Support Program Executive Director (AS 624)

- Bachelor's degree plus seven years professional level social services experience, three years of which must have been at the managerial level
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience

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Deputy General Counsel 2 (AS 624)

- Possession of a license to practice law in Louisiana, plus six years of experience as a practicing attorney

Deputy Assistant Secretary 3 (AS 626)

- Three years of experience which involved the second line supervision of professionals, the supervision of professionals functioning as consultants or resource persons to an agency/company or the management or direction of a section or of a division program.
- As these positions are with agencies that have different functions and goals which call for specialized areas of knowledge, selective certification will be considered when filling these positions.

C. Unclassified Positions

Deputy Secretary of Operations

- Unclassified Position – No minimum qualifications

Deputy Secretary of Programs

- Unclassified Position – No minimum qualifications

Secretary

- Unclassified Position – No minimum qualifications

IV. Certifications Required for Child Welfare Workers and other Professionals Responsible for the Management of Cases and Child Welfare Staff:

The Louisiana Social Work Practice Act requires that any individual with a degree in social work at the undergraduate or graduate level who is practicing social work in Louisiana must be credentialed by the Louisiana State Board of Social Work Examiners.

Social work practice is defined in the Act as the professional application of social work values, theories, and interventions to one or more of the following: enhancing the development, problem-solving, and coping capacities of people; promoting the effective and humane operations of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; developing and improving social policy; and engaging in research related to the professional activities. The practice of social work includes but is not limited to clinical social work, planning and community organization, policy and administration, research, and social work education.

All professional level employees of the DCFS who hold a degree in Social Work must be credentialed at one of five levels:

- Registered Social Workers (RSW) are persons who hold a Bachelor's or Master's degree from a social work program accredited by the Council on Social Work Education (CSWE).
- Certified Social Workers (CSW) are persons who hold a Master's Degree in Social Work and apply to become LMSW's. They are credentialed as CSW's upon approval of their application to become LMSW's and retain Certified Social Worker credential until they pass the LMSW exam and become licensed.

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- Licensed Master Social Workers (LMSW) are persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.
- Licensed Clinical Social Workers (LCSW) are persons who hold a Master's degree in Social Work from a CSWE accredited university, have completed at least 5760 hours of postgraduate social work practice, of which at least 3840 hours was completed under the supervision of board-approved clinical supervisor, and have passed an exam approved by the Louisiana Board of Social Work Examiners.
- Board Approved Clinical Supervisors (BACS) are persons who hold a Master's degree in Social Work from a CSWE accredited university, hold the LCSW license, have completed at least three years of full-time social work experience at the LCSW level, and have participated in a board approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure.

All staff that holds a Bachelor's degree in Social Work holds an RSW, the only credential available to Bachelor's level social workers.

PERCENTAGE OF MSW STAFF BY CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LMSW W/BACS
2011	20%	10%	50%	20%	37%
2012	14%	8%	28%	7%	3%
2013					

V. Demographic Information on Current Staff and Recent Hires

A. Education

EDUCATIONAL ATTAINMENT FOR CW STAFF					
Master's Degree		Bachelor's Degree		Less than Bachelor's degree	
38.20%		57.47%		4.33%	
MSW	Other	BSW	Other		
74.44%	25.52%	31.17%	68.83%		

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2012					
Master's Degree		Bachelor's Degree		Less than Bachelor's degree	
37.10%		62.90%		0.00%	
MSW	Other	BSW	Other		
76.38%	23.62%	30.80%	69.20%		

B. Educational Support

Approximately 34% of child welfare staff received educational support through IV-E Stipends. Additionally, approximately 15.75% of child welfare staff with a Master's Degree in Social Work received a stipend of 75% of salary while attending graduate school full time.

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C. Experience

PERCENTAGE OF CW STAFF BY YEARS OF CHILD WELFARE OR RELATED EXPERIENCE						
YEAR	0-4 Yrs	5-9 Yrs	10-14 Yrs	15-19 Yrs	20-29 Yrs	30+ Yrs
2011	20%	19%	17%	12%	20%	12%
2012	27%	19%	15%	13%	17%	9%
2013						

D. Race/Ethnicity

PERCENTAGE OF CW STAFF BY RACE/ETHNICITY						
Year	Black or African American	White	American Indian or Native Alaskan	Asian	Declined to Answer	Left Blank
2011	61.15%	38.34%	.25%	.08%	.08%	.08%
2012	65.04%	34.37%	.19%	.10%	.10%	.19%
2013						

E. Salaries

The table below reflects the actual Civil Service pay range for each classified position used specifically in child welfare and positions used in support of child welfare functions:

SALARY RANGES FOR POSITIONS HELD BY CHILD WELFARE STAFF		
Civil Service Level	Position	Salary Range
Social Services Classifications		
SS 410	Social Services Analyst 1	\$24,170-\$50,877
SS 411	Social Services Analyst 2	\$25,854-\$54,434
SS413	Social Services Analyst 3	\$29,598-\$62,317
SS415	Social Services Analyst Supervisor	\$33,904-\$71,344
SS410	Social Services Counselor 1	\$24,170-\$50,877
SS411	Social Services Counselor 2	\$25,854-\$54,434
SS411	Child Welfare Specialist Trainee	\$25,854-\$54,434
SS412	Child Welfare Specialist 1	\$27,664-\$58,240
SS414	Child Welfare Specialist 2	\$31,679-\$66,685
SS415	Child Welfare Specialist 3	\$33,904-\$71,344
SS417	Child Welfare Specialist 4	\$38,813-\$81,682
SS418	Child Welfare Specialist 5A	\$41,438-\$87,402
SS419	Family Support Parish Manager 2	\$44,450-\$93,517
SS420	Child Welfare Specialist 6	\$47,570-\$100,069
SS421	Family Support Regional Administrator	\$50,898-\$107,078
SS422	Family Support Program Director	\$54,454-\$114,566
SS422	Child Welfare Executive Manager	\$54,454-\$114,566
SS423	Child Welfare Administrator	\$58,261-\$122,595
Administrative Services Classifications		
AS615	Program Specialist-Social Services	\$31,678-\$66,685
AS616	Executive Staff Officer	\$33,904-\$71,344
AS618	Program Coordinator –Social Services	\$38,813-\$81,682
AS618	Attorney 2	\$38,813-\$81,682
AS620	Program Manager 1 – Social Services	\$44,450-\$93,517
AS620	Attorney 3	\$44,450-\$93,517
AS622	Program Manager 2 – Social Services	\$50,898-\$107,078

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SALARY RANGES FOR POSITIONS HELD BY CHILD WELFARE STAFF		
Civil Service Level	Position	Salary Range
AS622	Executive Management Officer 3	\$50,898-\$107,078
AS622	Attorney Supervisor	\$50,898-\$107,078
AS624	Family Support Program Executive Director	\$58,261-\$122,595
AS624	Attorney-Deputy General Counsel 2	\$58,261-\$122,595
AS626	Deputy Assistant Secretary	\$66,076-\$140,358

Special Entrance Rates (SERs) have been established for the Child Welfare Specialist 1 through 4 positions based on the following rational business decisions:

- To meet the salary demands of new recruits
- To increase the quality of the applicant pool
- To reduce turnover

SPECIAL ENTRANCE RATES				
Job Title	Biweekly Entrance Rate	Biweekly General SER	Biweekly BSW SER	Biweekly MSW SER
Child Welfare Specialist Trainee	\$994.40	\$1,044.00	\$1,143.56	None
Child Welfare Specialist 1	\$1,064.00	\$1,117.20	\$1,223.60	\$1,333.00
Child Welfare Specialist 2	\$1,218.40	\$1,279.32	\$1,401.16	\$1,523.00
Child Welfare Specialist 3	\$1,304.00	\$1,329.56	\$1,449.60	\$1,630.00
Child Welfare Specialist 4	\$1,492.80	\$1,522.66	None	None

The General SER is established at 2% above the minimum of the pay range for the Child Welfare Specialist job and at 5% above the minimum of the pay range for all other jobs listed above. All employees hired into one of these classifications are hired at this rate unless the applicant possesses one of the following credentials.

The BSW SER is 15% above the minimum of the pay range of the jobs listed above for candidates who possess a Bachelor's degree in social work or related degree.

The MSW SER is 25% above the minimum of the pay range for the jobs listed above for candidates who possess a Master's degree in social work or a related field.

No current employee with the same qualification in the effected job titles is paid less then the SER for the job titles listed above.

F. Position Types: The position types described below are those directly involved with assuring the safety, well being and permanency in Louisiana. Child welfare services are supported by other organizational units within DCFS such as Information and Technology, Human Resources, Administrative Services, Budget and Fiscal Services, but the positions in those organizational units are not described in this document.

1. Parish Office Positions

Caseworkers - Child Welfare Specialist Trainees through Child Welfare Specialists 2 are front line child welfare workers in all program areas including Child Protection Investigations (CPI), Alternative

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Response Family Assessment (ARFA), Family Services (FS) and Foster Care (FC). The degree of specialization among these workers varies by program and location. Workers in large parishes generally have specialized caseloads, while workers in small parishes generally carry mixed caseloads of cases in two or three child welfare program areas.

Child Welfare Specialists 3 are generally assigned specialized caseloads such as sexual abuse allegations in Child Protection Investigation and children in residential placements in FC. Some Specialists 3 positions serve as “assistant supervisors” to assist in training, mentoring and monitoring new workers and otherwise supporting the work of supervisors.

Supervisors - Child Welfare Specialists 4 are first line child welfare supervisors. Like workers, their degree of specialization varies with location.

Program Operations Managers – Family Support Parish Manager 2 positions serve as Program Operations Managers. The title is generic, but individual incumbents are assigned to specific programs. Child Welfare Program Operations Managers exercise direct supervision over Child Welfare Specialists 4, providing work planning, goal setting and performance evaluations. Depending on the size of the parish office, some Program Operations Managers may have subordinate staff in more than one parish or in a parish office and regional office. They also serve on Regional Management Teams along with Operations Managers for other DCFS program areas.

2. Regional Office Positions

Eligibility Workers - Social Services Analysts 1, 2 and 3 are front line staff whose primary function is IV-E Eligibility Determinations.

Caseworkers - Social Services Counselors 1 and 2 are front line staff whose primary functions are Adoption Petition and Subsidy. Child Welfare Specialists 2 are Home Development workers, and Child Welfare Specialists 3 are Adoptions workers.

Supervisors - Social Services Analysts Supervisors provide supervision to Social Services Analysts. Child Welfare Specialists 4 provides supervision to Social Services Counselors and Child Welfare Specialists 2 and 3.

Program Operations Managers – supervise Social Services Analyst Supervisors and Child Welfare Specialists 4. Child Welfare Program Operations Managers direct and coordinate the implementation of child welfare programs at the regional level. The Civil Service job title for this position is Family Support Parish Manager 2.

Area Directors – oversee all major workforce and resource decisions across all DCFS programs located within a specific geographic area of a region under the broad direction of the Regional Administrator. Area Directors also provide direct supervision to Program Operations Managers. Area Directors have the Civil Service job title of Family Support Regional Administrator.

Child Welfare Placement Specialists – each regional office has a placement specialist responsible for handling all residential and therapeutic foster care placements. They also serve as liaisons to Magellan for behavioral health services. They report directly to Regional Administrators and or Area Directors.

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Performance Measures Consultants – each regional office has a consultant responsible for gathering, analyzing and reporting data on key performance indicators in all program areas. The Performance Measures Consultants serve on the Regional Management Team and report directly to the Regional Administrator. Performance Measures Consultants have a Civil Service job title of Program Coordinator-Social Services.

Regional Administrators - are responsible for overall operation of all programs in their assigned regions. They provide direct supervision to Area Directors, and Program and Performance Measures Consultants. The Civil Service Title of Regional Administrators is Family Support Program Executive Director. Regional Administrators report to the Deputy Secretary of Operations.

3. State Office Positions

Centralized Intake Workers - are teleworkers, officially domiciled in state office, but working throughout the state. They receive reports of abuse and neglect from throughout the state. They review reports to determine whether criteria for acceptance are met and to determine the Response Priority and Investigation Level based on the nature of the report, and forward the report to the appropriate parish office for investigation. The Civil Service job title for Centralized Intake (CI) workers is Child Welfare Specialists 2 and 3.

Centralized Intake Supervisors – are also teleworkers with statewide responsibility and a state office domicile. They provide monitoring, guidance, supervision, and training to CI workers. The supervisors have the Civil Service job title of Child Welfare Specialist 4.

Centralized Intake Managers – are teleworkers who oversee the work of CI supervisors. Their Civil Service job title is Family Support Parish Manager 2.

Centralized Intake Director – is a teleworker domiciled in state office that is responsible for all supervising CI managers and overseeing all CI activities, including performance indicators and quality of work. The Civil Service job title is Program Manager 2 – Social Services. The CI Director reports to the Deputy Assistant Secretary for Operations.

Program Managers – serve in both Program and Operations. In the Child Welfare Program, responsibilities include providing support to field staff through policy development and interpretation, and responsibility for specific aspects of child welfare programs; for instance, a Program Manager in the Foster Care (FC) Unit is responsible for transitioning youth including monitoring NYTD surveying and reporting. In Operations, Program Managers serve in the Inquiry and Discipline units. The Civil Service job title for Program Managers is Child Welfare Specialists 5A. Staff in the Federal Program and Grants Unit, consists of Program Managers who are Child Welfare Specialists 5A and analysts with Civil Service job titles of Social Service Analysts 2 and Management Analysts 2.

Social Services Support Analysts – are responsible for activities related to the Interstate Compact for the Placement of Children (ICPC) as well as Title IV-E eligibility determinations. They are directly supervised by Unit Managers.

Unit Managers – are responsible for activities related to a specific Child Welfare Unit (such as CPI, Family Services, FC, Federal Programs and Grants, etc.) or Operations Unit (Inquiry or Discipline). Unit

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Managers supervise Program Managers. The Civil Service Title for the Unit Managers is Child Welfare Specialist 6.

Child Welfare Executive Managers - supervise Child Welfare Specialists 6 in the Child Welfare Program and are responsible for more than one program unit and general management responsibilities such as development and implementation of the CFSR PIP or Coordinated Systems of Care (CSoc) implementation. The working title and Civil Service titles are the same for this position.

Child Welfare Administrator serves as the Director of the Child Welfare Program and oversees all programmatic activities and responsibilities.

Executive Management Officer 3 positions report to the Deputy Secretary of Operations. They evaluate, monitor and facilitate administrative and operations functions for all DCFS functions, including Child Welfare.

Director of Field Operations – Supervises the Unit Managers in Operations and provides Operations perspective and support on the same issues as Child Welfare Executive Managers. The Civil Service job title for this position is Family Services Program Director.

Deputy Assistant Secretary positions exist for Program and for Operations. The Deputy Assistant Secretaries support the Deputy Secretaries in all programmatic and operational functions.

Deputy Secretary positions exist for Program and for Operations. Deputy Secretary's report directly to the Secretary and are responsible for all programmatic and operational, respectively, functions of the Department.

4. Organizational Units with State Office and Regional Presence

Training and Staff Development is directed by a Program Manager 2 – Social Services. The current director has over 25 years of child welfare experience, holds a masters degree in social work and is a Licensed Clinical Social Worker.

- Child Welfare Training is led by a Child Welfare Specialist 6. Child Welfare Trainers have the Civil Service job title of Child Welfare Specialist 5A.
- Regional Trainers are supervised from state office by a Program Manager 1 who holds a masters degree in social work and is a Licensed Clinical Social Worker. The Regional trainers have a Civil Service job title of Program Specialist – Social Services. Regional trainers are responsible for tracking continuing education hours and providing some non-clinical training to staff in regional and parish offices.

Quality Improvement and Case Review is directed by a Child Welfare Executive Director. The incumbent holds a master's degree in social work and is a Licensed Clinical Social Worker.

- Child Welfare Quality Assurance Supervisors have the Civil Service job title of Program Manager 1- Social Services, and supervise quality assurance staff in regional clusters.

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- Child Welfare Quality Assurance Reviewers have the Civil Service job title of Child Welfare Specialist 2.

Deputy General Counsel 2 provides legal services to child welfare at the state level through interpretation of state law and federal regulations. An Attorney 3 supports this effort at the state level. Attorneys under the direction of the Deputy General Counsel are assigned to each region to support regional staff in legal issues and to support permanency for children through the Termination of Parental Rights process.

- Attorney Supervisors work under the direction of the Deputy General Counsel and supervise attorneys in regional clusters.
- Attorneys 2 and 3 work with regional staff and local court systems to achieve permanency for children

NOTE: Some of the child welfare positions described above changed in early in SFY 2013. The traditional Quality Assurance staff was reassigned and the new Continuous Quality Improvement unit staff was hired. Refer to the CQI/PQI portion of this report for additional information.

VI. Training Provided to New Child Welfare Workers to Ensure Competencies Identified

Training, in collaboration with the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP), is in the process of developing a competency-based training system. Training staff is continuing to update, modify and make changes to the existing curriculum in the interim. The competency-based training provides clarity, purpose and consistency for trainers, as well as, program staff in the overall process of developing of child welfare curricula.

As the Department continues to develop the new Child Welfare Competency Based Training Model the goal is to provide new child welfare employees with a more intense, focused training experience designed to increase/enhance transfer of learning thus providing better outcomes for children and families. This new training model is structured to provide new workers with twenty-four weeks of training in formats that include instructor-led training, computer based courses, structured activities, independent study assignments and child welfare coaches. With regards to the types of training offered, the new model provides additional supports to the new worker such as the development of a core Child Welfare Training Team, on-the-job training component, coaches, the creation of the Professional Development Plan and the Learner Portfolio, as well as, the use of Action Plans for the application of skills following the training experience.

In addition to the training changes noted above, extended new worker training was implemented with new staff hired in December 2011. The extended new worker training requires that new workers be assigned reduced caseloads for the first six months of their employment. Caseload details are provided below. For more information on training please refer to the training plan provided in this report.

VII. Caseload Size

Caseload standards have been established for all child welfare program areas except Centralized Intake (CI), as noted in the table below. A caseload standard has not been established for CI because of the

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wide variation in the number of calls received depending upon the time of the shift. There is no reduced caseload for new employees in Adoptions, Adoption Petitions or Home Development (HD) because the Department believes that workers in these programs should be experienced and new workers should not be placed in these programs within six months of their employment.

CASELOAD STANDARD AND SIZE BY CW PROGRAM					
Program	Caseload Standard (Trainees)	Caseload Standard (Experienced)	Average Caseload (CY 2011)	Average Caseload (CY 2012)	Average Caseload (CY 2013)
Centralized Intake	N/A	Not Established	Not Established	Not Established	
CPI	7	10	8.8	10.27	
Family Services	10	15	11	12.57	
Foster Care	7	10	8	10.85	
Adoptions	N/A	15	18.9*	16.29	
Adoption Petition	N/A	15	N/A	28.27	
Home Development	N/A	Not Established	4.2**	57.70	

**Includes Adoption Petitions – Adoption Petitions workers handle certain information related to private adoptions, and their caseloads are significantly higher than those of Adoptions workers. **A caseload standard for Home Development was not established since 2012.*

A caseload standard was not established for HD until 2012. In calendar year 2011, DCFS had an average of 42 HD workers statewide. Six hundred twenty-two families were newly certified as foster parents and the average number of active foster and adoptive families was 2116 per month. For the 42 HD workers, the average number of new certifications was 1.2 per month and the average caseload of active cases was 4.1 per worker, resulting in an average monthly caseload of 4.2 cases. This number of cases is not reflective of the work of home development staff. In addition to completing home studies, certifications and recertifications, HD workers engage in recruitment efforts and provide initial and ongoing foster and adoptive parent training.

The caseload standard of 55 cases was established for HD workers in 2012. This caseload standard includes actions on certified foster and adoptive homes and new certifications. HD workers continue to engage in recruitment and training efforts in addition to certification, recertification and case maintenance activities.

Neither a caseload standard nor an average caseload size has been established for Centralized Intake. Barriers to establishing caseload standards include call flow trends that differ among the eight different shifts, a high level of responses to calls that do not meet the criteria for a report, and an ongoing evaluation of performance versus quality. The Centralized Intake director and managers continue to monitor these factors with a goal of eventually establishing a caseload standard.

Average caseload size in all programs with caseload standards has increased since last year. The average caseload for Adoptions appears to have gone down, but that is because Adoptions and Adoption Petitions were counted together last year and are counted separately this year.

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The table below provides the number of filled DCFS positions each year, the number of employees using FMLA, the percentage of employees using FMLA and the total number of FMLA hours used during fiscal years 2007 through 2011.

FMLA USAGE BY DCFS STAFF				
Fiscal Year	Filled Positions	# Employees using FMLA	% Employees Using FMLA	FMLA Hours
2007 – 2008	4885	925	18.94%	178,719.00
2008 - 2009	4971	905	18.21%	173,066.46
2009 – 2010	4269	960	22.49%	189,867.88
2010 - 2011	3939	896	22.75%	175,434.28

Comparison with prior years is difficult, because the information presented previously included all staff of the Department. Data regarding FMLA usage is presented in this report based on child welfare staff in the field at levels of Child Welfare Trainee through Child Welfare Program Operations Manager. The data is provided by quarter for Federal Fiscal Year (FFY) 2012. Beginning with October 2012, the data is provided in segments of two bi-weekly pay periods (approximately one month).

STAFF ON BOARD, SEPARATIONS, OVERTIME AND FMLA USAGE					
Quarter	Staff on Board*	Separations	Overtime Hours	FMLA Hours	
7/1/11 – 9/30/11	1029	55	35,393.59	15,148.25	
10/1/11 – 12/31/11	996	37	32,416.35	12,471.00	
1/1/12 – 3/31/12	998	52	31,401.67	13,837.75	
4/1/12 – 6/30/12	947	52	29,412**	12,208**	
7/1/12 – 9/30/12	1313	49	26,722**	11,364**	

* All DCFS Employees

**DCFS Operations Employees in field from Child Welfare Trainee through Program Operations Manager.

Beginning late in Calendar Year (CY) 2012, DCFS began monitoring Human Resources data in segments of two pay periods. The reason for this change is that the Secretary and DCFS Executive Team meet with all Regional Administrators monthly, and this change in data monitoring allows discussion of the most current possible data. The table below provides Human Resources data for October 1, 2012 through approximately half of March 2013.

STAFF ON BOARD, SEPARATIONS, OVERTIME AND FMLA USAGE				
Pay Periods	Staff on Board (1st Day of 1st Pay Period)	Separations	Overtime Hours	FMLA Hours
10/1/12 through 11/25/2013	929	24	11,279.20	4801.20
11/26/12 through 12/23/12	919	10	10268.15	2405.75
12/24/12 through 1/20/13	935	18	7,734	2204.25
1/21/13 through 7/17/13	940	18	10,203	2607.00
2/18/13 through 3/18/13	945	12	11,206	4546.00

VIII. How Ongoing Training Is Selected and Provided to Ensure the Competencies of Caseworkers, Supervisors, Managers and Administrators

The training plan is based on providing legally required training, feedback and input from employees, university partners, foster parents, adoptive parents, and other stakeholders.

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This training plan is supported by the use of child welfare trainers, regional trainers, university partners, the Louisiana Child Welfare Workforce Development Project (LCWCWP) and other stakeholders.

Regional training needs, such as social work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff.

The Department offers various training opportunities to staff throughout the year and provides a competency-based child welfare curricula. Recently the Department has implemented a 24-week new worker training model which encompasses basic and specialized training content. This training is offered 4-6 times per year depending on the need. Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

IX. How Skill Development of New and Experienced Staff is Measured

Skill development is monitored through case record reviews, supervisory conferences, and case staffings. It is measured against established policy, procedure and practice standards. Feedback and guidance is provided in supervisory conferences and performance evaluations.

X. Information Related to Tracking Staff Turnover and Vacancy Rates

Retirements, dismissals and voluntary resignations are tracked by Human Resources quarterly and the information is provided to Operations and Program staff. Categories of reasons for departures are not differentiated. The number of departures is provided in a single category of “separations”. Data regarding lateral or promotional moves is not tracked.

The table below provides the number of staff on board and the number of separations for child welfare staff by quarter through September 2012. The data is provided in segments of two bi-weekly pay periods (approximately one month) for the period of October 1, 2012 through March 18, 2012.

SEPARATIONS		
Time Period	CW Staff on Board	CW Separations
7/1/11 – 9/30/11	1029	55
10/1/11 – 12/31/11	998	37
1/1/12 – 3/31/12	998	52
4/1/12 – 6/30/12	947	52
7/1/12 – 9/30/12	1313	49
10/1/12 through 11/25/2013	929	24
11/26/12 through 12/23/12	919	10
12/24/12 through 1/20/13	935	18
1/21/13 through 7/17/13	940	18
2/18/13 through 3/18/13	945	12

XI. Supervisor to Worker Ratios

Program	Standard	CY 2011 Average	CY 2012 Average	CY 2013 Average
Centralized Intake	1:5	1:4	1:500	

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Program	Standard	CY 2011 Average	CY 2012 Average	CY 2013 Average
CPI	1:5	1:3	1:3.47	
Family Services	1:5	1:5	1:5.80	
Foster Care	1:5	1:4	1:5.57	
Adoptions	1:5	1:5	1:5.00	
Home Development	1:5	N/A	1:4.48	

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

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

Louisiana Child Welfare Comprehensive Workforce Project -Louisiana State University (LSU) School of Social Work, in partnership with the Department of Children and Family Services (DCFS) and the Louisiana Universities Child Welfare Training Alliance established the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) (Priority Area II) with funding from the Children's Bureau. The purpose of this project is to improve safety, permanency, and well-being outcomes for children and youth by building the capacity of Louisiana's child welfare professionals and by improving the systems in the state that recruit, train, supervise, manage, and retain them. This grant ends September 2013.

Evaluation of the statewide implementation of a Parent Education Program - In Louisiana's Child Welfare Agency: The Nurturing Parenting Program (NPP) for Infants, Toddlers, and Pre-School Children: This 2009-2010 study examined, through a pre-post test study design, the effectiveness of the NPP as implemented on a statewide basis within the Department of Children and Family Services (DCFS). Conducted by: Rhenda H. Hodnett, Karen Faulk, Amy Dellinger, and Erin Maher. (Completed)

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

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

The performance period of the Isaac Disaster Case Management Program grant per FEMA guidelines is from date of disaster (August 29, 2012) for a 24 month window (ending August 28, 2014); however, DCFS was not awarded the grant until January 4, 2013. The DCFS contract with CCANO is effective February 1, 2013 - August 31, 2014.

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

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

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

DCFS program support and administration is aimed at achieving the CFSR goals of safety, permanency and well-being and throughout the years has included training specific to both federal and state legislative changes that culminate in policy changes. In 2012 and 2013, DCFS worked with the Children’s Bureau to develop and implement an Integrated Technical Assistance Plan. During this work, the state’s priority areas for focus were identified as safety, family engagement and the Quality Assurance/Continuous Quality Improvement System. Since the Department is and was focused on successful completion of the PIP, the progress indicators identified were CFSR measures (Items 3, 4, 7, 10, 17 – 20). As part of the development of an integrated T/TA plan, the state sought a meaningful partnership with each center where all parties shared accountability. To that end, the state worked with TTAC to have individual planning calls with each center which DCFS had a TA plan with at that time. The reason for the calls was to discuss the Integrated Plan initiative, the state’s priority areas of focus and to determine how the current outcomes in existing work plans will support progress on the targeted measures. Additional calls were held as needed and as T/TA was completed and/or terminated.

The state’s requests for technical assistance are always directed at ensuring favorable outcomes for children and families in the areas of safety, permanency and well-being as well as systemic factors that impact services. The activities undertaken in this technical assistance plan support the goals and objectives of the 2010-2014 CFSP and the state’s PIP.

The following chart represents training and technical assistance in Louisiana during this reporting period and was drafted by Tamisha Peanort with the Training and Technical Assistance Coordination Center (T/TAC), JBS International, Inc., in order to complete a discussion regarding status of each piece of T/TA on May 3, 2013 (see notes which reflect discussion).

<i>Developing a Comprehensive Curriculum on Concurrent Planning & Permanency</i>			
<i>Status: In progress</i>			
Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
Date Requested: 10/16/2012 CB Goal: Permanency Request/Objective: LA CIP requests T/TA to	Direct Recipients of T/TA: LA CIP T/TA Approach: Curriculum development and peer-to-peer consultations.	State T/TA : Mark Harris, Court Improvement Program (CIP) Coordinator T/TA Network: NRC on Legal and Judicial Issues (NRCLJI)	CIP would like to focus on permanency outcome 1, item 7 and 10 and ensure focus on the 5 timeliness measures required to report on as a part of CIP planning.

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Developing a Comprehensive Curriculum on Concurrent Planning & Permanency

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>develop a comprehensive curriculum and plan training on concurrent planning and permanency options.</p> <p>How goal/objective will be measured: Increased timeliness to permanency</p>		<p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	
<p>Progress notes/next steps: 02/18/2013 - On February 19, 2013, the Regional Office reviewed and approved the assessment and work plan submitted by NRCLJI. Louisiana CIP requested assistance on efforts to support DCFS in PIP implementation. Specifically, in the 16th JDC Transformation Zone (TZ). The TZ Legal Stakeholder work group identified the need for training on the topic of concurrent planning and its connection to permanency. DCFS has been working on many projects in the 16th JDC TZ and has enlisted TTA from several NRCs. All projects have fallen under the broad goal of increasing family engagement, the PIP's overarching focus. The materials developed should be compatible with materials on concurrent planning that are being developed by Dr. Gary Mallon and may be used by DCFS in training of their staff. Local experts from DCFS, CASA, Legal Services Corporations, the LA Public Defender Board, LA District Attorney Association and the Bureau of General Counsel have been enlisted to help design, develop and test the curriculum.</p> <p>10/16/2012 - TTACC facilitated a TA call with the Regional Office, LA CIP, LA Department of Child and Family Services, NRCLJI, and NRCPFC to discuss the following: 1) State CIP's expectation of a final product; 2) Expectations and appropriate role for NRCLJI; 3) Plans to integrate this project with DCFS regarding concurrent planning/permanency; 4) Next steps for assessment and work plan development. The Regional Office authorized the request to move forward with an assessment and work plan development. CIP requested technical assistance to strengthen the legal stakeholders (i.e., parents, attorneys, Guardians ad Litem [GALs], and Court Appointed Special Advocates [CASAs]) to support permanency and concurrent planning. The child welfare agency has been involved in technical assistance with the Department with regard to improving permanency and concurrent planning and CIP wants to wrap that work around this effort so that whatever the agency is embracing becomes a part of what the legal stakeholders embrace to improve outcomes. CIP would like to focus on permanency outcome 1, item 7 and 10 and ensure focus on the 5 timeliness measures required to report on as a part of CIP planning. CIP wants to develop a comprehensive curriculum on child welfare practice and would like to develop a curriculum around this work, concurrent and permanency planning that would be something that we would be permanent strategy. Next Steps: NRCLJI proposed that CIP start working with Judge Joanne Brown to develop draft work plan. They will share the draft with DCFS, NRC for Permanency and Family Connections (NRCPFC), and the Regional Office. NRCLJI and CIP will also discuss how they might apply some continuous quality improvement (CQI) principles to assess the effectiveness of the curriculum as the agency and CIP move forward.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is related to TA756 and should be combined with that request.</p>			

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TA560 Improving Family Engagement Practice Skills

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 08/01/2011</p> <p>CB Goal: Safety, Permanency, and Well-being</p> <p>Request/Objective: Louisiana is requesting consultation and training resources to build agency and staff capacity in the area of family engagement.</p> <p>How goal/objective will be measured: Improved services to prevent removal/re-entry and increased risk assessment and safety management</p>	<p>Direct Recipients of T/TA: Department of Child and Family Services (DCFS) Field and Program Child Welfare administrators and program managers in State Office, Lafayette Region, and 16th JDC Parish Offices are the primary recipients of this T/TA request. They are directly linked to PIP implementation through the Transformation Zone launch.</p> <p>T/TA Approach: On-site; off-site T/TA</p>	<p>State T/TA : Michael Seider</p> <p>T/TA Network: NRC for In-Home Services</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>To build agency and staff capacity in the area of family engagement in the Transformation Zone as a primary component of Louisiana's PIP.</p>
<p>Progress notes/next steps: 02/08/2013 - NRCIHS and the Transformation Zone FTM work group met as they continue to implement and refine FTMS in child welfare. A major area of focus included practice issues and facilitator skill development.</p> <p>01/09/2013 - TTACC facilitated a call with NRCCPS, NRC in-Home, and the RO to discuss the State's two practices, safety and family engagement, and to identify priorities. State leadership wanted to know if there were other States implementing advance safety and family team meetings in order to draw on these experiences to support the State's goals. Call participants will share this information with the State to better inform their decision to move toward an integrated plan.</p> <p>12/04/2012 - TTACC facilitated a call with the State, RO, and NRC for In-home Services (NRC in-Home) to review work underway with the NRC and hear about the outcomes in light of the State's target measures. Recap of key next steps: 1) Request to TTACC to be included on call with NRCCPS and the Regional Office to identify priorities and discuss how the State's two practices, safety and family engagement, intersect. 2) NRC in-Home will discuss facilitating listening sessions to make sure the correct language is in the work plan before the TA gets under way. 3) Bonnie Washeck will schedule a call with Jan Byland and Anthony Ellis regarding the final report on the statewide policy review and family resource center contracts.</p> <p>09/14/2012 - The State has asked NRC in-Home to conduct "Listening Groups" in the Transformation Zone to assist them with a PIP goal and to ask different representative groups if "Family Engagement" is any different now than it was in the past. The groups may include children, extended family, Department staff, community partners,</p>			

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TA560 Improving Family Engagement Practice Skills

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>and others in the Transformation Zone. NRC in-Home could offer support with this additional work; however, the Regional Office would like the State to postpone the work until further discussions take place regarding the agency's reexamined priority areas.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark indicates this work is essentially complete and can be closed after the June 10, 2013 on-site scheduled to reflect on the learning and close out the T/TA.</p>			

TA583 Comprehensive Safety Approach in Monroe Region

Status: In progress

Goals/ Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 08/15/2011</p> <p>CB Goal: Safety</p> <p>Request/Objective: Competency-building activities that focus on first developing commitment and confidence in safety decision-making with front-line supervisors, managers, and trainers, with follow-on training for supervisors and their teams</p> <p>How goal/objective will be measured: Improved safety decision-making, improved safety planning.</p>	<p>Direct Recipients of T/TA: State and field staff</p> <p>T/TA Approach: Off-site; on-site T/TA</p>	<p>State T/TA : Willene Griffin and Rhenda Hodnett</p> <p>T/TA Network: NRCCPS, Matthew Gebhardt</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>Improve safety decision making.</p>

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TA583 Comprehensive Safety Approach in Monroe Region

Status: In progress

Goals/ Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Progress notes/next steps: 02/20/2013 - NRCCPS has provided extensive training, coaching, and technical assistance to the Monroe Region, Alexandria Region, and Baton Rouge Region in the implementation of the Advanced Safety (AS) approach in Child Protection Investigations. The AS model provides information collection standards and guidelines for consistent, criteria-based decision making relative to child safety. NRCCPS also conducted a fidelity review for Monroe Region in January 2013. They collected and shared data with the DCFS State office as well as Monroe Region Administrators. On January 23-24, 2013, NRCCPS, in conjunction with Children's Resource Center consultants and the DCFS administrative team, walked through a conceptual practice model. State leadership identified the need for additional assistance in developing the internal capacity to train and coach AS statewide. State leadership presented the practice model to the Regional Office for approval; however, the Regional Office does not support the additional request and recommends that NRCCPS complete the current effort.</p> <p>09/21/2012 - In response to the conversation held last month between the State, RO, NRCCPS, and TTACC, NRCCPS submitted a strategic plan task list for implementation for the Louisiana Safety Assessment and Management System or "SAMS." The reasoning behind altering the project's name relates to the intention of creating a systematic and effective continuum of safety assessment and intervention decision-making from receipt of referral to case closure. As for next steps, NRCCPS is waiting for a response from the State.</p> <p>08/28/2012 - TTACC facilitated a call with DCFS and the Regional Office to review Advanced Safety Model work and outcomes in light of DCFS target measures. NRCCPS also discussed what its parent organization, Action for Child Protection, has learned through their work with other jurisdictions regarding the key components needed to do advance safety model work successfully. The State acknowledged having a meaningful partnership with NRCCPS, and NRCCPS said it would like to create a plan that will move DCFS towards successfully achieving its target measures. NRCCPS agreed to revise their plan to be more comprehensive. The Regional Office would like the opportunity to participate in developing the NRCCPS plan and reviewing with the State. They may not be able to go on site, but they would like an opportunity to decide how best to participate and support the State.</p> <p>06/21/2012 - Over the past several months, NRCCPS provided Alexandria Region CPI Managers and Supervisors an overview of safety initiative and facilitates planning for staff competency building. In addition, NRCCPS provided "train the trainer" for selected training system staff and managers as well as competency development work for in-State coaches and consultants. NRCCPS updated their work plan and submitted it to the RO for approval.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark – an additional 18 days of T/TA was requested by the state, but not approved by regional office. The original work, which was comprehensive and extensive, has been completed and this can be closed.</p>			

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TA590 Business Process Mapping of the Family Service Program

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 09/14/2011</p> <p>CB Goal: Placement Prevention/In-home services</p> <p>Request/Objective: Detailed mapping of the DCFS Child Welfare Family In Home Service Program to include all associated processes mapped to exact steps from which to build a future framework for training and aids to assist staff in improving in-home services.</p> <p>How goal/objective will be measured:</p>	<p>Direct Recipients of T/TA: DCFS In-home services program staff, front-line in-home supervisors/workers, community stakeholders, and in-home service recipient(s)</p> <p>T/TA Approach: Off-site and on-site consultation</p>	<p>State T/TA : Anthony Ellis</p> <p>T/TA Network: NRC for In-Home Services</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>NRCIHS will conduct a detailed family service program analysis review.</p>
<p>Progress notes/next steps:</p> <p>08/14/2012 – Both NRCIHS and the State agreed to combine this particular support with their work underway to improve family engagement skills in the TZ. Originally, Louisiana requested a policy review process to identify gaps and areas needing strengthening. Louisiana has released a number of policy revisions over the past 12 month period. The focus of this review will be to identify the impact the revisions have had on practice and if the revisions are meeting the goals intended: 1) A review of the new policy revisions. 2)Facilitated discussions with staff including front line, supervisory, and management to identify how the revisions are being implemented in the field and if they are having an impact on current practice. 3) Facilitated discussions with Family Resource Center (FRC) staff relating to services and practice. 4)Assist Louisiana to develop a way to evaluate ongoing progress of the revisions to ensure they are meeting the intended goals</p> <p>01/30/2012 - NRC in-Home reported that the prospective Business Process Mapping contract for work in the State will not move forward due to the high cost. NRC in-Home and the State have discussed possible alternatives to Business Process Mapping. There is a call scheduled for March 5, 2012, to discuss a plan for on-site visit to hold focus groups. There are no concerns for meeting to adjust timeframes for completing this piece of TA. State is on target to meet the Program Improvement Plan deadline.</p> <p>10/26/2011 - The State is working with NRC in-Home to examine its newly updated in-home policies and to assess current effectiveness of service delivery for families and the efficiency of resources for the agency. The State plans</p>			

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TA590 Business Process Mapping of the Family Service Program

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>to hold a call with NRC in-Home in December 2011 to discuss next steps to move this effort forward. NRC in-Home plans to have an on-site visit in early January 2012.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is complete and this request can be closed.</p>			

TA616 Louisiana Service Array

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 10/20/2011</p> <p>CB Goal: Well-being</p> <p>Request/Objective: The State is requesting TA to: review and improve local service array available to children and families in-home and out-of-home in the Transformation Zone (TZ); maximize available community resources; and leverage opportunities to address gaps in services</p> <p>How goal/objective will be measured: In the TZ, improvement in well-being 1 will be achieved through the</p>	<p>Direct Recipients of T/TA: DCFS staff and community stakeholders</p> <p>T/TA Approach: Consultation, facilitation, Webinars, and teleconferences</p>	<p>State T/TA : Jan Byland</p> <p>T/TA Network: NRC for Organizational Improvement (NRCOI); NRC for Child Welfare Data and Technology (NRC-CWDT)</p> <p>Private/Not for Profit: Casey Family Programs</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>TA to the Transformation Zone to assess and enhance the service array to improve the CFSR well-being 1 Outcome (enhancing parental capacity for care for their own children) for both in-home and out-of-home cases.</p>

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TA616 Louisiana Service Array

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
enhanced service array, enhanced family practice, and enhanced service culture			
<p>Progress notes/next steps: 03/15/2013 - Over the past several weeks, NRCOI and NRC-CWDT continued to work with Transformation Zone work groups and LA leadership to finalize the Services Array plan for approval. The NRCs had a call with leadership to discuss implementation and determine if further TA is needed. The State does not anticipate further TA at the moment in the area to implement service array in other areas of the state.</p> <p>01/16/2013 - NRCOI and NRC-CWDT worked onsite in New Iberia, LA for a meeting of the Transformation Zone stakeholders. The five work groups presented their work plans to the entire group for feedback. Work assignments were made to complete work on the Transformation Zone strategic plan to improve the service array to enhance parental capacity to care for their own children by the end of March, 2013.</p> <p>10/06/2012 - In late-August, the State was devastated by Hurricane Isaac. In an effort to give them adequate time to respond to families, TTACC worked with the State to postpone several scheduled calls until further notice. The State also decided to cancel the October 19 on-site TA visit and reschedule for a later a date.</p> <p>07/08/2012 - The State is in the initial phase of developing its TA Resource and Capacity Development Plan. This plan will focus of the following services and practices: transportation, employment services, mental health services, early intervention, and school-based services. The State has five work groups dedicated to moving this effort forward.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is essentially complete and this request can be closed.</p>			

TA756 Child Safety Guide and Decision-Making

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 03/27/2012</p> <p>CB Goal: Safety and Permanency</p>	<p>Direct Recipients of T/TA: Child welfare stakeholders in Monroe, Alexandria, Baton Rouge, and the 16th JDC Transformation Zone, include: Judges, parents'</p>	<p>State T/TA : Mark Harris, CIP Coordinator</p> <p>T/TA Network: NRC on Legal and Judicial Issues (NRCLJI); NRC for Child</p>	<p>Facilitation of a minimum of four 1- or 1.5-day events that will consist of: (1) Overview of Child Safety: A Guide for Judges and Attorneys; (2) Assistance with planning and</p>

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TA756 Child Safety Guide and Decision-Making

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Request/Objective: To develop a multidisciplinary comprehensive curriculum on the topic of concurrent planning.</p> <p>How goal/objective will be measured: Absence of maltreatment recurrence.</p>	<p>attorneys, children's attorneys, agency attorneys, district attorneys, DCFS leadership and staff, CASA staff and volunteers, and others who work in the child welfare field.</p> <p>T/TA Approach: Consultation, facilitation, off-site and on-site TA.</p>	<p>Protective Services (NRCCPS)</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>implementing training; (3) Assistance with development of a refresher course or advanced program curriculum; (4) Assistance with development of knowledge transfer tools; and (5) Assistance with development of evaluations</p>

Progress notes/next steps:

01/17/2013 - As a follow-up to the November on-site meeting, Timothy Travis provided a day long event for parents' attorneys. Participants received an overview presentation on the Safety Guide and Timothy facilitated discussion on the role of the parent attorney in implementation as well as how to enhance their advocacy strategies to improve decision-making for removals and reunifications, improve safety plans and case plans, and improve parent engagement in the process.

11/14/2012 - Terry Roe Lund (NRCCPS) and Timothy Travis (NRCLJI) met with a multi-disciplinary group (judges, CIP, child welfare, attorneys) regarding the Child Safety Guide for Judges and Attorneys. They provided an overview of the Guide's principles on day one. On the second day, the two NRCs facilitated a group discussion and prioritization of how the State might begin a roll out of implementing principles in the Guide

5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is ongoing and T/TA entitled Developing a Comprehensive Curriculum on Concurrent Planning & Permanency should be merged with this work/T/TA request.

TA774 Parent Partners Program

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 4/23/2012</p>	<p>Direct Recipients of T/TA: Department of Child and Family Services</p>	<p>State T/TA : Michael Seider</p>	<p>RO approved work plan on 7/27/12.</p>

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TA774 Parent Partners Program

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>CB Goal: Safety, Permanency, and Well-being</p> <p>Request/Objective: Consultation and training to build agency and former parent clients' capacities to promote the integration of family involvement in child welfare policies and practices at the case level, peer level, and systems level.</p> <p>How goal/objective will be measured: The goal is to give families a voice in child welfare policy and practice decisions.</p>	<p>(DCFS), Field and Program Child Welfare administrators, and program managers at the State, regional, and parish levels; DCFS child welfare staff; directors and staff of the Extra Mile Family Resource Center; parents; child welfare partners and stakeholders in the 16th Judicial District.</p> <p>T/TA Approach: Consultation, training, and on-site T/TA.</p>	<p>T/TA Network: NRC for Permanency and Family Connections (NRCPFC)</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	
<p>Progress notes/next steps:</p> <p>03/29/2013 - NRCPFC reported that over the past several months they worked with the State to identify an evaluator for the parent partners program. Drs. Peirce and Weinzettle are the program evaluators the State will work with to measure the effectiveness of their parent partners program and move it towards sustainability. The State is also building capacity to think critically about services provided, maintain the quality of services provided, and incorporate data and feedback to inform and enhance current and future services. Both NRCPFC and the State would like to close this TA as the work plan has been completed.</p> <p>10/15/2012 - NRCPFC reported that the work that State asked to accomplish with the respect to setting a parent partners program in the TZ has been achieved. The program is staffed and prepared for a kick-off with two parent leaders and 3 parent mentors. They have also maintained funding support for a clinical director. Over the last several months, the implementation and TA team have discussed getting an infrastructure in place for a program evaluation. However, the cost of the evaluation was prohibitive. As such, the team has continued to discuss possibilities for funding an evaluation of the program over the 3-year implementation period. The program implementation of the Family Team Meeting practice model started October 1st and will serve as the referral vehicle for the Parent Partner program. The TA team has discussed the importance of maintaining clear guidelines for referrals to the parent partner program for staff assigned to the Family Team Meetings.</p> <p>09/28/2012 - NRCPFC reports that their work with LA continues to advance in the Lafayette Region. The State is making progress both internally with staff and externally with parents towards implementation of the parent</p>			

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TA774 Parent Partners Program

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>partners program.</p> <p>07/31/2012 - Over the past several months, NRCPFC has focused on implementation activities in the Lafayette Region, successes, challenges, and administration and program development. They have also examined program documentation and tracking. The State and NRCPFC are also discussion sustainability and funding issues, including solidifying DCFS support and identifying additional resources. State leads report progress internally with their staff and externally with parents.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is complete and can be closed. Louisiana staff noted their gratitude to the Center and especially Dr. Bessard and her associates. A number of resources were provided to DCFS staff and the Transformation Zone to ensure the ongoing success of this work and Dr. Bessard indicated her ongoing availability for phone consultation with the state.</p>			

TA812 Timely Permanency for Children in Louisiana

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 06/08/2012</p> <p>CB Goal: Permanency</p> <p>Request/Objective: The State Court Improvement Program (CIP) requests T/TA from the National Resource Center on Legal and Judicial Issues (NRCLJI) to build capacity across professional disciplines to provide permanency for children in foster care.</p>	<p>Direct Recipients of T/TA: Child welfare stakeholders</p> <p>T/TA Approach: Consultation, strategic planning, facilitation, and information sharing.</p>	<p>State T/TA : Mark Harris, CIP</p> <p>T/TA Network: NRC on Legal and Judicial Issues (NRCLJI); NRC for Permanency and Family Connections (NRCPFC)</p> <p>Private/Not for Profit:</p> <p>Regional Office: Ray Worsham</p> <p>T/TA Coordinator: Tamisha Peanort</p>	<p>Provide support on the issue of timely permanency for children, focusing on activities around the fall 2012 Together We Can Conference.</p>

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TA812 Timely Permanency for Children in Louisiana

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>How goal/objective will be measured: Achieve timely permanency for children.</p>			
<p>Progress notes/next steps: 10/25/2012 - On Monday October 22-25. Margaret A. Burt, Esq., consultant to the American Bar Association, assisted and presented at the State's annual multidisciplinary child welfare conference. Ms. Burt presented for five sessions, having worked with local professionals to design and prepare relevant workshops and institutes. On the 23rd, Margaret co-presented with Mark Harris of the Louisiana CIP, a five hour institute on Permanency and Safety. On the 24th, Ms. Burt delivered a key note speech to open the conference on Concurrent Planning for Foster Children in the morning and in the afternoon Margaret presented a workshop on appropriate uses of APPLA. State child welfare experts on adolescents assisted in preparing for that workshop and were present to answer any local issues. In the morning on the 25th, Margaret presented a workshop on the Interstate Compact on the Placement of Children which highlighted recent changes to the regulations. State ICPC employees had assisted in preparing for the workshop and were present to answer local questions. In the afternoon of the 25th, Margaret co-presented a session on legal ethics for child welfare attorneys with a local attorney who represents parents. In each of the 5 presentations, Margaret had developed a power point as well as other handouts for the participants working with local relevant professionals. Each session resulted in good cross discipline discussions.</p> <p>06/11/2012 - The Regional Office authorized an assessment and draft work plan. TTACC will coordinate and facilitate an assessment call with State CIP, RO, and NRCs.</p> <p>5/3/2013 - Phone call with Tamisha Peanort and Bridget Clark - this work is complete and this request can be closed.</p>			

DCFS is most appreciative of the T/TA provided by the NRC Network and CB regional office. Moving forward into FFY 2014, the DCFS Child Welfare Section does not have any open T/TA requests and does not foresee any new requests at this time. The CIP continues to work with the NRCLJI, the NRCCPS and the NRCFCP regarding TA756 Child Safety Guide and Decision Making, efforts which are in support of the state's roll out of advanced safety.

Any future T/TA requests will be centered on the state's priority areas of focus (safety, family engagement and the Quality Assurance/Continuous Quality Improvement System).

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QUALITY ASSURANCE SYSTEMS

ACCREDITATION: Child welfare services in Louisiana have been accredited through the Council on Accreditation (COA) since 2003. COA is an international, independent, not-for-profit, child and family service and behavioral healthcare accrediting organization. DCFS child welfare services have been recognized by COA for delivering quality child and family services that comply with national best practice standards.

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

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

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

Quality Monitoring/Ensuring Valid and Reliable Data:

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

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

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

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

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

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

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

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

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

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

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

In addition, the Department implemented a Peer to Peer Support (PPS) process. DCFS partnered with Children’s Research Center (CRC) to develop the PPS program. CRC provided training and support to

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DCFS field staff, field supervisors, and Regional Prevention Specialists (RPS) to promote evidence-based standardized case decisions, case planning, and support in the use of Structured Decision Making (SDM). A web-based data collection system was developed to accommodate two automated case review instruments. Four parish offices, East Baton Rouge, Livingston, Lafayette and Orleans parishes were chosen to receive four weeks of intensive peer review and support. Twenty-six (26) DCFS child welfare workers served as Peer consultants in addition to the Regional Prevention Specialist (RPS) staff. All RPS' were designated as essential, expert staff. The 26 non-RPS peer consultants provided two weeks of consultation in a DCFS jurisdiction other than their domiciliary jurisdiction. All peer consultants received training, mentoring, and support to further develop their expertise in the practice of child welfare and leadership within the Department. Participation in this program supported an increased understanding of peer review activity and its evaluation process. It was envisioned that once DCFS had established internal capacity to implement PPS, this program would become an ongoing quality assurance tool.

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

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

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

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

Update FFY 2012: DCFS reaffirmed it's commitment to statewide PQI efforts. Consistent with PQI operations in recent years, convening of statewide quarterly meetings and development of annual goals have been critical to steering regional and statewide agenda to the most cost-effective use of

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departmental resources. Innovative practice in building consensus across the re-configured organizational structure are being developed to support PQI as a viable mechanism to support success in using data and information to identify and implement action steps to improve performance.

A structure for sharing leadership between Field and Program Operations for the state PQI committee has been developed and continues to be refined. A re-design of the state level referral criteria and routing format is under consideration, along with an exploration of resources to assist in assessing the import of the substantial data now being collected from the level of individual worker to statewide profiles. Performance Measurement Specialists and PQI team leads are responsible for facilitating regular PQI meetings, engaging staff and stakeholders in the improvement process, and assisting leadership in identifying appropriate strategies for improvement.

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

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

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

Case Review Process: The case review process was developed as part of the Program Improvement Plan (PIP). Quarterly, identified staff in each region reviews a sample of cases. The statewide random sample is derived from cases served during a sampling period based on an assigned worker and the

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worker's location in the Department's Tracking and Information Payment System (TIPS). The sample includes cases from the Family Services (FS) In-Home and Foster Care (FC)/Adoption (AD) programs.

Staff uses the CFSR instrument to review cases. They complete all items on the instrument rolling up the data into the Department's Quality Assurance Tracking System (QATS). Interviews with case workers and/or supervisors are completed as needed to obtain additional information. Upon completion of the review and interviews, a second review is conducted by a "Second Level Reviewer." The purpose of this review is to ensure consistency of case ratings based on instructions and guidelines of the federal instrument.

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

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

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

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

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

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

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

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

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

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

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

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

Activities Planned FFY 2014: Critical to all child welfare work is the PQI/CQI effort. Child welfare staff is of the belief that the implementation of the CQI unit combined with PQI Teams will move the Department toward meeting all of the requirements of a Continuous Quality Improvement System as outlined in Children’s Bureau IM 12-07.

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SECTION 2: COMPLIANCE WITH FEDERAL REGULATIONS AND LEGISLATION:

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

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

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

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

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

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

At the time this report was submitted, Louisiana completed seven quarters of the PIP and reported on six. The PIP was fully integrated into Louisiana's 2012 Annual Progress and Services Report and those items are identified in this plan by citations such as PIP Items – PS 1, AS 2, BM 2.3. PIP work is viewed as the primary goals for the remainder of the 2010-2014 Child and Family Services Plan five year plan.

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ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM ASSESSMENT

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

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

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

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

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

OJJ case reviewers included Walteree Barnes, Program Specialist, Melissa Cross, Supervisor and Shawn Hebert, Worker. DCFS case reviewers included Cassandra Tramonte, State Office Eligibility Unit, Del Bridges, State Office Adoption/Home Development Unit, Chandra Simpson, State Office Residential Care, Elizabeth Anthon, State Office Foster Care/Transitioning Youth Unit/Tribal Relations, Rity Vidrine, Alexandria Region, Regional Program Specialist, D'Atria London, Baton Rouge Region, Foster

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Care Worker, Staci Holmstrom, Covington Region, Home Development Worker, Patricia McClinton, Lake Charles Region, Child Welfare Consultant, Melissa Vidrine, Lafayette Region, Foster Care Program Operations Manager, Meceal Hebert, Lafayette Region, IV-E Worker, Myrtis Fisher, New Orleans Region, Adoption Worker, Sonya Kitchen, New Orleans Region, Foster Care Supervisor, Marsha Linam, Monroe Region, Area Director, Jennifer Pennington, Shreveport Region, Foster Care Supervisor, and LaTrese Lecour, Thibodaux Region, Adoption Supervisor. Christy Tate, the NYTD representative, was also available throughout the audit for consultation and demonstrations. Clerical staff was also available throughout the review to assist as needed and can access any other program staff necessary to support the audit process.

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

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

General Requirements (23)

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

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Data Elements

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

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

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

In 2014 DCFS will continue to make changes based on recommendations from the AFCARS audit.

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

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

Louisiana is slated to undergo the next review November 4-8, 2013. The period under review will be October, 1, 2012 through March 31, 2013. Work on the process was initiated in March and the state is expecting the sample in September. The sample will be followed by a number of calls between the state and the Children's Bureau regional office.

The last review was held the week of November 15, 2010 for the review period of October 1, 2009 through March 31, 2010.

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FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT: Since H.R. 6893/P.L. 110-351 became effective October 7, 2008 (amendment to parts B and E of Title IV of the Social Security Act) the state has been working diligently to fulfill the requirements of the Act.

Update FFY 2010:

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

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

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

Collaboration: DCFS has entered into an agreement with the Louisiana Department of Education (DOE) for collaboration to improve educational outcomes for children in foster care. However, the effectiveness of this agreement is questionable because each school district in Louisiana functions independently, and the statewide DOE has little control over collaborative efforts at the local level. A joint committee of DCFS and DOE staff at the state level was established with semi-annual meetings to discuss options for improvement and support of departmental efforts in serving children in foster care.

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

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

Update FFY 2011:

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

Update FFY 2012:

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

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

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

Update FFY 2013:

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

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

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

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HEALTH CARE OVERSIGHT AND COORDINATION PLAN: The Department of Children and Family Services (DCFS) Child Welfare Division provides comprehensive health care services for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan for ongoing oversight and coordination of health care services for children in foster care is provided below. During the past year, the plan was circulated to and reviewed by appropriate parties including the Department of Health and Hospitals (DHH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. Comments were incorporated into the plan, resulting in only minor changes as development of the plan had been a collaborative effort. The Health Care Services plan is operational as is a Memorandum of Understanding (MOU) between the DCFS, DHH and OJJ. (For additional information on psychotropic medications, please refer to the Child and Family Service Improvement and Innovation Act, P.L. 112-34 portion of this document.)

Collaboration to Develop Health Care Services Plan

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

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

Medical History

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

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

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

Efforts are made to engage the parents or other caregivers who can provide information regarding the child's medical and mental health history to accompany the child to medical, dental and mental health

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appointments so information can be shared with the treatment provider. The foster parent also accompanies the child to the appointments in order to be informed of treatment needs and provide current information.

Initial Medical Screenings

Health Care: DCFS begins consultation with physicians during the child protection investigation process when necessary to establish the validity of allegations or to treat injuries or medical conditions resulting from abuse or neglect.

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

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

Medicaid providers are used to the greatest extent possible for medical care. Parish health unit facilities are used for immunizations, if they cannot be obtained from the child's physician. Louisiana provides free immunizations to all children in the state regardless of income or insurance coverage through all pediatricians and public health units.

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

Children referred to Early Steps are assessed to determine if there is a developmental delay in one or more of the five domains (physical (includes vision and hearing), cognitive, social or emotional, communication, and adaptive) covered by the program. When the child is determined to be eligible, the Early Steps provider develops an Individual Family Service Plan (IFSP) and coordinates the services for the child and family. The program may include services in the areas of health, nutrition, vision, occupational therapy, physical therapy, speech language therapy, social work, family training, counseling, home visits, and transportation.

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

Dental Care: Policy has been revised to require an initial exam take place within 60 days of entering care, at the eruption of the first tooth or at one year of age if no tooth has erupted by then. Periodicity has been reduced from annually to every six months. The KID-MED dental program is used for routine dental care and emergencies for foster children. Orthodontia service is funded under Medicaid only for those children suffering from a physically handicapping malocclusion that impacts speech or swallowing, such as cleft palate. DCFS does not routinely pay for orthodontia services not covered by Medicaid.

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Medications (including psychotropic medications): The foster care worker obtains as much information (including dosage and potential side effects) as possible regarding any medications the child is taking upon entering care and provides this information to the foster parent. Based upon the MOU established with DHH, DCFS is currently collaborating to develop a report on Medicaid covered medications provided to children in foster care over the past calendar year. The report will identify children with multiple prescriptions, providers with a propensity for prescribing multiple medications for children and to consider options for more effective medication management for children in foster care.

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

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

Parents are required to provide medical insurance for their children while in foster care, if possible. Few parents of children in foster care are able to meet this requirement. Therefore, funding for physician consultation is through Medicaid whenever possible and paid by DCFS otherwise. DHH has worked closely with DCFS in the past year to insure the maximum coverage of physician services to children in foster care, and this collaboration will be ongoing in the coming year. As DHH moved toward a managed care type of program for providers and assignment of a primary care provider to Medicaid recipients, they have remained sensitive to the unique care needs of children in foster care in the development of policies and procedures.

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

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

The foster care worker is responsible for completing a mental health screening within 15 days of the child entering foster care custody. The DCFS BH-1 Form is used as documentation of the child's mental health screening and to initiate a referral for services or additional assessment if problems are suspected. Completion of the mental health screening is based on information obtained from conversations with the

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child's parents/caregiver, the foster care caregiver, by worker interactions with the child and from current case information. There is specific language in this form that addresses both the compliance with and the need for psychotropic medications.

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

Monitoring and Treating Health Needs Identified in Screenings

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

Oversight of Health Care Needs, Including Prescription Medications

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

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

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

Medical providers provide treatment, document treatment and treatment needs, including medications, and provide information about the health care needs of the child to the foster caregivers, foster care worker, and to the biological parents and child, as appropriate.

Mezzo Level Oversight: The child's medical information is used to inform decisions made in development of the case plan, is discussed in family team conferences, permanency planning and other

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staffings, is included in court reports, and is presented in court hearings when pertinent to judicial decisions.

Indirectly related to the child's medical care, but an important component of assuring continuity of care, HD staff in each region of the state locates families willing and able to meet the needs of children, including those with specialized physical or mental health needs, in communities across the state.

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

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

Continuity of Health Care Services

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

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

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

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

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

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

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

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

DCFS continues to involve and collaborate with physicians and other medical professionals including Bayou Health and the Louisiana Behavioral Health Partnership (LBHP) at the local level to assure the medical, dental, medication, and mental health needs of each child in foster care are met in a timely and appropriate manner.

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

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

Update FFY 2012:

- Establishment of the LBHP for delivery of behavioral health services to children in Louisiana
- Establishment of the Bayou Health Managed Care Program for delivery of Medicaid physical health services in Louisiana
- Planning for any behavioral health services required for DCFS clients outside the realm of the LBHP
- Policy revisions and staff training in relation to developments with the managed care program by DHH and how these changes apply to children in foster care.
- Inclusion in the plan and education of staff on linkages with the portions of the youth transition plan related to health care needs of children aging out of foster care, including the ability to execute a health care proxy, health care power of attorney and options for health insurance coverage. (*PIP Items – PS 2, AS 3, BM 3.4-3.5*)

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

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

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

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

Activities Planned FFY 2014: The Department will continue to meet with DHH representatives to insure effective physical, behavioral and developmental health services are provided to children in foster care and to update MOU's as needed to facilitate more effective service delivery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Time-limited Family Reunification Services

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

Services for Children under the Age of Five

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2012 Update: Child Maltreatment Deaths - All child maltreatment fatalities are reported through the Department’s Centralized Intake Section. The 67% of reports from coroners and law enforcement is based on the source of report to DCFS for fatalities accepted for investigation. The other 33% of accepted cases come from all other types of reporters making a referral to DCFS such as medical providers, relatives/friends, anonymous, etc. The 45 child deaths substantiated by DCFS come exclusively from the intakes directly made to DCFS. There are no other sources of information used for the fatalities reported in this year’s NCANDS submission.

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

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

Specific efforts which occurred:

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

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

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

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

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

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

Child Maltreatment Deaths - There were 42 child fatalities reported to NCANDS in FFY 2012. All child maltreatment fatalities are reported through the Department's Centralized Intake Section. The 42 child deaths substantiated by DCFS come exclusively from the intakes directly made to DCFS. DCFS accepts reports on child fatalities whether or not there are surviving siblings in the home. The final number of 42 was determined after a thorough review of cases in three different agency databases. An agreement with the Child Death Review Panel (CDRP) is being finalized to access child fatalities from this source. Discussion with staff at the CDRP revealed they are in the process of filling the positions for the regional CDRP staff. As a result, they did not have data within the current time frame available to be included in the NCANDS submission. The Department is currently working with the Louisiana CDRP on developing a more comprehensive listing of all unexpected child deaths which will be included in the FFY 2013 NCANDS submission. Additionally, DCFS is working with the Office of Vital Records to review records of possible suspicious deaths of children.

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

1. Reduce child mortality rates in Louisiana
2. Produce timely and actionable data
3. Improve death investigations and autopsy procedures
4. Improve delivery of services to children, families, providers and community members
5. Accurately report the cause and manner of every unexpected child death
6. Identify significant modifiable risk factors and trends in unexpected child deaths

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7. Identify and advocate for needed changes in legislation, policy and practices
8. Improve communication/linkages among local/state agencies and enhance coordination of efforts during and beyond the meetings.

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

Activities Planned for FFY 2014: Ongoing participation in state level advocacy through continued involvement in the committees and councils mentioned herein. DCFS will conduct ongoing research and development of policy to improve effectiveness of current service array and delivery.

DCFS and DHH will continue to work to provide the Infant Mental Health Training again in FFY 2014 for an additional number of FS staff.

Child Maltreatment Deaths - The Department will continue to coordinate with the state CDRP to analyze trends that may inform prevention treatment efforts using aggregate data from DCFS.

At this time, the state does not plan to revise use of Title IV-B, subpart 2 funds.

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

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

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

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

In years one through four of the implementation of the Child and Family Services Plan (CFSP), the Department has continued to focus on improving the service array to children and families to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. DCFS has worked to improve the service array through the statewide implementation of a differential response system [Alternate Response Family Assessment (ARFA)], an Intensive Home-Based Services (IHBS) program, Structured Decision-Making (SDM) and most recently a Coordinated Systems of Care (CSoC). Year four was marked by the implementation of the Advanced Safety Decision Making Model (ASDM) and Family Teaming Meeting (FTM) Model. While these practices have not been implemented statewide at this time, the state is committed to improving family engagement and work with former recipients of child welfare services. The Department also continues to work on relationships with foster parents and how best to serve transitioning youth.

In March of 2010, DCFS underwent the 2nd round of the federally mandated Child and Family Services Review (CFSR) process. A final report was issued which identified the areas needing improvement and child welfare staff initiated work on the development of a Program Improvement Plan (PIP). The PIP, which addresses the areas needing improvement, was approved effective September 1, 2011. DCFS has reported on Quarters 1 through 6 during this reporting period and work continues on the remaining action steps and benchmarks.

In March 2013, DCFS launched a new initiative, Faith in Families, designed to safely reduce the number of children in foster care, to reduce the amount of time children spend in foster care, and to ensure that all children exiting foster care do so with a permanent family connection.

The purpose of the initiative is to study current practice and performance and to identify strategies that will have significant, positive impact on key outcomes for children in Louisiana's foster care system. The focus to make noteworthy improvements related to specific safety, permanence, and well-being outcomes is the core of this work plan.

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Through the PIP, the state’s child welfare system identified multiple areas needing improvement and corresponding performance baselines and incremental goals. This project seeks to further that effort by more specifically focusing on a more narrow scope of work, namely three overarching goals that will have significant and noteworthy outcomes for these children.

One effort of the Faith in Families initiative seeks to identify and encourage potential foster families and promote adoption of foster children. As of April 30, 1,944 foster homes in Louisiana were serving 4,002 foster children (For additional information, please refer to the Statewide Recruitment/Retention plan.).

DCFS recruits year-round for foster families who can provide a home and care for a child or children. Foster care orientation meetings are held each month across the state. Public information campaigns have focused on getting the word out about when orientations are scheduled at www.dcfslouisiana.gov/foster, as well as information on qualifications, the certification process and what to expect as a foster family that cares for a child or children temporarily.

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

In State Fiscal Year 2012, nearly three quarters of children removed from their homes because of abuse or neglect were eventually reunited with their birth parents, relatives or other family members. About 18 percent of children exiting foster care in that time were adopted.

In 2012, DCFS began implementing the Advanced Safety Decision Making Model (ASDM) training in several regions. The ASDM helps DCFS assess safety, risk and family functioning and to develop a case plan that reduces safety threats and improves how a caregiver protects children in their care. Full statewide implementation in centralized intake, CPI, FS and FC is expected by January 2014.

Other foster care and child welfare program improvements implemented over the past two years include Centralized Intake, which ensures more consistent screening and decision making of child abuse and neglect reports statewide. It also allows local child protection investigation workers with DCFS more time in the field completing investigations. The result has been earlier interventions for families that need help and fewer placements into foster care.

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In May, DCFS offices statewide took part in activities promoting foster care, honoring current foster families and celebrating children in care. A year-round initiative hopes to link foster children who are available to be adopted with families. Each month, DCFS highlights foster children who are available for adoption on its website, www.dcfslouisiana.gov. (For more on adoption, refer to that portion of this plan.)

DCFS will also provide staff with additional training in search and identification of permanent connections for youth in the child welfare system, identifying ways to expedite adoptions, especially in the case of foster parent adoptions. When possible, additional tools and resources will be provided to staff to assist in safely achieving permanency, in a timelier manner whenever possible.

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

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CHILD PROTECTIVE SERVICES

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

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

This program involves skilled, prompt and sensitive intake services in response to reports of abuse and neglect in families, foster homes, day care centers, registered family day care homes and restrictive childcare facilities. Based on the level of risk at intake, a determination is made to either refer a case for an Alternative Response Family Assessment (ARFA) or a traditional CPI.

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

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

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

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

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

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

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

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

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

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

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

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

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
07/11	10,282	6,439	62.6%	3,843
08/11	11,713	10,188	87.0%	1,525
09/11	10,906	10,357	95.0%	549
10/11	9,706	9,513	98.0%	193
11/11	8,972	8,866	98.8%	106
12/11	7,848	7,766	98.9%	82
01/12	9,321	9,014	96.7%	307

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INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
02/12	8,345	8,113	97.2%	232

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

CENTRALIZED INTAKE STAFFING		
Position	Original Staff	
Intake Worker	25	39
Supervisor	5	9
Manager	1	3
Director	0	1
Administrative Support	3	3

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

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

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

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

The following three tables demonstrate the percentage of reports that were accepted for DCFS involvement. The first two tables show the percentage of reports that were accepted from July 2010 through January 2011 and from July 2011 through January 2012. The third table provides a comparison of the percentage of reports accepted for involvement prior to and after implementation of CI. The most significant change occurred between January 2011 and January 2012 with 7.11% fewer in 2012.

2010 PERCENTAGE OF INTAKE REPORTS ACCEPTED							
	July	Aug	Sept	Oct	Nov	Dec	Jan'11
Reports	2995	3646	4020	3820	3288	2940	3663

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Accepted	1669	2117	2297	2191	1846	1689	2343
% Accepted	55.72%	58.06%	57.13%	57.36%	56.14%	57.45%	63.96%

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

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

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

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

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

- **Long wait times**
 - Reduced the number of shifts
 - Increased number of staff assigned to shift times with high call volume

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

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

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

After resolving the implementation challenges outlined in previous years, CI management staff focused on stabilization of the unit structure and establishment of daily operation protocols and processes focused on operating in real time. Processes were developed that supported efforts to improve competencies and identify training needs and/or policy changes in efforts to develop and maintain uniformity and consistency. This effort was consistent with Louisiana’s vision of developing a core group of staff with expertise in the disposition of reports of abuse/neglect in an accurate and consistent manner.

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

In June 2012, the director and a manager of CI attended an ASDM training session of train the trainer. In July 2012, the other two managers attended the training. The training reinforced the need for ASDM to begin at intake; Training for intake staff would support the entire system as intake is the point of entry for most cases. A consensus was that the use of consistent language around the concepts of safety

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intervention is important to ensure the safety and well-being of children and at the same time a structured information collection specific to intake would improve customer service, thus promoting partnerships with the community.

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

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

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

Immediately following training the CI intake management team met and developed a preliminary quality assurance and sustainability plan for intake. To that end, they developed a system supportive framework to improve competencies using case examples and the ASDM curriculum information at mandatory daily briefings. The process included a weekly schedule of topics and activities and each manager (on a weekly rotation plan) would work with supervisors on areas needing follow-up and supplemental reinforcement for continued learning and application of the structured information collection process and dispositions. The process continues today.

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

Training was the first step in this process and critical to sustainability. Preliminary results show it is evident that the six areas of assessment in the ASDM curriculum will lead intake to a consistent criteria-driven information collection process. Two months post training, an informal review of 29 intakes was completed with a focus on the efforts of sufficient information collection by intake workers. The results showed improvement in percentages. Anonymous reporting decreased by 12%, sufficient information collection for extent of maltreatment improved by 35%, circumstances of maltreatment increased by 12%, and increases in collection information of child functioning (32%), discipline practices ((21%),

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general parenting (38%), adult functioning (37%), and reporter information (58%). While these numbers are a rough estimate on fewer intakes than the initial baseline, the results give a snapshot on efforts of change.

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

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

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

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

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
2012				
March	9,133	8,780	96.10%	353
2012				
April	8,401	8,143	96.90%	258
May	9,241	8,678	93.90%	563
June	7,720	7,506	97.20%	214
July	8,442	8,298	98.30%	144
August	9,762	9,415	96.40%	347
September	10,123	9,405	92.90%	780
October	9,421	8,474	90.00%	947
November	7,950	6,415	80.10%	1,535
December	7,056	5,023	71.20%	2,033
2013				
January	8,907	7,410	83.19%	1,497
February	7,895	6,304	80.00%	1,595
March	8,367	7,117	85.06%	1,250

ASDM training has resulted in a shift of the unit’s daily operations. As with all systemic changes, there is a period of time in which learning occurs. Since December, staff notes a trend for longer call

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

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

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

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

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

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

Activities Planned FFY 2014: Intake staff is currently working with the Structured Decision Making (SDM) response priority page, to comply with the changes needed in ACCESS and policy. The Department has consulted with Action for Child Protection on these changes. The proposed changes have been submitted for review.

DCFS plans to request the post training evaluation to finish a comparison to the baseline evaluation. Staff will also continue to build the system framework around ASDM and continue with the sustainability plan.

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

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

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

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

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

Update FFY 2013: During this time period the Advanced Safety Decision Making Model (ASDM) was rolled out to CPI/ARFA and Family Services (FS) staff in the Monroe, Alexandria and Baton Rouge Regions. In addition to staff training case consultation was offered to staff in the regions for three month period. (*PIP Items – PS 1, AS 4, BM 4.1-4.3.2*)

Activities Planned FFY 2014: State office staff will continue to train staff statewide on ASDM.

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

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hearing, when required; and timely referral to Family Services (FS) and/or community service providers, as appropriate, in order to protect the child(ren).

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

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

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

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

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

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

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

In addition to the crisis reviews, a procedure for improving communications between child welfare program and licensing was developed. Residential and child care licensing queues were created as a function of the ACCESS system. For each child abuse/neglect intake report received, DCFS licensing

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receives a copy of the report to determine if licensing violations are present at intake. Upon completion of an investigation with a valid finding, the licensing queue receives a notice with the information on the facility, the nature of the abuse and the identification of the perpetrator (employee).

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

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

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

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

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

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

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

DCFS, with the assistance of the National Resource Center for Child Protective Services (NRCCPS), Action for Child Protection and the Children's Resource Center, developed and implemented a training plan for CPI supervisors and staff on safety and risk assessment, safety planning and effective supervisory consultation and monitoring in three regions. The ASDM model was rolled out in the Monroe, Alexandria and Baton Rouge Regions. In addition to the on-site training, ongoing support and consultation was provided to each region bi-weekly for a period of three months (*PS 1, AS 4, BM 4.1 – 4.3.2*).

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As the Department continued with ASDM training and implementation there were issues to address. For example, prior to the implementation of ASDM in the Monroe Region, the CPI electronic case record system (ACCESS) was not updated to include the functions necessary for capturing the ASDM documentation of the six areas of assessment in one consistent area within the ACCESS system. This presented a barrier for the workers when documenting a case as well as for supervisors reviewing the cases. Staff was provided with policy and procedures for documenting; however, a review of cases indicated that staff was documenting the information in various areas of the CPI electronic case record.

On June 4, 2012, the same day the Model was implemented in the Alexandria Region, the Department updated the electronic case record (ACCESS) to capture the six assessment questions in one location on the Observation Page in ACCESS. It is expected that case practice will improve in this area in Monroe and that these issues will be avoided with cases opened after June 4, 2012 and as the Model is rolled-out statewide.

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

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

Activities Planned FFY 2014: With regard to timeliness of initiating investigations staff will continue development and implementation of corrective action plans; continue monitoring compliance at the state, regional and parish level; implement additional efforts to remove the CPI backlog; analyze issues facing large parishes and; reward achievement/progress.

Staff will continue to work with the regions where ASDM has been implemented using evaluation data to make any changes to the process as well as to guide roll out to the remainder of the state.

DCFS continues to work toward statewide implementation of the ASDM Model. In addition to using the ASDM competencies in the CPI and FS programs, the Department is planning to roll out this Model throughout the child welfare continuum. To that end, staff are working to develop courses specific to each program area as well as to develop the internal capacity of staff to train ASDM on an ongoing basis. It is expected that training will be initiated in August 2013.

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

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points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency response at specific decision points in the life of a case, ranging from intake to reunification. The SDM® model also uses service levels (high, medium, low) with differentiated minimum standards for each level. The service levels associated are concentrated on those families at the highest levels of risk and need.

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

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

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

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

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

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

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

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

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

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

In response to this, FS program staff has written new policy to guide practice expectations that would provide clearer guidance to field staff in their work with families where substance abuse is an issue. This policy was reviewed by partners with the Department of Health and Hospital (DHH) for additional input around this topic. A meeting was held with DHH on December 13, 2012 to discuss this input, along with identifying a number of resources to assist with service delivery to the families. The policy was formally circulated within DCFS in December 2012. Once implemented, it is expected that staff will experience a decrease in the work load and challenges they face in working with these families, as they will no longer be required to conduct a mandatory override of "Very High" on the SDM risk assessment. The policy became effective on April 1, 2013 and a Web-Ex was held on May 22, 2013 to discuss the policy and practice expectations as it relates to serving these families.

Activities Planned FFY 2014: Staff will monitor whether the policy changes for risk assessment and work with families where substance abuse is an issue is addressing the needs of the family as well as the workload issue.

E.) Risk Evaluation Panel: In 2010 as a result of LA 46:1414.1 and 46:51.2(A), DCFS developed a Risk Evaluation Process (REP) which includes two separate Risk Assessment Panels (REP). One panel

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reviews records of licensed child care facilities personnel, while the second panel reviews records of DCFS employees and prospective employees. Their function is to determine if an owner, operator, current or prospective employee, or volunteer at a child care facility licensed by DCFS is recorded on the State Central Registry (SCR) for a valid (justified) case of child abuse or neglect. The panels' function is to determine if that person poses a risk to children.

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

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

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

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

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

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

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

Review Not Required, No Record Found: 4

Review Not Required Expunged: 1

Review Not Required Non DCFS Licensed Facility: 0

Request Not Filed Timely: 0

Activities Planned FFY 2014: DCFS staff will continue to conduct Risk Evaluation Panel Assessments as requested.

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PREVENTION AND FAMILY SERVICES

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

Staffs that have the education and skill to work with multi-problem families conduct a comprehensive family assessment and develop a treatment plan toward the goal of empowering the family to provide a safe, stable home environment for their children; thus avoiding repeat maltreatment or the need for out of home placement. The FS worker, as the case manager, may arrange for additional services based upon the family assessment. Services may be concrete and focused on accessing resources to address basic needs such as food or shelter, or they may be focused on more complex issues that require medical or therapeutic intervention.

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

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

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

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

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

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

Technical assistance was provided to staff to support their efforts to effectively assist families. Technical assistance to local office staff with the completion of the Assessment of Family Functioning and development of the case plan was also initiated. The assistance, provided on an as needed basis, is tailored to the needs of local office staff. Needs are identified through case reviews and requests from local administrators. It includes follow-up training and individualized consultation with workers and supervisors to increase their skills with tools (Assessment of Family Functioning, safety assessment and Structured Decision Making (SDM) risk assessment).

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

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

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

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

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

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

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

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

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

NRCIHS staff conducted focus groups with DCFS field staff in order to assess/analyze and review FS program policy. The goal was to identify gaps and areas that may need strengthening and to identify the

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impact the current FS policy revisions have had on practice and if the revisions are meeting the intended goals. *(PIP Item - PS 1, AS 3, BM 3.1)*

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

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

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

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

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

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

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

To that end, the group developed a plan to address the issues. First, and foremost, they developed the overall goal to improve the partnership between DCFS and 16th JDC through a commitment for improved communication regarding child safety and risk of maltreatment, utilization of evidence informed tools and practices to support decision making, and timely closure of cases consistent with child safety. They identified measures to determine if the communication and collaboration was having the desired effect. The measures include timely FS case closure (practice expectation is that case closure is around 6-9 months when consistent with child safety), absence of child maltreatment post FS case closure, and Structured Decision Making (SDM) risk reduction (policy and practice expectations are that once risk is lowered to low or moderate the Department must begin looking at case closure).

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

Activities Planned FFY 2014:

- Continue to assess policy and revise as needed.
- Monitor the progress of the FS Mentored regions. FS supervisors in these regions have received the ASDM training. Program staff will provide booster sessions and case consultation to review improvements
- Through collaborative partnership with DHH, offer more Infant Mental Health training to FS staff in the northern regions of the state.
- Continue to work with training staff to develop the FS specific training curriculum. (**PIP Items - PS 1, AS 5, BM 5.1 through 5.5**)
- Continue utilizing the case review process and other ad hoc case reviews to inform policy and practice (**PIP Item PS 1, AS 2, BM 2.3**).
- Provide Safety Focused Training to FS staff statewide.
- As part of the ongoing work to improve the interface between FS cases and the 16th JDC courts/legal system, the DCFS Performance Measures Consultant will generate monthly reports on measures and the DCFS Area Director in the Lafayette Region, in collaboration with the 16th

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JDC Judge (Porter), will review progress on data goals at least quarterly. Supervisors and Operations Managers will provide support to staff in effectively using tools and communicating with the court and district attorneys regarding safety and risk. FS and CQI program staff will provide consultation and support to supervisors and operations managers as needed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Activities Planned FFY 2014: DCFS will maintain training and consultation with IFD and possibly add a team in the Lake Charles Region.

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Percentage of Cases Closed Services Complete				
FFY	Prevention	Reunification	Stabilization	Step-down
Baseline:				
2008	81.6%	80.2%	70%	86%
2009	84%	87.9%	70%	66.7%
2010	88.2%	90.5%	80.6%	66.7% (very few referrals)
2011	89.4%	83.6%	78.2%	100% (3)
2012	90.6%	84.3%	88%	100% (12)
2013				

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FOSTER CARE/HOME DEVELOPMENT

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

Home Development (HD) services include recruitment, retention and support to DCFS foster and adoptive families and private foster care providers (e.g. Therapeutic Foster Homes). Additional information concerning HD is found in the Statewide Recruitment and Retention Plan. Residential services include therapeutic congregate care. Interstate Compact on the Placement of Children (ICPC) coordinates services with other states for out-of-state placement with relatives, foster parents or permanent adoptive homes.

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

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

Data obtained from Web Focus Report

Update FFY 2010 & 2011:

- **Service Array:** DCFS continues to provide Department of Health and Hospitals (DHH) Behavioral Health, Visit Coaching, Intensive Home-Based Services (IHBS), Multi Systemic Therapy (MST), Infant Teams, substance abuse treatment and privately contracted services to meet the therapeutic needs of clients. Training has been provided to staff to maximize the effectiveness of these interventions, particularly in the areas of DHH Office of Behavioral Health (OBH) services, Visit Coaching and through the mechanism of Peer Practice Support and Training.
- **Relative Caregivers:** The Louisiana State Legislature created the Council on the Status of Grandparents Raising Grandchildren (ACT 867) in the 2010 regular legislative session. Responsibility for organization and ongoing facilitation of this council was given to the

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Department and is managed through the Foster Care and Transitioning Youth Programs Unit. The council was initiated January 2011. The goal of the council is to promote awareness and to advocate for all relatives providing care to family children, but primarily grandparents. The Louisiana Kinship Integrated Service Systems (LA KISS) continues to support relative caregivers in connecting with resources to achieve and maintain placement of children in the Greater New Orleans Region. LA KISS provided financial support for professional mediation in the Council on the Status of Grandparents Raising Grandchildren March 2011 committee meeting to aid in mission, vision and strategic plan development. The DCFS Guardianship Subsidy Program became effective April 1, 2010, with Title IV-E reimbursement for eligible children approved by ACF effective October 1, 2010. The Kinship Care Subsidy Program, which is TANF funded through the Economic Support Division, is for families that meet the income criteria and have a custody order for the care of the child.

- Interagency Services Coordination: DCFS continues to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- Appropriate Placement: The State Office Residential Review Committee (STORRC) and quarterly regional residential reviews continue to support and monitor field staff decision-making regarding congregate care placement in providing appropriate, needs-based services for children and youth in foster care.
- Runaway Youth: DCFS is utilizing the Child Welfare Gateway and researching issues related to runaway youth, particularly links to child prostitution to guide development of protocols and policy clarification regarding intervention to reduce runaway behavior in this population. Contact had previously been making with the National Resource Center (NRC) for Youth Development and ACF Region VI for assistance in this area, and additional assistance may be needed in the future as planning continues. Notification of NCMEC and law enforcement in relation to runaway youth remains a challenge for local staff. Tracking of activities to locate runaway youth once the information is submitted to NCMEC occurs at the State Office level.
- Immigration Issues: The Department has provided assistance from state office to local offices through case consultation on an as needed basis for individual cases.
- Substance Exposed Infants: Substance exposed infants/newborns policy was updated and incorporated in the Family Assessment Tracking System (FATS) and in Structured Decision Making (SDM). Training was provided to IHBS staff on substance exposed newborns and the Infant Child and Family Center in Baton Rouge did a project in East Baton Rouge Parish with a small group of workers/supervisors on infant mental health including substance exposure.
- Location of Relatives: Policy was developed and implemented for using CLEAR to locate relatives and then notify relatives of a child's entry into foster care and options for involvement.
- Case Crisis: Regional and parish offices informed state office of situations involving the death of children in child welfare cases, near death or other case crises. State Office response level included assessment of the specific case situation and reviews of case records and staff assessment of and service delivery to the family when indicated.
- Needs Assessment: The SDM tool has continued to be utilized to assess risk in families and guide reunification decision making.
- Child Care Assistance: Child Care Defense Fund support for Child Care Assistance to child-welfare involved families for protective purposes and to foster caregivers for placement stabilization continued. Child welfare is included by the Child Care Assistance Program in CCDF rulemaking, state planning, review and the federal audit process.

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

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

Update FFY 2012:

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

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to foster caregivers to stabilize placements for children and for the care of non-custody children of foster children to stabilize the educational performance of the minor parent.

- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. The LBHP has also provided assistance through the Statewide Management Organization, (SMO).
- Workflow Management: Extensive interdepartmental analysis of policy, work processes and technological opportunities occurred through workgroups with massive streamlining, reorganization of work responsibilities and deletion of unnecessary processes and policies.
- Emergency, Disaster and/or Crisis Preparation: Efforts continued to assure DCFS is prepared to fulfill responsibilities in assuring the safety of children and families during emergency situations. In the past year the director of the Department's Emergency Preparedness Program met on several occasions with Chafee Foster Care Independence Program (CFCIP) providers and transitional living apartment providers to advise regarding development of training and disaster planning with youth as part of preparing youth for the transition to adulthood. The director also joined the PQI Stakeholders Committee to assist in planning for overall improvement in customer service.
- P.L. 112-34: DCFS has been working to achieve the requirements of this legislation, and efforts to improve service delivery related to educational stability, trauma informed practice, credit history protection for children in foster care and other key areas pinpointed by this legislation.
- Parent/Child/Caseworker Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching continued to be provided by the regional Family Resource Centers (FRC). Further, to increase caseworker visits occurring each month in the residence of the child, a process for examining and evaluating staff skill level and performance in documentation of visits was developed. A sample of cases statewide were pulled and reviewed by State Office program staff. Staff initiated a system for improving caseworker performance. It is expected the improvement in the Department's capacity to accurately measure performance will lead to an increase in the data regarding actual contacts. DCFS does not find contacts are not occurring, rather documentation is lacking.
- Shared Technical Assistance, Training and Resources: DCFS continued to coordinate work activities with CASA, the Supreme Court/Court Improvement Project (CIP), DOE, OJJ, OCDD, and other state agencies in improving service provision to families and children, and in developing a mechanism for shared training to increase the knowledge of staff and placement providers about available resources. DCFS continued to sponsor monthly "Keeping In Touch" (KIT) telephone, webinar, and/or video conferences with the field staff on practice issues, legislative changes, and policy updates to maintain staff awareness of programmatic changes as they are occurring. Program staff also routinely provided additional telephone, webinar, and/or video conference and in-person training for field staff on specific issues such as paternity testing to identify fathers, making ICPC requests, serving the educational needs of children, documenting contacts with children and families in the case documentation database, etc.
- Education Status: Caseworkers have been educated on the importance of children and youth attending school full time; however, caregivers have not yet received this training. The Picard Center and Casey Family Programs are working with the Department to develop data related to school outcomes for children in foster care in Louisiana as compared to the general population.
- CSoc: Services became available March 1, 2012. Children entering care are assessed for behavioral health issues within 15 days of foster care entry. Any child with behaviors indicating potential behavioral health needs are referred to the LBHP for assessment.

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

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

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

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

- Relative Caregivers: The DCFS Guardianship Subsidy Program remained available. The Council on the Status of Grandparents Raising Grandchildren continued to develop as a supportive and educational resource on issues related to relative caregivers responsible for the daily care of children.
- Interagency Services Coordination: DCFS continued to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- Runaway Youth: DCFS continued to research issues surrounding runaway behavior in youth in foster care with particular attention to human trafficking issues impacting runaway behavior.

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- Location of Relatives: References and web links to supporting policies on the Consolidated Lead Evaluation And Reporting (CLEAR) web search tool, diligent efforts by workers to visit parents, and establishing connections for permanency were provided to staff statewide. Procedures for collecting information on relatives have been enhanced to reinforce the importance of this work. The process for identifying and searching for fathers and non-custodial parents has been clarified to help staff understand their responsibilities more fully. The policy revisions were presented to staff statewide via video and teleconference on 5/2/2012 and 5/24/2012. Staff has also been provided the policy updates online and educated on policy and procedural expectations. Linkages of the policy to other areas of policy with additional information and tools related to searching for parents and relatives and maintaining contact will help staff more effectively locate policy guidance to inform their practice. State office FC Program staff remains available to staff statewide for consultation and assistance as needed in implementation. Staff compliance has been monitored through the case review process. (*PIP Items - PS 1, AS 2, BM 2.1 & 2.2*)
- Case Crisis: Regional and parish offices continued to inform state office of situations involving the death, near death or other case crises. All program staff continued to support and assist in the assessment of these crises situations and provided follow-up skill development as needed.
- Needs Assessment: An Advanced Safety Practice Model [based on the Advanced Safety Decision Making Model (ASDM)] for assessing the level of safety in the family during out-of-home placement to insure timely reunification is being developed for the foster care program to assist in determining when it is safe enough to return children home.
- Child Care Assistance: CCDF funding for Child Care Assistance for child-welfare involved families as a protective service, for foster caregivers to stabilize placement, and for the children of youth under 18 in foster care to support educational stability continued. The child welfare and the Child Care Assistance Programs of the Department continued to work closely to allow for Child Care Defense Fund support of protective child care services for families involved in the Alternate Response Family Assessment (ARFA), Child Protection Investigation (CPI), Family Services (FS) and Services to Parents (SP) programs as well as the FC program through support to foster caregivers to stabilize placements for children and for the care of non-custody children of foster children to stabilize the educational performance of the minor parent.
- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. The LBHP has continued to provide assistance through the Statewide Management Organization (SMO).
- Emergency, Disaster and/or Crisis Preparation: Efforts continued to assure DCFS is prepared to fulfill responsibilities in assuring the safety of children and families during emergency situations. During this time period, the disaster planning that was conducted with Chafee Foster Care Independence Program (CFCIP) providers and transitional living apartment providers was utilized after Hurricane Isaac.
- Parent/Child/Caseworker Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching continued to be provided by the regional Family Resource Centers (FRC) and Tulane University has begun providing consultation to other FRCs on the implementation of Visit Coaching. Further, to increase caseworker visits occurring each month in the residence of the child, a process for examining and evaluating staff skill level and performance in documentation of visits was developed. Based on the caseworker visit data for FFY 2012, the Department's performance decreased from FFY 2011, but overall the percentage

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of monthly caseworker visits with children are being held in accordance with state and federally established guidelines.

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

Activities Planned FFY 2014: DCFS staff will continue collaboration with state agencies and other stakeholders to effectively serve clients.

Continue ongoing participation in the LBHP and monitoring of the implementation of CSOC for at risk children and youth with significant behavioral health challenges or co-occurring disorders.

Continue with the development, training and implementation of the Advanced Safety Practice, the Parents as Partners program and the FTM process. By the end of 2014 the FTM training will be rolled out to the remaining regions of the state. The Covington Region is the next region slated for FTM training and implementation. Beginning August 2013, FC staff will receive the Advanced Safety Practice Training.

Foster Care Program staff will also work to increase available care options for medically needy children in the coming year; work with the Picard Center and Casey Family Programs for data collection; utilize the educational liaisons that have been established in each region to provide foster caregivers information on educational services available and the Department requirement children in foster care attend school full time.

Continue utilizing the SDM tool to assess reduction of risk in the family home and to guide reunification readiness.

Efforts will continue to streamline workflow processes through planning for the development of electronic case records and other modernization efforts.

DCFS will continue to work collaboratively with the CIP and conduct a follow-up survey of foster/adoptive parents in 2013 while the data obtained from the 2012 survey will be used as a baseline

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to see if efforts to improve foster parent's notice of and involvement in court proceedings as well as other areas of concern have improved.

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

Use of Monthly Caseworker Visit Funds:

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

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

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

At the time the 2010-2014 Child and Family Services Plan (CFSP) was developed, DCFS expected the electronic Family Assessment and Tracking System (FATS) would be enhanced so workers could enter caseworker visit information into FATS beginning October 1, 2009 and DCFS would be able to generate visitation report data from FATS. Consequently, DCFS expected to have the capability to generate federally required 2010 caseworker visitation review data without relying on the Children's Bureau Data Shop. Technical delays and fiscal issues resulted in workers not being able to enter complete caseworker visit information into the FATS system until July 2010. Since FATS was not fully operational for all client contact until August, 2011, it was necessary for DCFS to rely on the Children's Bureau to provide a sample for FFY 2010 and 2011, as in past years.

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

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MONTHLY CASEWORKER VISITS/DATA (Statistical and Supporting Information)

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

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

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

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Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2007	55%	55%	82%	82%
2008	64%	61%	83%	87%
2009	73%	80%	84%	98%
2010	82%	86%	85%	99%
2011	90%	83%	85%	98%
2012	90%	92%	85%	85%
2013	90%		85%	

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

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

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

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

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

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

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

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

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

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

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

Calculation of Percentages:

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

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.

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

Regional Analysis of Children Transferred from DCFS to OJJ:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Knowledge of the right to notice and be heard

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

Notice, going to court and being heard

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

Understanding the CINC court process

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

Summary of survey results

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

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

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

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

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

Activities Planned for FFY 2014: Regional HD staff will:

- develop and submit the regional annual recruitment plan;
- submit a monthly report on recruitment activities conducted in each region including outcomes/results of each event;
- participate in bi-monthly teleconference and/or WebEx(s);

State office program managers will:

- review annual recruitment plans and determine if outlined goals are met;
- monitor monthly reports for assessment and reporting purposes;
- conduct bi-monthly teleconferences and/or WebEx(s) to provide staff with recruitment updates, support regions in planning recruitment activities, receive feedback regarding recruitment outcomes, policy/procedure updates;
- conduct two statewide Adoption Centralized Exchange Meetings and monitor the progress;
- conduct an ongoing review, update and/or revision of policy/procedures;

Retention Efforts: DCFS staff will work with current foster/adoptive parent associations to develop a protocol to solicit feedback on various policies/procedures relevant to foster/adoptive parent's roles and responsibilities as team partners; assist with developing foster parent peer-to-peer mentoring; develop a listing of foster/adoptive parents within a certain radius (volunteer basis) to increase support among peers; and in-service training).

The DCFS permanency initiative will continue with a focus on enhancing the Department's efforts in locating identified resources for all children with a permanency goal of adoption. In addition, this initiative will include numerous strategies to assure concurrent planning is initiated when a child enters care.

DCFS will continue to work collaboratively with the CIP and conduct a follow-up survey of foster/adoptive parents in 2013; the data obtained from the 2012 survey will be used as a baseline to see if efforts to improve foster parent's notice of and involvement in court proceedings as well as other areas of concern have improved.

General Recruitment Update FFY 2010 & 2011: Local Foster Parent Associations acted in partnership with regional recruiters in the success of several community awareness events, match parties, and faith-based "One Church, One Child" campaigns this fiscal year. Regional recruiters

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partnered with statewide associations to assist in recruiting for “hard to place,” special needs youth. Statewide, recruiters shared fliers of youth that were freed for adoption without identified placements, and brainstormed available families that might be willing to adopt, or participate in recruitment activities that target families with interests similar to the youth, geographical area relevance, etc.

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

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

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

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

General Recruitment Update FFY 2013: State office and regional HD staff continued to maintain a partnership with Louisiana Foster/Adoptive Parent Association (LFAPA) to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information

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

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

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

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

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

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

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

Also, in February 2013, DCFS staff teamed up with the president of the Greater New Orleans FAPA for a presentation on recruitment and retention in the Covington Region. Those in attendance included: Adoption/HD staff, CASA, a local university staff and regional foster/adoptive parents. Information was shared on the success the Orleans association has experienced as they advocate for foster youth and contribute to the Department's success in meeting the children's needs.

In March, DCFS launched the Faith in Families (FIF) initiative and a public awareness initiative/promotion of adoption was held in May 2013. The FIF focuses on the following for children in the state's custody:

- increasing adoptive placement resources;
- improving permanent connections for youth aging out of foster care; and
- building partnerships with community organizations.

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In May, 2013, the DCFS staff and community partners began planning various activities statewide in recognition of Foster Parent Month which included the “Over the Edge for Adoption” activity to promote adoption awareness. As part of this activities local celebrities and DCFS staff repelled off the side of a downtown bank building. The events were televised.

General Recruitment Activities Planned in FFY 2014: DCFS State Office and regional level staff will continue to work with the various community partners to recruit foster/adoptive parents; support and encourage recruitment efforts statewide; and support retention of current foster/adoptive parents. HD staff will continue to promote media partnerships (print and broadcast) to ensure general recruitment activities are presented to mass audiences.

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

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

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

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

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

- Mass mail-outs to foster/adoptive parents to encourage consideration for placements of older youth;

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

Targeted Recruitment Activities Planned FFY 2014: DCFS staff will continue to identify placement needs of the children and youth in the Louisiana foster care system. Staff will also continue to work in partnership with various community organizations to recruit families to meet the identified placement needs of the children and youth in the Louisiana foster care system. Some of the collaborative work will be conducted with LFAPA, LBCH staff, CASA, FIF, local community resources (media stations, schools, hospitals, etc.).

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

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

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

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

Staff continued to present strengths based child specific fliers to community centers, churches, organizations, recruitment events, and pre-service training classes. Profiles representing these youth were utilized for photo listings that were placed on several adoption websites including AdoptUsKids and the Department's website. Several regions utilized mobile Heart Galleries that displayed

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professional photos of children and youth without identified placements. Partners like CASA and LBCH continued to work with the Department to promote the recruitment of families for our children and youth through Heart Gallery efforts. Several family referrals from these agencies resulted from this partnership.

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

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

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

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

Child Specific Recruitment Activities Planned FFY 2014: Staff will continue to develop strength based profiles and professional photos of children and youth freed for adoption without identified placements. Adoption and HD staff will also continue to manage and share strength based child specific profiles for utilization on the Department's website, AdoptUSKids website, Heart Galleries of America websites, and several other adoption websites; and manage family inquires that express interest in children and youth freed for adoption without identified placements in Louisiana. DCFS staff will continue to present children and families during Mini and Centralized Exchange meetings.

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

Update FFY 2010 & 2011: Recruitment efforts were targeted toward assuring that homes are available to match the racial and ethnic characteristics of the children in need of placements. Currently, white children make up 49% of the foster care population, and black children make up 47%. The remaining 4% are in other groups. Of foster/adoptive families, 53% are white, 45% are black, and 2% are "other." The average population of Louisiana's children in care is 4503, and the number of certified

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foster/adoptive families is 2196, a more than 2 to 1 ratio. The tailoring of recruitment efforts to meet regional needs while applying universal practices with quantifiable outcomes is the driving force as more than 600 adoptions were completed in the 2010 fiscal year.

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

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

The total number females by age:

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

The total number males by age:

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

Foster/Adoptive Families as of December 2011:

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

Children Available for Adoption

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

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

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

The total number females by age:

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

The total number males by age:

- 0-5 = 918

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- 6-11 = 608
- 12-17 = 538

Foster/Adoptive Families as of December 2012:

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

Children Available for Adoption

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

Recruitment/Retention Goals for 2010-2014:

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

Measurement: Percentage of referred children with placement options achieved.

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

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

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

Goal 2 -Increase the number of new certified homes regionally by 10% over the next five years through data-driven, customized recruitment to meet regional needs and increased regional appearances/contacts.

Measurement: Number of Newly Certified Foster Homes

Newly Certified Foster Homes by Region							
Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Greater New Orleans	125	108	104	80	67		
Baton Rouge	28	47	57	50	38		
Covington	104	144	113	128	126		

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Newly Certified Foster Homes by Region							
Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Thibodaux	61	65	87	74	88		
Lafayette	99	114	153	112	101		
Alexandria	70	46	47	54	73		
Lake Charles	34	50	72	44	45		
Shreveport	92	56	56	49	40		
Monroe	53	44	45	31	43		
Total Statewide	666	674 +1.25%	734 +10.2%	622 -7.1%	621 -7.2%		

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

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

Goal 3 - Increase number of intake calls and orientation attendance by 10% over the next five years through increased use of foster parents and community partners in recruitment activities.

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

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

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

As noted in the chart, the Department experienced a 3.8% decrease in intake/inquiry calls for FY 2011 and a decrease in orientation participation by 27.5%. In baseline comparison (FY 2008 to FY 2011),

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however, orientation participation continues to exceed the 10% goal by reflecting more than a 40% increase.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Activities Planned FFY 2014: DCFS will continue to work closely with Magellan to secure placements for children and to identify gaps in services as they are identified. In addition, DCFS will continue to train and educate staff on the placement process and provide assistance with placement services as needed.

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ADOPTION

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

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

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

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

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

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

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

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

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

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

Number of Individuals/Families Served:

Update FFY 2010: On April 9, 2010 there were 4634 children in foster care, 270 were available for adoption and in need of adoptive placement. Of these children, 187 were photo-listed on the Louisiana

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Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 187 children actively photo-listed, 108 were males and 79 were females; 63 were white and 123 were African American, and 1 was listed as other race; 20 were members of a sibling group who should not be separated; and 130 (approximately 70%) were deemed physically, emotionally or intellectually challenged.

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

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

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

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

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

Update FFY 2012: On April 9, 2012 there were 4184 children in foster care, 288 were available for adoption and in need of adoptive placement. Of the 288 children, 182 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 182 children actively photo-listed, 117 were males and 65 were females; 52 were white, 127 were African American, and 3 was listed as other race; 19 were members of a sibling group who should not be separated; and 127 (approximately 70%) were deemed physically, emotionally or intellectually challenged.

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

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

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

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

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

- **Adoption** and Home Development staff worked to coordinate and support child specific recruitment. Recruiter served as the leads on recruitment efforts for children assigned to their caseload that are freed for adoption without an identified placement. Recruiters visited with each child (preferably initially with the child's adoption or foster care worker) to identify the child's placement needs; photos were taken and fliers were created for submission to the DCFS website, use at community events, orientations, media events, and in-house home exploration via the Home Development Unit; a Child Specific Recruitment Plan was completed on each child assigned to the recruiter collaboratively by the adoption/foster care worker and the recruiter; the recruiter was involved with potential families that expressed an interest in a child from their child specific case load; the recruiter served as a support mechanism throughout the certification process with ongoing contact by phone calls, e-mails, home and office visits; the recruiter attended Administrative Reviews to gain insight into the child's placement needs and to receive feedback from staff, supervisors, therapist, and administrators. As a result of this collaboration, placements were identified for 55% of children assigned to regional recruiters.

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- Adoption Section and Home Development Section staff worked collaboratively to provide pictures and biographical information of children available for adoption featured on the DSS website (<http://www.dcf.louisiana.gov>) at the “Adopt a Child” link. Approximately 70 children were featured at a time on a rotating basis.
- During the past FFY, 10 “purchase of service” contracts were established in support of interstate adoptions facilitated through photo listings on the DCFS website and AdoptUSKids. These contracts covered the cost of the home study, supervision of the placement, assessment of need and referral to service resources for the child.
- Development of LARE/photo listing training for adoption staff and selected foster care staff and adoption subsidy training for adoption staff continued. Adoption Program Managers addressed problems and questions from staff and information was collected on topics for use in future training curriculum development and/or policy issuance.
- Adoption Competency training was provided by Dr. Gary Mallon. Approximately 33 DCFS staff attended the Adoption Certificate Program. The training sessions were held in ten monthly sessions of 1 ½ days each from October 2009 through June 2010.
- An analysis of barriers to adoption finalization within 24 months of a child entering foster care was conducted in conjunction with Foster Care (FC) Program staff and the Louisiana Court Improvement Project (CIP) staff. It resulted in the identification of a backlog of petitions for termination of parental rights waiting to be filed as a major contributing factor. The 2010 CFSR on-site review supported this finding. Additional full and part-time attorneys were being hired to resolve this issue.
- The Annual Governor’s Mansion Adoption Celebration was held in November 2009. National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care in Federal Fiscal Year 2008-2009. Approximately 300 adoptive family members and staff attended this event. The event was filmed and distributed for repeated statewide broadcast on Louisiana’s Hometown Network affiliate channels in the State. In conjunction with the annual adoption celebration, press and media releases were distributed along with the Governor’s Proclamation of November as Adoption Awareness Month. These activities resulted in increasing public awareness of the need for permanent adoptive homes for Louisiana’s children in foster care.
- Development and implementation of a worker recognition program for outstanding contributions made by Adoption Staff towards achieving permanency through adoption for available children is an ongoing project. A barrier to implementation has been identification of criteria for award recipients.
- Voluntary Registry awareness and usage by private child placing adoption agencies statewide was promoted by notifying private adoption agencies of changes that occurred in the Registry law through updating the online brochure and sending the new brochure to private child placing agencies. An annual update of the registry services was provided to the public library in Baton Rouge which maintains a list of such services. The Registry Program Manager did a presentation on the Registry on September 12, 2009 at an all day workshop on finding family members. Registry brochures were routinely distributed at professional conferences such as the National Association of Social Workers, relevant meetings with outside providers and recruitment functions.
- Featuring children in community resource publications statewide such as the Court Appointed Special Advocate (CASA) and/or foster parent newsletter was explored. Jacqueline Wilson, CASA Program Specialist, was contacted to plan the expansion of photo listing of available children into the 18 statewide CASA newsletters. At this time, only the Baton Rouge CASA quarterly

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newsletter provided information on Louisiana children available for adoption. The foster parent newsletter was funded by Family Resource Centers. Funding to the centers was reduced resulting in discontinuation of the foster parent newsletter.

- Changes in federal regulations resulting from the Fostering Connections to Success and Increasing Adoptions Act along with resultant changes in DCFS policy necessitated revision of the adoption subsidy pamphlets. The pamphlets were being revised to reflect current subsidy information.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, was provided through Intensive Home Based Intensive Services (IHBS) which is available through participation in the DCFS FS Program. Additionally, all regional family resource center services are available to families who have adopted. Family skill building services are probably the most frequently used and can be crafted to meet a specific need such as assisting with behavior modification techniques. Adoptive families were eligible to receive resource center services through self-referral or referral by DCFS through the FS program.
- The Adoption Section worked collaboratively with Licensing to provide information about the adoption process and so updated regulations for child placing agency licensure would be reflective of the needs of children awaiting adoption and in conformity with state and federal law. Subsequently, the Adoption staff reviewed and edited the resultant product.
- Following the Haiti earthquake in January 2010 DCFS responded to needs and requests generated by the crisis. Assistance was provided to a Louisiana family in the process of adopting a Haitian child when the earthquake struck Haiti.

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

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

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listed in the white and yellow pages of phone books statewide. Private adoption agencies statewide were notified of changes that occurred in the Registry law in 2010 through updating the Registry online brochure and sending letters/brochures to the private adoption agencies. Registry brochures have also been routinely distributed at professional conferences such as the Louisiana National Association of Social Workers, the annual Foster/Adoptive Parent Conference, relevant meetings with outside providers and recruitment functions.

- Support for Louisiana Adoptive families continues, including those who adopted privately and internationally. On December 9, 2010, the Louisiana Adoption Subsidy Program mailed 2,866 copies of the Adoption Tax Credit flyer to all the recipients of an adoption subsidy. Information on the tax credit was also discussed at the 2011 Foster/Adoption Conference. The Adoption Tax Credit flyer has been posted on the DCFS website
- Adoption Program Managers continue to work with adoption staff on photo listing of children on the AdoptUSkids website (www.adoptuskids.org/state/la/) as well as updating the photo listing yearly to reflect changes in the child status. Adoption Section also shares this information with HD staff to assist with recruitment to secure permanency for children freed for adoption.
- During the past FFY, 19 “purchase of service” contracts were established in support of interstate adoptions facilitated through photo listings on the DCFS website and AdoptUSKids. These contracts can cover the cost of the home study, supervision of the placement, assessment of need and referral to service resources for the child.
- The Adoption Section began developing regulations for private attorneys who conduct private adoptions.
- The definition of a special needs child is still in the process of being revised.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, is provided through IHBS which is available through LBHP. Family Resource Center services are also available to families who have adopted.
- Adoption Program Managers continue to work on the Family Assessment and Case Plan in collaboration with foster care staff. The Family Assessment/Case Plan was redesigned in FFY 2008 so the tool can be used to address the goals and action plans for children freed for adoption. Additionally, work on this project involved the creation of automated documentation of visitation with all required parties to the case plan. Administrative Reviews are held to gain insight into the child's placement needs.
- The Adoption Section worked collaboratively with Licensing to publish regulations as they related to the adoption process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DCFS adoption staff continues providing ongoing adoption case management services and support while preparing the child for the adoptive process. Ongoing services included: completion of the child's evaluation/assessment, preparation of the child for the adoption process, assisting in the recruitment of child specific adoptive homes as needed, and the selection of adoptive families. The adoption worker

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also assisted with the placement of children with his or her new family, provided supportive case management services (as needed), processed the adoption subsidy applications, and participated in the adoption finalization process.

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

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

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

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

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

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

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

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

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

Activities Planned FFY 2014:

- Adoption Program Managers will continue to work on the Family Assessment and Case Plan with Foster Care Program Managers and update policies to include safety focused practice competencies and language.
- The Annual Governor's Mansion Adoption Celebration will be held and publicized to increase adoption awareness;
- Conduct two statewide Adoption Centralized Exchange Meetings;
- Conduct bi-monthly teleconferences and/or WebEx(s) to provide staff with recruitment updates, support regions in planning recruitment activities, receive feedback regarding recruitment outcomes, policy/procedure updates;
- Work with DCFS System, Research and Analysis staff to enhance the TIPS/LARE system;
- Ongoing technical assistance and consultation to adoption staff in each region office, as needed, using TIPS/LARE, AdoptUSKids and FATS;
- Adoption subsidy eligibility training for adoption staff;
- Ongoing promotion of the Adoption Voluntary Registry by distributing brochures to selected community organizations (e.g., local libraries, adoption agencies churches, etc.);
- Pre-adoptive services will continue to be provided for children with a goal of adoption;
- Post-adoption services in Louisiana will continue to be offered principally through the Adoption Subsidy and Medical Assistance Programs (Medicaid) which are federally and state funded;

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

Collaboration Update FFY 2010:

- The Adoption Section collaborated with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is increasing family support and promoting awareness of adoption triad issues. A senior DCFS staff member attended monthly LAAB meetings as a single agency representative and non-voting liaison member and provided updates on departmental activities germane to LAAB and its mission. The LAAB held a one day retreat in March 2010 which was supported by DCFS. Multiple layers of collaboration are evidenced in part by the LAAB monthly meetings being held at facilities provided by Catholic Charities of Baton Rouge.
- Louisiana collaborated with other states to provide Medicaid coverage for adopted children who live in another state. Louisiana was one of the first states to join the Interstate Compact on Adoption and Medical Assistance (ICAMA) in 1985 with a Louisiana Program Manager serving as an officer of the Compact. Since that time, Louisiana has continuously collaborated with other compact states to assure that Medicaid is available to adopted children regardless of family moves.

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- The Adoption Certificate Program is illustrative of the partnerships DCFS has developed and sustained. Partners involved in the certificate program are the Louisiana Chapter of National Association of Social Workers, Hunter College School of Social Work in New York, the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP) and DCFS staff from regions and parishes across the state.

Collaboration Update FFY 2011:

- There was a break in participation with LAAB; however the Department resumed collaboration in March 2011. The LAAB conference was not held in 2010. Due to budget constraints, the Department was unable to assist with funding the 2011 conference and will be unable to provide financial support in the near future.
- Louisiana continued to collaborate with other states in providing Medicaid for adopted children through ICAMA.
- The Adoption Certificate Program was expanded to include Foster Care and Home Development workers as well as social workers from private adoption agencies. This program illustrated the partnerships DCFS has developed and sustained.

Collaboration Update FFY 2012:

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

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

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

DCFS distributed foster/adoptive brochures to local community partners.

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

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

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

Collaboration Activities Planned FFY 2014:

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

Department and Court System Capacity to Process Termination of Parental Rights (TPR): The Department is working to improve the timely filing of TPR petitions through monthly reporting and corrective action planning. TPR data is posted on the DCFS intranet and shared with Regional Administrators on a monthly basis.

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

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

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and open communication occurs between regional attorneys and regional child welfare management in all regions. The method and frequency of interaction and collaboration varies from region to region.

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

Number of Months from Foster Care Open Date to Adoption Finalization by Region									
Region	Orleans	BR	Cov	Thib	Laf	LC	Alex	S'port	Monroe
Baseline 07/2011 – 06/2012	23.41	37.27	30.92	37.12	38.34	26.67	31.86	41.66	39.75
03/2012 - 02/2013	26.28	37.65	31.18	33.82	41.32	27.79	34.81	35.69	40.70

(Source: Adoption Finalization Data on DCFS Dashboard)

The table below provides the average number of months from the date the child entered foster care until the date the child was available for adoption for the same two data periods. The number of months from foster care entry until the date the child is available for adoption has increased in Orleans, Baton Rouge, Lafayette and Alexandria Regions. The number of months to the child being available decreased in Covington, Thibodaux, Lake Charles, Shreveport and Monroe Regions. This data will become truly meaningful in determining the success of corrective action plans when the children who entered foster care in August 2012 and thereafter have been in care for approximately 15 to 18 months.

Number of Months from Foster Care Open Date to Date Available for Adoption by Region									
Region	Orleans	BR	Cov	Thib	Laf	LC	Alex	S'port	Monroe
Baseline 07/2011 – 06/2012	13.41	25.41	20.85	23.41	25.91	18.19	21.48	29.68	26.78
03/2012 - 02/2013	15.08	26.83	20.27	20.15	27.75	17.25	23.80	24.67	24.09

The number of Termination of Parental Rights (TPR) petitions filed after the ASFA date is a second performance measure. The data in the table below is provided in BGC case status reports for the period of September, 2011 through January 2013.

The table below shows the number of TPR petitions filed in each region during the months of September 2011 through January 2013, and the number and percentage of those petitions that were filed after the ASFA date (15 of the most recent 22 months the child has been in care). Alexandria and Shreveport Regions have the highest number of TPRs filed after the ASFA date. Filing the TPR after the ASFA date significantly reduces the possibility of finalizing the adoption within 24 months.

The statewide average is 28% of TPR petitions filed after the ASFA date. Five regions (Baton Rouge, Lafayette, Alexandria, Shreveport and Monroe) have more than 30% of TPR petitions filed after the ASFA date. The variation among regions in percentage of TPRs filed after the ASFA date is significant. TPRs filed after the ASFA date range from 4% in Orleans Region to 68% in Shreveport Region. The

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regions with the highest percentage of TPR petitions filed after the ASFA date are highlighted in yellow in the table below.

Cumulative TPR Data September 2011 through January 2013			
Region	# of TPRs Filed	# of TPRS Filed after ASFA Date	% of TPRs Filed after ASFA Date
Orleans	79	3	4%
Baton Rouge	17	10	59%
Covington	80	15	19%
Thibodaux	56	12	21%
Lafayette	58	21	36%
Lake Charles	92	9	10%
Alexandria	44	26	59%
Shreveport	45	30	68%
Monroe	32	13	41%
Statewide	503	139	28%

The following contains information on the number of TPRs the Department has filed.

Region	Baseline: FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011-2012	FFY 2012-2013
Orleans (Orleans District effective 9/05)	16	22	55			
Baton Rouge	23	22	24	9	11	
Thibodaux	14	16	28	44	34	
Lafayette	70	52	101	62	42	
Lake Charles	60	57	42	51	66	
Alexandria	44	31	38	27	35	
Shreveport	20	19	42	32	38	
Monroe	27	20	10	14	23	
Covington	46	85	77	73	57	
Jefferson (Jefferson District effective 9/05)	60	61	20			
Greater New Orleans (formerly Orleans & Jefferson)				54	47	
Statewide	380	385	437	366	353	

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Finalized Adoptions by Region and Statewide						
Region	Baseline: Adoptions FFY 2007-2008	Adoptions FFY 2008-2009	Adoptions FFY 2009-2010	Adoption FY 2010-2011	Adoption FY 2011- 2012	Adoption FFY 2012- 2013
Orleans District	18	24	44	75	69	
Baton Rouge	18	28	40	19	27	
Thibodaux	29	57	43	51	77	
Lafayette	118	60	113	144	154	
Lake Charles	40	58	71	89	63	
Alexandria	74	47	55	26	56	
Shreveport	43	68	44	50	51	
Monroe	19	43	32	49	33	
Covington	111	141	113	142	119	
Jefferson District	60	56	86			
Statewide Total	530	582	641	645	649	

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Data Analysis: For FFY 2010, there were 59 more adoptions finalized than for FFY 2009. A significant increase in finalizations occurred in Orleans District, Jefferson District, Lake Charles and Lafayette Regions and can be attributable to the population recovery from past hurricanes and staff stability. For FFY 2011, there was no significant increase in adoptions finalized from FFY 2010 to FFY 2011. The slight increase in the Adoption finalization numbers reported in FFY 2011 may have been impacted by the implementation of the Guardianship Program. There were 74 Guardianship Subsidies reported in September 2011. Additionally, as a result of reorganization we no longer have the support of Adoption Recruiters to assist Adoption staff with locating and securing families for child specific children. Lastly, Jefferson District Office was merged with Orleans District as a result of DCFS reorganization. Therefore Orleans District Office staff is responsible for adoption services for children and families in Orleans, Jefferson, Plaquemines, and St. Bernard parishes.

For FFY 2012, there continued to be no significant increase in the overall number of adoptions finalized from FFY 2011 to FFY 2012. However, there were five regions that showed an increase in their number of finalized adoptions.

Adoption Finalization Data						
Categories	FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011- 2012	FFY 2012- 2013
# Children Finalized	597	582	641	645	649	
Average Time to Free (TPR)	21.62	20.80	23.12	21.72	21.71	
Average Time to Sign 427	7.54	5.79	6.06	4.41	4.30	
Average Time to Finalization	6.96	7.07	7.21	6.89	8.32	
Average Length of Time in Care	35.98	33.67	36.45	33.01	34.32	
Average Age of Children Finalized	71.46	67.36	74.49	75.1	70.68	

NOTE: Average time is expressed in months.

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

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

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

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

ADOPTION INCENTIVE PAYMENTS

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2008 Baseline	497	253	156	
FFY 2008				\$1,206,559.00
2009 Baseline	587	299	117	
FFY 2009				\$1,006,189.00
2010 Baseline	576	323	103	

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Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
FFY 2010				\$1,308,398.00
2011 Baseline	581	300	120	
FFY 2011				\$1,455,596.00
2012 Baseline	649	300	120	
FFY 2012				
2013 Baseline				
FFY 2013				

Update FFY 2010: DCFS described a plan to use adoption incentive monies to purchase air time to run AdoptUSKids recruitment public service announcements in prime time in the 2010-2014 CFSP. That plan has changed based on a reprioritization of needs. The primary use of the adoption incentive funds was to reduce TPR time delays through additional attorneys and expedite home studies through use of external resources. Both of these activities were completed to have impact on permanency and time to permanent placements, among other outcomes. This also compliments early initial considerations for the outcomes of the CFSR and the upcoming PIP. Adoption Incentive funds were also being used to support Adoption Subsidies. It is not evident at present that funding will be allocated for public service announcements.

Update FFY 2011: Adoption incentive funds were used for recruitment efforts and to support adoption subsidies. Recruitment efforts included collaboration between local Foster Parent Associations and recruiters in several community awareness events, match parties, and faith-based “One Church, One Child” campaigns this fiscal year. Recruitment staff partnered with statewide associations to assist in recruiting for “hard to place,” special needs youth. Statewide Recruiters shared fliers of youth that were freed for adoption without identified placements, and used part of the meeting to brainstorm available families that might be willing to adopt, or participate in recruitment activities that target families with interests similar to the youth, geographical area relevance, etc. Staff attended more than 30 health fairs statewide, and presented fliers on special needs children freed for adoption in each region. As a result, 2 of the 7 children presented statewide were adopted into families with specialized medical skills. Regional recruiters completed 81 strength based profiles of children freed for adoption without identified placements to be featured on the DCFS website. Of the 81 children featured, more than 20 youth were either adopted or are in the process of being adopted. These efforts resulted in permanency for youth that might not have otherwise had the opportunity to thrive in a family. An additional source of exposure came from the Department’s partnership with the LBCH that utilizes the adoption profiles from the website to feature them on their Heart Gallery website and Mobile Heart Gallery. From this collaboration more than 50 family referrals were received in 2010.

Adoption incentive funds were also use to supplement the cost of adoption subsidies for hard to place children.

Update FFY 2012: Adoption incentive funds were used for: recruitment efforts; adoption subsidy; support services required to alleviate barriers to adoption; and supporting adoption placements to avoid placement disruptions and/or dissolutions. The post adoption subsidy support services descriptions were: Adoption Respite Specialist, Medical Hospital Sitter, Medical Mental Health Treatment, non-recurring Legal Expense and Adoption Purchase of Services for the placement of children with certified adoptive families from private adoption agencies.

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Staff continued to present strengths based child specific fliers to community centers, churches, organizations, recruitment events, and pre-service training classes. Profiles representing these youth were utilized for photo listings that were placed both on several adoption websites including AdoptUsKids and the Department's website.

Several regions utilized mobile Heart Galleries that displayed professional photos of children and youth without identified placements. Partners like CASA and LBCH continued to work with the department to promote the recruitment of families for our children and youth through Heart Gallery efforts. Several family referrals from these agencies resulted from this partnership.

Adoption/HD staff worked in partnership with the LFAPA to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information regarding beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

Update FFY 2013: DCFS has utilized the adoption incentive funds to assist in the following, but not all inclusive, areas:

- Recruitment efforts;
- Adoption subsidy;
- Support services required to alleviate barriers to adoption; and
- Supporting adoption placements to avoid placement disruptions and/or dissolutions.

Post-adoption subsidy support services included:

- Medical mental health treatment
- Non-recurring legal expense; and
- Adoption purchase of services for placement of children with certified adoptive families from private adoption agencies.

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

Adoption/HD staff continued to maintain a partnership with the LFAPA to support and encourage recruitment efforts statewide. DCFS and LFAPA engaged in ongoing efforts to exchange information regarding beneficial available trainings that highlight the importance of teamwork, collaboration, appreciation, and foster parent recruitment and retention.

Activities Planned FFY 2014: Funding will be utilized to implement the Faith in Families initiative; to support adoption subsidies and adoption finalization; to support staff training on reducing the number of children in foster care and concurrent planning and; recruitment efforts – especially for hiring credentialed staff (i.e. LCSW). (Activities will be based on funding being awarded to Louisiana in the upcoming fiscal year.)

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INTER COUNTRY ADOPTIONS (Statistical and Supporting Information)

Pre and Post Adoption Services: Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program which assists families to record adoptions in Louisiana and then obtain a revised birth certificate. Additionally, Regional Family Resource Centers provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post adoption finalization.

Inter-country Adoption Data

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
Baseline: 2007-08	69
2008-09	67
2009-10	30
2010-11	28
2011-12	28
2012-13	
TOTAL	

The data was derived from the TIPS download files for the Adoption Petition Program. All cases reported above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed.

The number of inter-country adoptions remained somewhat stable for FFY 08-09 with only a 2.9% decrease. A more drastic change occurred from FFY 09-10 with a 55.22% decrease. Guatemala and China make up the largest percentage of inter-country adoptions across all three years. The substantial decrease in the number of inter-country adoptions may be attributed to the decline in the number of adoptions from Guatemala, China and Russia. Factors that may contribute to the decline in these countries include recent policy changes in Russia resulting from failed adoptions; policy changes by China contributing to reductions in adoptions; and U.S. policy to suspend adoptions from Guatemala pending that country’s compliance with the Hague Convention. The US adopted the Hague Convention standards in 2000 and implementation became effective April 1, 2008.

Disrupted Inter-country Adoptions Update FFY 2010: DCFS provided services to one child who was originally adopted from Chiquimaquia, Guatemala through Plan-It for Kids, PC of Pennsylvania in 2003 by a New Orleans Family. At the time of Hurricane Katrina in 2005, the child was experiencing his second hospitalization at the New Orleans Adolescent Hospital, a psychiatric facility, and evacuated to East Feliciana Parish near Baton Rouge with medical staff and other patients. His hospitalization was due to extreme physical aggression and threats to kill his adoptive mother and sister. Hospital staff reported that his adoptive mother was afraid of him, and did not want him to return home. He was abandoned by his adoptive parents who did not pick him up when he was ready for discharge. He entered foster care as a result of this abandonment in East Feliciana Parish in September 2005. Despite diligent efforts, DCFS staff never located his adoptive parents; therefore, no preventive or supportive services were provided.

The child is now almost 15 years old. After nearly four years of placement in a residential treatment facility, he is now in a stable placement in Louisiana with a two-parent family with two children, a boy and a girl who are younger than him. He has been placed with this family since September 2009 and is doing well. The family plans to adopt him if possible.

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Prior to this placement, the child had severe behavior problems that required daily medication; he also had a history of physical and verbal aggression toward adult authority figures and temper tantrums. He has successfully completed therapeutic counseling, and his behavior problems are considered mild at this time. He is on no medication. He is in the eighth grade in a regular school in the gifted and talented program, and is doing well academically. The child's permanency goal has been changed from Alternate Permanent Living Arrangement to Adoption, and DCFS is actively pursuing termination of the parental rights of his adoptive family.

Update FFY 2011: DCFS provided services to three children who were originally adopted internationally: one child from Guatemala referred to above and two children from Russia, who entered care in August, 2010.

The Guatemalan child, a 15 year old male, continues to do well in his foster care placement in Louisiana with the family he has been with since September, 2009. He became legally freed for adoption on March 1, 2011 and the foster family plans to adopt him. His adoptive/legal parents, no longer married, were finally located by the Department in the fall 2010 in Louisiana and California. Parental rights were terminated in November 2010 and March 2011. The child is currently in the ninth grade, in the gifted and talented program and does well academically. He is also artistic. He continues to function well with only mild behavior problems which do not require therapy. He did however go to a therapy session in the fall 2010, when his adoptive parents were located. He had not realized they were still alive; he thought they had died in Hurricane Katrina. He however accepted well the change in their status and has been able to go on with the life he has developed for himself during the past five years.

The Russian children, who came into care in August, 2010 are brothers, now aged 19 and 17. They are originally from Tula, Russia, located 90 miles south of Moscow. They were adopted at the ages of 8 and 11. The older child, who aged out of Foster Care on his 18th birthday in October, 2010, continues to receive services from the Young Adult Program. Along with a sister, both boys had been adopted privately in May, 2001, from Russia by a 35 year old single mother who had an extremely positive home study. The children's birth mother had died in May 1998 and their father's rights were terminated in May, 1999; he was an alcoholic and could not provide for them. Prior to their adoption in Russia in May 2001 they resided in a Russian state "institution". The boys and their sister arrived in the US with their adoptive mother in May, 2002. The sister was older than 18 when the boys came into state care and had already left the adoptive home when she turned 18.

The boys entered state custody in August, 2010 due to neglect. Their adoptive mother refused to come and get them from the hospital where she had taken them because she said they were suicidal. When the hospital assessment determined that they were not suicidal, she refused to take them home. Furthermore, neither boy wanted to go home to her: they feared her and reported that she ridiculed them, would drive them to the airport and threaten to return them to Russia as well as threaten to inflict bodily harm on them. They entered state custody that day along with another adopted sibling, an American, who also feared the adoptive mother. At first both boys stayed with neighbors and then the younger one was placed in another home where he remains to date while the older one stayed with the neighbor until he turned 18 at which time he went to live with a friend's family.

The older one is receiving Young Adult Services to help him achieve independence and is residing with a family who provides the emotional and physical support he needs. He is in the 11th grade and plans to go to college. He is doing well in school and relates well to peers. The adoptive grandparents are also

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able to offer some support despite their conflicted relationship with the adoptive mother. (There are allegations by the adoptive mother that her parents had abused her.)

The younger brother is in a stable, loving foster home and is in the 10th grade. His adjustment has been good. He plans to graduate from high school and then go to college. He was psychologically evaluated and did not have any diagnoses other than parent-child relationship problems, history of emotional and physical abuse and stress associated with family problems. Counseling was recommended. He attended a few sessions but decided not to continue. He gets along well with others and is active in school sports. The official permanency goal of the Department is to return the child home but the mother is not following the case plan to engage in therapy services (she refuses to admit she has any problems). Nor does this child want to return to the adoptive mother. It is predicted that the younger child will age out of foster care when he turns 18 in August, 2011, and then enter the Young Adult Program, like his brother. In conclusion, both boys are doing well.

Update FFY 2012: DCFS has been providing services to four children who were originally adopted internationally: one child from Guatemala; two children from Russia; and one new child from China, who entered care in November, 2011.

The Guatemalan child, a 16 year old male, since the last report in FFY 2010, has had two potential foster home placements and both families were considering adopting. However, due to his behaviors both placements disrupted. This child is currently placed at Methodist Children Home in Ruston, Louisiana. He is functioning on gold level at the residential facility. Therapeutic services are provided at the facility. He currently attends Ruston High School; he is one of four students from the facility that is attending a community school. He is in the tenth grade, with good academic performance. Plans are for his seventeenth birthday, July 2012; he will proceed with receiving services toward independent living.

The Russian children, who came into care in August 2010, are brothers; they are now age 19 and 18. They are originally from Tula, Russia, located 90 miles south of Moscow. The two brothers continue to receive Young Adult Services and support from the Department. The brothers continue in their placements. The 19 year old lives in a non-certified family home, as ordered by the court, to allow him to attend the school of his choice. The family continues to provide him with the emotional and physical support he needs. The younger sibling resides with stable and loving foster parents and he too has made an excellent adjustment to the home and school environment. The older sibling is in the twelfth grade at Alexandria High School with an excellent academic record. The younger brother is in the eleventh grade at Holy Savior Menard Central High School. His academic performance is good. The 19 year old has plans to attend Louisiana State University at Alexandria after graduation this year. The 18 year old, at this time, is considering his options for the future. In conclusion, both boys are doing well.

DCFS is currently providing foster care services to a female child, fourteen years of age, who was originally adopted from China. In November 2011 the child was hospitalized at Southeast Louisiana State Hospital, a psychiatric facility, due to extreme behaviors. At bedtime she would stand over the adoptive father with a knife and exhibit aggressive behaviors (fighting) at school. She was abandoned by her adoptive parents who did not pick her up when she was ready for discharge. She entered foster care as a result of abandonment in Ascension Parish; the family resides in Gonzales, Louisiana. The child entered foster care the later part of November 2011. Since her entry into foster care, the family has refused to work towards family reunification. Since November 2011 this child has maintained her placement at Methodist Children of Greater New Orleans. She has successfully completed the program

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and has earned her “wings of migration”. She is in the 8th grade with excellent academic performance. A potential foster family has been identified for this child and visits are being planned to assess the family’s ability to provide the care she will require.

Update FFY 2013: DCFS has continued to provide services to four children who were originally adopted internationally: one child from Guatemala; two children from Russia; and one from China.

The child from Guatemala is now 17 years of age. He was placed at a residential facility in November 2011; he continues there as of this report. The facility is located in Ruston, Louisiana. This facility provides psychiatric residential treatment for children with severe emotional and behavioral problems. This child has adjusted well to the residential environment; he gets along with staff and has a good relationship with his peers. He has been attending Ruston High School; he is in the 11th grade. He has willingly attended tutoring as well as extra curricular activities. He has had access to weekly therapeutic sessions and has actively engaged in group sessions related to communication skills, anger management, relationship skills, and coping skills. He completed the substance abuse group on campus and earned a certificate of completion. He remains on gold status. He completes his chores, personal responsibilities without prompting, interacts well with his peers on most occasions, and responds respectfully to staff when he is not upset. He was freed for adoption; however his goal was changed to Alternate Permanent Living Arrangement (APLA) after efforts had been made to locate an adoptive family. He is interested in obtaining a part-time job and securing an apartment in the Ruston area to finish his education at Ruston High School. He is not open to a foster family.

The two males from Russia are brothers. The oldest brother is now 20 years of age. He will be 21 and will age out of the YAP on October 3, 2013. This young man graduated from Alexandria Senior High and attends Louisiana State University at Alexandria (LSUA) and is majoring in nursing. A scholarship recipient, he has been working part time at Sonic and has been residing in his own apartment in Alexandria with his girlfriend. He continues to do well. The younger of the two brothers is now 19 (he will be 20 years of age in August) and participates in the YAP. He has continued to reside with the same family so he can attend Holy Savior Menard Central High School. He was also slated to receive the state scholarship, but he had major surgery due to an old football injury at the beginning of the school year. He has been in the process of making up those classes. He also has been working part-time as the head cook at a local restaurant in Alexandria. Overall he has been doing well. He has plans to attend college when he graduates in May 2013.

The 15 year old female from China continues in the legal custody of DCFS. Her parents signed the Voluntary Act of Surrender in May 2012. The child was placed with a foster family in Zachary, Louisiana on August 1, 2012. The child is involved with the Independent Living Skills program through Catholic Charities and is currently enrolled in the 9th grade at Zachary High School. She has an above average GPA. She has been nominated to receive an Honor's Award this semester. She has been doing extremely well in this home and the foster family decided they do not want to adopt. However, they are willing to provide a long-term care for this child. This child has expressed her interest in remaining in this home.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS APPLICATION FFY 2013:**

Program Description/Administration: Child Welfare within the Department of Children and Family Services (DCFS) is the state department that administers the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Programs. These programs operate within the Program Division, Foster Care and Transitioning Youth Unit. Toni Buxton is the Unit Administrator responsible for program administration and monitoring of these services. DCFS state office staff members visit Chafee providers and the contract distributor of the ETVs at least quarterly, complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit, attend Chafee independent living skills training classes to monitor youth's participation and course content, review youth Chafee service records to ensure individual assessment and service planning, review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

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

Program Delivery: Service delivery for youth is provided by the youth's caregiver, a DCFS worker and by contracted CFCIP and ETV providers. There are six CFCIP providers statewide. The provider of the Greater New Orleans Region also serves the Thibodaux and Baton Rouge Regions. The New Orleans provider subcontracts services in the Baton Rouge and Thibodaux Regions. The current Lafayette Region Provider also serves the Lake Charles Region. The Lafayette provider has an office in Lake Charles and serves both regions without subcontracting services. Goodwill Industries is the provider for the Shreveport Region. Methodist Children's Home, Family Counseling, and Southeastern Louisiana University continue to serve the Monroe, Alexandria and Covington Regions, respectively. The ETV provider for the state is the Louisiana Office of Student Financial Aid (LOSFA). This state agency is located in Baton Rouge, but works collaboratively with the financial aid offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development.

Each youth is served by a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility. The state worker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care if entering state custody after age 14 and/or to the ETV provider whenever the youth is ready to pursue a post-secondary education and/or vocation. Youth enrolled in CFCIP services may be served by their state department worker and by the CFCIP provider up to age 21 as needed. The CFCIP providers informally continue to be available to the youth at any time in the future the youth makes contact for assistance regardless of age. Youth are informed of the ETV program by their DCFS case managers and by CFCIP providers. By completing the free application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Aid (LOSFA) for ETV consideration. The Department

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continues to monitor compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth exited foster care from DCFS at age 18 or OJJ custody between ages 18 and 21; if the youth exited foster care from DCFS custody after age 16 to an adoption or guardianship arrangement; if the youth is enrolled in a post-secondary education and/or vocation program; and, if the youth has not yet attained age 21, unless the youth was already receiving an ETV at age 21 and remained continuously enrolled up to age 23. ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Population Served:

Youth in Foster Care: Those youth who have been identified as likely to remain in care until age 18 include those who are 15 and older who have a permanency goal of Alternate Planned Living Arrangement (APLA) or Adoption with no identified permanent home, those who have identified emotional/behavioral disorders, and those who have a history of multiple placement disruptions.

Youth No Longer in Foster Care: Four groups of youth are eligible to continue to receive CFCIP services after they have left foster care:

- (1) Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care.
- (2) All youth who leave foster care for any reason after beginning CFCIP life skills training are eligible and encouraged to remain in the program until they complete it.
- (3) Youth who have aged out of foster care and make a voluntary plan to continue educational and vocational pursuits with the assistance of the Young Adult Program (YAP) and/or the ETV program.
- (4) Youth who have completed the life skills training program with a CFCIP provider may always return to that provider for additional assistance as resources allow.

Differential Service for Various Ages and States of Achieving Independence: Beginning July 1, 2010, CFCIP contracts address training requirements in terms of modules to be completed by each age group rather than a set number of hours of training. Youth receive their first Casey Life Skills Assessment (CLSA) and participate in the development of their first life skills learning plan at age 14; at age 15, youth participate in the development of their initial YTP. Youth ages 18 to 21 may voluntarily elect to participate in the YAP to continue their educational and vocational pursuits.

Income is not an eligibility factor for participation in the CFCIP, YAP or receiving an ETV, and youth are no longer required to participate in the cost of their daily care; however, they are encouraged to set aside part of their earnings in a savings account to plan for their future.

If youth reside out of state, they may remain eligible for the YAP (ages 18-21) if they meet the eligibility requirements of the program. A youth is considered living temporarily out of state if they return to Louisiana during each year. Based on residency guidelines for public post secondary educational institutions, students who establish residency in another state and reside in

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a state for a year are considered a resident of that state. Referrals to the Independent Living Coordinator of the state where the youth resides are made requesting continued or further services. ETV benefits continue to be provided by Louisiana to youth who leave Louisiana to attend college, or youth attending a post-secondary educational program in Louisiana from another state where they were in foster care until the age of 18.

Service Area: State department workers serve youth in all 64 parishes of the State from 9 regional offices and 48 parish offices. CFCIP providers are located in each region and serve youth in all 64 parishes. CFCIP providers work with local entities such as churches, civic organizations, and libraries to secure convenient service locations to comply with their contractual requirement to provide services within 45 minutes of each youth's residence. Youth are now able to access ETV services statewide through their higher learning institutions through the connections with LOSFA.

Program Evaluation: DCFS is participating in the national evaluation of the effects of the programs in achieving the purposes of CFCIP. DCFS has developed the National Youth in Transition Database (NYTD) to track services to current and former foster care youth so their well being and outcomes can be monitored. DCFS made the surveys accessible to all users and youth via the DCFS internet site and case managers are completing most of the NYTD surveys with the youth. Work continues to occur to develop a more sophisticated electronic survey and data collection tool for more effective data management. Louisiana has participated in numerous other NYTD events such as the 2011 and 2012 National NYTD forums and the National NYTD Technical Working Group. An inter-departmental workgroup of DCFS and OJJ staff was established to identify challenges in implementing NYTD and ways to overcome challenges. This workgroup ended in 2009 and re-started in 2010. This group continues to work together on a regular basis to address any issues that come up and to ensure compliance with NYTD each reporting period.

DCFS has helped to facilitate the attendance of the president of the Louisiana Youth Leadership Advisory Council (LYLAC) at the National NYTD Conference. DCFS also facilitated this young adult's participation on the NYTD Technical Working Group.

In 2012, the Children's Bureau (CB) notified the Department that none of the record numbers reported to NYTD matched the record numbers of youth reported to the Adoption and Foster Care Analysis System (AFCARS). CB staff noted that the record numbers in AFCARS contained X's, which padded the record numbers to meet the 12 digit field size requirement. In the files submitted to NYTD, the leading X's were omitted thereby failing to meet the standard that states are required to use and report to NYTD the same person identification number for the youth the state reports to AFCARS for youth who are or were in foster care. Subsequent to this finding, and to ensure that youth reported to both NYTD and AFCARS use the same record number, the state submitted subsequent NYTD data files for all report periods impacted by this issue. Because Louisiana opted to sample, updating record numbers caused the list of sampled record numbers to change. A list of the encrypted record numbers in the current sample and their corresponding, updated encrypted record numbers after the subsequent files identified were submitted. Because no re-sampling or replacement sampling is permitted, CB staff had to verify that the same youth selected for the state's sample remained in the state's sample. In addition to the subsequent NYTD files submitted to the CB, the state sent a list showing the sampled records' original and updated numbers.

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In March 2013, as part of the state's AFCARS review, NYTD was also reviewed during this time period. (For additional information on the AFCARS Assessment Review refer to that section of the plan.). The preliminary NYTD review resulted in CB staff finding the way Louisiana has chosen to conduct data collection is an acceptable way to meet the data collection requirement, though it is not the envisioned way. CB staff also noted four questions regarding the way data is collected and details of a few specific data elements. One of these questions pertained to the fact that Louisiana collects "services data" by way of surveying youth during the reporting period in question. The DCFS and OJJ case workers are responsible for inputting the information they have regarding services received by the youth. In addition, the youth are surveyed regarding services received so that nothing is missed. CB staff expressed concern because data is gathered by survey and the data captured might not reflect the full array of services received in the six month period. DCFS is in the process of convening a workgroup to address this concern along with other questions regarding the data elements.

On an ongoing basis, NYTD is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP Independent Living providers. During these discussions staff reiterates the importance of this tool in assessing service delivery and improving work with youth. The CFCIP Independent Living providers assisted in surveying "NYTD follow-up youth". DCFS developed a plan for the CFCIP Independent Living (IL) providers to stay in contact with the sampled "NYTD follow-up youth" and with the baseline youth as they enter that population. The plan ensures the CFCIP IL providers will have contact with each of these youth at a minimum of every 60 days. It also ensures they will send the youth a birthday and Christmas card. The contact will be to remind the youth of NYTD, survey requirements, the annual events/conferences, and to check on their service needs. Follow-up survey participation also includes the youth receiving a small item as compensation. Additionally, their names are entered into a drawing to win payment of one bill (up to \$100.00). The CFCIP Independent Living Providers will also be holding the annual DCFS "NYTD Reunion Event/Youth Conference" for all youth (ages of 15-23) that receive services from DCFS or OJJ. All "NYTD Follow-Up youth", any youth under age 23 that received a baseline NYTD survey, DCFS staff that works with youth and/or programs that serve youth are invited. The reunion was initially designed to provide ongoing assistance while allowing continued contact. These events have evolved into conferences for youth and adults to learn about NYTD, to receive services and information to assist in independence and to assist in learning best practices to apply when working with youth. In 2013, the events were held on June 4, June 6, June 10, and June 11 across the state. The Department plans to continue having these reunions for Louisiana Youth as they enter the population and as they become alumni.

This year DCFS partnered with the CFCIP Independent Living providers to have a couple of youth in each region of the state participate in development of an informational brief. For 2013, the information briefs covered: The Most Important Things to Know About Youth Transitioning From Foster Care; The Most Important Things to Know About Foster Youth and Their Privacy and Sensitivity; and, "I Have a Voice", Why it is Important to Listen to Youth in Foster Care. DCFS compensated youth that developed and presented the briefs at the annual NYTD Event/Youth Conference. The audience included caseworkers, caregivers, and other DCFS staff. DCFS provided all of the CFCIP IL providers with the NRCYD briefs on public speaking and strategic sharing. Each of them met with the youth to go over the information in the briefs and to help prepare the youth for their presentations. Many of the youth also participated in sessions

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at the conference. In August, 2013 the briefs will be posted on the DCFS webpage under the youth link so they will be easily accessible.

DCFS reached out to LYLAC board participants in 2013 to request assistance in developing a brief on "Important Things for Permanent Connections to Know". This brief was completed June 30, 2013 and includes statements from current Louisiana foster youth or youth who has previously been in foster care. It also included ideas of what individuals, who are identified as permanent connections, can do to assist youth. The DCFS Independent Living Coordinator also attended the conference following the meeting.

DCFS facilitated participation in the new Independent Living Coordinator's meeting held by NRCYD at the Pathways Convening in New Orleans.

Collaboration: DCFS recognizes the value of coordination and collaboration across the spectrum of child and family serving organizations, and actively pursues partnerships to improve outcomes for youth in foster care, youth who have left foster care for adoption or guardianship and youth who have aged out of foster care. Foster youth have been invited to participate in Program Improvement Plan (PIP) development, APSR review and development, policy development review and comment, and development of the plan with the Department for creating the Louisiana Behavioral Health Partnership (LBHP). Youth have also presented at local and national conferences, and served with CFCIP providers in program development. The Department sent staff, youth and foster parents to the 2012 National Pathways Convening in New Orleans, Louisiana. This effort was a part of the ongoing plan to engage youth and to train staff and caregivers on the importance of transition planning.

Public, Private and Faith Based Sector: DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve as more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises.

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

Lutheran Social Services of the South (LSSS) is administering a mentoring program called "BeREAL" in New Orleans. The program accepts youth in foster care aged 13 to 18 years old. Youth may remain in the program up to age 25 if they are in the program when they reach age 18. The purpose of the program is to provide direct or indirect services to young adults to help prepare them to successfully transition into adulthood. A strong emphasis is placed on education.

Since August 2009, 24 youth from ages 13-20 have been served. All youth have received individualized coaching support from a transition coach as often as needed (anywhere between once per month to once per week). Transition coaches have visited the youth over 957 hours and BeREAL staff has logged over 421.5 hours. Through the program youth have received both

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monetary and non-monetary assistance (i.e. rent, utilities, transportation and groceries, tutors and mentoring, etc). Additionally, BeREAL has been one of the sponsors for the Orleans Youth Transition Day for two years providing door prizes, a full continental breakfast, manning a booth, and in 2010 they also provided entertainment. BeREAL has collaborated with the Louisiana Foster and Adoptive Parents Association in New Orleans for several events, including the joint sponsorship of the annual Christmas celebration.

The BeREAL Program has proven to be quite successful in its early efforts to provide meaningful support to youth aging out of the foster care system. One hundred percent of the enrolled youth are involved in a post-secondary educational program and have an identified adult support person in their lives.

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

DCFS has developed a reciprocal relationship with the Louisiana Community & Technical College System. Representatives from both agencies meet annually with the Director of Educational Programs; Derrick Manns, PhD to discuss areas in which we can help our youth become more aware of this system and ways to better access services. This relationship has continued for several years.

DCFS and OJJ worked together in the past year to develop a joint YTP document, which the Supreme Court, Court Improvement Project (CIP) posted online at their website as well for ease of access to a multitude of stakeholders. (*PIP item PS 2, AS 3, BM 3.1*)

DCFS, OJJ, CASA, the CIP and several other state and community agency partners joined together along with the American Bar Association to develop greater understanding of issues impacting Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth and implications for youth development and effective organizational service delivery. National experts provided training to develop capacity among the state and community partners to spread the knowledge to other organizations around the state serving this unique population of youth. Presentations have been made in several different venues statewide including the 2012 Louisiana National Association of Social Workers Conference.

Other Federal and State Programs for Youth: Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974: DCFS continues to partner with Youth Oasis in Baton Rouge in supporting the operation of a transitional living program to provide housing and other services to runaway homeless youth and former foster care youth. The Youth Oasis transitional living program provides housing and other support services to youth in foster care and those who have aged out of foster through a contractual arrangement with DCFS. DCFS staff served as a part of the alliance that resulted in the creation of Youth Oasis. Members of the now defunct alliance (including DCFS staff) now attend Youth Oasis board meetings as non-voting members. The previous Youth Oasis administration was active in the DCFS Performance and Quality Improvement (PQI) Stakeholder Committee. In FFY 2010 and 2011, DCFS made efforts to engage current Youth Oasis leadership's participation in the

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Consumer and Community Stakeholder Committee; however, these efforts were unsuccessful. Efforts to gain participation were made by telephone in the past. Future efforts will include letters and attempts to schedule personal meetings to discuss the committee if necessary.

Abstinence Programs: Independent Living Providers include sex education in their life skills groups. This phase of life skills development includes abstinence as an option, but DCFS does not partner with any programs devoted exclusively to abstinence.

Local Housing Program: Regional and parish DCFS offices and CFCIP providers coordinate with local parish housing authorities and other housing programs. Collaboration with local housing authorities has resulted in youth being placed in permanent supportive housing. Additional youth are currently on the waiting lists for such housing, and collaboration will continue toward moving youth into permanent supportive housing. Additionally, CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. Covenant House in New Orleans is a temporary shelter which is able to house youth for a short time basis if they have no suitable living arrangement once they are over the age of 18. DCFS CFCIP staff has partnered with the Louisiana Emergency Solutions Grant Program and Homeless Prevention and Rapid Re-housing program to provide short and medium term housing and utility assistance to youth exiting the foster care system. DCFS has coordinated access to the program providers in order to maximize resources for youth.

Programs for Disabled Youth: DCFS refers youth with special needs for employment in Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enroll and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. JobCorp and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the, DOE, OCDD, Department of Health and Hospitals (DHH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Post-Secondary Education and Other Services for Youth: Any youth who exits foster care at the age of 18 or enters guardianship or is adopted at the age of 16 or older is eligible for an ETV. Post-secondary institutions are aware of a youth's eligibility for ETV by completion of the free application for Federal Student Aid (FAFSA) which will indicate if a youth was a ward of the state. The LOSFA has also done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates

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an interest in a program that hasn't previously been available or utilized. The youth are referred by their educational institutions to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through DOE, the Louisiana Workforce Commission's Workforce Investment Programs, Big Brothers/Big Sisters and the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. Braveheart Children is another non-profit agency supporting the care of children in foster care, and this organization offers 3 scholarships annually for youth exiting foster care for a post-secondary education in medicine, engineering and education. Additional information about this organization can be accessed at braveheartchildren.org. Youth are provided information about these scholarship opportunities through their case managers. DCFS has a youth link on our internet which is disseminated routinely to youth when administering the NYTD survey to provide them information on education and other services to support the transition to adulthood. This link is at www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

Mental Health and Substance Abuse Services for Youth: DCFS coordinates with the DHH, Office of Behavioral Health (OBH), OJJ, DOE and a contract agency called Magellan to identify foster children who may be eligible for behavioral health services such as community outpatient, inpatient, residential care, group home care, substance abuse treatment and mental health rehabilitation services through the LBHP. As youth aging out of foster care retain their Medicaid coverage through age 21, youth may contact the LBHP customer service line at any time (24/7) to self refer for behavioral health issues to obtain assessment and referral for services billable to Medicaid. The DHH has instituted a managed care system for physical health care needs of Medicaid recipients with options for 5 different provider plans. Youth exiting foster care at age 18 retain their Medicaid coverage through age 21. Youth are allowed to select their own managed care provider for their ongoing health care needs annually. This system also covers treatment for specialized services such as dental care, vision care, and well baby care and pharmacy services/medications.

Youth exiting foster care also receive assistance from DCFS caseworkers and CFCIP providers in making necessary linkages to other economic support programs through DCFS when needed. Examples would include Child Care Assistance for any children of the youth and food stamps.

Update FFY 2012: DCFS began work with the Louisiana Children's Code Committee to develop a joint youth transition plan for all youth age 15 and older in DCFS and OJJ custody. DCFS continued its participation in a new pilot task force in the New Orleans region on LGBTQ youth. The group is comprised of stakeholders including local judges, court advocates, DCFS staff, attorneys and others and is focused on identifying the special needs of these youth and strategizing methods to better serve them.

During October 1, 2010 to September 30, 2011, the collaboration with Lutheran Social Services continued. The BeREAL mentoring program served 30 youth between the ages of 13 and 21 during this time. BeREAL provided the following services: tutoring; mentoring; academic advising; education and career planning; assistance with taxes; recreational opportunities; computer access; financial scholarships to assist with housing, tuition, books, transportation, household expenses, cell and internet; financial incentives for academic achievement to include clothing shopping sprees, money for graduation budget and graduation, and outings with Transition Coach. Each youth goes out for a birthday dinner with their Transition Coach and

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receives a Christmas gift. BeREAL Staff Transition Coaches logged 1,506 visits with the youth. Volunteer mentors and tutors logged 741 hours with the youth. BeREAL is active on the DCFS PQI Stakeholders Committee and Jefferson Parish's Local Coordinating Council for their CSoC's Family Services Organization.

Of the youth served by BeREAL, 100% of our youth have at least one identified adult support person in their lives, and 100% of our youth are working towards post-secondary educational goals.

Update FFY 2013: As part of PIP work, CFS has assessed effective delivery of Casey assessments by the CFCIP providers to caseworkers and education of case workers on how to use these assessments in case planning. In State Fiscal Year (SFY) 2013, contracts were adjusted to clarify language related to this expectation. The Department continued its work to assess from the perspective of youth, foster caregivers, and staff and CFCIP providers how effective the current Youth Transition Plan (YTP) is in planning with youth for the transition to adulthood. Based on feedback from youth, DCFS is updating the YTP document to make it a more "youth-friendly" tool. In calendar year 2013, the Department has the YTP added into the Family Assessment Tracking System (FATS). This change will reduce duplication of efforts and ultimately lead to better case plans for our transitioning youth (ages 15-21). State office staff is planning additional staff training around the changes to the tool that reinforce the purpose and importance of youth planning to enhance the transition to adulthood. Next steps include the ongoing analysis of field staff progress and challenges to YTP utilization and change in level of engagement of youth in the planning process as well as continued education of staff in more effectively empowering youth to guide their own YTP development and progress. (*PIP Items – PS 2, AS 3, BM 3.1*)

The Department also continued support of the Louisiana LGBTQ Taskforce by assigning a Child Welfare Consultant to work with the taskforce. The consultant has presented at various conferences, including the 2012 Annual Together We Can Conference and the 2013 Louisiana National Association of Social Workers' Conference Master Session.

The Department will be making efforts in the coming year to guide regions implementing the Family Team Meeting (FTM) Process and use this process and the inherent skills to develop youth team meetings facilitated by the youth for YTP planning and development (*PS 2, AS 3, BM 3.4, 3.5*).

DCFS FC program managers reviewed Independent Living Skills (ILS) providers' contracts to assure youths' Casey Life Skills assessments are provided to DCFS workers. Program managers provided recommendations regarding any necessary changes to the contract language to clarify the actual Casey assessment result be provided to caseworkers as well as the individual learning plans developed based on the assessments. Each contract had slightly different language with some requiring the actual assessment and others requiring the learning plan be provided to the DCFS worker.

A Request for Proposals (RFP) was completed and grants were awarded for a three year period. Language was included in the contracts to require the actual Casey assessment results for each child be provided to the DCFS caseworker, that the DCFS caseworker be engaged in development of the individual learning plan for the youth, and that the contract providers follow

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up with the DCFS caseworker after providing the worker the assessment results to insure the worker understands the results and how to use them in case planning for the youth.

In order to ensure that DCFS staff were clear about expectations, a memorandum regarding potential of Casey and Youth Transition Plan (YTP) as case planning tools as well as DCFS expectations and guidelines for use of tools was issued effective 2/14/2012. The Department also conducted a video and teleconference with field staff statewide 2/01/2012 discussing policy and practice expectations related to YTP. State office staff also collected copies of recently completed YTPs for review and identified areas for field staff practice development. Subsequent to this work, the Department developed a workgroup of field staff, independent living providers, foster caregivers, and youth to revise the YTP form and develop training for field staff on more effective utilization of YTP form.

Foster Care and Transitioning Youth staff completed the review of YTPs and initiated the updates to the current YTP and YTPR to make the instrument user friendly. State office led a video-conference to discuss the summary of the survey completed by field staff across the state regarding staffs' knowledge of the Casey Assessments and their subsequent use of the plans when working with youth to develop their Foster Care/Adoptive Plans and their Young Adult Program Agreements. State Office also hosted an "YTP Live" Event which was broadcast statewide to DCFS staff on October 10, 2012. The "Live" event was a talk show moderated by a FC CW Consultant and the guests were a FC staff person, a youth, two foster parents, and an Independent Living provider. Questions were received from the field and program staff. Each guest was able to answer from their perspective. The event was taped and provided to the Louisiana Court Improvement Project for posting on the CLARO website, which can be accessed and viewed by all legal stakeholders, including CASA workers.

Activities Planned FFY 2014: With regard to ILS providers' contracts, program consultants will do the following:

- continue monitoring contract agencies quarterly or more frequently if needed to insure providers give Casey assessments to case workers
- follow up with case workers to insure receipt of assessments from the contract providers
- have contract providers offer case workers assistance in understanding the assessments and how they can be used in case planning with youth, and
- plan to request NRCYD provide training for DCFS staff and contract providers on the revised Casey Life Skills assessment or other research based life skills assessment in the next year
- require providers to indicate the method for insuring caseworkers receive Casey assessments

In August 2013, DCFS staff will attend the NYTD Technical Working Group meeting in Baltimore, Maryland and will then attend the National Independent Living Coordinators meeting and the Pathways conference.

Tribal Consultation and Collaboration: Ongoing collaboration occurs with the four federally recognized Tribes in Louisiana:

- Chitimacha Tribe of Louisiana (St. Mary Parish)
- Coushatta Tribe of Louisiana (Allen Parish)

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- Tunica-Biloxi Tribe of Louisiana (Avoyelles Parish)
- Jena Band of Choctaw of Louisiana (Grant, Rapides, & LaSalle Parishes)

The Tribes in Louisiana were consulted regarding the development of the state's 2010-2014 CFSP which includes CFCIP and ETV plans. The social service directors of all four Native American tribes in Louisiana were asked for their input and suggestions regarding the plans. Karen Matthews, Social Services Director of the Chitimacha Tribe of Louisiana, and Milton Hebert, Social Services Director of the Coushatta Tribe, attended the March 10, 2009 CFSP kickoff meeting and participated in workgroups to develop the plan. Jean Allen Wilson, Social Services Director of the Tunica Biloxi Tribe, and Milton Hebert participated in the 2010 Louisiana CFSR kickoff meeting. Milton Hebert, Karen Matthews and Mark Ford, Executive Director of the Governor's Office of Indian Affairs, participated in the 2010 CFSR on-site stakeholder interviews.

On May 19, 2010, August 2010 and April 20, 2011, DCFS staff participated in meetings with social service directors/staff of the four federally recognized Tribes in Louisiana arranged and attended by ACF Region VI staff. Tribal representatives included Milton Hebert of the Coushatta Tribe, Karen Matthews of the Chitimacha Tribe; Mona Maxwell of the Jena Band of Choctaws; and Babette Bordelon of the Tunica Biloxi Tribe. None of the Tribes indicated they currently have youth in foster care or in the custody of the Office of Juvenile Justice who are in the age range appropriate for CFCIP or ETV services. During the meeting in August 2010, DCFS staff was prepared to provide training on use of the Casey assessment; however, only one tribal leader was present at that time.

In all meetings, the Tribal Social Services Directors/staff were reminded that DCFS is willing and available to provide assistance should they decide now or at any point in the future to pursue a IV-E agreement, administration of the Chafee Foster Care Independence Program and/or the Education and Training Voucher Program. Chafee and ETV services are available to all youth who meet eligibility criteria, including Tribal youth. All youth are referred to the CFCIP and ETV programs by their departmental worker. In addition, to further outreach efforts, CFCIP/ETV providers are required to contact and make efforts to meet with the Tribes face-to-face and to inform DCFS state office staff prior to the meeting so that DCFS may be a part of the meeting if possible. Independent Living providers are aware of the need to invite, involve and offer services to Indian youth.

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

Update FFY 2012: At the state level DCFS began holding monthly teleconferences with all Louisiana tribal social service directors in January 2012 to insure they remain aware of updates to policy and programs as well as training opportunities. Availability of CFCIP services has been a discussion topic in these calls. However, the tribal leaders continue to indicate there are no youth in foster care currently from their tribes.

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Update FFY 2013: During this period, DCFS has diligently worked toward building relationships, sharing information, and supporting the four tribes in the state. DCFS scheduled a phone conference with the tribes for December 5, 2012 to introduce the new tribal liaison. The phone conference was not attended by any tribal staff. Staff conducted visits with the Coushatta, Chitimacha, and Jena Band of Choctaw tribes in January and February 2013. The DCFS training supervisor conducted site visits with all four tribes to discuss child welfare training and even more specifically, share with tribes a newly developed computer-based course on family engagement. Tribal staff was invited to participate in Family Team Meeting (FTM) training in December 2012 and the AFCARS audit in March 2013. Other communication by DCFS with the tribes included dissemination of information regarding Behavioral Health Forums with Magellan, the Uninterrupted Scholars Act and the Leadership Academy for Supervisors. DCFS staff participated in webinars entitled “Indian Child Welfare Act: What Parents’ Attorneys Need to Know” and “Homelessness among American Indians”. FC CW Consultant participated in a conference offered by the National Indigenous Women’s Resource Center in Lafayette, LA on February 13 – 15, 2013. The conference was entitled “Embracing, Engaging, and Empowering Our Communities” and focused on the domestic violence epidemic in Native American populations. In February 2013, several DCFS staff conducted a staffing with Chitimacha Tribe Social Services Director to address the specific needs of a youth aging out of care. Representatives of DCFS also participated in the annual IV-B Meeting held on the Chitimacha Reservation on April 30, 2013. Family Team Meetings (FTM) and Advanced Safety Practice were discussed to advise the tribes of new practice models that DCFS is implementing across the state. Discussion also centered on procedures for obtaining annual credit reports for youth age 16 and older in foster care and requirements for NYTD. Information and materials were provided to the tribes regarding the Governor’s Program on Abstinence. Details and contact information about the Children’s Trust Fund Triple P Parenting Program was also provided. Tribes were invited to participate in the quarterly PQI Stakeholder Committee meeting held June 27, 2013 and the Independent Living Coalition meeting held May 21, 2013.

Activities Planned FFY 2014: Monthly teleconferences will continue and include monthly data reports on native children in state custody. The reports will track tribal affiliation to insure conversations are held with tribes outside of Louisiana when children are in custody in Louisiana. This will help to assess areas for improvement in assisting these youth to transition to adulthood. Also, the tribal social service directors will be invited to participate in any technical assistance requests regarding use of the Casey assessment.

SEVEN PURPOSE AREAS/GOALS:

PURPOSE/GOAL 1: HELP YOUTH TRANSITION TO SELF-SUFFICIENCY: DCFS assesses the needs of youth in their transition to self-sufficiency through the Assessment of Family Functioning/Case Plan, the YTP/ YTPR and the CSLA. Youth are encouraged to participate actively, and, in fact, lead the process of developing plans for transitioning to self-sufficiency.

CFCIP providers use the Casey Learning Plan as the basis for a relevant, current and consistent curriculum that allows youth to complete the plan despite geographic moves. Since July 1, 2010 new CFCIP provider contracts required a specific number of domain-related modules be completed rather than a specific number of hours of training. The process continues to include experiential learning opportunities. Life skills classes are best described as psycho-educational groups with emphasis on concrete life skills, identity development, self-control and motivation,

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and appropriate social interactions. All groups are on-going, provided in close proximity to the youth's residence and offered at times that do not interfere with school or extra-curricular activities. Youths' skill level is re-measured with the CLSA upon completion of the groups, and youth are encouraged to continue in the groups until necessary life skills have been mastered, frequently resulting in youth continuing beyond the minimum required hours.

OBJECTIVE 1.1: Assess and track youth preparation for independence in the domains of living arrangements/housing, health/medical, independent living skills, education/vocation, employment, financial, permanent contacts, documents and service resources through the YTP and YTPR.

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

Strategy 2: Monitor completion of forms and progress of youth at local and state office level. **(This strategy is not being carried over to FFY 2012.)**

Goal 1, Measurement 1:

Number of Staff Trained in Use of YTP and YTPR					
	Establish Baseline: FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
DCFS Staff	844	401	80	34	
OJJ Staff	0	0	0	0	

Goal 1, Measurement 2:

Percentage of youth 15 and older for whom YTP has been completed	
Baseline FFY 2009	FFY 2010
38%	25%

Update FFY 2010: **Strategy 1:** In 2009, a total of 844 DCFS staff were trained on the YTP/YTPR and other subjects including YAP policy, educational requirements of the Fostering Connections to Success Act, and how to develop permanent connections for youth. The first round of training began on March 31 and was completed on April 28, 2009. The training was presented live in one region and by video conference in the others. Live training was held in every region beginning in October 2009 and ending in January 2010. Implementation of the YTP began in each region upon completion of the 2009 training sessions. A key component of the training was emphasis on the youth's involvement in development of the plan. Efforts have been made to provide the training for OJJ staff, but management changes at OJJ have impeded those efforts.

Strategy 2: Completed YTP and YTPR forms have been reviewed by first and second line supervisors and then forwarded to the Foster Care and Transitioning Youth Unit in state office for further review and analysis. YTPs had been completed for 38% of youth aged 15 and older.

Update FFY 2011: **Strategy 1:** In 2010, a total of 401 DCFS staff were trained on the YTP/YTPR and other subjects including YAP policy, educational requirements of the Fostering Connections to Success Act, and how to develop permanent connections for youth.

Strategy 2: As of September 30, 2010, there was documentation of 25% completed Youth Transition Plans on youth 15 and older. The decline can be attributed to the reorganization of the

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department and a decline in the number of field staff forwarding copies of the completed YTP to state office staff where these numbers are counted. Since the reorganization of DCFS, YTP data monitoring is no longer practiced due to lack of staff; therefore, this strategy will not be carried over to FFY 2012.

Update FFY 2012: A Keeping in Touch (KIT) conference was provided to staff statewide on February 1, 2012 in relation to P.L. 112-34, and included a segment on the YTP, 80 staff members statewide participated. An YTP review instrument has been developed and a sample of YTPs was pulled from around the state for review by program staff to identify problem issues and guide change efforts. (*PIP Items – PS 2, AS 3, BM 3.3. 3.4, 3.5*)

Update FFY 2013: In order to address the need for statewide training for DCFS staff a memorandum regarding potential of Casey YTP as case planning tools as well as DCFS expectations and guidelines for use of tools was issued effective 2/14/2012. Video and teleconferences were held with field staff statewide. The training covered policy and practice expectations related to YTP as well as the requirements of federal P.L. 110-351; the need for an updated plan within 90 days prior to youth turning 18; department policy to initiate YTP planning with youth within 30 days of the first Family Team Conference (FTC) occurring after the child's 15th birthday or at the initial FTC if the youth enters foster care after age 15; the policy requirement to review the YTP with youth and update documentation at a minimum of every 6 months after initial plan; location of policy references to YTP, health care power of attorney, important documents to provide to youth preparing to exit foster care, NYTD surveys, and other targeted youth transition information; importance of involvement of the youth as the guiding force in plan development; provision of YTPs to Independent Living Skills providers to coordinate work efforts with youth, and; practice of using the YTP form as a tool to guide case planning with youth.

Further, state office staff clarified policy and practice expectations and guidelines via multiple forms of media to enhance staff understanding and collected copies of recently completed YTPs for review and identification of areas for field staff practice development. Currently staff are planning and developing a workgroup of field staff, independent living providers, foster caregivers, and youth to revise YTP form and develop training for field staff on more effective utilization of YTP form.

Foster Care Program staff developed and disseminated the YTP review instrument to program staff and collected a sample of YTPs from each region across the state. Utilizing an YTP instrument, the sample of collected YTP instruments was review and staff developed regional and statewide reports on findings from the instrument review. Each region was contacted and staff arranged teleconferences with regional management staff and the supervisors and workers who had YTPs reviewed. Using a tool to guide discussion with field and for field to document youth feedback state office staff discussed the following during the teleconferences:

1. the tool used to complete the YTP reviews
2. regional review findings
3. consistency with statewide findings
4. evidence of successful application of policy
5. opportunities noted in review for development
6. consideration of effectiveness of YTP process in preparing youth for transition to adulthood

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7. usefulness of YTP in case planning with youth, caregivers and families
8. recommendations for change/improvement
9. request for field staff to consult with youth in their caseload during their April home visits regarding what youth feel could be done to help them prepare better for leaving foster care and living independently
10. Developed report on results of feedback calls and youth consultation efforts

Activities Planned FFY 2014: Ongoing work includes:

- a. Developing YTP training for staff and foster parents based on feedback from staff and youth
- b. Engaging CFCIP contractors, field staff, foster parents, and youth in training development and plan for presentation
- c. Revising current YTP based on feedback from staff and youth
- d. Working with Court Improvement Program and CASA to insure YTP training is videotaped and placed on the CLARO website for future reference
- e. Making policy revisions related to work with older youth

Next steps include the following:

- f. Complete review of YTPs
- g. Achieve revisions to instrument
- h. Coordinate revisions with Office of Juvenile Justice (OJJ)
- i. Develop and deliver training to field staff
- j. Monitor change in practice
- k. Providing supportive assistance to staff as needed for implementation
- l. Insure training is posted and easily accessible for ongoing knowledge development of both DCFS staff and stakeholders

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

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

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

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

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

Goal 1, Measurement 3:

Number of CLSA Trainees					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
16	14	4	0	0	

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Goal 1, Measurement 4:

Average CLSA Scores						
Provider	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
QASSA		13%	12% - subcontracted with Catholic Charities	89 % CCANO	72% CCANO	
FCA	19%	30%	59%	75.45%	Unavailable Contract Terminated 06/30/2012	
VOANLA**		41%	N/A- ended contract			
MCH-R	46%	230%	82%	86.1%		
GCTFS-H	2.5%	12%	Unavailable – ended contract/Catholic Charities took over	53.2% CCANO	83% CCANO	
CCANO	68%	609%	315%	79.72%	71% (ACLSA) 4.3% (CLSA)	
GCTFS - Lafayette	19%	8%	11%	80.9%	77%	
GCTFS – Lake Charles			Started new contract, took over from YS	57.7%	64%	
SLU		unavailable	29.53%	80.7%	66%	
YS ***	20%	60%	Unavailable – ended contract			
Goodwill*	N/A	N/A	Unavailable – took over from VOANLA	75.8%	20% (ACLSA) -11% (CLSA)	

*New provider; baseline to be established 2010; ** contract ended 6/30/2010; ***contract ended 12/31/2010; 2009 and 2010 data appear to have been a report on the change in performance of youth between the pre-test and post-test; 2011 data is being reported as the average score of youth on the CLSA post-test. New contracts were signed with the CILS (Chafee Independent Living Skills) providers effective July 1, 2012 through June 30, 2015. The current providers and their respective regions are: Catholic Charities Archdiocese of New Orleans (Baton Rouge, New Orleans, and Thibodaux); Southeastern Louisiana University (Covington); Goodwill of North Louisiana (Alexandria & Shreveport); Gulf Coast Teaching Family Services (Lafayette & Lake Charles) and Louisiana Methodist Children’s Home (Monroe).*

Update FFY 2010: Strategy 1: DCFS contracted with a CFCIP provider in each region to teach eligible youth skills in the areas of budgeting/money management, housing, career planning, employment preparation, education, communication, personal care, human sexuality, consumer awareness, safety, and community resources using both classroom and experiential techniques.

Strategy 2: The following steps were taken to help foster parents, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living. Fourteen CFCIP staff was trained on the CLSA at Southeastern Louisiana University in Hammond, LA. DCFS staff also provided books and other materials to DCFS field staff in all nine regions for their resource libraries.

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Strategy 3: CFCIP providers used the CLSA to identify training needs and develop individualized learning plans for youth and reassess the youth using the same instrument following completion of life skills training. The percentage of improvement on assessment scores varied widely between providers, with a high of 609% improvement and a low of 8% improvement. Further analysis revealed that the providers with the highest level of improvement had extremely low “pre” scores, and that the difference in scores (with the lowest provider average at 66% and the highest provider average at 86%) was drastically reduced upon completion of the life skills groups. The provider with the lowest average score also had the fewest youth (10) completing the post-test.

Strategy 4: DCFS Transitional Living Services staff visited each CFCIP provider at least quarterly to monitor the appropriateness of training and testing by reviewing case records and observing groups. Observation of the groups revealed that some youth (most notably at the provider with the greatest differences in scores) appeared to lack motivation at the onset of life skills groups and motivation increased dramatically through the group process and facilitation. In other groups, the level of youth motivation remained fairly constant throughout the learning process.

Update FFY 2011: Strategy 1: Maintained contracts with 6 CFCIP providers to provide Chafee independent living skills services.

Strategy 2: Presentations were made on the purpose and use of the YTP at the Together We Can Conference in October 2010 and the Annual Foster Parent Conference in February 2011.

Strategy 3: All contract providers continue to use the CLSA pre and post tests. Individual plans are developed for each youth based on needed identified in these assessments.

Strategy 4: All contract providers are required to submit quarterly reports as well as annual reports to included results of CLSA scores. Program Managers periodically observe independent living classes and interview youth to determine if their needs are being addressed. Quarterly site visits are conducted by state office state and case records are reviewed randomly.

Update FFY 2012: DCFS continues to maintain contracts with 6 providers for CFCIP services statewide. They all use the CLSA prior to initiating services with youth and their caregivers as well as after completion of the life skill program by the youth. DCFS State Office continues to monitor these contracts through quarterly onsite visits; review of provider programmatic, fiscal and client records; and, quarterly attendance at a life skills class by each provider. (*PIP Item – PS 2, AS 3, BM 3.1*) Tribal youth in foster care are always welcome to participate in the training events.

FFY 2011 Youth served by CFCIP providers			
Provider/Region	Number of DCFS youth served	Number of OJJ youth served	Other youth served
CCANO/Orleans	71	14	2
CC BR/Baton Rouge	33	0	n/a
CC Thib/Thibodaux	63	0	n/a
GCTFS/Lafayette	109	24	n/a
GCTFS/Lake Charles	14	6	n/a
LMCH/Monroe	218	233	n/a

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FFY 2011 Youth served by CFCIP providers			
Provider/Region	Number of DCFS youth served	Number of OJJ youth served	Other youth served
SELU/Covington	75	0	n/a
FCA/Alexandria	20	0	n/a
Goodwill/Shreveport	27	12	n/a

FFY 2012 Youth served by CFCIP providers			
Provider/Region	Number of DCFS youth served	Number of OJJ youth served	Other youth served
CCANO/Orleans	263	21	n/a
CC BR/Baton Rouge	122	0	n/a
CC Thib/Thibodaux	94	0	n/a
GCTFS/Lafayette	122	5	n/a
GCTFS/Lake Charles	70	7	n/a
LMCH/Monroe	218	233	n/a
SELU/Covington	73	0	n/a
FCA/Alexandria	Unavailable	Unavailable	Unavailable
Goodwill/Shreveport	44	12	2

Update FFY 2013: Training on effective youth transition planning and assessment practice was provided in two separate Keeping in Touch (KIT) videoconference sessions to DCFS staff. The initial training on June 25, 2012 oriented staff to policy and practice guidelines. The follow up training was a panel presentation including a field worker, foster parent, independent living contract provider and a youth talking about effective utilization of the Youth Transition Plan (YTP) for helping a youth transition into adulthood. Originally scheduled for August 29, 2012, the event had to be rescheduled due to the arrival of Hurricane Isaac on that date. The follow-up panel presentation was held on October 25, 2012. A DVD of both sessions of the training was mailed to each regional training coordinator in the first part of November 2012 for review by any field staff as needed. Both sessions of the training were posted on the Children’s Law Advocacy Resources On-line (CLARO) website for access by staff and stakeholders on 11/28/12. The videos (submitted on CD with other EOC) can also be seen at the following link. <http://www.clarola.org/training/training-videos/284-clear-training-opportunities>

The work was accomplished through joint planning with youth, local/regional staff, contract independent living service providers and foster caregivers. It was a challenge helping staff at all levels to view the YTP document as a tool for recording the outcome of the actual interaction with the youth in discussing and planning for how the youth can achieve their personal life goals, but developing staff and stakeholders’ knowledge regarding effective youth engagement and empowerment in case decision making, personal needs assessment and permanency planning will help to insure youth are able to successfully transition to adulthood and independent living. *(PIP Items – PS 2, AS 3, BM 3.3, 3.4, 3.5)*

Activities Planned FFY 2014: Next steps include the ongoing analysis of field staff progress and challenges to YTP utilization and change in level of engagement of youth in the planning process as well as continued education of staff in more effectively empowering youth to guide their own YTP development and progress. The Department will be making efforts in the coming year to guide regions implementing the Family Team Meeting (FTM) Process to use this process and the inherent skills to develop youth team meetings facilitated by the youth for YTP planning and development.

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OBJECTIVE 1.3: Develop mechanism to track youth into young adulthood to meet NYTD requirements.

Strategy 1: Collaborate with National Resource Center for Child Welfare Data and Technology (NRCCWDT) and DCFS Information Technology staff to develop tracking mechanism. (Years 1 and 2)

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

Update FFY 2010: **Strategy 1:** DCFS has collaborated with the DCFS Information Technology (IT) staff and with the NRCCWDT in order to develop a data collection and tracking system. This collaboration has not yet resulted in the development of tracking mechanisms. A number tracking mechanisms and data collection systems have been explored, but a firm decision on methodology has not yet been reached. At this point, the most likely providers for tracking youth outcomes and collecting data will be Chris Downs, LLC for data collection and LSU Manship School of Business for surveying youth.

Update FFY 2011: **Strategy 1:** DCFS consulted with the NRC for guidance while program manager, Christy Tate began the internal tracking system for the NYTD project. NRCYD was also consulted for resources throughout the development of the internal system and a technical assistance was requested to help implement the technical aspects of the project.

Strategy 2: Since October 1, 2010, field staff has been completing NYTD surveys on former foster youth and OJJ youth who are eligible for Independent Living services. The completed surveys are forwarded to DCFS State Office where the information is being compiled for future research and evaluation to determine how to better serve these youth in the future.

Update FFY 2012: Two NYTD reunions were held in Monroe on June 7, 2011 and New Orleans on June 14, 2011. Staff was able to get updated information on approximately 70 youth in order to track youth and offer additional services to them. NYTD data collection has continued through the Department's initially developed system for the current reporting period. In spring 2012 the Department launched a more sophisticated NYTD system developed by DCFS IT staff. The enhanced system allows greater ease in data collection and reporting. NYTD reunion events were held in FFY 2011 and FFY 2012. At all events there was a drawing for Notebook computers to encourage youth participation. The computers can also be used by the youth recipient to support educational/vocational efforts. Information was provided on a range of resources available to youth to provide ongoing support to these baseline population alumni.

Update FFY 2013: NYTD reunion events held with youth and DCFS staff. Information and activities provided related to living independently (in person presentation of information by experts on each topic as well as handouts)

- March 27, 2012, 10AM to 2PM, Shreveport, Louisiana (LA) - Shreveport Region
- April 4, 2012, 10AM to 2PM, Hammond, LA – Covington, Baton Rouge Regions and Ascension Parish
- April 5, 2012, 10AM to 2PM, Lafayette, LA – Lafayette, Lake Charles and Alexandria Regions
- May 29, 2012, 10AM to 2PM, Ruston, LA - Monroe Region

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- May 31, 2012, 10AM to 2PM, Jefferson, LA – Orleans and Thibodaux Regions

DCFS also held several events to educate staff of resources and services available to older youth. The locations and dates are detailed below:

Region	Date	Location
Lake Charles and Lafayette	June 10, 2013	Lafayette
Monroe	June 11, 2013	Monroe
New Orleans and Thibodaux	June 6, 2013	New Orleans
Shreveport and Alexandria	May 28, 2013	Natchitoches
Baton Rouge and Covington	June 4, 2013	Hammond

Activities Planned FFY 2014: Next steps include the following: Continue developing, improving and carrying out NYTD events as well as ongoing development and delivery of local training for staff and foster caregivers. Ongoing work includes planning for improvements to NYTD reunion events to incorporate more information about vocational/educational programs; incorporating some of the learning activities from the Reality City event into the regular Independent Living Skills classes for youth; preparing training to provide in local offices to staff and foster caregivers on Youth Transition Plans (will include information on resources and services for youth delivered by State Office Program Manager, Regional Independent Living Skills Provider, a local youth, a local youth case worker, and a local youth foster parent).

PURPOSE/GOAL 2: HELP YOUTH RECEIVE THE EDUCATION, TRAINING, AND SERVICES NEEDED TO OBTAIN EMPLOYMENT: DCFS assists youth to receive education, training and services needed to obtain employment by providing room and board costs, education/training program costs and providing other needed support services; including the skills for obtaining employment and remaining employed in the life skills curriculum; collaborating with the Louisiana Workforce Commission (LWC) [formerly known as the Louisiana Department of Labor (LDOL)] and Louisiana Rehabilitation Services (LRS) to improve youths’ access to vocational assessment, job preparation, job placement and continuing vocational support services; offering educational and employment forums where local businesses provide information about employment opportunities and educational institutions provide information on admission and financial aid through CFCIP providers; providing two Youth Conferences annually (one in the northern and one in the southern part of the state); providing a brochure on state employment opportunities for current and former foster youth to older youth through CFCIP providers.

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

Goal 2, Measurement 1:

Number of Youth Assisted with room & board, education/training costs and other Expenses					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320	347	297	269	254	

Update FFY 2010: A crisis in funding for room and board, education/training programs, and other needed support for youth 18-21 was experienced when all funding for the Young Adult Program (YAP) was removed from the state budget in July 2009 by using Supplemental Social

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Services Block Grant (SSSBG) funding to fill the gap for one year. From October 1, 2010 to present, state general funds have been used to support the program.

The cost of room and board for youth in YAP was provided as follows:

- Youth who were attending college and living in dormitories received \$119 per month for personal expenses in addition to the room and board fees that considered a part of educational expenses.
- Youth living in transitional living apartments received the usual daily board rate (paid directly to the provider) in accordance with the contracted rate. The payment included food, room, furniture, linens, utilities including telephone, and a cash allowance for the youth.
- Youth in any other living arrangement (except with biological or adoptive parents) received the regular foster care board rate for an adolescent. The youth elected whether the payment went to the foster parent or to the youth.
- Youth living with adoptive or biological parents were not eligible for room and board.

Utility assistance through the Louisiana Low Income Home Energy Assistance Program (LIHEAP) is no longer available to DCFS clients.

Funding sources for education were determined by age status of the youth as follows:

- Title XX, Title IV-B, Title IV-E, and state general funds were used for secondary training/education and grants, scholarships and the ETV program were used for post-secondary education for youth under age 18.
- SSSBG funds (supplemented by CFCIP funds as available) were used for room and board, and SSSBG funds were used to pay secondary educational/vocational costs, and ETV funds were used to pay post secondary education costs not covered by other sources for youth ages 18 to 21 and participating in YAP.
- ETV funds were used to supplement post secondary educational costs not covered by other sources for young adults ages 21-23, who were receiving ETV funds at age 21 and who remained eligible for ETV.

Additional services provided to assist youth in achieving employment included providing up to \$500.00 or up to \$300.00 (for diploma or certificate, respectively) in graduation fees. Some CFCIP providers used Self-Directed Search, a vocational interest instrument, as a part of independent living skills training to assist youth in deciding on educational and employment goals. (Use of this instrument is not mandatory.) Further, local businesses and educational institutions provided information about employment and educational opportunities at forums provided by CFCIP providers. Youth had an opportunity to interact with presenters and have their questions answered about careers and/or schools of interest.

Update FFY 2011: SSSBG funds were expended by September 30, 2010 and this funding source is no longer available. Funding for room and board continues to be supported by state general funds.

Update FFY 2012: DCFS continues to assist youth with costs of room and board, education/training program costs and any other support services. Funding for room and board continues to be supported by state general funds.

The cost of room and board for youth in YAP was provided as follows:

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- Youth who were attending college and living in dormitories received \$119 per month for personal expenses in addition to the room and board fees that were considered a part of their educational expenses.
- Youth living in transitional living apartments received the usual daily board rate (paid directly to the provider) in accordance with the contracted rate. The payment included food, room, furniture, linens, utilities including telephone, and a cash allowance for the youth.
- Youth in any other living arrangement (except with biological or adoptive parents) received the regular foster care board rate for an adolescent. If the youth remained in a foster home the youth elected whether the payment went to the foster parent or to the youth.
- Youth returning to live with adoptive or biological parents after attaining age 18 were not eligible for room and board in most circumstances.

Funding sources for education were determined by age of the youth as follows:

- Title XX, Title IV-B, Title IV-E, and state general funds were used for secondary training/education and grants, scholarships and the ETV program were used for post-secondary education for youth under age 18.
- State general funds were used for room and board and ETV funds were used to pay post secondary education costs not covered by other sources for youth ages 18 to 21 and participating in YAP.
- ETV funds were also used to supplement post secondary educational costs for youth ages 18 to 21 not participating in YAP and for young adults ages 21-23, who were receiving ETV funds at age 21 and remained eligible for ETV with post secondary educational costs not covered by other sources.

Additional services provided to assist youth under age 18 or ages 18 to 21 and participating in the YAP in achieving employment included providing up to \$500.00 or up to \$300.00 (for high school diploma or certificate, respectively) in graduation fees. Further, local businesses and educational institutions provided information about employment and educational opportunities to youth at forums provided by CFCIP providers. Youth had an opportunity to interact with presenters and have their questions answered about careers and/or schools of interest.

Update FFY 2013: DCFS hosted events for older youth to connect youth and identify available resources and services. Experiential learning youth conferences held with youth and DCFS staff included learning activities and booths with information from community stakeholders such as local community colleges and technical skills programs. (ex. experiential activities like budgeting, completion of an apartment rental agreement, and booths with experts and handouts on topics such as technical school programs, financial aid, etc.) (*PIP Items – PS 3, AS 2, BM 2.1*)

- Reality Town 2012 “The Experience of a Lifetime” June 14, 2012, 10AM to 2PM, Hammond, LA - Baton Rouge, Covington, Orleans, Thibodaux, Lafayette and Lake Charles Regions
- Reality City 2012 June 19, 2012, 9:00AM to 3PM, Shreveport, LA – Shreveport, Monroe and Alexandria Regions
- 2012 National Pathways Conference (Training Medium – Seminars by national experts with handouts, slide shows, etc. on topics related to supporting youth in the transition to

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adulthood.) 29 participants that included youth, foster caregivers, field staff, state office program managers and child welfare director.

- Keeping In Touch web/tele/video conferences (Training Medium – Information provided via webcasts, teleconference and/or videoconference regarding issues related to supporting youth in the transition to adulthood.)
 - 2/1/12 Staff tele and video conference on federal law P.L. 112-34 with emphasis on completing credit clearances for youth
 - 3/7/12 Webcast to staff on homelessness resources for youth in the education system
 - 6/25/12 Staff tele and video conference on Youth Transition Plans
 - 7/11/12 Webcast to staff on Lesbian, Gay, Bisexual, Transgender and Questioning issues impacting youth
 - 8/1/12 Staff tele and video conference on Louisiana 2012 Legislative session including revisions to state law on Youth Transition Plans

Activities Planned for FFY 2014: DCFS will continue to partner with CFCIP providers to provide experiential learning opportunities regarding educational and employment options annually. DCFS, in collaboration with LOSFA, will continue making efforts to more fully educate youth on ETV eligibility and availability. *(PIP Items – PS 3, AS 2, BM 2.1)*

OBJECTIVE 2.2 Make youth aware of educational and vocational options.

Strategy 1: Present information related to youth educational/vocational opportunities in at least one conference per year.

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

Strategy 3: Collaborate with the Louisiana Workforce Commission (LWC), formerly Louisiana Department of Labor, to refer youth for employment and training opportunities (years 1-5).

Strategy 4: Continue to support and educate youth through LYLAC.

Goal 2, Measurement 2:

Number of Youth Attending Youth Conferences					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
135	112	214	267	181	

Goal 2, Measurement 3:

Number of Youth Attending Together We Can Youth Summit					
FFY 2008	FFY 2009	Baseline: FFY 2010	FFY 2011	FFY 2012	FFY 2013
NA	N/A	17	N/A	1	N/A

(This is shown as N/A in 2008 because it was only added to the planning in 2009, and the summit will only be held every other year.)

Update FFY 2010: Strategy 1: Youth conferences were held in Hammond in June 2010 and in Ruston in July 2010 to make youth aware of educational and vocational options. An important component of the Youth Conferences was a virtual city that provided information about

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educational and vocational choices and a “reality check” on life choices that result in insufficient income to meet basic needs and desires. As noted in the table on page 116, the number of youth attending the conferences increased from 2009. The increase was attributed to an increase in marketing of the events and additional notices to DCFS staff. In addition to the youth conferences provided by DCFS, the Citizen’s Review Panel (CRP) in Monroe Region sponsored a Life Skills Camp for youth about to age out of care. The camp occurred October 30 through November 1, 2009 for youth ages 16 to 18 from northeast Louisiana.

Strategy 2: The Youth Summit will continue to be a part of the Together We Can Conference held during even years (the next being held in October 2011). Educational and vocational opportunities were presented in this venue along with leadership skills training.

Strategy 3: Collaboration has continued with LWC and LRS to refer youth for employment and training opportunities. Through an Interdepartmental Agreement, referrals from DCFS were accepted simultaneously by both agencies. This helped avoid delays in service provision for youth who did not meet the criteria of one department, as they were immediately considered by the other. Youth were referred to career centers for job services and participation in summer employment, and were eligible to receive job readiness services, employment assistance, job placement, tutoring, mentoring and support services.

Update FFY 2011: Strategy 1: Presentations were made by transitioning youth staff at both the Together We Can Conference in October 2010 and the Louisiana Foster Parent Association Annual Conference in February 2011.

Strategy 2: The Youth Summit was held in October 2009 and is scheduled to be held again in October 2011.

Strategy 3: Youth have continued to be referred to LWC for support.

Strategy 4: Information regarding available services including educational services, housing, medical care, etc. have been provided to youth through LYLAC. DCFS staff also assists youth in coordinating their quarterly meetings. Youth are also provided policy changes that may impact them and that material is discussed in their meetings.

Update FFY 2012: DCFS offered several youth and field staff, working primarily with youth, the opportunity to attend the National Pathways to Adulthood Convening” held in New Orleans, Louisiana on June 27-29, 2012. The convention was sponsored by the NRCYD. Additional Louisiana Youth Activities for the past year included:

- 85 youth attended Reality City South
- 105 youth attended Reality City North
- Approximately 70 youth attended the NYTD Reunion events in North and South LA
- 2 youth attended and presented at Together We Can in October
- 1 youth attended and presented at CSoc FSO coalition Planning Meeting in Alexandria
- 1 youth attended and presented at CIP training/conference on Transitioning Youth in Houma
- 1 youth attended and presented at the State Foster Parent conference
- 1 youth attended and presented at the national NYTD conference1 youth attended and presented at the Policy to Practice Forum in Washington, D.C.

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- 9 youth also helped plan the NYTD Reunion events for the coming year.

Update FFY 2013: Language was included in the current contract cycle and it requires the CFCIP providers to coordinate the local LYLAC groups. DCFS will continue to support LYLAC and its initiatives to engage and empower youth. (*PIP Items – PS 3, AS 2, BM 2.1-2.3*)

Activities Planned FFY 2014: Youth will continue to be trained to be presenters and advocates regarding the need for youth voices to be heard.

OBJECTIVE 2.3 and the related strategies were deleted as the Department does not have the resources to monitor referrals and aggregate the data.

PURPOSE/GOAL 3: HELP YOUTH PREPARE FOR AND ENTER POST SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS: The YTP and Learning Plan were completed to assist the youth in determining an educational or vocational goal and an action plan for achieving it. Some CFCIP providers administered the Self-Directed Search (vocational interest assessment) and all offered educational and vocational forums where representatives of various educational institutions provided information about educational choices and curricula.

Youth in foster care and foster care alumni were provided educational and vocational services including tutoring, costs of education or vocational training, books, supplies, fees, GED tests, college admission tests, and any other service needed to gain admission for post secondary education or training. CFCIP contractors provided assistance to youth in completing the federal financial aid application and other applications needed to attend college or vocational training programs. CFCIP providers coordinated with post secondary institutions in the State to coordinate admission, funding and ETV grants. Funding from various sources paid for the cost of post secondary education and training. If grants and ETV did not cover the cost of higher education, then DCFS paid the remainder of costs for youth under the age of 18 to the extent funds were available.

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

Goal 3, Measurement 1:

Percentage of Youth with Identified Career or Education Path reflected on YTP				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
100%	100%	Not available	Not available	

Update FFY 2010: The YTP and YTPR have been developed and implemented. Workers have been trained on the use of the form in FFY 2008 and 2009, and completed YTP forms have begun being forwarded to state office where they have been reviewed and analyzed.

Update FFY 2011: Due to staff turnover and the consolidation of the Transitioning Youth Unit with the Foster Care Unit, YTP training for staff did not occur in 2010. YTP/YTPR’s continued to be required on all youth age 15 and older. Due to multiple position changes, DCFS State Office staff was unable to maintain the responsibility of consistently monitoring and tracking the YTP/YTPRs submitted by the field staff. Nevertheless, of those submitted and reviewed, 100%

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continue to reflect an identified career or educational path. Going forward, data collection and tracking is not possible and will therefore, no longer be required at the State Office level.

Update FFY 2012: DCFS staff developed a process for initial and ongoing assessment of quality of YTP planning with youth by both caseworkers and CFCIP providers. Statewide training for caseworkers, CFCIP providers, and foster caregivers on the potential for improving planning efforts with youth through more effective use of the YTP tool was organized to engage them and youth in reflecting on the YTP tool and identifying improvements that would make the tool more useful for them. (*PIP Items – PS 2, AS 3, BM 3.1-3.5*)

Update FFY 2013: The current format of the YTP has undergone a strenuous review and comparison to other states’ models for the YTP. The Department surveyed staff, youth, and independent living providers in the process. The revised YTP was released in May 2013.

Activities Planned FFY 2014: The revised YTP training has been scheduled for the end of calendar year 2013. The training facilitators will be FC and Transitioning Youth Program staff, local Chafee Independent Living contractors, local office staff, foster parents and youth. In each region a core team will present the training based on a standard format. This training style will allow for a more global view of the youth transition planning process.

OBJECTIVE 3.2: Provide educational/vocational services, including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 based on availability of funds. (Years 1-5)

Goal 3, Measurement 2:

Number of Youth Receiving Educational/Vocational Services					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
320	347	297	Not available.	Not available	

Update FFY 2010: DCFS has continued to provide educational/vocational services including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 based on availability of funds.

Update FFY 2011: Youth continued to be provided with educational assistance through completion of applications, testing, fees for supplies or other costs, ETV, scholarship and grant information, vocational training and other educational supports.

Update FFY 2012: DCFS has continued to provide educational/vocational services including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 through the end of 2011. For youth 18 and older they were assisted in completing the FAFSA, connected to the financial aid office at their post-secondary institution of choice, and provided information on LOSFA and ETVs. Information was also provided on the state foster parent association and Braveheart scholarships available for youth exiting foster care and pursuing a post-secondary educational/vocational program.

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Update FFY 2013: DCFS continues to provide educational/vocational services including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18. For youth over age 18, DCFS assists youth with the completion of their FAFSA, links youth to community resources and to the financial aid office of their respective post-secondary institution of choice and provided information on LOSFA and ETV's. Information was also provided on the state foster parent association scholarships available for youth exiting foster care and pursuing a post-secondary educational/vocational program. (*PIP Items – PS 3, AS 2, BM 2.1*)

Activities Planned FFY 2014: DCFS will continue to support the educational pursuits of our youth. For youth 18 and older DCFS will continue to assist in completing the FAFSA, connecting youth to the financial aid office at their post-secondary institution of choice, and providing information on LOSFA and ETVs. (*PIP Items – PS 3, AS 2, BM 2.1*)

OBJECTIVE 3.3 and related strategies were deleted because they duplicated Objective 2.2 and the related strategies.

PURPOSE/GOAL 4: PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS: DCFS and OJJ workers and CFCIP staff were available to provide support for youth in foster care and in the Young Adult Program (YAP). Aftercare services were available to assist all youth transitioning to independence who are in emotional crises. Connections for Permanency, a technique for locating and engaging adults who are meaningful in the lives of youth, were used to locate relatives and other persons important to youth. DCFS began collaboration with Lutheran Social Services of the South (LSSS) to develop and evaluate a mentoring program.

DCFS contracted (effective March 2010) with West Government Services for Consolidated Lead Evaluation and Reporting (CLEAR), a service that provides “searches of last resort” in cases where permanent connections have been very difficult to locate.

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

Strategy 1: Combined with Strategy 2.

Strategy 2: On-going training in Connections for Permanency will be provided to DCFS front-line workers, supervisors and managers and will be offered to foster parents, ILP providers and tribal leaders. (Years 2-5)

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

Strategy 4: DCFS, CASA and CIP will jointly apply for a grant to enhance the Connections for Permanency initiative. (Completed in FFY 2010)

Strategy 5: CLEAR will be used to locate permanent connections in cases where other efforts have not been successful.

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Strategy 6: DCFS will collaborate with LSSS in the development and evaluation of a mentoring program for youth.

Goal 4, Measurement 1:

Connections for Permanency Trainees - Number of Staff trained in family finding and engagement				
FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
844	401	0	0	

Goal 4, Measurement 2:

Total Number of CASA Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	baseline 4	0	

Goal 4, Measurement 3:

Number of CASA Successful Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	baseline 2	0	

Goal 4, Measurement 4:

Number of successful CLEAR Searches for Connections				
FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
N/A	N/A	Baseline 23	46	

Update FFY 2010: Strategy 1 & 2: Refresher training in Connections for Permanency was provided as a part of the YTP training that was provided for foster care/adoption workers, first line supervisors and district managers in March and April 2009 and again in October 2009 through January 2010. The first round of training was by video conference in all regions except Baton Rouge where it was presented live. The second round of training presented live in every region. Efforts behind Connections for Permanency are designed to assure that each youth leaves foster care with a positive relationship with at least one caring and responsible adult.

Strategy 3: CASA staff has assisted in searching for permanent connections. A grant to provide additional funding to expand training and search efforts was not received (see strategy 4).

Strategy 4: DCFS, CASA and the Court Improvement Project jointly applied for a grant to enhance the Connections for Permanency initiative, but the application was not approved; therefore, this strategy was not carried over to FFY 2012.

Strategy 5: The CLEAR contract to locate relatives was approved and use of the CLEAR system began July 1, 2010.

Strategy 6: DCFS provided referrals and assisted as requested in the LSSS mentoring program. The NRCYD has also been involved in the development of this program. The BeREAL program has proven to be very successful as shown in the positive educational outcomes of the youth served as well as the connections made with positive adults identified the youth's support networks.

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Update FFY 2011: Strategy 3: The Louisiana CASA association assisted the Department with efforts to locate permanent families for children. During the period from 10/1/09 through 10/1/10, 8 connections have been identified for children through CASA. Two of these connections have resulted in permanent placements.

Strategy 5 CLEAR policy was developed and the program was implemented effective July 1, 2010. It has been a successful tool in locating absent parents and other relatives and family friends. The search engine has resulted in 23 permanency connections for children since July 1, 2010. A presentation was made to all regional administrators regarding the use of CLEAR, the referral process, forms and monthly tracking procedures. The administrator's passed this information along to their staff. Individual training on the use of the CLEAR search engine was provided to the assigned CLEAR users and is provided to new users as they are assigned due to reallocations.

Update FFY 2012: DCFS state office staff has been working with regional office staff to guide in development of volunteer; community based mentoring programs in every area of the state to connect youth with positive, caring adult role models. CASA collaboration to identify permanent connections has continued. CLEAR has been presented as a tool available to staff any time needed to locate resources for connections for youth, and not just as a "tool of last resort". For the most recent federal fiscal year, 336 CLEAR searches for connections were completed by DCFS staff. (*PIP items – PS 1, AS 2, BM 2.2*)

Additionally, the Department has worked with Casey Family Programs in the Orleans Region, Lafayette Region, and Lake Charles Region to conduct "Cold Case Reviews" on cases for older youth to determine how the cases could have been handled differently and identify areas for improvement in practice. Follow-up mentoring sessions were held in the Orleans region with field staff to have intensive discussions around the findings in the cases reviewed in that region facilitated by objective, experienced child welfare contract consultants through Casey. DCFS will use the report from Casey to guide program improvements statewide through the state level program staff. (*PIP items – PS 1, AS 2, BM 2.2; PS 2, AS 3, BM 3.6*)

Update FFY 2013: References and web blinks to supporting policies on the Consolidated Lead Evaluation And Reporting (CLEAR) web search tool, diligent efforts by workers to visit parents, and establishing connections for permanency were completed. Procedures for collecting information on relatives have been enhanced to reinforce the importance of this work. The process for identifying and searching for fathers and non-custodial parents has been clarified to help staff understand their responsibilities more fully. The policy revisions were presented to staff statewide via video and teleconference on 5/2/2012 and 5/24/2012. Staff has also been provided the policy updates online and educated on policy and procedural expectations. Linkages of the policy to other areas of policy with additional information and tools related to searching for parents and relatives and maintaining contact will help staff more effectively locate policy guidance to inform their practice. (*PIP Items PS 1, AS 2, BM 2.1*)

Between the summer of 2011 and early 2012 cold case reviews were completed on a sample of Child in Need of Care (CINC) cases in Orleans Parish, Calcasieu Parish, and the Louisiana PIP transformation zone, which is made up of the parishes served by the 16th Judicial District Court – St. Mary, St. Martin and Iberia Parishes. The report on the findings of this review was completed August 2012.

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Casey Family Programs in collaboration with the Louisiana Court Improvement Program (CIP) and DCFS selected cases of youth most in danger of reaching the age of majority without attaining legal permanency. Cases included older youth with a goal of adoption but without an identified adoptive resource and children with a goal of “alternative permanent living arrangement”. A total of 10 specially trained reviewers were utilized to complete the review process in these cases. A total of 69 cases were reviewed, 26 in Orleans Parish and the 16th JDC, and 17 in Calcasieu Parish.

Findings resulted in the following areas of improvement:

- Search for and contacts with extended family and fictive kin
- Timeliness and appropriateness of behavioral and mental health services to meet children’s needs
- Quality and appropriateness of children’s placements
- Complete, organized case records.

Recommendations included:

- More prompt, complete and ongoing diligent searches for relatives and fictive kin as resources for children
- Limitation of the use of APLA as a case goal and development of more meaningful YTPs
- Address fears of youth resisting adoption
- Provision of more oversight of clinical services to ensure meaningful treatment resulting in reduced problematic behaviors
- Examine number and type of foster homes available and inquire about views of foster care workers and home development workers in supporting foster families and overseeing the care of the child in foster care
- Examine case record documentation processes identifying factors responsible for problems

Changes made/underway include:

- Updates to policy related to more effective and consistent efforts at relative search
- Statewide video and teleconference training regarding relative searches provided 5/24/12
- Development of Louisiana Behavioral Health Partnership in collaboration with the Department of Health and Hospitals, Department of Education and Office of Juvenile Justice to more effectively manage delivery of behavioral and mental health services implemented March 2012.
- Ongoing assessment of current foster home availability and development of additional foster home resources occurs daily. Partnership entered with Louisiana Baptist Ministries to develop foster home resources.
- Policy regarding case records of children in foster care and their families was updated to require all documentation be maintained in one case record with only one copy of all documents. Online database application for documenting tracking case worker contacts in a case was also developed.

Activities Planned FFY 2014: DCFS will institute the Faith in Families initiative to drive permanency outcomes for our youth. Strategies are being implemented to engage natural families in the reunification process and continue to utilize community services to further this aim. The DCFS Secretary has directed no child will age out of foster care without at least one permanent

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connection. DCFS policy has been developed to require concurrent planning to insure greater efforts at permanency for youth with a case goal of Alternate Permanent Living Arrangement (APLA). Also, Casey Family Programs is planning to provide focused training to 30 staff from around the state on more effectively working with older youth.

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

Goal 4, Measurement 4:

Number of calls CFCIP staff receive requesting affective and/or concrete assistance from youth who have aged out of foster care.					
Provider	FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
CCANO (Includes Orleans, Baton Rouge & Thibodaux Regions)	35	53	None documented	25	
GCTFS-Lafayette	13	10	None documented	44	
GCTFS – Lake Charles			None documented	1	
FCA***	6	4	None documented	Unavailable	
LMCH-R	10	0	None documented	6	
SLU	2	0	None documented	2	
VOANLA** Shreveport Region	6	No data – ended contract			
Goodwill Industries*(Shreveport Region)	N/A	No data – began contract	None documented	4	

* Contract began 7/1/10; ** Contract ended 6/30/10; *** Contract ended 06/30/2012

Update FFY 2010: Supportive services have been provided to assist youth in locating needed services, including counseling for emotional crises, as requested by the youth, have been provided by CFCIP contractors and DCFS staff. The table below indicates the number of requests for assistance received by each CFCIP provider from youth who were no longer in the child welfare system. Although the specific type of requests has not been tracked, the number of requests for housing assistance seems to have increased. DCFS transitional living staff has collaborated with the DCFS Emergency Shelter Grant Coordinator who provides information on housing opportunities and advocates for youth who have aged out of foster care when low-cost housing is available.

Update FFY 2011: Services were ongoing throughout this period. See chart above for numbers served.

Update FFY 2012: Supportive services have been provided by CFCIP providers to youth after completion of the independent living skills program in the following areas over the past year: referral for mental health services, parenting skills training, food, clothing, household and personal care items, gift cards, assistance coping with homelessness, job search assistance,

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apartment finding assistance, moving assistance, counseling, assistance coping with issues like domestic violence and gang activity and social opportunities.

Update FFY 2013: Supportive services have been provided by CFCIP providers to youth after completion of the independent living skills program in the following areas over the past year: referral for mental health services, parenting skills training, food, clothing, household and personal care items, gift cards, assistance coping with homelessness, job search assistance, apartment finding assistance, moving assistance, counseling, assistance coping with issues like domestic violence and gang activity and social opportunities.

Activities Planned FFY 2014: Continue with after care services as available. *(PIP Items – PS 3, AS 2, BM 2.1)* DCFS has been collaborating with the Louisiana Housing Corporation to establish an application process and prioritize youth aging out of Foster Care for receipt of assistance through various housing, rental assistance and utility assistance programs. DCFS is also renewing our relationship with the Louisiana Workforce Commission to generate greater access to job opportunities for older youth.

DCFS will also continue to support the provision of Chafee Independent Living Services to eligible youth and young adults in various service areas as needed.

OBJECTIVE 4.3: Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC). (Years 1-5)

Goal 4, Measurement 5

Statewide LYLAC Participation and Activities - The average number of attendees at Statewide LYLAC board meetings						
	Baseline:					
	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Average number attending State LYLAC board meetings	14	14	13	3	7	
Average number attending in-state and out-of-state conferences per occurrence	2	14	0	1	2	
Average number of invitations sent to elected and appointed officials to attend LYLAC meetings	2	3	2	0	0	
Average number of appearances before legislators and local governing bodies.	3	0	0	0	0	

Goal 4, Measurement 6

Regional LYLAC Participation and Activities						
	Baseline:					
	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Number of regional boards established	1	4	0	3	9	
Number of times members attend conferences	N/A	1	0	6	4	
Number of times members present at conferences	N/A	1	0	6	4	
Number of times members represent LYLAC on local or state matters including interacting with elected and appointed officials	N/A	10	2	1	1	

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Regional LYLAC Participation and Activities						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Number of invitations of members to sit as stakeholders on various boards	N/A	10	2	4	3	
Number of opportunities to appear as witnesses on matters before the state legislature or local governing bodies.	N/A	0	0	0	0	

Update FFY 2010: DCFS has established four regional LYLAC boards in addition to the Greater New Orleans Regional board which was established in FFY 2008. The additional boards are located in Alexandria, Lafayette and Monroe and Thibodaux Regions.

Update FFY 2011: DCFS has continued to support the LYLAC. LYLAC is comprised of four youth from the Greater New Orleans Region and two youth from each of the other regions. LYLAC meets quarterly when a quorum can be present at varying locations to enhance participation of youth from various areas of the state. LYLAC provides opportunities to learn leadership skills and provides a voice for youth in department decisions affecting them.

The DCFS LYLAC liaison, Carmen Spooner, maintains regular contact with the youth leaders for LYLAC through phone calls and e-mail to keep them apprised of policy changes which may affect them, as well as events or opportunities which may interest them. Additionally, Ms. Spooner continues to assist the youth with organizing the quarterly meetings which are now held by video/teleconference rather than in person, due to travel constraints. The development and progress of the activities of the regional boards have been monitored.

Update FFY 2012: DCFS has made multiple efforts to engage youth in planning committees around the development of the LBHP over the past year. Youth have been invited to participate in multiple state and national conferences. LYLAC participation is usually a requirement to demonstrate leadership initiative in reaching out to youth to engage in these planning and conference activities. Progress with local LYLAC groups has been monitored through quarterly monitoring of CFCIP contracts. There is a designated State Office level LYLAC liaison to assist contract providers in developing the local LYLAC groups and to facilitate organization of the monthly state level LYLAC meetings. State level LYLAC meetings have been held both by interactive webinar and in person in a centralized location to offer a variety of opportunities for youth participation. Meals and transportation are offered to state level, in person meetings to support participation. (*PIP Items – PS 3, AS 2, BM 2.1-2.3*)

Update FFY 2013: The ongoing collaboration with LYLAC participants continued to encourage active participation and to identify opportunities for improving youth participation. In the current contract cycle (SFY 2012-2015), each CFCIP provider is responsible for the support of the regional LYLAC groups. (*PIP Items – PS 3, AS 2, BM 2.1*)

Activities Planned FFY 2014: The need for child care during in person and state level meetings will continue to be investigated. Ongoing collaboration will continue to occur with LYLAC participants to encourage active participation and identify opportunities for improving youth participation.

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PURPOSE/GOAL 5: PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION, AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN 18 AND 21 YEARS OF AGE.

The primary mechanism for serving youth between the ages of 18 and 21 is the Young Adult Program (YAP). YAP has been funded through state general fund dollars which were not available in SFY 2009. Supplemental Social Services Block Grant (SSSBG) funds were used for funding beginning July 1, 2009 and were available until September 30, 2010. YAP funding was included in the proposed state budget for SFY 2010.

YAP is a voluntary program, based on eligibility criteria. YAP participants must be foster care alumni who were in foster care immediately prior to their 18th birthday and be in need of continued assistance to complete an educational or vocational program or to obtain employment; be in high school to obtain a high school diploma, in GED classes and working part-time, in vocational training, or in college. All youth who age out of foster care are eligible to participate in YAP. However, youth who do not meet the educational and employment criteria receive non-monetary services only. In the past, youth who did not immediately begin YAP participation or those who dropped out had a six month time frame to enter or re-enter YAP after case closure. Current policy provides that former foster youth who were in custody immediately prior to their 18th birthday and did not enter YAP, and former YAP clients who left the program may request to enter YAP at any time up to age 21 if they meet eligibility criteria. Youth with developmental disabilities preventing educational pursuits are referred to the OCDD and other programs that are better equipped to meet their developmental needs for transitional and ongoing services.

Room and board: Please refer to Purpose/Goal 2, Objective 2.1 for details regarding room and board payments for youth in YAP. Some CFCIP providers offer household items including furniture and personal items for youth in their programs through community donations.

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

Medicaid Coverage for former foster youth ages 18-21: DCFS provides Medicaid services only for youth ages 18 to 21 in YAP. Also, DHH provides Medicaid or Alternative Health Care under the Chafee option for all youth up to age 21 who have aged out of foster care regardless of whether the youth elects to continue in the YAP program. Youth in need of mental health treatment are referred to community mental health centers or providers who accept Medicaid payment for ongoing treatment and for short term crisis oriented treatment for youth in the YAP. Private psychiatric therapy, psychological therapy, and LCSW therapy are available to young adults when the private provider accepts Medicaid or when the youth is able to pay for the services themselves.

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

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Goal 5, Measurement 1:

Grant Applications for YAP Funding- The number of grants applied for and the results of those applications will be monitored.					
Funding Source	Application Date	Maximum Grant Award	Response Date	Approval (Yes/No)	Amount Funded
ACF	2009	NA	2009	No	0
None	2010				
None	2011				
	2012	0			
	2013				

Update FFY 2010: DCFS has searched for and reviewed funding opportunities for grants. One proposal was submitted for grant to expand CASA involvement in Connections for Permanency training. DCFS did not receive this funding.

Update FFY 2011: During this time period the Department did not submit any grant proposals with regard to YAP funding.

Update FFY 2012: There have been no efforts at grant application.

Update FFY 2013: No grants were applied for during the past fiscal year.

Activities Planned FFY 2014: DCFS will continue to monitor the availability of grants.

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

Goal 5, Measurement 2:

Number of Youth in YAP					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
332	347	297	269	254	

Update FFY 2010: Promotion of the YAP program is ongoing through DCFS staff and CFCIP providers. Youth who participate in YAP are provided with services such as room and board, educational services, clothing and other services within available funding limits from sources such as CFCIP funding, ETV funding, Braveheart Foundation, etc.

Update FFY 2011: The YAP program has continued to be funded in order to provide support and transitional services to youth aging out of the foster care system. Youth have continued to be educated about the program and encouraged to access the services offered.

Update FFY 2012: All previous activities have continued.

Update FFY 2013: The Foster Care & Transitioning Unit Program staff has continued to stress the importance of the participation of eligible youth. (*PIP Items – PS 3, AS 2, BM 2.1*)

Activities Planned FFY 2014: DCFS will continue its efforts to support youth in planning to access resources and services where appropriate upon achieving the age of legal majority.

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OBJECTIVE 5.3: Maintain or expand the number of transitional/supervised apartment beds available for youth up to age 21. (Years 1-5)

Goal 5, Measurement 3:

CFCIP Funds Used for Housing for Youth over 18- Amount and percentage of CFCIP funds used to provide funding for supervised apartment living		
Year	\$ Amount	% of CFCIP Total
Baseline: FFY 2008	72,927	5.36%
FFY 2009	492,253.81	28%
FFY 2010	458,282.63	31%
FFY 2011	688,965.03	39%
FFY 2012	601,693.55	40%
FFY 2013		

Goal 5, Measurement 4:

Available Transitional/Supervised Apartment Beds- Number of Transitional/Supervised Apartment beds available for youth over age 18.					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
42	45	51	46	51	

Update FFY 2010: DCFS is currently developing new licensing regulations which will include Independent Living Services (Independent Living beds were previously licensed separately) as a part of a continuum of placement options for children in and youth in foster care and YAP. A RFP is being developed and is expected to be published in April 2010. The Independent Living Services placement options will be available to youth ages 16 to 21 and will allow the freedom to make mistakes in a safe environment. The Independent Living Services providers will be required to use the CLSA and provide ongoing counseling and other services for the youth being served. Proposals for approximately 60 beds with some located in each region of the state are being requested, resulting in increased availability and accessibility.

Update FFY 2011: The number of beds available to transitional youth over the age of eighteen has not only been maintained, but has been increased by six.

Update FFY 2012: DCFS encouraged two non-contracted, but licensed providers to contract to provide services in the coming year. Staff also had additional providers express interest in developing transitional apartment programs for the upcoming year. The Department worked to clarify contractual expectations with current contract providers to guide improvements to services and establish performance expectations.

Update FFY 2013: DCFS continued to make efforts to improve availability in each region.

Activities Planned FFY 2014: A Request for Proposal (RFP) will be developed in FFY 2014. The aim is to have transitional living apartments in each region of the state. The purpose will be to keep youth in their own area, thereby sustaining their permanent connections.

PURPOSE GOAL 6: PROVIDE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE (STRENGTHEN POST-SECONDARY EDUCATION TO ACHIEVE PURPOSE OF ETV PROGRAM)

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The purpose of the ETV program is to make available vouchers for education and training, including post secondary education and training to youths who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship. The ETV program is used to assist youth in making the transition to self-sufficiency by assisting them to receive the education, training and services they need to complete post secondary education.

Eligibility for ETV participation is based on present or previous foster care status, including youth leaving foster care for kinship guardianship or adoption after attaining age 16, as determined by a review of department records. Youth are eligible to continue in the ETV program up to age 23 if they are participating and making satisfactory educational progress at age 21. Eligible youth receive ETV assistance in the amount of the student's need, not to exceed the smaller of \$5,000 per year or the actual cost of attendance. The ETV coordinator reports the amount of the ETV assistance to the post secondary institution to avoid duplication of benefits; however, the youth's earned or unearned income does not reduce eligibility for ETV funds.

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

Youth receiving ETV are required to apply for all financial aid and scholarships for which they might qualify. Youth in the ETV program participate in a planning conference with the ETV coordinator to develop a plan for successful completion of education. Significant persons in the life of the youth such as the DCFS worker, foster parent, childcare provider, or educational counselors participate in the planning conference as invited by the youth. The focus of the planning conference is to assess the youth's strengths, needs, set educational goals and develop a plan to achieve the goals. The plan is youth centered and youth driven. With the centralization of the ETV program, planning conferences will be conducted by phone, and will include the same participants and serve the same purpose.

Periodic review of the youth's progress will continue to occur to assure that the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to the ETV coordinator, the LOSFA beginning July 1, 2010, case manager, and program manager so that the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

DCFS staff and providers market the ETV program to youth and encourage them to participate. Post-secondary educational institutions provide brochures regarding the ETV program. Outreach efforts are made to educate foster parents and child care providers about ETV and the need to emphasize post secondary education and training for foster youth. Because a high school diploma or GED is required for most post-secondary education, younger youth are encouraged to complete high school or a GED program. The LOSFA enjoys a close working relationship with post-secondary educational institutions throughout the state and has a website that is used to market the ETV program

OBJECTIVES 6.2, 6.3 and 6.4 were redundant and combined into OBJECTIVE 6.1 below.

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OBJECTIVE 6.1: Manage the ETV program to ensure eligible youth apply for the ETV program.

Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or YAP or OJJ custody, who are no longer in YAP, but maintain relationships with foster/adoptive parents and/or who are in post secondary institutions at the time they reach 21 years of age) and notify them of their potential ETV eligibility. (Years 1-5)

Strategy 2: Eligibility for the ETV Program will be managed by LOSFA.

Strategy 3: DCFS case managers will periodically review grades to evaluate youth's progress and performance.

Goal 6, Measurement 1:

Number of ETV Applications					
FFY 2008	FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Not Available	75	88	*69	135	

*Number of applications received by LOSFA from 12/2010 through 9/2011.

Goal 6, Measurement 2:

Number of Education and Training Vouchers Issued- The total number of ETV vouchers awarded each year and the number of new vouchers awarded each year						
	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Total Vouchers	132	129	88	138	151	
New Vouchers	65	55	37	23	56	

Update FFY 2010: ETV outreach efforts are ongoing. Youth who are attending post-secondary educational institutions when they reach age 21 are notified by DCFS workers and CFCIP providers of their continuing eligibility for the ETV Program up to age 23. DCFS workers have been trained to provide information about the youth to CFCIP providers as part of the YTP and Connections for Permanency training. Young adults who are not in YAP but maintain contact with CFCIP providers, foster care providers and foster care workers are notified of their eligibility for the ETV program. ETV brochures are placed in post-secondary educational institutions and requests made that financial aid counselors inform any youth whose free application for Financial Aid (FAFSA) indicates previous foster care status of their potential eligibility for the ETV program. Youth who were adopted or entered guardianship after attaining age 16 are identified through TIPS and notified of their potential eligibility for the ETV program. Youth in foster care are informed of their eligibility for ETV and are referred to the regional ETV coordinator. OJJ staff identifies youth in custody and notifies the regional ETV coordinator who determines their eligibility for the program.

Eligibility for the ETV program continues to be determined by current or previous foster care status as determined by a review of the TIPS data system and need for financial assistance as determined by the youth's completion of FAFSA to establish cost of attendance as defined in section 472 of the Higher Education Act. Financial need is calculated by the financial aid administrator at the post secondary institution by subtracting Pell Grant aid and aid from all other

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sources such as scholarships from the cost of attendance. Youth provide documentation of cost of attendance and financial need as determined by the financial aid administrator to the ETV provider, and receive an ETV in the amount of the student's need, not to exceed the lesser of \$5000.00 per year or the actual cost of attendance to the extent ETV funds are available. The ETV annual amount is divided so that the youth receives half of the year's total each semester unless the youth will turn 23 during the year. In that case, the entire payment is made at one time. The ETV coordinator reports the amount of ETV assistance to the post secondary institution to avoid duplication of benefits. Periodic reviews of the youth's progress are made to assure that the youth receives the services necessary to achieve educational goals. Youth submit grades to the ETV coordinator and case manager at the end of each semester or quarter, and the ETV coordinator and case manager review the grades to evaluate the youth's progress and performance to determine justification for continued expenditure of funds.

Update FFY 2011: DCFS continue to refer youth to the ETV program and explored options to determine the most effective way to administer the ETV program and made the decision to enter into an inter-departmental agreement with the LOSFA. The LOSFA office began managing the ETV services in November 2010. Youth's grades are still submitted to case managers to review the youth's progress and performance.

Update FFY 2012: Collaboration with LOSFA and provision of information via the Youth Link and at the NYTD reunion events increased youth applications for ETV funds. In previous years, DCFS has struggled to expend the full ETV allotment provided to the state. This past year it was necessary to consult with the Budget Division to identify ways to access additional funds to support the number of ETV's requested. Collaboration with LOSFA also increased linkages of the youth with other funding sources to support their post-secondary education pursuits, such as the state funded "Go Grants". The collaboration also helped in overcoming challenges to youth participation in post-secondary education programs (such as processing ETV payments with historically difficult financial aid offices at institutions such as the online colleges).

Update FFY 2013: DCFS has continued its cooperative agreement with LOSFA to administer the ETV program with the assistance of the financial aid departments at the post-secondary educational/vocational program. DCFS continues to work with our staff and our CFCIP providers to identify and support the transition to independence through education at the vocational and college level.

Activities Planned FFY 2014: DCFS will continue collaboration with CFCIP providers and LOSFA to improve ETV services to eligible youth. (*PIP Items – PS 3, AS 2, BM 2.1*)

Purpose 7: Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption: Youth who left foster care for adoption or guardianship at age 16 or older are informed by their worker of their continued eligibility for CFCIP services and potential eligibility for ETV services when the youth leaves foster care. TIPS is being used to identify such youth as DCFS develops a specialized tracking system for these youth. Additionally, with the transfer of ETV management to the LOSFA, all youth who indicate former foster care status on the federal financial aid application will be screened for ETV eligibility.

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OBJECTIVE 7.1: Ensure youth who leave foster care for adoption or kinship guardianship, are informed of their rights to Chafee and ETV Services.

Strategy 1: Revise policy to require that workers inform youth who leave foster care for adoption or Kinship Guardianship at age 16 or older of their right to continue CFCIP life skills participation and of potential ETV eligibility.

Strategy 2: Assure that CFCIP Providers continue to provide services to youth who have left foster care for adoption or kinship guardianship at age 16 or older.

Update FFY 2010: The Louisiana Guardianship Assistance Program was implemented in April 2010. Youth were informed upon leaving care for Adoption at age 16 or older of their continued eligibility for Chafee and ETV services. To date, no youth have left foster care for kinship guardianship.

Update FFY 2011: Staff has continued to be advised to inform youth exiting care for adoption or guardianship of their right to Chafee and ETV services. This information also continues to be included in ETV flyers as well as websites for DCFS and the LOSFA. CFCIP providers continue to serve youth who have exited the foster care system at the age of 16 or older through adoption or kinship guardianship.

Update FFY 2012: This is an area that is noted in the available resources to the family in Guardianship Subsidy agreements.

Update FFY 2013: Staff continued internal collaboration with the Adoption Program to improve information provision to adoptive parents regarding availability of ETVs. The Department also collaborated with OJJ to improve information to eligible OJJ youth regarding ETVs. Further, the revised YTP clarifies the importance of ETV and the eligibility requirements.

Activities Planned FFY 2014: Outreach to staff via training and support to stress the importance of post-secondary education at every level. Presentations at NYTD meetings to encourage youth to pursue independence through continued education in their chosen field.

Goal 8 and related objectives and strategies were deleted because they are now addressed in Goal 4.

Youth Involvement in Plan and Other State Department Efforts: LYLAC is a statewide leadership development group with a total of 20 members representing each region of the state. LYLAC members are 16 to 21 years old. Youth plan their own meetings, develop the agenda, and invite speakers who come in to train the group in areas such as learning how to tell their own stories and advocate for youth in foster care. LYLAC members have numerous opportunities to develop leadership skills including attending national conferences, appearing before the legislature to advocate for themselves, and participating in department policy development both generally and as it relates to specifically to issues of transitioning youth.

Representatives of LYLAC attended a kick-off meeting when development of the CFSP began. A copy of the CFCIP/YAP/ETV plan has been mailed to LYLAC board members and two members attended the PQI Stakeholder Committee meeting on June 18, 2009 where the CFSP

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was discussed. Those who were not able to attend the meeting were offered the opportunity to make written comments. Three youth attended the Child and Family Services Review (CFSR) kickoff in June 2009, served on a panel discussion during the meeting, and served on committees and focus groups to prepare for the CFSR and participated in CFSR on-site. Two youth participated in the CFSR on-site debriefing and exit on March 12, 2010.

DCFS was reaccredited for four more years (through 2014), and LYLAC members participated in stakeholder groups in several regions during the accreditation process to provide feedback on the services they receive.

In FFY 2008, one regional LYLAC group was formed in the Greater New Orleans Region. In FFY 2009, four additional regional LYLAC group were formed in Alexandria, Monroe, Thibodaux and Lafayette Regions. Regional LYLAC groups will continue to be implemented until there is one in each region of the state. There is not a minimum age requirement for the regional groups.

DCFS hired a youth advocate who was in foster care. The youth worked for DCFS part time while attending Southern University. Her duties include serving on the inter-departmental Coordinated Systems of Care (CSoC) workgroup; participating in policy development; and surveying DCFS staff, providers and youth. Her part-time duties ended in August 2010.

Update on Youth Involvement in Plan and Other State Department Efforts FFY 2011: LYLAC members were allowed to participate in stakeholders meetings in order to express their opinions about the services they have received. Additionally, some youth were able to participate in CFSR reviews and panel discussions. The 2011 APSR was also distributed to the LYLAC board to obtain feedback. Feedback was received from one youth and those comments are being incorporated into practice/procedures.

Update on Youth Involvement in Plan and Other State Department Efforts: FFY 2012: DCFS staff worked with youth to obtain input in the development of the 2012 APSR.

Youth Involvement Activities Planned FFY 2013: DCFS will continue engaging LYLAC youth in reviewing plans to collect their ideas on additional activities to improve service delivery.

Training: Two Youth Independent Living Conferences (one in North Louisiana and one in South Louisiana) were held in FFY 2010. The conference for the northern part of the state was held in June 2010 at the Methodist Children's Home in Ruston, LA. The conference for the southern part of the state was also held in June 2010 and it was held at QUAD Area in Hammond, LA. The Youth Advisory Boards, CFCIP providers and DCFS staff work jointly to develop and present the conferences which are presented in a "Reality City" format offering youth the opportunity to make important life decisions in a safe environment and provide information on educational and career opportunities. These conferences will continue to be held annually.

During FFY 2010, DCFS staff attended the Together We Can conference in Louisiana. The DCFS Independent Living/Transitional Services Program Coordinator has participated in quarterly conference calls coordinated by ACF Region VI for CFCIP Coordinators in Region VI.

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CFCIP providers attended several National Conferences including Daniel Memorial and Pathways to Independence.

CLSA training was provided jointly by DCFS staff and Southeastern Louisiana University staff for new staff in their Chafee Independent Living program.

In order to assure that permanent connections are developed as early as possible in a child's foster care experience, Louisiana Connections for Permanency was expanded by providing DCFS Child Protection Investigation and Family Services workers and supervisors training in searching for family connections during October 2009 through February 2010. Foster Care and Adoptions workers and supervisors who had received this training in the past participated as refresher training.

DCFS continues to utilize technical assistance through the NRCYD to determine best practices for the management of ETV funds. DCFS staff and NRCYD staff met in January 2010. Part of the meeting concerned working with Lutheran Social Services of the South to develop a mentoring program for youth and evaluation of the program.

Training Update FFY 2011: DCFS staff and certified foster/adoptive parents from each region were afforded training on working with youth toward independence at the annual foster parent conference held in Baton Rouge, LA in February 2010.

Training on YTP and availability of ETV funds has occurred via teleconferencing as well as refresher discussions with staff regarding connections for permanency.

Training Update FFY 2012: The Department has continued to utilize less costly methods for training (ex. KIT conferences, WebEx, and teleconferencing). The Department also worked with NRCYD to provide several youth, field staff and state office program staff an opportunity to attend the National Pathways to Adulthood Convening" held in New Orleans, Louisiana June 27-June 29, 2012.

Training Update FFY 2013: Trainings on topics ranging from ICWA Medicaid changes, YTP importance, Louisiana Rehabilitation Services, court letter preparation, paternity testing, etc. have been presented to staff and CFCIP providers in multiple formats, such as video-conferencing and WebEx. Keeping in Touch (KIT) conferences were held monthly. Topics were determined based on the needs of field staff, legislative updates and programmatic changes. All trainings are to increase staff knowledge which leads to better service provision.

Training Planned FFY 2014: Trainings for FFY 2014 will involve in person trainings on the revised YTP and Advanced Safety Focused Practice. Mentoring of field staff will also be utilized to increase staff effectiveness in the area of transitioning youth. Monthly KIT conferences will also continue.

Trust Funds: Louisiana does not place CFCIP funds in trust funds for youth.

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EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting

Information): The actual final expenditure for the ETV allocation for FFY 2010 was \$200,978.11. The actual final expenditure for ETV allocation for FFY 2011 was \$283,004.00. The actual final expenditure for ETV allocation for FFY 2012 was \$362,001.19.

Continuing and New ETVs by Year		
FFY	Total Vouchers	New Vouchers
2007	129	62
2008	132	65
2009	147	55
School Year 2010	88	37
School Year 2011	138	23
School Year 2012	151	56
School Year 2013	Estimated: 58	Estimated: 7

Note: The Louisiana State Fiscal Year (SFY) tracks most school years in the state; therefore, for reporting purposes the school year is viewed as being the same time period as the state fiscal year. During school year 2011 DCFS took over management of the ETVs from the CFCIP providers for a few months and then LOSFA took over from DCFS. Multiple tracking systems were used during that time.

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II: The state is not revising its use of Title IV-B, subpart 2 funds based on changes to allowable purposes as amended by P.L. 112-34. The Department of Children and Family Services (DCFS) plans to continue using funds for the same activities as used in previous years including programmatic staff expenditures. State and local share spending for Title IV-B, Subpart 2 for FFY 2009 for comparison with the 1992 base year amount indicates \$11,362,732 was spent, \$8,522,049 of which was federal funds and \$2,840,683 was state general funds. The 1992 base year amount was \$2,772,015. The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (PSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)

- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner

- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child's home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 to add peer-to-peer mentoring and support groups for parents and primary caretakers as an allowable purpose.)

- Adoption Promotion and Support Services (APSS) – 20% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

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

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

2.) Service/Program Description: Infant team/Infant mental health services: (PSS, FP, TLR) Infant mental health services are provided by three infant teams in the state. The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a

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variety of evidence based assessments that are used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad is asked to complete an interaction assessment and parent perception interview.

Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

Population served: The target population is children age 0-60 months that have experienced maltreatment in their families. There are three infant teams in the state. The team in New Orleans receives referrals from the 0-3 Court Team Program when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Jefferson infant team receives referrals for children 0-5 who enter foster care in that parish and also serve children from St. Bernard, Orleans and Plaquemines Parishes by arrangement. One of the goals of these teams is to assist the Department in developing a treatment plan aimed at achieving permanency as quickly as possible. The infant team in Baton Rouge (the Infant Child and Family Center – ICFC) serves clients in Baton Rouge and the surrounding parishes including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville, and Pointe Coupee. Services are provided to children and their families who are either involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol.

Update FFY 2010: Currently, three programs provide specialized assessment and treatment for very young abused and neglected children and their immediate caregivers in Jefferson Parish (The Tulane/JPHSA Infant Team), Orleans Parish (The Permanency Infant and Preschool Program in New Orleans), and the Greater Baton Rouge area (The Infant, Child and Family Center). The Jefferson Parish program is led by Dr. Charley Zeanah and the Tulane University School of Medicine's Department of Psychiatry and Neurology and administered through the Jefferson Parish Human Services Authority. The Orleans Parish program is led by Dr. Joy Osofsky and Dr. Amy Dickson and the LSU Health Sciences Center's Division of Infant, Child and Adolescent Psychiatry which also administers the program. The Greater Baton Rouge Program is led by a community collaborative facilitated by Dr. Jan Kasofsky and Capital Area Human Services District staff.

In addition to the three programs that provide specialized assessment and treatment for very young abused and neglected children and their immediate caregivers, the Infant Mental Health consultation project (Supportive Enhancement of Care-giving Responsiveness, Lafayette DCFS {SECRDLCFS}) continues in the Lafayette Region. Through a contract with Tulane University, specialized training in infant mental health has been completed with DCFS staff in Lafayette, St. Martin, and St. Mary Parishes. The training is the first step in implementing an infant mental health consultation and evaluation program for foster care workers and supervisors in the three parishes. The consultation model to be implemented over the next 3 years consists of two types of augmented services to foster care workers and supervisors. One group of workers will have

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access to a warm line which they can call to consult about any cases involving young children. The second group will be assigned a clinical consultant with whom they will meet via video or telephone on a weekly basis. All consultations are intended to provide a means of translating state of the art knowledge in infant mental health to workers as they work with families. The effectiveness of the consultations in addressing children's needs, supporting foster parents in effective care giving, and increasing competencies and resiliencies of workers and supervisors will be carefully evaluated during the 3 year period. This project provides consultation to four foster care units in Lafayette Parish, one unit in St. Martin and one unit in St. Mary Parish. Dr. Zeanah continues monthly phone consultation with the District Managers from each parish and Tulane consultants provide weekly consultation meetings with foster care workers. In-person consultation to observe visits between biological parents and their children is also provided. Consultants assist with visitation and home visit planning. Foster parents receive consultation regarding the children in their home. A total of 41 DCFS staff members currently receive the infant mental health consultation.

Data continues to be collected regarding foster care workers attitudes towards childrearing, as well as burnout and stress, in order to assess the impact of the consultation on these factors. Data is also collected with 35 foster parents regarding the impact of the SECRDLCFS project on their attitudes towards childrearing, feelings and commitment towards the children in their home, parenting stress, and the development and attachment behaviors of the children in their home. The Regional Program Specialist is assisting with data collection efforts, as the project has been unable to hire an additional research consultant.

The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model. For the first half of 2008, DCFS has contributed funding to this collaborative project. An initial special focus of the program has been upon substance exposed infants. In SFY 2008-2009, 54 referrals were received. Approximately 10% of the cases were no shows for scheduled appointments. Approximately 60% of referrals completed neurodevelopmental evaluations. The wait time from referral to intake was on average one week to three weeks, with the majority seen within one week of being contacted. The wait time from the referral to a neurodevelopmental evaluation was one week to three weeks after the initial referral. A total of 34 referrals were from Foster Care (FC), two from Adoptions (AD), five from Child Protection Investigations (CPI), and 13 were from the Family Services (FS) Program.

The Department continued to work closely with the Tulane/JPHSA Infant Team to collaborate with the Team through referrals to substance abuse, adult psychiatry services, child psychiatry services, vocational and housing assistance services for families, and other emergency services.

Infant mental Health Training: Tulane/JPHSA Infant Team: In addition to weekly staffings at the Infant Team Clinic, in which Jefferson Foster Care case Managers and supervisors attended case conferences and ongoing "curbside consults" with workers and supervisors, the Infant Team also was invited to train all staff in the Jefferson region in infant mental health in general and the Infant Team activities in particular. This training was conducted in January 2008. The team served primarily children and families in Jefferson Parish, but also from St. Bernard and Plaquemines Parishes on selected cases. The Infant Team also served as an important training site for mental health professionals from around the state. This past year 14 different mental

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health professionals from East Carroll (1), Desoto (3), Baton Rouge (2), Lafayette (1), Orleans (1), Ouachita (2), St. Tammany (2), Terrebonne (1), and Jefferson (1) Parishes were trained through a combination of onsite and distance learning approaches. In addition to these OMH trainees, the Infant Team also provided didactic training via distance learning to DCFS Quality Start Mental Health Consultants in each region of the state.

Gaps in Services: Mental health needs of infants and families served by the child welfare system, outreach processes, and extent of specialized services: With the exception of the limited number of children served in the Screening Assessment Referral and Treatment (SART) program at the Infant Child and Family Center in Baton Rouge, most children and families do not have access to specialized infant team services. A few very young victims of abuse and neglect coming into foster care in other parishes may access specialized infant mental health services through the Early Childhood Supports and Services program, but the vast majority are not receiving specialized assessment and treatment services.

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

Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child's safety and well-being call DCFS to report their concerns. If the report contains sufficient evidence of possible abuse or neglect, an investigation is initiated. Recent federal Child Abuse Prevention and Treatment Act amendments and related state legislation have expanded the expected intervention of DCFS to include substance affected infants. State law mandating the reporting of infants exposed to controlled dangerous substances was amended in 2007 to add children exposed to severe and chronic alcohol exposure. These infants and their families often have mental health needs as well.

Additional gaps in the SECR/LDCFS project are due to budget limitations and the inability to have face to face consultation and the lack of access to up to date technology and web-conferencing capabilities.

Update FFY 2011: Infant Child and Family Center (ICFC) – Baton Rouge -ICFC received 134 referrals from DCFS. Referrals were received from East Baton Rouge, Pointe Coupee, Iberville, East Feliciana, West Jefferson and Livingston Parishes. The referrals from West Jefferson and Livingston were accepted because the children reside in East Baton Rouge Parish. Referrals were received from all programs Foster Care (FC), FS, CPI, Alternate Response Family Assessment (ARFA) and AD but the highest number of cases that received services were from Foster Care. ICFC successfully engaged 69 clients in treatment of the 134 referrals (51.5%). This is considered a high rate of engagement when working with high risk populations. The majority (62.7%) of the children referred by DCFS was known to have prenatal substance exposure,

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19.4% had unknown history of substance exposure and 17.9% were reported not to have substance exposure. The majority of children known to have exposures was exposed to marijuana (35%), followed by cocaine/crack (15.7%) and opiates and methamphetamines (16.4%) Alcohol and cigarette use is believed to be primary drugs of exposure based on clinical interviews. ICFC provided services for 69 children during the year. All services are linked to the child although caregivers are also provided services. A typical case involves 2 or 3 care givers per child.

ICFC also provided Infant Mental Health training to foster care staff in the Baton Rouge Region. The training was comprised of 2 sections: a didactic and a collaborative/consultative portion. After the didactic portion, workers presented cases that had been referred to ICFC for assessment and treatment. This allowed the opportunity for workers/supervisors to apply the information presented in the first portion of the training directly to their cases. The training involved 4 workers and 3 supervisors.

ICFC led an initiative to develop a court team that would focus on the timely and appropriate coordination of care for children age 0-3 who are involved with DCFS. ICFC researched the best practices among similar projects, identified and contacted community partners, and organized and led several meetings to begin the formation of a team for East Baton Rouge Parish. Although interest in the project was high and the value seems promising, there are several barriers to moving forward on this project.

The Orleans Infant Team: The Orleans Infant Team has provided services to 151 children over the course of their last 3 year contract. In their work with these children, they work with biological parents as well as all caregivers and are working on collecting data in many areas, including biological parents. The following are areas identified and being tracked as area of improvement that will positively impact these children's lives. In addition to maintaining sobriety, factors such as stability of residence, mental health through steady engagement in psychiatric treatment, understanding of their role in providing safety for their children, ability to read and respond to children's cues in order to meet their physical and emotional needs. The parent's capacity for empathy for their children, the parent's support system, and their involvement in non violent relationships are additional areas that are being tracked as significant for positive outcomes for children. These factors, among others are being gathered so that this data can be further analyzed. The infant team participates in monthly staffings with the "Zero to Three" Court Team which includes all agencies involved with that particular child and family. The permanency outcomes for the children in "Zero to Three" show that permanency for these children are reached with-in the first 12 months of the court involvement.

The Orleans Infant Team/LSUHSC sponsored an Infant Mental Health workshop for DCFS staff and community providers on the role and importance of Infant Mental Health with all children and especially those who have experienced maltreatment in their homes and with their caregivers. The presenter was Dr. Brenda Jones Harden, a recognized expert in the field of infant mental health and child welfare. The team also provides informal training to workers in the Orleans Region as they work closely with them on their cases.

There are ongoing efforts in the collection of meaningful data regarding the population, progress in treatment and measurable outcomes for all three centers.

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Infant Mental Health Consultation Project/SECRLOCS: The Infant Mental Health Consultation Project concluded in September of 2010. The project began with didactic training of DCFS staff and was followed by regular consultation. Tulane faculty provided consultation to four foster care units in Lafayette Parish, one unit in St. Martin Parish, and one unit in St. Mary Parish. Dr. Zeanah held some phone consultation meetings with the district managers from each parish for approximately 6 months. A total of 38 DCFS staff received the infant mental health consultation. Phone consultation with workers occurred on a weekly basis. Workers were able to present their cases and were assisted in the areas of visitation planning, transition planning, child placement and case planning decision making. The project addressed the needs of all children, under the age of 6, (171 children in 2008), in foster care in Lafayette, St. Martin, and St. Mary parishes by educating and consulting with DCFS child protective services workers. One of the goals of the project was to have workers utilize knowledge gained through this project to address the needs of children and families with whom they work with in the future.

Population Served	Number Served
OCS Staff Trained	Approximately 130
Worker Consultation	38
Child Cases-Consultation	Approximately 171
Families Seen-Research	50

A wrap up of the project was presented to the Lafayette staff in September 2010 but the final data from the research component has not been received yet.

Update FFY 2012: The Infant Mental Health Consultation Project concluded in September of 2010 and a presentation of the findings was conducted at the Together We Can Conference in October 2011.

The work by the three infant teams has continued. Efforts are underway with all three infant teams to standardize the way information is reported to the Department. A report format has been developed for monthly reporting, which will capture the number of assessments completed, types of persons involved in each assessment, number of families in treatment, and number of persons in treatment. Additional activities the team may be involved in such as court, consultation, etc will also be captured. Several outcome measures are being considered and developed in order to look at progress related to treatment, along with the current permanency outcomes. An internal database has been developed to include client demographic information that will lend to the development/reporting of additional outcomes, such as repeat maltreatment.

The following includes a synopsis of the work of the Infant Teams during the last state fiscal year:

Tulane Infant Team (services provided through Jefferson Parish Human Services Authority):

In SFY 2010-2011 the infant team worked with 87 children.

- 37 children were continuing in services from the previous year and 48 children were new referrals during the year

For 40 of these children, a permanent placement was implemented

- 17 children returned to biological parents
- 4 children had custody transferred to a relative
- 19 children were freed for adoption

28 families were assessed during the year including 48 children.

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- each child received a comprehensive developmental; and behavioral assessment
- evaluation of their current placement and caregivers

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

In SFY 2010-2011 the infant team worked with 62 children.

- these children represented 40 families.
- 25 parents participated in the evaluation process
- 18 parents participated in some treatment
- 87 additional adults worked with the team as relative or non-relative potential caregivers

For 30 of these children permanent placement was achieved

- 9 children were reunified with at least one of their biological parents
- 9 children were adopted by relatives
- 32 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Update FFY 2013: During the fiscal year, Tulane Parenting Education Program of Greater New Orleans was added as new FRC. They began providing services in January 2013. The Department currently enjoys a long partnership with this entity through their work in Infant Mental Health. This FRC has been established to not only provide services from the FRC core service array, but to also provide clinical consultation to the other FRCs. This consultation will place a greater focus on the visit coach component of the FRC service array.

The total numbers of people served by the three infant teams included 206 children from 123 families. Monthly reports were submitted by each infant team and discussion continued on how to capture numbers served and services provided as each team's data systems are different. DCFS was able to capture actual clients in order to input in a database so that repeat maltreatment occurrences can be tracked. Full assessments continue to be completed on families, treatment offered to families, children and foster parents and relative caregivers to improve the care and nurturing environments for these children. All teams meet with the local office staff to help inform decision making and provide overall cohesiveness of approach and unify recommendations to the courts. Staff continues to explore the best way to measure outcomes while focusing time used for evaluation and treatment. The infant team staff continues to provide extensive evaluation reports, court reports that include progress and recommendations, and court testimony when needed.

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

Tulane Infant Team (services are no longer provided through Jefferson Parish Human Services Authority; services provided through Tulane University)

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

- 45 children were continuing in services from the previous year and 27 children were new referrals during the year
- For 40 of these children, a permanent placement was implemented
- 19 children returned to biological parents
- No children had custody transferred to a relative

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- 10 children were freed for adoption
- 18 families were assessed during the year including 27 children.
- Every child received a comprehensive developmental and behavioral assessment as well as an evaluation of their current placement and caregivers.

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

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

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

Activities Planned FFY 2014: DCFS will continue to work toward a standard format for reporting clients served as well as outcomes. The three teams use different databases and have differing ways for tracking information. This has proved challenging for compiling information from all three teams in an accurate and useful way. More opportunities to collaborate on outcome measures are planned and additional work is anticipated on the assessment tool used in evaluating the progress of parents. Staff will continue to identify ways to capture and quantify the progress and value of the work being accomplished with children in foster care. Additionally, the Department is expanding work with families where children remain in the home in the Baton Rouge Region.

3.) Service/Program Description: Family Resource Centers (FRC) (PSS, FP, TLR, APSS) provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are ten centers located throughout the state and each serves families in their designated geographic area. These centers receive referrals from DCFS of families who are involved with the department due to neglect and abuse of a child. FRC provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a multi-year contract.

Parent Education: Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting

Visit Coaching: This service primarily targets children in foster care, but can benefit in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. For families in the Nurturing Parenting Program (NPP)

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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.

There are nine (9) FRC that are contracted with to provide services. The current FRC are: 1) Volunteers of America – Greater New Orleans, 2) Discovery FRC – Southeastern University, Baton Rouge, 3) Renew Family Resource Project– Southeastern University, Hammond, 4) Nicholls State University Family Service Center, Thibodaux, 5) The Extra Mile, Lafayette Family Resource Center, 6) Educational and Treatment Council, Inc. (ETC), Lake Charles, 7) Volunteers Of America – Alexandria, 8) Community Support Programs (Portals), Shreveport, 9) University of Monroe (ULM) Family Connection/Family Matters. Each FRC provides services to parishes in their geographic area so that services are available throughout the state.

Update FFY 2010: Due to a decline in state and federal revenues to support child welfare services, funding to support regional FRC was cut by 37% in SFY 2008-2009. Beginning July 1, 2009, changes occurred in the FRC contracted services. Respite services will no longer be provided through the FRC contracts and as of June 30, 2009. Traditionally, respite has been a service provided by many FRC whether through recreational activities for children in foster care or through arranging a respite caregiver for a child when a foster/adoptive parent needed relief from the care-giving responsibilities for a child in foster care. Staff is exploring community resources for other available recreational activities. FRC will provide three (3) CORE services: Parenting, Visit Coaching and Mentoring.

Regional Prevention Specialist and state office staff assisted workers in making transition plans for their clients who were receiving services by the FRC which were not one of the three core services. New referral forms were available on July 1, 2009.

Due to budget constraints, nine (9) FRC are contracted with to provide services in designated areas of the state rather than eleven (11) as in previous years. The three FRC that were eliminated include Baton Rouge Volunteers of America (VOA), Kingsley House in St. John Parish and Positive Steps in Covington. The services provided and clients served by these centers will be absorbed by neighboring resource centers.

The current FRC in existence include VOA in North Louisiana and VOA in Greater New Orleans, Nicholls State University Department of Family & Consumer Science in Thibodaux, The Extra Mile, Inc. in Lafayette, Community Support Programs and Project Celebration in Shreveport, ULM-Family Matters in Monroe, Southeastern Louisiana University (Discovery) in Baton Rouge and a newest FRC in Covington, Renew. This FRC is under the same parent agency as Discovery in Baton Rouge (Southeastern) and will provide services to the Covington Region.

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Gaps in Services: Transportation continues to be an issue for families accessing services through the resource centers. FRC are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers.

Update FFY 2011: Fall of 2011 marks the third and final year of a three year contract which began in 2008. Request for Proposals (RFP's) will go out prior to the end of the contract period for provision of FRC services for 2011-2014. Beginning FY 2010 the Family Skill Building intervention has been expanded to cover a wide array of subject area. This change was implemented so that families could receive intervention into any area of skill requiring improvement.

With administrative reorganization, Regional Program Specialists are no longer available to assist the resource centers and act as liaisons between the centers and local offices. Effective FY 2010 the centers are monitored by two State Office level Program Managers. DCFS monitored contracts and provided assistance to resource center providers/contractors through regional liaisons and State Office staff. Monthly monitoring reports were also completed for each provider.

Regional liaisons previously reviewed and approved invoices, assisted in addressing budget matters, and facilitated regular meetings between DCFS local staff and family resource center staff. Additionally, they discussed pertinent DCFS policy with family resource center staff, invited family resource center staff to DCFS trainings and meetings, and address issues identified by family resource center staff and/or DCFS staff. These duties will be handled by the state office contract monitors.

Regions around the state received in-service training by the FRC on the expanded Family Skills Building. FRC forms were reviewed for effectiveness and to streamline the overall process. The use of the title Family Skills Training is being changed to Family Skills Building as this title reflects the intent of the intervention; to build skills in areas of family functioning.

Gaps in Services: Transportation continues to be an issue for families accessing services through the resource centers. FRC are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers.

Update FFY 2012: Fall of 2011 marked the third and final year of a three year contract which began in 2008. The Department did not initiate a RFP and decided to renew the contracts with the existing network centers. It was determined that a Solicitation for Offers would be used to assess the availability of a new FRC for the Monroe Region, as prior to the ending of 2011 contract year that center terminated its contract with the Department. The process was not initiated and a contract was entered into with an independent provider to provide the NPP until further plans could be assessed for a long term solution for the region.

FRC prioritized and screened referrals for acceptance and continued the full service array (visit coaching, family skills building and parenting education). The FRC are currently monitored by

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two State Office Program Managers. Their duties include administrative and fiscal monitoring of the contracts. The FRC are required to submit monthly reports detailing their referrals, services, and any identified barriers to services. At the end of each contract year, a yearly report is completed, summarizing their services and submitted to State Office.

Gaps in Services: Transportation continues to be major issue for families accessing services through the FRC. The FRC are required to assist families in the development of a transportation plan when rendering services.

Additionally, the Monroe Region is currently without an FRC. Nurturing Parenting is being provided in the interim by an independent provider in an effort to meet some of the needs of DCFS families in that region. Most recently, Project Celebration terminated their FRC contract with the Department. They were located in the heart of several rural and needy communities where there are few resources.

Update FFY 2013: During this time period, staff worked with the National Resource Center for In-Home Services (NRCIHS) to develop a strategy to promote the efficient and effective delivery of family support services statewide. Identified services include current Family Resource Center (FRC) services: Parent Education, Visit Coaching and Family Skill Building. DCFS developed workgroups to review FRC processes and develop procedures to achieve consistency among service delivery/providers. NRCIHS also worked with the state to identify measurements and expectations that can be standardized across all centers. Further, DCFS field staff was identified to serve as liaisons to the FRCs. In this role, they provide support to the FRCs and work with the state office FS program manager, and FRC staff to discuss referrals and any issues with service delivery.

Note: Tulane University is now operating a FRC for the Orleans Region as well as providing consultation to other FRCs in the implementation of Visit Coaching.

In an effort to promote efficient and effective delivery of FRC services, FS program staff engaged in a number of activities with FRCs to provide support to staff around practice issues, such as the accurate completion of safety and risk assessment [i.e. Structured Decision Making (SDM) too), the Assessment of Family Functioning (AFF), and the case plan]. The following presents descriptions of some of those efforts:

- Provided 2 hours of training to the Family Resource Center (FRC) staff in the Lake Charles and Lafayette regions on “DCFS Child Welfare Decision Making Tools”. The training took participants through DCFS decision making points and the accompanying tools from intake (accepting a report) to investigation or Alternate Response Family Assessment (ARFA) and on to FS and Foster Care (FC).
 - The Safety, Risk, Assessment and Case Planning tools and systems (Family Assessment Tracking System -FATS, SDM) were shared.
 - Allowed participants to understand the agency’s rationale regarding decisions/actions taken with families, which could lead to better partnerships between DCFS staff and the FRC.
 - Allowed the FRC staff to understand the research based tools used and gave them a better understanding of “our language” and what to discuss in joint case staffings, such as “What are the identified safety threats?”

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- “What is the risk level?” “How does the case plan address the identified needs of the family?” etc.

Additionally, FRC regional liaisons were identified by each region to work with along with program staff to ensure service continuity and usage. The expectation is that each month, following the submission of the FRC’s monthly report, a call or face to face is held between the FRC director, the FRC liaison, and program staff to review and discuss the report and resolve any issues that may have come up. This approach has produced some increase in the use of FRC services by our field staff.

Gaps in Services: Tulane is a new FRC that began services in January 2013. The Department currently enjoys a long partnership with this entity through their work in Infant Mental Health. This FRC has been established to not only provide services from the FRC core service array, but to also provide clinical consultation to the other FRCs. This consultation will place a greater focus and consistency on the visit coach component of the FRC service array. Program staff continues to join in with the FRC to ensure fidelity across the entire FRC continuum and centers.

Activities Planned FFY 2014:

- Continue workgroups to address improvements in FRC services.
- Update the FRC Practice Manual to reflect current practice.
- Address service array model fidelity.
- Identify performance and outcome measures.

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TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training that supports the goals and objectives of the 2010-2014 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives that reflect the ever changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from employees, university partners, foster parents, adoptive parents, and other stakeholders. In addition, this plan also addresses the Program Improvement Plan (PIP) and the identified training needs.

This training plan is supported by the use of child welfare trainers, regional trainers, university partners, the Louisiana Child Welfare Workforce Development Project (LCWCWP) and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX-Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. Full implementation of this plan is contingent up funding and resources.

Training Needs Assessment: To assist in determining specific training needs, a needs assessment will be conducted statewide in FFY 2013 with staff, federally recognized tribal partners, foster parents, adoptive parents, and other stakeholders. DCFS will seek information in order to develop a comprehensive training plan. The data collection will assist in the development of curricula, as well as, the training delivery process (i.e. computer-based courses, Modular Object-Oriented Dynamic Learning Environment (MOODLE), duration of training, etc.). The information from the training needs assessment will be captured in an Excel spreadsheet each fiscal year and utilized by the Child Welfare Training Unit in the development of specialized training curricula. A plan will be developed to meet the training needs once identified. The training staff will partner with the LCWCWP, the Court Improvement Project (CIP), university partners and utilize other resources to respond to the needs identified. At this time, training staff envisions the administration of a needs assessment every two to three years.

Statewide Training: The Department offers various training opportunities to staff throughout the year and provides a competency-based child welfare curricula. The Department implemented a 24-week new worker training model which encompasses basic and specialized training content. This training is offered 4-6 times per year depending on the need. Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

Regional Training: Regional training needs, such as social work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff.

Training and Staff Development: The DCFS Child Welfare Training Unit worked on curriculum development and service delivery for new workers. Prior to the initiation of this work, the Child Welfare Training Manager and Director visited the Tennessee Center for Child Welfare in May of 2011. This visit provided in-depth information with regards to developing a layered child welfare training system similar to Tennessee which would enhance the training system as well as service delivery. Training, in collaboration with the LCWCWP, is in the process of developing a competency-based training system. Training staff continue to update,

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modify and make changes to the existing curriculum in the interim. The competency-based training provides clarity, purpose and consistency for trainers, as well as, program staff in the overall process of developing of child welfare curricula.

As the Department continues to develop the new Child Welfare Competency Based Training Model the Department's goal is to provide new child welfare employees with a more intense, focused training experience designed to increase/enhance transfer of learning thus providing better outcomes for children and families. This new training model includes instructor-led training; computer based courses, structured activities and independent study assignments and provides additional supports such as the development of a core Child Welfare Training Team, an on-the-job training component and coaches. The Professional Development Plan and the Learner Portfolio, as well as, the use of Action Plans for the application of skills following the training experience are also part of the new model.

Components of the New Worker Training Model

- Twenty-four weeks or six months during which the new worker is in "Trainee" status
- The new worker is tracked closely by the Child Welfare Training Unit with regards to participation in courses, webinars, and teleconferences to extend the transfer or learning experience.
- A minimum or reduced caseload which is monitored by Field Operations staff.
- The new model is governed by a core training team which consists of: coach, trainer, a Field Operations representative, and the field Supervisor.
- On-the-job training component which is strengths-based and utilizes the role of the coach to enhance application skills and the learning process.
- A layered format addressing training needs for new workers, experienced workers, and Title IV-E students who intern with the Department.

Update FFY 2013: During this period DCFS utilized the 24-week competency based training model to train all new employees statewide and trainees were assigned coaches to assist them in developing professionally and to facilitate the successful transfer of learning from the classroom experience. Further, the Child Welfare Training Unit, LCWCWP, and program staff worked together in establishing the advanced training competencies to assist in curricula development of specialized child welfare courses.

Activities Planned FFY 2014: Training will continue utilizing the 24-week competency based training model to train new employees statewide. The Child Welfare Training Unit, LCWWCP, and program staff will continue to work together in establishing the advanced training competencies to assist in curricula development of specialized child welfare courses. All new employees will continue to be assigned a coach to assist in the development of their training plan and ensure the successful transfer of learning knowledge from the classroom.

Family Engagement Training: During this time period training staff worked with the National Resource Center for Permanency and Family Connections (NRCPFC) to develop a course focused on family engagement. With the assistance of Joan Morse, training staff developed the course and piloted the training in the Alexandria Region in March 2012. The training was well received by staff and revised based on the pilot. This training has been incorporated into the new worker training model.

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Update FFY 2013: After an assessment of the DCFS child welfare training curriculum, findings prompted the Child Welfare Training Unit to develop a two and a half day classroom course on family engagement (*PS 1, AS 10, BM 10.1 & 10.2*). Thus far, one hundred seventy nine DCFS staff attending New Worker Orientation received this training in a total of eight sessions held between October 23, 2012 and May 1, 2013.

DCFS training staff and staff from the National Resource Center for Family Centered Practice and Permanency (NRCFCPP) completed a content analysis of how family engagement was trained throughout the child welfare curriculum. The following chart represents the different courses and the segments for which family engagement is interwoven. (*PIP Items – PS 1, AS 10, BM 10.1, 10.2*)

Title of Training	Family Engagement Content
New Worker Orientation Training – 3 week training curriculum which addresses specific subject matter surrounding child maltreatment.	Intake and Screening – 1.0 hours Basic Interviewing – 6.0 hours Working with the Family – 3.0 hours Assessment and Case planning – 6.0 hours Building Family Engagement Skills – 15.0 hours
Foster Care Specialized Training – 1 week specialized in-service training which addresses subject matter directly related to foster care.	Understanding the assessment process with emphasis on engagement and working with the family – 24.0 hours
CPI/FS/ARFA Fundamentals – 1 week of specialized in-service training which addresses specific subject matter related to Child Protection Investigations, Working with non-custodial families and the Alternative Response Program.	Working with families during the investigative process – 10 hours Engagement and Service Delivery in working with non-custodial children and families – 10 hours

Though family engagement was covered in various training courses, DCFS and the NRCFCPP developed a stand alone course on family engagement utilizing various sources in the development of the course.

The Lawrence Shulman Interactional Helping Skills model was mined from the Pennsylvania Child Welfare Training Institute. Pennsylvania had an established child welfare curriculum which addressed family engagement through the use of the Shulman Model in which some of this information was used for content in the development of the Family Engagement curriculum. In addition to the Shulman Model, the Solution Focused Model founded by Insoo Kim Berg and Steven de Shazer provided a consistent foundation for the use of solution focused techniques. The solution focused techniques were engrained to some degree in child welfare training and were built out in this curriculum using case studies to practice specific skills.

This course is now a part of the 24 week competency based new worker training model and is currently provided to new staff statewide. The engagement techniques and the models utilized in this training have provided a platform for present and future child welfare training.

Activities Planned FFY 2014: The family engagement training will continue to be provided to newly hired staff as well as all other levels of child welfare staff.

Advanced Safety Focused Practice: During this time period, training has been involved in the implementation of Advanced Safety training for child welfare workers, supervisors and administrative staff in the Monroe Region, Alexandria Region, Baton Rouge Region, and State Office. In collaboration with LCWCWP, DCFS is developing safety competencies, and

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structuring the training to compliment child welfare practice in Louisiana. The Child Welfare Training Unit Manager and a lead trainer participated in training sessions with the National Resource Center for Child Protective Services (NRCCPS), Action for Child Protection.

Update FFY 2013: A plan was developed by the Child Welfare Program Section and the Child Welfare Training Unit for the statewide roll out of the Advanced Safety Focused Practice Model. The plan is for child welfare staff, as well as child welfare trainers, to conduct Advanced Safety Focused Practice training statewide across the child welfare continuum. Thus far, training has rolled out in the Child Protection Investigations (CPI) in the Monroe, Alexandria, and Baton Rouge Regions (Family Services (FS) staff also participated in the training with CPI staff) (*PS 1, AS 4*).

The new worker orientation curriculum is being updated and revised to include the core concepts of Advanced Safety Focused Practice and the Child Welfare Training Unit is working closely with CPI program staff to insure all new workers statewide receive Advanced Safety Focused Practice as a part of New Worker Orientation (*PS 1, AS 4, BM 4.3*). Further, the training unit is working with child welfare program staff to complete the roll out of Advanced Safety Focused Practice statewide across the entire child welfare continuum.

The Baton Rouge Region had a significant number of new Child Protection Investigation (CPI) workers during the period of October 2012-January 2013, and the newly hired workers required Advanced Safety Focused Practice training. Using an adapted version of the Action for Child Protection curriculum, two sessions of the training were provided by DCFS staff Willene P. Griffin and Shannon Matthews on February 13-14 and March 3-7, 2013.

Activities Planned FFY 2014: State office program staff, the implementation team, and training unit will continue to provide training and consultation statewide. The Child Welfare Training Unit will continue to incorporate the advanced safety model into the Department's new worker training curriculum.

Family Services Program Specific Training: Based on findings from the Child and Family Services Review, DCFS developed a Program Improvement Plan (PIP) benchmark that requires all Family Services (FS) staff to participate in Assessment and Case Planning training. The work was initiated and feedback from FS staff was obtained. Based on the feedback, it was determined that FS staff would benefit from a FS program specific training. To that end, training and program staff have collaborated on the development of competencies for the course. In the interim, FS staff will attend the Advanced Safety Model training as well as Assessment and Case Planning training. (*PIP Items – PS 1, AS 6, BM 6.1 – 6.4*)

Update FFY 2013: Family Services (FS) Specialists completed the Assessment and Case Planning training in May 2013 and additional assessment and case planning training was offered to FS staff on June 10-14, 2013; June 17-21, 2013; and June 24-28, 2013. In addition to the safety training thirty-two FS staff attended the Infant Mental Health training. The Infant Mental Health Training for FS was developed through a partnership between program staff from FS and the Department of Health & Hospitals (DHH). The focus of this training was to improve practice and service delivery for in-home families and encourage participants to consider the roles of natural helpers, caregivers and professionals and how each impacts the lives of children and caregivers. The training focused on children between the ages of 0-5 and those born drug

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and/or alcohol exposed. DCFS program staff believes the specialized training and tools will result in more effective assessment, case planning, service coordination, and service delivery to these families. The training was offered in a three part series beginning April 17, 2013, with two day increments for the first two sessions and three days for the last session.

Activities Planned FFY 2014: All new FS staff will receive the Advanced Safety Model training as well as the revised Assessment and Case Planning training for FS as a part of the 24 week competency based New Worker Orientation.

Ongoing Supervisory Training: Child welfare supervisors in all program areas participate in specialized training when they are promoted to supervisor or when they are assigned to another program for which they have no prior experience.

Update FFY 2013: DCFS continues to participate in quarterly information calls with other states implementing the LAS training. All supervisors employed by DCFS were encouraged to participate in the Computer Based Training (CBT) “Leaderships Styles, Elements, and Skills”. As of May 1, 2013, six hundred fifty-two DCFS staff completed this CBT.

The DCFS Training Section developed and trained the course, “Tools for Effective Supervision” to all DCFS supervisors. Sessions of the nine hour course were held May 1-2, 2013, May 6-7, 2013; May 8-9, 2013; May 16-17, 2013; May 20-21, 2013, May 23-24, 2013; May 30-31, 2013, June 6-7, 2013, and June 13-14, 2013.

DCFS Child Welfare Training is currently working with Marsha Salas, to develop a 12-day course titled “Mastering the Art of Child Welfare Supervision Training for New Child Welfare Supervisors”. The training program will consist of six, 2-day modules which will be delivered once a month for six months. The conceptual framework around which the curriculum was developed is based on following roles of the supervisor: Effective Leadership, Building the Foundation for Unit Performance, Building the Foundation for Staff Performance, Promoting the Growth and Development of Staff, Case Consultation and Clinical Supervision, and Managing Effectively in the Organization Supportive Supervision. The contract proposal is currently under review for approval.

Activities Planned FFY 2014: Once the proposal and budget is approved for the “Mastering the Art of Child Welfare Supervision Training”, DCFS will work with university partners to develop the contract and agreements to provide the training. The beginning and ending dates for this proposal are September 1, 2013, through December 31, 2014. The Department will also complete on-going quarterly training for DCFS child welfare staff.

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Use of Technology to Implement the Training Plan: The Department utilizes a number of resources to support training and staff development. They include a learning management system, webinars, video conferencing and teleconferencing.

- **MOODLE** - The Department continues to use the Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS). Training staff continue to work with IT staff, consultants and DCFS staff to utilize MOODLE for the development, publishing, posting, and tracking of web-based training. Additional enhancements will be made to MOODLE based on the Department's needs, funding and resources. The training staff will work with IT and the LCWCWP consultant to develop a standard protocol for the creation of computer-based courses for DCFS staff and community providers. Efforts to increase user proficiency with the tool and to ensure that this system is fully supported within the context of the Department's vision and the Transformation Project will continue.
- **Web-Based Training** - In order to effectively meet the demands and needs of the Department for the developing, publishing, and tracking computer based training, DCFS has recently filled a full time position. This employee will coordinate, collaborate and work as a team member with the appropriate staff to develop computer-based courses to supplement classroom training. This new staff person is also managing the training webpage.
- **Video Conferencing** - DCFS staff participate in video teleconferences sponsored by the National Child Advocacy Center. Due to the reduction in the travel budget, these types of trainings have increased in popularity since they provides staff the convenience of participating in training which does not require travel. In FFY 2013 staff participated in the following teleconferences:

Date	Topic	Presenter	Participants
2/16/2012	Beyond Yes/No How to Elicit Details of Abuse Without Direct Questions	Tommy Lyons	29
2/15/2012	Women Who Molest Children: Offender Typologies	Bill Carson	54
3/15/2012	Preparing for and Testifying in Court: Learning to Love Being a Witness	Stephanie Smith	24
3/29/2012	Misunderstood Behaviors of Childhood	Randell Alexander	28
4/12/2012	Resiliency and Risk Factors for L/G/B/T/Q Youth Instructor	Al Killen Harvey, LCSW	15
5/10/2012	Triad: Animal Cruelty, Domestic Violence, and Child Maltreatment	Barbara Boat	22
6/28/2012	Conflicting Loyalties: Working with Families Where Sibling Incest Occurs	Kevin Wade	20
8/09/2012	Mobile/Cellular Devices and the Secrets they Hold	Amber Schroader	21
9/13/2012	How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide	Joy Shelton	6
10/11/2012	Maltreatment, Neglect and Poverty	Howard Dubowitz	20
11/29/2012	Child Sexual Abuse in the 21 st Century: What Do We Know and Why Do We Know It?	Lori Frasier	30

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The Child Welfare Training Unit will continue working with the National Child Advocacy Center in presenting these teleconferences for child welfare staff. The schedule for video teleconferences begins on a state fiscal year which is July 1 – June 30 of the proceeding year. The teleconferences vary in number from 10 –14 per fiscal year.

- **Webinars and Teleconferences** - The Child Welfare Training Unit continues to utilize the WebEx format and teleconferences to support the transfer of learning and enhance the learning experience. Trainers coordinate the scheduling of WebEx's and teleconferences using a procedure and format documenting staff participation. The information is stored electronically by state fiscal year. These tools will continue to be utilized and feedback obtained from these transfer of learning activities will be documented. Future plans include the development of a mechanism in MOODLE to evaluate the effectiveness of webinars and teleconferences in the transfer of learning. Informally, the feedback from field staff, supervisors and managers has been positive.

The Department has instituted activities on expansion of transfer of learning which include feedback to regional administrators on new workers' performance and teleconferences with participants of the New Worker Orientation (NWO). At the conclusion of the NWO training, the trainers are required to provide feedback to the Regional Administrators with the expectation that the information will be forwarded to the supervisors on each trainee in regards to their participation in class, completion of assignments either in group activity or as independent work, support of group members, promptness, etc. This feedback alerts the supervisors to strengths as well as needs observed by the trainers that can be utilized as needed to further assist the workers in their professional development. Transfer of information is occurring because the Regional Administrators have confirmed that the feedback is passed on to the appropriate supervisors for each new worker and anecdotally feedback has been received from a few workers whose supervisors shared with them the content of trainers' feedback. Prospectively, the information will also be shared directly with each new worker's immediate supervisor and district manager.

Additionally, each cohort of new employees is asked to participate in two follow-up teleconferences approximately one month and two months following completion of the three-week NWO. Each trainee is given the opportunity to respond to three primary questions: (1) How many case assignments have you received (since completion of training) and what type of cases are they? (2) Have you been receiving the support you need from your supervisor and co-workers? (3) How have you been utilizing what you learned in Orientation training? What has been helpful? And, is there anything you could have used, that you did not receive during the NWO training?

Methods to Measure/Outcome Measures: Trainers are required to complete an evaluation summary after every training session and submit it along with the individual trainees' training evaluations. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs. Additionally, the Department is working to standardize an evaluation process that measures the knowledge of the trainee before and after the course. For many courses, pre and post tests are administered. This information is manually rolled-up. The Department has also been utilizing

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Focus Groups, Transfer of Learning Webinars, and/or teleconferences to assist in analyzing transfer of learning from the classroom to practice.

The Department is exploring the ability to obtain and provide evaluation information regarding every course or training session through MOODLE. This ability to obtain detailed information is being explored and will be obtained based on the availability of resources and technical support.

Partnerships/Collaboration: The DCFS Child Welfare Training Unit works with a number of partners statewide to develop and maintain a training and staff development program that is comprehensive and responsive to the needs of staff and community partners as well as the children and families served throughout the state. These partnerships include state/public universities, LCWCWP, CASA, CIP, and federally recognized Native American tribes.

A.) Universities Alliance: Work continues with all Louisiana state (public) universities in developing and enhancing the comprehensive system of training that serves prospective staff and current staff. DCFS contracts with Northwestern Louisiana University (NSU) in Natchitoches, Louisiana. NSU in turn contracts with the remaining state (public) universities to provide training to child welfare staff. The three year contract between NSU and DCFS (Louisiana Contract # 682436) was for three years in the amount of \$3,278,281. The contract was renewed in June 2012 for another three years and the new contract is for \$3,406,295. In Fiscal Year (FY) 2010, \$836,183.39 was billed for IV-E reimbursement. In FY 2011, \$1,013,289.89 was billed for IV-E reimbursement. Title IV-E is charged for educators' salaries, curricula development, training opportunities with IV-E allowable topics (i.e. conferences, workshops), recruitment/retention projects (focused on addressing the relationship with workers and foster/adoptive parents), and office supplies, etc. Forty-five percent of the costs associated with the universities are indirect costs.

Update FFY 2011: The Alliance developed a set of core competencies for BSW students and initiated work on a set of core competencies for MSW students. It is the expectation that this partnership will grow even stronger as efforts to build a skilled and competent workforce in Louisiana continue.

Update FFY 2012 - The BSW competencies developed by the Alliance has been embedded into the new worker 24-week competency-based training model. The contract between the Department and Northwestern State University (NSU) continues to be monitored by the Child Welfare Training Unit. The multi-year contract, which ended June 30, 2012, has been renewed.

The Child Welfare Training Unit and Southern University in Baton Rouge (SUBR) have a DCFS unit training site in the social work department. The establishment of this training site has enhanced the working relationship, as well as, provided training with a permanent site to conduct and deliver training.

Update FFY 2013: The Child Welfare Training Unit utilizes SUBR, SLU, and GSU as training sites and is establishing another training site at Northwestern University (NSU). Training continues to seek legal guidance regarding the incorporation and implementation of ACT 76 into the new Child Welfare Training Model for the Title IV-E Master of Social Work (MSW) graduates.

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Training has shared information regarding the 24-week training model with university partners and will continue to work collaboratively with the universities regarding the Title IV-E program and training opportunities for DCFS staff.

The universities continue to work with DCFS on training and education of current and prospective staff through the IV-E stipend program. During the 2012/2013 school year educational stipends were awarded to thirty-two non-employees with the expectation that the individual agrees to work for DCFS after graduation. Contracts were developed between DCFS and the stipend recipients. The Department's training section and Field Operations section are currently working with students for job placement based on staffing needs in the allowable programs of FS and Foster Care. In FFY 2013, the stipend amount for the Bachelors of Social Work (BSW) student was \$6,500 for all universities. The stipend for the MSW student was \$8,500.

Activities Planned FFY 2014: The Child Welfare Training Unit will continue to work with the universities to establish and utilize them as training sites. Training will continue to seek legal guidance regarding the incorporation and implementation of ACT 76 into the new Child Welfare Training Model for the Title IV-E MSW graduates.

The training unit will continue to share information regarding the 24-week training model with university partners and will continue to work collaboratively with the universities regarding the Title IV-E program. Efforts toward building capacity in the partnership which would allow for training opportunities for DCFS staff will continue as well.

DCFS will continue to work on training and education of current and prospective staff through the IV-E stipend program. IV-E stipends can be made available to qualified DCFS employees each year contingent upon adequate funding. At this time, the Department is unable to award employee stipends for FFY 2014, due to budget cuts and hiring freezes.

Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. Upon graduation, the training section will work with DCFS Field Operations to place each student based on staffing needs in the allowable programs of FS, Foster Care and Adoption. In FFY 2014, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are administered through a contract with Northwestern Louisiana University who in turn contracts with the other six public/state universities.

Educational Stipends of Persons Preparing for Employment FFY 2009-2014

State (Public) University	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Southern Univ.@New Orleans (SUNO)	3-BSW 4-MSW	1 BSW 4 MSW	3 BSW 3MSW	2 BSW 6 MSW	0 BSW 6 MSW	

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State (Public) University	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends	# of BSW / MSW Stipends
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Grambling State Univ. (GSU)	2-BSW 3-MSW	3 BSW 3 MSW	3 BSW 3 MSW	3 BSW 3 MSW	4 BSW 1 MSW	
Southern Univ. Baton Rouge (SUBR)	6-BSW 0-MSW	0 MSW 6 BSW	3 BSW	5 BSW	4 BSW 0 MSW	
Univ of La at Monroe (ULM)	2-BSW 0-MSW	0 MSW 5 BSW	0 MSW 4 BSW	5 BSW	5 BSW 0 MSW	
Northwestern State Univ. (NSU)	4-BSW 0-MSW	0 MSW 4 BSW	0 MSW 3 BSW	3 BSW	4 BSW 0 MSW	
Southeastern La Univ. (SLU)	6-BSW 0-MSW	0 MSW 6 BSW	0 MSW 5 BSW	5 BSW	5 BSW 0 MSW	
Louisiana State Univ. (LSU)	4-MSW	5 MSW 0 BSW	4 MSW 0 BSW	5 MSW	0 BSW 3 MSW	
Annual Total # BSW stipends/ Cost (\$5000 each)	23 Stipends/ \$115,000	25 Stipends \$5500 each \$137,500	21 Stipends \$6000 each \$126,000	23 BSW \$6,500 ea. \$149,500	22 BSW \$6,500 each \$143,000	
Annual Total #MSW stipends /Cost (\$7000 each)	11 Stipends/ \$77,000	12 Stipends \$7500 each \$90,000	10 Stipends \$8000 each 80,000	14 MSW \$8,500 \$119,000	10 MSW \$8,500 each \$85,000	

B.) The Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP)

The LSU School of Social Work, DCFS and the Louisiana University Child Welfare Alliance established the LCWCWP with funding from the Children’s Bureau. The LCWCWP is a five year grant which began in 2008. The overall purpose of the LCWCWP is to improve safety, permanency, and well-being outcomes for children and youth by building the capacity of Louisiana’s child welfare professionals and by improving the systems in the State that recruit, train, supervise, manage, and retain them.

The LCWCCP has been supportive of training by assisting in the establishment of the competency-based training system and in the development of child welfare curricula. In addition, the LCWCCP has funded the Advanced Practice Certificate Training for Adoption and Foster Care workers and the Staff Development and Appreciation Day training events. *(PIP Items – PS2, AS 1, BM 1.1; PS 2, AS 3, BM 3.7)*

- **Child Welfare Competency-Based Training System** – In FFY 2012, LCWCWP and consultant Joan Morse, collaborated with the Child Welfare Training Unit in the development of a 24-week competency-based, new worker training model. In addition,

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LCWCWP and NRCPFC have assisted in the development of a two and one half day competency-based Family Engagement training. (*PIP Items – PS 1, AS 10, BM 10.1, 10.2*)

Update FFY 2013: Training continues to work with Joan Morse and the LCWCWP to provide updates to the 24-week competency-based new worker training model. The LCWCWP has established a temporary New Worker Orientation website (<http://lcwcwp.com/nwo/>) to provide new workers, trainers, coaches, and supervisors with valuable resources needed within the first twelve weeks of employment. The LCWCWP and NRCPFC are assisting with the development of a Concurrent Planning Training for all child welfare staff. Joan Morse has assisted the DCFS Training section by providing staff development training for new and experienced trainers.

Gerald Mallon, DSW, Julia Lathrop, Professor of Child Welfare and Executive Director of the National Resource Center (NRC for Permanency and Family Connections at Hunter College School of Social Work provided an Advanced Practice Certificate program in Adoption and Foster Care Competency. The Advanced Practice Certificate Program provided non-credit advanced education and training to social services professionals, in collaboration with the Louisiana Chapter of the National Association of Social Work (NASW-LA). This 10 session program was provided to advanced level staff from February 2, 2012, through June 15, 2012.

Activities Planned FFY 2014: DCFS Child Welfare Training will continue to work closely with LCWCWP and Joan Morse, to complete updates to the training curriculum until the contract ends in September 2013.

- **Family Engagement Training** – LCWCWP worked alongside training staff to develop a course on family engagement. The training was piloted in March 2012 and subsequent to the pilot, changes were made to the course and the timeframe was expanded to two and one half days. (*PIP Items – PS 1, AS 10, BM 10.1, 10.2; PS 2, AS 1*)

Update FFY 2012: The Child Welfare Training Section worked with a consultant from the National Resource Center for Permanency and Family Centered Practice (NRCPFC) and the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) to review the 3 three week long New Worker Orientation training, the Foster Care Assessment and Case Planning in-service training and the CPI/FS/ARFA Decision-Making in-service training. The results from the assessment indicated family engagement is interwoven throughout the child welfare curricula with no consistent pattern or level of sufficiency. In order to address our inconsistency and enhance our level of sufficiency with regards to the Child Welfare training curricula, the Child Welfare training unit made a decision to develop a stand alone family engagement training which would be provided to new and experienced child welfare workers.

The process for the development of the family engagement curriculum involved research and input from the field. With the assistance of LCWCWP, research was conducted utilizing different states to gain knowledge and insight on the standards of practice in relation to family engagement. Child Welfare training and the NRCPFC/LCWCWP utilized the Pennsylvania state family engagement/assessment training as a resource in

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the development of the family engagement curriculum. Child Welfare training, in collaboration with NRC/LCWCWP, developed a competency-based family engagement training entitled “Building Skills for Meaningful Family Engagement”. The Lawrence Shulman Interactional Helping Skills Model and the Solution Focused Therapy model by founded by Insoo Kim Berg and Steve de Shazer are strength based models utilized throughout the family engagement curriculum. In addition, these models represent the foundation for family engagement in the development of future child welfare training curricula.

The training was piloted twice primarily with new workers from across the state. These staff provided suggestions regarding the flow of the material and the time allotted for practicing the engagement techniques. Child welfare training staff absorbed the feedback and made necessary modifications to family engagement curriculum. In May, 2012 the final draft of the curriculum was completed and trained as 2.5 day training. DCFS plans to update all DCFS child welfare courses with the information from this curriculum as the courses are revised and updated.

In addition to providing a 2.5 day family engagement classroom training, a transfer of learning (TOL) WebEx is conducted with new workers and their supervisors to discuss their action plans and elaborate on the content of the training and how it is being applied in terms of practice. Overall, the training has been well received by child welfare staff and feedback has been favorable with regards to the transfer of learning WebEx’s.

There have been 3 sessions of the training held to date with a total of (47) forty-seven participants. Of this group, only 44 were included in the New Worker Training Model. The remaining 3 participants were veteran staff who was obtaining training hours.

In addition, there have been three scheduled TOL WebEx’s held for each group of trainees. The first TOL WebEx was held on May 3, 2012 with (3) three new workers participating. The second TOL WebEx was held on May 30, 2012 with (15) fifteen new workers participating and (6) six supervisors. The third TOL WebEx was held on July 21, 2012 with 3 new workers participating and 1 supervisor. The chart below reflects staff participation for Family Engagement training.

<u>Date of Training</u>	<u># Participants</u>	<u>Date of TOL Web EX</u>	<u># Participants</u>
March 7 – 8, 2012	19	5/3/2012	3
March 27 – 28, 2012	19	5/30/2012	15
May 15 – 17, 2012	9	7/21/2012	4
April 15 – 17, 2013	15	TBA	
April 22 – 14, 2013	20	TBA	

This training provides a valuable framework for family engagement as well as opportunities for staff to practice family engagement techniques and skills. It is a part of the newly developed 24 week New Worker Training Model and is offered 4-6 times per year. It is available to experienced DCFS child welfare staff as an introduction to family engagement.

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Activities Planned FFY 2014: The Child Welfare Training Unit will continue to provide this training to new workers and in an effort to insure all child welfare staff have an opportunity to receive this training course, the Child Welfare Training Unit will offer training slots to regions. The training dates and available slots will be announced utilizing DCFS online training memoranda.

- **Staff Development and Appreciation Days** – In FFY 2012, LCWCWP and Dr. Gary Mallon, Project Director sponsored an intense two day Staff Development and Appreciation Day Training to child welfare staff statewide. This year’s theme is “Child Welfare Workers and the Court Process”. Last year the theme was Meaningful Family Engagement. The event honors staff for their work and provides child welfare training relevant to practice. These events are well received by child welfare workers and management staff. *(PIP Item – PS 2, AS 1, BM 1.1)*

Update FFY 2013: Dr. Gerald Mallon, LCWCWP Project Director continues to sponsor Staff Development and Appreciation Day Trainings throughout the State. These trainings are well received by all levels of staff. In order to allow all staff the ability to participate, more than one training date is offered in each region.

Activities Planned FFY 2014: DCFS will plan to continue providing Staff Development and Appreciation Activities to all child welfare staff.

- **Advance Practice Certificate in Adoption and Foster Care Competency** *(PIP Item – PS 2, AS 3, BM 2.7)* In FFY 2012, Dr. Gerald P. Mallon and Julia Lathrop, Professor of Child Welfare and Executive Director of the National Resource Center (NRC) for Permanency and Family Connections at the Hunter College of School of Social Work has again agreed to serve as lead faculty for the provision of an Advance Practice Certificate in Adoption and Foster Care Competency. The Advance Practice Certificate Program in Adoption and Foster Care Competency provides non-credit bearing advanced education and training for social service professionals. The course syllabus is approved by the Hunter College School of Social Work and the certificate will be jointly issued by Hunter College and the Louisiana Chapter of the National Association of Social Works (NASW-LA). The course was delivered in ten sessions as follows: February 2-3, 2012, February 16-17, 2012, March 1-2, 2012, March 15-16, 2012, March 29-30, 2012, April 19-20, 2012, May 3-4, 2012, May 17-18, 2012, June 7-8, 2012 and June 14-15 2012. *(PIP Items – PS 2, AS 3, BM 3.7)*

Activities Planned FFY 2014: DCFS Child Welfare Training will consult with and seek assistance from university partners, and stakeholders to provide ongoing Advanced Practice Certificates to advanced level staff throughout the Department.

C.) Court Improvement Program/Court Appointed Special Advocate (CIP/CASA): In 2009 Louisiana stakeholders met to begin decision-making for a Louisiana Center of Excellence. The discussions led to the following preliminary decisions: The Center of Excellence should include both the child welfare and juvenile justice systems and focus on prevention, early intervention, status offenders, and Child in Need of Care (CINC) cases. Activities for the Center of Excellence would include approving and coordinating training for some or all stakeholders; policy development and advisory role to local or state government; technical assistance to help local

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jurisdictions with special projects; disseminating evidence-based research and best practice information; and conducting evidence-based research, including demonstration projects.

As part of this work, the Child Welfare Training Manager has attended meetings and shared DCFS sponsored training opportunities with the various disciplines involved. The training manager also provided input into the development of training opportunities sponsored by the CIP and CASA and developed procedures for DCFS staffs' participation in these shared training opportunities. (*PIP Item – PS 2, AS 1, BM 1.3*) A report on the concept of a Pelican Center of Excellence was presented to the Chief Justice and to the Secretary of the Department. Subsequently, CIP and CASA staff has met with DCFS and public university staff to identify training priorities and the programs already set to provide training.

Update FFY 2013: Child Welfare Training has continued to work with the CIP and the CASA to develop and provide feedback regarding child welfare and legal training to DCFS staff, Juvenile Judges, Attorneys for children and parents, and CASA volunteers through the collaboration with the Pelican Center of Excellence. Stakeholders continue to meet quarterly to discuss the CPI Strategic Plan, the Pelican Center for Children and Families, and to provide updates for the CFSR and PIP. Issues and changes within the departments are also discussed. The CIP/CASA partners have assisted DCFS by publishing Computer Based Training (CBT) to their websites and providing technical assistance in developing CBTs.

Currently, training is being developed to educate each partner group on Concurrent Planning. An evaluation meeting was held on April 24 and 25, 2013, with representatives of DCFS, CASA, CIP, Judges, and Attorneys to review and provide input to each partner for the development of Concurrent Planning training. Conference calls were held on March 28, 2013, and April 23, 2013, to provide information to the university partners regarding the Pelican Center of Excellence and to explore the possibility of a partnership with the universities.

Activities Planned FFY 2014: DCFS Child Welfare Training will continue to collaborate with the Pelican Center of Excellence regarding training opportunities for child welfare staff. Training will share child welfare legal training, ICAWA training, and concurrent planning training with CIP partners for feedback and/or consultation regarding the development of additional program specific legal training. Training staff will also continue work with CIP and CASA and the other involved disciplines to further the work of the Pelican Center of Excellence.

D.) Tribal Affiliation: In FFY 2012 training continued to send out announcements for new worker training to federally recognized tribal partners statewide.

Update FFY 2013: DCFS Child Welfare Training continued to have on-going telephone, email, and face-to-face contacts with Louisiana's federally recognized Tribes. The Child Welfare Training Manager and Director visited the Social Services Departments of the Jena Band of Choctaw Tribe and Tunica Biloxi Tribe on March 4, 2013. The Child Welfare Training Manager visited the Social Services Departments of the Chitimacha Tribe and Coushatta Tribe on March 26, 2013. During these visits the tribes were provided a DVD copy of the CBT on Engaging Families to Build Support, and Maintain Connection and information on upcoming trainings. Tribal representatives were given permission to post this training on their websites. On April 29, 2013, the DCFS Training Manager, IV-E Manager, and a Foster Care Program Manager attended the Title IV-B meeting hosted by the Chitimacha Tribe. During this meeting, DCFS provided

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updates to the tribes regarding Foster Care policy, a copy of the DCFS Training Calendar, and the tribes were able to ask questions regarding services provided by DCFS.

DCFS continues to provide the tribes with information and announcements regarding DCFS sponsored trainings.

Activities Planned FFY 2014: DCFS Child Welfare Training will continue provide tribal partners with information regarding DCFS sponsored trainings. Training and the tribal partner will work in collaboration to develop training for all DCFS professional staff on the Indian Child Welfare Act (ICWA).

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Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E, IV-B and XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100% time study conducted by all child welfare trainers. Each trainer accounts for all hours in the work week, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters that information into a database.

The database, which was created to document and track training activities, contains all courses from the child welfare training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff. Training staff is working with the IT unit in the development of a new cost allocation database for training staff. This new database will encompass all of the child welfare courses. In addition, the database will have the necessary features needed for the creation and maintenance of reports which emphasize the funding sources utilized by the Child Welfare Training Unit. The targeted completion date of this database is August, 2012.

Random Moment Sampling (RMS) procedures are also in place and field staff is sampled on an ongoing basis. The process identifies activities that staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

During FFY 2010, DCFS expended \$7,556,598 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,563,003 was allocated for foster care training and \$326,148 for adoption training. In FFY 2011, DCFS expended \$7,769,211 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,682,695 was allocated for foster care training and \$469,869 for adoption training. In FFY 2012 DCFS expended \$9,448,508 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures. State general funds, in the amount of \$1,877,655 were allocated for foster care training and \$484,472 for adoption training.

Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Category of Expenditure	Actual FFY 2009	Actual FFY 2010	Actual FFY 2011	Actual FFY 2012	Projected FFY 2013	Projected FFY 2014
Salaries-cost allocated expenses for staff in the field and state office including stipends	\$4,303,095	\$4,369,251	\$4,421,309	5,035,012	\$4,476,941	5,182,596
Travel	\$6,880	\$6,899	\$6,929	7,056	\$7,157	7,282
Operating Services-advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc	\$37,455	\$38,183	\$37,822	41,062	\$38,968	40,810

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Category of Expenditure	Actual FFY 2009	Actual FFY 2010	Actual FFY 2011	Actual FFY 2012	Projected FFY 2013	Projected FFY 2014
Supplies	\$,7316	\$7,405	\$2,695	5,696	\$7,611	6,879
Acquisitions	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	\$3034,177	\$3,089,920	\$3,133,967	3,266,774	\$3,156,758	3,169,562
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$824,938	\$984,584	\$1,126,739	1,092,908	\$1,114,615	1,239,484
Total	\$8,213,862	\$8,496,242	\$8,729,461	9,448,508	\$8,802,050	9,645,613

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Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training so the location of most training sessions is generally held at the state office located in Baton Rouge, Louisiana but, if there is a cluster of trainees in a particular area of the state, the training is conducted there. Thus, less travel costs are incurred. Depending upon the training site, the average cost per person will vary based on variables such as lodging and meal allowances. Additionally, the majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below and in the chart on the following pages were developed using the formula below and is applied to all child welfare training courses conducted by child welfare training staff and/or contract trainers.

Travel Costs:

Lodging: Avg. \$104.00 (low for **Tier I** - \$77.00 – high for **Tier 2** - \$131.00 per night excluding taxes and surcharge)

Meals: Average of \$47 per day; (**Tier I** - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; **Tier II** (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)

Trainees' workbooks: average cost \$8 per workbook

DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.

Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)

Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

Minimum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN # of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/ workbook = \$1590 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)

With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)

With Contract Trainer \$1900 = \$3490 (\$349/trainee)

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Maximum Cost: - For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX # of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)

With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)

With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)

With Contract Trainer \$1900 = \$6193 (\$229/trainee)

For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart in Appendix B.

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CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN: The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. These are coordinated, to the extent practicable, with the Child and Family Services Plan (CFSP).

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided to prevent, identify and treat child abuse and neglect situations and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs and the state will provide notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were used in Federal Fiscal Years 2010 through 2012 and how they will be used in FFY 2013 to address the purposes of the grant and achieve the objectives of the grant.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Out of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

A.) ALLOWABLE AREAS:

- **Intake, assessment, screening, and investigation of reports of child abuse or neglect;**
- **Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;**
- **Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;**
- **Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.**

SERVICES PROVIDED:

A. Child Protective Services including:

1.) Common Access Front End: The Department is currently designing and working toward the implementation of a Common Access Front End (CAFÉ') that will interface with all DCFS information management systems including the Tracking, Information and Payment System (TIPS) and A Comprehensive Enterprise Social Services System (ACESS). TIPS is a computerized on-line, statewide information management and payment system for all child welfare programs. ACESS is the statewide system for intake of all reports of child abuse and neglect. It is also the electronic case record for all CPI cases.

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CAFÉ is planned in four releases. Release three will include child abuse and neglect reporting through the development of a customer and worker portals. CAFÉ' will enable the Department to more efficiently and effectively accept reports of abuse and neglect.

Update FFY 2012: Efforts of child welfare focused on participation in planning for the data sharing and data governance with CAFÉ. Beginning in May 2012, the Joint Application Design Sessions (JADS) initiated focus on the design for the Phase Three release involving child welfare.

Update FFY 2013: In August 2012, core CAFÉ team members, along with other Transformation and Program staff, reviewed functional detail design documents for the CAFÉ Release 2 and Release 3. The team also participated in the Master Client Index (MCI) Release 2 pre-JADS, along with representatives from LASES, RAS, TIPS, and ACCESS to review MCI Release 2 requirements. Then on January 14, 2013, the second of four releases of CAFÉ launched across the state. The second release features improved searching abilities and the introduction of tasks and alerts. Release 2 added a self-service feature which allows clients to link their accounts to their cases. Staff attended the Master Provider Index (MPI) functional pre-JAD session with program staff to discuss provider portal functionality and MCI in order to prepare for the upcoming JAD sessions. Child welfare is now scheduled for CAFÉ Release 4 which will launch at the beginning of calendar year 2013.

Activities Planned FFY 2014: Child welfare staff will continue to participate in the development of CAFÉ' and develop child welfare specific functions.

2.) Centralized Intake Service Description: A centralized intake was developed by DCFS in 2011. The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7).

2011 Update: A Structured Decision Making (SDM) screening and response tool was selected, piloted and implemented statewide. Prior to statewide implementation, the revised intake process was piloted in three sites: Calcasieu Parish, Ascension Parish and Baton Rouge Region. State Office staff was assigned the task of reviewing weekly intake calls, and providing consultation/feedback to staff identified to participate in the assessment and utilization of the SDM screening and response tool in each of the aforementioned sites. A sample of ten (10) cases was reviewed by all state office staff for the purpose of providing feedback to each pilot site group via weekly conference calls. Site groups were informed of the things they did well, and the things that needed improvement. Pilot groups in Calcasieu and Ascension parishes, and the Baton Rouge region were asked to identify challenges that resulted from the utilization of this tool. From this feedback, the Department developed training that was administered by CPI program staff to address those challenges. Pilot groups in these areas noted four (4) issues that they anticipated would apply statewide.

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

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

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

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
07/11	10,282	6,439	62.6%	3,843
08/11	11,713	10,188	87.0%	1,525
09/11	10,906	10,357	95.0%	549
10/11	9,706	9,513	98.0%	193
11/11	8,972	8,866	98.8%	106
12/11	7,848	7,766	98.9%	82
01/12	9,321	9,014	96.7%	307
02/12	8,345	8,113	97.2%	232

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

CENTRALIZED INTAKE STAFFING		
Position	Original Staff	Current TO
Intake Worker	25	39
Supervisor	5	9
Manager	1	3
Director	0	1
Administrative Support	3	3

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

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

Accepted reports are referred to local parish offices for Child Protection Investigation (CPI) or for Alternate Response/Family Assessment (ARFA). The number of reports accepted for DCFS involvement increased from the same month in the previous year in every month since CI implementation as reflected in the table below.

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

The following three tables demonstrate the percentage of reports that were accepted for DCFS involvement. The first two tables show the percentage of reports that were accepted from July 2010 through January 2011 and from July 2011 through January 2012. The third table provides a comparison of the percentage of reports accepted for involvement prior to and after implementation of CI. The most significant change occurred between January 2011 and January 2012 with 7.11% fewer in 2012.

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

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

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

- Management oversight 24 hours a day, seven days a week, including daily live monitoring during high volume call periods to assess
 - Amount of time spent receiving a report of abuse or neglect
 - Amount of time required for entering data
 - Intake queue performance
 - Time lapse between report acceptance and notification to local office
 - Accuracy of information in reports and decision-making

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- Immediate and ongoing feedback loop among CI workers, supervisors and managers through instant messaging chat conversations, e-mail, phone, and teleconferencing
 - Supervisors join interviews as a part of training and assessing interviewing skills
 - Mandatory morning and evening teleconference briefings
 - Required supervisory end of shift reports
 - Daily briefings including managers and director

- Rapid feedback loop between CI and local offices through an inquiry mailbox with 24 hour or shorter turnaround time
 - Parish offices request a management review of questioned approved intake
 - CI Manager reviews intake
 - CI Manager's response indicates the policy, rationale; and, professional judgement

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

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

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

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

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

After resolving the implementation challenges previously outlined above, CI management staff focused on stabilization of the unit structure and establishment of daily operation protocols and processes focused on operating in real time. Processes were developed that supported efforts to improve competencies and identify training needs and/or policy changes in efforts to develop and maintain uniformity and consistency. This effort was consistent with Louisiana’s vision of developing a core group of staff with expertise in the disposition of reports of abuse/neglect in an accurate and consistent manner.

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

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

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

The results indicated that application of ASDM at intake would provide a standardized intake assessment interviewing protocol that would improve the unit’s competencies by providing a structure that would contribute to obtaining sufficient information from callers, improve

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decision-making, and provide a well-structured interview that would be more efficient and help process cases timely. Based on the results of the review, training was approved for all intake staff.

CI held ASDM training that was specific to intake during the first two weeks of December 2012. There were 4 sessions held in which all intake staff were trained. Representatives from local offices in each region were invited and attended. This was to assist in facilitation of implementation of ASDM in the intake process statewide. Each day and a half training session was followed by a debriefing with the Matt Gebhardt from Action for Child Protection, CI Management, CI Supervisors and lead workers. During this time, Mr. Gebhardt shared the results of the baseline review of intakes conducted in September and facilitated discussion regarding implementation at intake. Immediately following training the CI take management team met and developed a preliminary quality assurance and sustainability plan for intake. To that end, they developed a system supportive framework to improve competencies using case examples and the ADSM curriculum information at mandatory daily briefings. The process included a weekly schedule of topics and activities and each manager (on a weekly rotation plan) would work with supervisors on areas needing follow-up and supplemental reinforcement for continued learning and application of the structured information collection process and dispositions. The process continues today.

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

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

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

Call Performance: Below is a table summarizing the first and second fiscal years regarding total number of calls and calls routed directly to an intake worker. The percentage fell below the 90% goal during 7/1/2012 – 3/31/2013. Contributory factors include Hurricane Isaac (August

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and September 2012), training of all intake staff (December 2012), six (6) staff transfers (June – November) resulting in vacancies, and staff on extended leave.

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

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

INTAKE CALLS ROUTED DIRECTLY TO INTAKE WORKER				
Month	Total # of Calls	# of Calls to Intake Worker	% of Calls to Intake Worker	# of Calls to Overflow
2012				
March	9,133	8,780	96.10%	353
April	8,401	8,143	96.90%	258
May	9,241	8,678	93.90%	563
June	7,720	7,506	97.20%	214
July	8,442	8,298	98.30%	144
August	9,762	9,415	96.40%	347
September	10,123	9,405	92.90%	780
October	9,421	8,474	90.00%	947
November	7,950	6,415	80.10%	1,535
December	7,056	5,023	71.20%	2,033
2013				
January	8,907	7,410	83.19%	1,497
February	7,895	6,304	80.00%	1,595
March	8,367	7,117	85.06%	1,250

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

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

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

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

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

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

Activities Planned FFY 2014: Intake staff is currently working with the Structured Decision Making (SDM) response priority page, to comply with the changes needed in ACESS and policy. The Department has consulted with Action for Child Protection on these changes. The proposed changes have been submitted for review.

DCFS plans to request the post training evaluation to finish a comparison to the baseline evaluation and staff will continue to build the system framework around ASDM and continue with the sustainability plan.

3.) Structured Decision Making Service Description: The SDM® model incorporates a set of evidence-based assessment tools and decision making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM® model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision making points that range from intake to reunification. The SDM® model also utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Update FFY 2012: SDM is fully incorporated into policy and practice in CI, CPI, ARFA (Louisiana differential response to reports of abuse/neglect), Family Services (FS) and Foster Care (FC). The SDM process for intake was developed in collaboration with the Children’s Research Center in late 2009 and early 2010 to assist with statewide standardization of the report acceptance and departmental response of an investigation or family assessment with reports of child abuse and neglect. It was piloted and then implemented statewide with inclusion of the tool in ACESS in July 2010. The process continues to be used at intake by CI staff. The SDM Initial Risk Assessment, Risk Reassessment and Reunification Assessment continue to be used as tools with child welfare decision making for services to families and permanency for children.

Update FFY 2013: During this time period, staff continued to utilize the SDM tool. Appropriate use of the tool was reinforced through the Family Services (FS) mentoring process completed in the Baton Rouge, Monroe and Alexandria Regions (*PIP Items – PS 1, AS 5, BM 5.1-5.5*). ASDM was rolled out (in the same regions as the FS mentoring process in both the CPI

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and Family Services (FS) programs. Also, DCFS staff worked with the CIP, the courts in the 16th JDC and the NRCLJ to improve workers' clear articulation of safety and risk concerns and the courts' understanding of the ASDM model. (*PIP Items – PS 1, AS 7 BM 7.3*)

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

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

In response to this, FS program staff has written new policy to guide practice expectations that would provide clearer guidance to field staff in their work with families where substance abuse is an issue. This policy was reviewed by partners with the Department of Health and Hospital (DHH) for additional input around this topic. A meeting was held with DHH on December 13, 2012 to discuss this input, along with identifying a number of resources to assist with service delivery to the families. The policy was formally circulated within DCFS in December 2012. Once implemented, it is expected that staff will experience a decrease in the work load and challenges they face in working with these families, as they will no longer be required to conduct a mandatory override of "Very High" on the SDM risk assessment. The policy became effective on April 1, 2013. A web-ex is scheduled for May 22, 2013 to discuss the policy and practice expectations as it relates to serving these families.

Activities Planned FFY 2014: Staff will continue to implement the model and monitor whether the policy changes for risk assessment and work with families where substance abuse is an issue is addressing the needs of the family as well as the work load issue.

4.) ACCESS - Service Description: A Comprehensive Enterprise Social Services System (ACCESS) is the statewide system for intake of all reports of abuse and neglect. This information management system contains intake records that are assigned to both the Alternative Response Family Assessment (ARFA) program and the Child Protection Investigation (CPI) program. Additionally, it is the electronic case record for all CPI cases. ACCESS provides case management tools with enhancement capabilities to aid staff in obtaining timely information. It serves as the electronic case record for all CPI cases.

Update FFY 2011 & 2012: The major ACCESS enhancements included updating client and reporter notifications; changes to the electronic record for family investigations to include investigation information for safety assessments; and, additional enhancements to the

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Centralized Intake process with reports of child abuse/neglect, decision making about the reports and communication to local offices for the responsibility for the response (investigation or assessment) to the report.

Update FFY 2013: Programming for the integration of the Advanced Safety Decision Making (ASDM) Model for a present danger and an impending danger assessment was made into the CPI electronic case record during this time period.

Activities Planned FFY 2014: Enhancements to ACESS will be made as needed.

5.) Case Record Review Process - Service Description: This process is focused around key decision points in each program area including CPI, FS, ARFA, FC and Adoption (AD). Supervisors utilize review instruments developed to assess the quality of work done by each worker on assigned cases. Using the same instrument, Operation Managers review five (5) cases on each supervisor on a monthly basis, and may also assess the quality of supervision and guidance the worker received on each case.

The purpose of the reviews is to monitor the quality of services delivered by child welfare staff and to develop case review instruments around key decision points in each program {CPI, FS, FC, AD, and Home Development (HD)}. Subsequently, supervisors reviewed all cases utilizing the instrument to review the quality of work done by each CPI staff while Operation Managers utilized the same instrument to assess the quality of supervision and guidance the worker received from their supervisors. This ongoing case review process began in February, 2011.

Update FFY 2012: The case review process described above continued until January 2012. The intention was to review quality at three levels: First-line supervisor, Operations Manager and State Office Program Manager. The purpose of the supervisory review was to assess the work of front line staff; the purpose of the managerial review was to assess work of the supervisor; and the purpose of the Program Manager review was to assess the work of the Operations Manager. Review instruments completed by the Operations Managers, the companion review instruments completed by supervisors and the log of all reviews completed by each supervisor were submitted monthly to the Division of Operations for distribution to Program Managers.

It was hoped that the qualitative data obtained from these reviews could be tracked in the Quality Assurance Tracking System (QATS) to provide a source of aggregate qualitative data.

Supervisory review requirements were based on specified by program as follows:

- CPI and ARFA – each case within 60 days of open date and in time for case to be closed within 60 days;
- FS – each case once per quarter;
- FC – each case within 30 days of child entering care and once each quarter thereafter;
- AD – Quarterly for child with identified permanent placement and signed permanent placement agreement; monthly for child over age one without identified permanent placement; weekly for child under age one without identified permanent placement;
- HD- all recertifications and all new certifications.

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Cases reviewed by Operations Manager were randomly selected from the review logs maintained by supervisors. Operations Managers' reviews were based on a specified number of cases per month by program, as follows:

- CPI, ARFA, FS, and HD – five cases per supervisor per month;
- FC and AD – three cases per supervisor per month;
- Mixed Supervisory Caseloads – combination of cases to equal cases five per supervisor per month.

Regional Results: The level of acceptance of the review process among staff in the regions was mixed. Some supervisors and managers found value in the process. Others never embraced the process and continued to pose questions about the “technicalities” until the process ended. Both positive and negative responses occurred in every region, and the content of the review instruments was consistent with the attitude toward the process, with some thorough, thoughtful reviews and some superficial reviews.

State Office Results: Aside from CPI cases, which are almost completely accessible electronically, the third level review process held little value because of inaccessibility of case records for comparison with information on the review instruments.

The review instruments were not entered into the QATS system so that aggregate data could be obtained. However, CPI case reviews revealed a significant need for additional training on safety assessments and safety plans. It was not uncommon to find a safety assessment with several factors endorsed and the child deemed safe or with no factors endorsed and the child deemed unsafe. Factors endorsed or not endorsed were sometimes inconsistent with the facts of the investigation as reflected in the interview narratives, and some safety plans consisted of a statement that the perpetrator would change his or her behavior. The most egregious concerns were addressed immediately through telephone consultations by Program Managers with Operations Managers.

The findings from these reviews are consistent with Louisiana's CFSR Round 2 results. Three Indicators (Repeat Maltreatment, Services to Protect Children in the Home and Risk of Harm) were rated as Areas Needing Improvement. Each of these Indicators would be expected to have a positive correlation with inadequate safety assessment and planning.

The concern about safety assessment and safety planning is addressed in Louisiana's CFSR Program Improvement Plan (PIP). With the assistance of the National Resource Center for Child Protection and the Children's Research Center, training has been developed on safety and risk assessment, safety planning, and effective supervisory consultation and monitoring. To differentiate from other safety training, it is being called the “Advanced Safety Model”.

Advanced Safety Decision Making (ASDM) Model training was held in Monroe Region in January and in Alexandria Region in March 2012. The training was well-received and bi-weekly follow-up calls are held with staff in regions that have completed the training. Consultation is provided on actual, in-progress cases. Worker, supervisor and manager for the case being discussed participate in the consultation and other regional staff and State Office Program and Operations staff listen in on the consultations. The most recent call indicates significant progress. With support from the Casey Family Foundation the Department is planning to implement the training statewide by 2013.

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Centralized Intake (CI) (Goal – Safety): The area of focus is compliance with report acceptance and priority level policy. The supervisor will review all cases prior to assignment to the region to determine if intake meets criteria of report, if response priority is consistent with policy, and if cases are transferred to local offices timely. The CI reviews are consistent with CFSR Safety Outcome 1, Item 1, Timeliness of Investigations. Timeliness of Investigations was rated as an Area Needing Improvement in Louisiana' Round 2 CFSR. Although Item 1 is addressed in the PIP from the perspective of CPI, the investigation cannot be initiated timely if the report is not provided to the local office timely

The manager will review a sample of intakes to determine if the supervisor correctly assessed acceptance and priority level and to assure timely transfer to local office. The manager will also review all cases questioned by local office each day to determine the appropriateness of the resolution. Responses will be provided within 24 hours or earlier if the Priority Level is Immediate. A log of necessary changes will be maintained and used to develop appropriate training.

The director will review sample of cases reviewed by managers and of responses to local office inquiries to identify training needs.

Update for FFY 2013: In September 2012 an evaluation of random intakes was conducted to identify training needs. Then in December 2012 the intake unit attended training specific to intake decision-making with regards to acceptance decisions, response priorities, and information collection. This training was conducted by a consultant with Action for Child Protection. Processes were reviewed and adapted to include system support of the change in how information is collected and decisions are made based on Advanced Safety Decision Making Model (ASDM), definitions to identify the safety needs, danger threats to children, and response priority assignments consistent with the safety and danger threats.

Intake supervisors review and make a determination of response priority on all intakes received. Each intake supervisor forwards an intake summary case log to their manager showing disposition and response priority. In addition, for all immediate response priorities, a local office supervisor is notified immediately by phone. The intake supervisor notes in the comments section the individual notified at the local office and the time of the notification.

Supervisors are also required to review at a minimum five (5) intakes of their assigned intake workers a week and forward the completed ASDM Instrument to his/her assigned manager for their review and feedback to the supervisor regarding timeliness, rationale for decisions, and correct response priorities. The managers perform random reviews of these intakes and provide feedback to the supervisor and intake worker.

In addition, feedback is also provided in mandatory individual supervision, supervisory intake monthly unit meetings, manager unit meetings with supervisors, and director meetings. The director also conducts quarterly intake meetings for all levels and discusses unit trends, goals, accomplishments, and other significant information.

Supervisors are required to listen to one intake weekly of each of their assigned staff and complete a written call instrument regarding information collection and interviewing skills. The

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completed instruments are forwarded to his/her manager. Feedback is provided by supervisors in their individual sessions with assigned workers and in mandatory unit meetings.

The intake managers rotate on a weekly basis and monitor the inquiry mailbox. The mailbox reviews requested are approximately 60-75 monthly requests. This mailbox was developed so that local office supervisors and/or managers would have a process to request reviews about intake case acceptance decisions, response priority assignments, and other requests. The goal is to address these inquiries immediately but no later than 24 hours. The manager's log includes the case name, request, resolution of the request and the office. These logs are rolled up into a monthly report in which the director reviews and identifies training needs for information collection, decision-making on acceptance, assignment of response priority, and any time delays. Unit and individual trends are communicated to the managers so that a plan can be developed for resolution as needed.

The above process allows opportunities to provide written and verbal feedback to managers, supervisors, and intake workers noting individual skill development needs regarding information collection and intake decisions. Any unit trends or individual trends are communicated to the director to identify training needs. Unit trends are addressed through e-mails and direct communication during the mandatory daily briefings. For individuals a corrective action plan is used and tracked to correct ongoing trends.

The director reviews intakes daily and attends case crisis reviews with executive management, provides consultation to managers on intakes, and reviews all fatality reports and life threatening injuries that include current intake, previous intakes assigned or non-accepted intakes, response priority assignment, and information collection. Feedback and corrective action is communicated as applicable. In addition, the director and assigned intake manager reviews intakes regarding constituent complaints, executive management inquiries, and any other inquiry made. Feedback is provided to the person who made the inquiry and follow up with the supervisor and intake worker is completed.

Activities Planned FFY 2014: Intake reviews will continue using the process outlined above. The unit will utilize two instruments for reviews: the ASDM Intake Assessment Review Tool and the DCFS Centralized Intake Call Review Instrument. The unit will continue to support this training by ensuring a system framework supports the change at the manager, supervisory, and intake worker level and the quality assurance process continues.

CPI and ARFA (Goal – Safety): The area of focus is safety assessments and safety plans. The rationale for the focus is issues with safety assessments and plans identified in the previous case reviews CPI reviews are consistent with CFSR Outcome 1, Item 1, Timeliness of Investigations; and Outcome 2, Item 3, Services to Protect Children in the Home; and Item 4, Risk of Harm. Each of these items is addressed in Louisiana's CFSR PIP. As a part of the PIP, each region has developed a corrective action plan to increase the percentage of children and caretakers who are seen timely. The data being used in those plans is purely quantitative. The case reviews will provide a qualitative assessment of the meaningfulness of initial contact.

Two review instruments will be used: one for regions that have participated in the Advanced Safety Model Training, and one for regions that have not yet had the training. As regions

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complete the Advanced Safety Model training, they will move from one review instrument to the other.

In FFY 2013-2014 regions that have not had the ADSM training, each CPI supervisor will review the Form 5 Safety Assessment and Instructions, Form 5 SP Safety Plans and Instructions, and CPI Policy 4-516 requiring signed hard copies of safety plans with all staff in a unit meeting. Following the review, the supervisor will use a brief instrument to review safety assessment and plan prior to closure of each CPI case for consistency with the facts of case as documented in interviews, appropriateness of factors endorsed and safety decision, and note whether safety plan is monitored and assures safety of child. Supervisors will use review findings to provide guidance to individual workers and additional training as needed.

Managers will review at least three cases per month behind each supervisor to assure the supervisor is providing appropriate feedback to workers relative to safety assessments and safety plans. The information will be used to identify supervisory skills and training needs.

Program Managers at the state level will review random cases identified in a monthly report from Systems Research and Analysis Unit of cases where safety factor endorsement and safety decision do not match to identify the causes of errors and provide feedback to the managers in the regions. They will also review a random sample of cases where assessment and safety of child match to determine whether the assessment is consistent with the facts of the case and that the safety plan assures safety of safety of child and is appropriately monitored.

Update for FFY 2013: Supervisors and managers continue to review safety assessments and plans as a part of the case review process at the local level. The CPI section leader and the Operations Executive Management Officer have held joint informal reviews of random CPI cases to assess safety assessments and plans.

Activities Planned FFY 2014: CPI reviews at the local level will continue. Reviews by Program Managers at the state level will be replaced by the CQI unit reviews.

FS (Goal – Safety): The focus of FS reviews is on assuring that only cases with an SDM risk level score of high or very high or with appropriate overrides remain open. This area of focus was identified for two reasons:

- As a part of Louisiana's CFSR PIP, State Office Program Managers have been providing mentoring to FS supervisors and have identified cases open in FS even though no immediate or impending danger to the child can be articulated. (*PIP Items – PS 1, AS 5, BM 5.1 – 5.5*)
- The safety model of the National Resource Center for Child Protective Services recommends that referrals for ongoing services be based on the safety decision. Therefore, FS should be provided to families in which there is immediate and/or impending danger to a child.

The FS case reviews are consistent with CFSR Safety Outcome 2, Item 3, Services to Children in the Home; and Item 4, Risk of Harm. Both of these items were rated as Areas Needing Improvement and are addressed in Louisiana's PIP.

Supervisors will review the SDM risk level and override information at the 90 day staffing on each FS case. The supervisor and worker will jointly assess to assure the SDM scoring is accurate and appropriate overrides have been applied. Workers will be instructed to work with

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the family and service providers to transition toward case closure with needed aftercare in place on cases with low and moderate SDM risk levels and all children are assessed to be safe. Managers will review three cases per month per supervisor following the 90 day staffing to determine accuracy of supervisor's assessment of case status. Identified problems will be addressed through individual case consultations or training depending on the extent of the problem.

Program Managers at the state level will review a random sample of FS cases in FATS to determine if documentation reflects that cases remaining open meet FS criteria.

Update for FFY 2013: Each FS Program Manager in state office has been assigned supervisors in specific regions to whom they provide mentoring and support. The mentoring includes review of case in FATS to determine appropriateness of decision making and adequacy of documentation.

FC (Goals – Safety, Permanency and Well Being of Child; Improved Engagement Skills of Worker): The focus of foster care case reviews for all children in foster care will be on caseworker visitation and documentation of privacy of the visit and engagement of the child (as developmentally appropriate). The focus of foster care case reviews for all children under age five will include caseworker visitation and engagement of the parent.

The rationale for the focus on caseworker visitation with the child is to assure compliance with federal caseworker visitation reporting requirements, to assure engagement of the child, on-going assessment of the safety and well being of the child in out-of-home placement, and appropriateness of placement and services. Supervisory review of caseworker visits with children under age five will support efforts to reduce the length of time those children are in foster care without a permanent family through early identification of needed services and provision of services to meet the individual developmental needs.

The rationale for the focus of caseworker visitation with the parent for children under age five is to assure engagement of the parent, ongoing assessment of parental protective capacities, case plan compliance, and parental behavioral changes related to the reasons the child entered foster care with the goal of early identification safety of the child upon return home or barriers to reunification so that a goal change can be considered to reduce the length of time these children spend in foster care without a permanent family.

The focus of foster care case reviews is consistent with the following CFSR Outcomes:

- Safety 1, Item 2 Repeat Maltreatment
- Safety 2, Item 4, Risk of Harm
- Permanency 1, Item 7 Permanency Goal for Child
- Well Being 1, Items 17, Needs/Services of Child, Parents and Foster Parents; Item 18, Child /Family Involvement in Case Planning; Item 19, Caseworker Visits with Child; and Item 20, Caseworker Visits with Parents
- Well Being 2, Item 21, Educational Needs of Child
- Well Being 3, Items 22. Physical Health of Child; and Item 23, Mental/Behavioral Health of Child

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Each of the above Items except Well Being 3, Items 22, Physical Health of Child, was rated as an Area Needing Improvement in Louisiana's Round 2 CFSR. Well Being 1, Item 17, Needs and Services of the Parent and Item 20, Caseworker Visits with Parents apply primarily to the reviews of records for children under age five.

From May through November 2012, supervisors will review FC case records for each child whose case was closed on or after October 1, 2011. For cases that do not reflect a caseworker visit each and every month, the supervisor will review the family record to determine if child visits were recorded in the family record. When visits have been documented in the family record, supervisor will instruct worker to enter the documentation into child's record.

Each month beginning in May 2012, supervisors will review each open case to assure that each child was visited each month. The reviews will occur early enough in the month for the worker to make a visit before end of month, if necessary. The case review on currently open cases will include assessing whether the documentation clearly indicates that the visit was private and that the substance of the visit reflects engagement of the child and on-going assessment and good decision-making regarding the safety, permanency and well being of each child.

For children under age five, the review will include a determination of whether the caseworker visit with the parent reflects engagement of the parent and on-going assessment and good decision making regarding parental protective capacity, case plan compliance and necessary behavioral changes leading to reunification or counseling parents regarding steps that need to be taken and consequences of failure to make needed changes to assure the safety of the child.

For children in out-of-state ICPC placements, supervisors will assure documentation of information from the receiving state regarding visits made with child is entered into the activity log with the "face-to-face" indicator, if the receiving state documented a face-to-face visit. The purpose of supervisory reviews is to identify workers' needs for guidance and or training.

Managers will review three foster care records per month behind each supervisor to assure that visits occurred, that the documentation reflected quality visits, and the supervisor provided appropriate guidance to worker if appropriate documentation is not found. The review findings will be used to identify training needs.

Program Managers will review a random sample of FC documentation of visits in the FATS system monthly to determine if a caseworker visit with the child occurred each month and if the documentation reflected that the visit was private and that the child was significantly engaged. Program managers will provide feedback to regions as needed.

Update FFY 2013: Supervisory and manager reviews of foster care case records with a focus on caseworker visitation began in May 2012. Those reviews continued through November. Cases were randomly selected for review by the FC Section Administrator in State Office. Concerns were shared with the Executive Management Officer in Operations. The primary issues identified related to inadequate descriptions of what occurred during visits. These concerns were shared with supervisors and managers at the regional level through a Web Ex training focused on documenting caseworker visits in the FATS system.

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Activities Planned for FFY 2014: The focus on foster care record reviews will continue to assure that caseworker visitation is documented in a manner that conveys the worker and child visited privately and that the issues relevant to achieving the child's goals was discussed in a meaningful way. In addition to reviews by supervisors and managers, the CQI unit will be reviewing foster care case records to assure that children in foster care are moved toward permanency without unnecessary delay.

AD and HD (Goal: Permanency for Older Children and Youth): The focus of reviews will be on efforts to locate permanent placements for children under age five and older children who have been freed for adoption but have no identified adoptive placement. The rationale for the focus is importance of permanency for all children, particularly those under age five, and the number of older children who have been freed for adoption but who have no identified permanent placement. As of April 13, 2012, Louisiana had 286 children who were free for adoption with no identified permanent placement. Of those children, nearly one-half (142) were ages 10 through 17. Sixty-one of those children were under age five.

The focus of AD and HD case reviews are consistent efforts to reduce the amount of time children under age five spend in foster care without a permanent home and with CFSR Permanency Outcome 1, Item 8 Reunification, Guardianship and Placement with Relatives; Item 9, Adoption; and Item 10, Other Planned Living Arrangement.

Each AD supervisor will review each case monthly of children who are freed for adoption, have no identified permanent placement, and are ages 10 through 17 for documentation of diligent search efforts for prior caregivers, relatives or fictive kin who might be willing to adopt the child, and consideration of a goal change to guardianship to a relative or restoration of parental rights on behalf of children who are ages 15 through 17.

Each HD supervisor will review individualized recruitment efforts monthly for children who are freed for adoption, have no identified permanent placement agreement, and who are ages zero through five and 10 through 17.

Managers will review three AD cases per supervisor per month to assure diligent search efforts are adequate and that the supervisor has provided guidance to the worker, if efforts were not adequate. The Manager will review three recruitment plans and efforts per supervisor per month to assure adequacy of effort and appropriateness of supervisory guidance.

Program Managers in State Office will monitor dashboard data for a reduction in the number of children under age five and over the age of 10 who are freed for adoption and have no identified permanent placement.

The expectation is that the narrow focus of reviews will result in improvement in the areas being monitored and that the learning from those areas will transfer to other performance areas.

Update for FFY 2013: The focus of adoption case record reviews has been on assuring that children who are available for adoption are placed into permanent homes. Regions have been working on corrective action plans developed in PIP Quarter 2 to assure that children are adopted within 24 months, and the Department has established a goal of having 50% of children adopted within 24 months by the end of 2015.

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Plans for FFY 2014: Supervisory and manager reviews of adoptions records will continue at the regional level, and the CQI unit will also review adoptions records to identify barriers to achieving permanency and support the regions in overcoming those barriers.

Update FFY 2013 - Child Welfare Case Review Process: The case review process was developed as part of the state's Program Improvement Plan (PIP). Quarterly, identified staff in each region reviews a sample of cases. The statewide random sample is derived from cases served during a sampling period based on an assigned worker and the worker's location in the Department's Tracking and Information Payment System (TIPS). The sample includes cases from the Family Services (FS) In-Home and Foster Care (FC)/Adoption (AD) programs.

Staff uses the CFSR instrument to review cases. Reviewers complete all items on the instrument rolling up the data into the Department's Quality Assurance Tracking System (QATS). Interviews with case workers and/or supervisors are completed as needed to obtain additional information. Upon completion of the review and interviews, a second review is conducted by a "Second Level Reviewer." The purpose of this review is to ensure consistency of case ratings based on instructions and guidelines of the federal instrument.

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

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

Activities Planned FFY 2014 - Child Welfare Case Review Process: With the launching of the new state level CQI Unit in June 2013, the Department continued its focus on performance and quality improvement. The Department will continue to identify and define all functions of the new unit including the case review process and reporting outcomes of the reviews. Additional functions will include consultation for regional corrective actions plans and working with PQI/CQI teams to improve practice through those plans. The CQI staff will also serve as trainers and consultants with emphasis on new initiatives and statewide practice models that are implemented in the various regions.

B.) ALLOWABLE AREA:

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

SERVICES PROVIDED:

1.) Criminal Record Clearances: Foster/adoptive home applicants and all adult household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of DCFS Home Development policy requires that a criminal record clearance on foster and

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adoptive home applicants and all other members of the household 18 years of age or older shall be conducted prior to certifying a family to foster or adopt in accordance with R.S. 46:51.2 C. (This is also required of non-certified caregivers/ relatives or other individuals providing care to a child in foster care.) It is also required of all direct care staff in residential facilities.

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

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

Service Provided: Fingerprint-based national record clearances continue to be completed statewide on all potential caregivers by using the MORPHOTRAK (formerly PRINTACK) system through Motorola Livescan equipment. Arrangements for the person(s) to have fingerprints submitted to the State Police and Federal Bureau of Investigations (FBI) via MORPHOTRAK are made through each DCFS regional office. The regional office identifies a staff person in the region to conduct the clearances. In rare cases specific circumstances, the Department may not be able to: 1) obtain individual's fingerprints as a result of the individual's disability; or 2) obtain legible fingerprints due to low quality fingerprints, as a result of age, occupation or otherwise, thereby making it difficult to obtain results from national criminal information databases. In the aforementioned instances, the manual fingerprinting process is used for prospective caregivers and name clearances are requested along with the individual's social security number.

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

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

Update FFY 2011: During this time the Department continued to obtain criminal record clearances. The only change during this period was Motorola changed the name of its service from PRINTRACK to MORPHOTRAK.

Update FFY 2012: During this time the Department continued to obtain fingerprint based criminal record clearances on potential caregivers for children in foster care.

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Update FFY 2013: The Department continued to obtain fingerprint based criminal record clearances on potential caregivers for children in foster care. In one instance, a federally recognized Louisiana tribe requested assistance from DCFS to obtain fingerprints on parents in order to facilitate the return home of a child in tribal custody.

Activities Planned FFY 2014: The Department will continue to use MORPHOTRAK Livescan equipment to obtain necessary national and statewide criminal record clearances in an effort to ensure safe caregivers for children in foster care.

C.) ALLOWABLE AREAS:

- **Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;**

- **Developing, strengthening, and facilitating training including:**
 - **Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;**
 - **Training regarding the legal duties of such individuals;**
 - **Personal safety training for case workers; and**
 - **training in early childhood, child, and adolescent development;**

SERVICES PROVIDED:

C.) ALLOWABLE AREAS:

- **Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;**

- **Developing, strengthening, and facilitating training including:**
 - **Training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;**
 - **Training regarding the legal duties of such individuals;**
 - **Personal safety training for case workers; and**
 - **training in early childhood, child, and adolescent development;**

SERVICES PROVIDED:

1.) Nurturing Parent Program

Service Description: The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the Family Resource Centers (FRC) located in every region of the state. Technical assistance on implementation of the model is provided to the Family Resource Centers.

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Population Served: This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parent, two parents, step-parent or paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families could be intact or families with the goal of reunification families. Families should not be actively using substances or in recovery.

Services Provided: Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to assure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children's group activities consist of age-appropriate activities including role-play, music, arts, puppets, reading, infant massage and modeling of parents. The Nurturing Parent Program is 16 weeks long.

Update FFY 2010: In May 2009 an evaluation was conducted on the Statewide Implementation of a Parent Education Program and resulted in modifications to the program which included changing the required weekly follow up session in the home, to 2 or 3 in home sessions in the beginning of the program to support client engagement, another in home session in the middle of the program and one at the end. Feedback received from providers also indicated some concerns with aspects of the program's content, specifically regarding the use of touch as a tool to provide nurturing to children. Providers expressed concerns regarding the use of this method with the specific client population being served as the history of foster children is not always known and the use of touch could possibly be more traumatizing to a child. Dr. Steven Bavolek revamped the program to take this section out. He also made the program's material available on-line so that providers do not have to purchase materials. This allows providers to print out the materials they need, so if a client does not complete the program, they have not endured any additional expenses due to loss of the materials.

Update FFY 2011: The Department consulted with Steven Bavolek, developer of NPP, to restructure the curriculum and modify content to address specific concerns raised within the context of working with families who have had difficulty meeting the safety and well being needs of their children. A plan was also developed to reduce the number of follow-up sessions required during the NPP group by targeting when follow-up sessions were likely to have maximum benefit for the family. This resulted in the number of required follow-up sessions being reduced from 16 to 6 per family. During this time period technical assistance was provided to the FRCs on NPP model fidelity and Nurturing Parenting Facilitators trainings were held in April (Alexandria, Louisiana) and May (Baton Rouge, Louisiana) of 2010. Twenty-four (24) FRC staff was trained as a result of these trainings.

Update FFY 2012: The Family Resource Centers (FRC) continued to provide the NPP, which is the preferred parent education program, for child welfare families with children 0 to 5 years. The FRC have been successful in maintaining the NPP model fidelity. In October 2011, one day NPP training with Dr. Bavolek was offered to DCFS and FRC staff. In addition, DCFS contracted with consultant Sheri Hogg to provide technical assistance to the FRC around the NPP. She is assisting the FRC in making adjustments that will ensure model fidelity. Additionally, some of the FRC experienced problems with not having children in attendance on a regular basis, a critical component to success of the program. This is being addressed by

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assisting the FRC in developing strategies to ensure child participation along with any other identified barriers. Several FRC have been successful in utilizing volunteers to assist them in meeting the staffing needs of their programs. Those sites have been able to continue to provide the full range of services as contracted with DCFS.

Update FFY 2013: During this period, the FRCs continued to provide the program to families (with children zero to five years of age) involved in the child welfare system. DCFS worked to link the FRC Network with the Family Nurturing Center of Louisiana to train qualified staff at their program sites to become NPP trainers/consultants. The training allowed the opportunity for the network to train staff in house, recruit staff and volunteers in the community, increase staff expertise, ultimately building a stronger network of NPP.

Activities Planned FFY 2014: Through the FRC network, DCFS will continue to provide the Nurturing Parenting Program.

2.) Training: The Department offers various training opportunities to staff throughout the year including a core child welfare curriculum (4-6 sessions of the core curriculum is offered annually). Other opportunities for training are through conference participation which also creates opportunities for staff to collaborate with other service providers.

Population Served: DCFS child welfare staff, federally recognized Louisiana tribes, foster/adoptive parents, CASA and Court Improvement Project (CIP) partners.

Update FFY 2010: The 24th Annual Prevent Child Abuse Louisiana Conference on Child Abuse and Neglect “Kids are Worth It” was held on March 1-3, 2010 in Baton Rouge, Louisiana. The conference offers various training workshops regarding child abuse and neglect. The conference offers professional development for those who work with children desiring to learn the latest in child abuse and neglect prevention. The conference was attended by DCFS staff.

The Louisiana Foster and Adoptive Parent Association sponsored the 34th Annual Foster Parent Conference on February 21-23, 2010 in Hammond, Louisiana. The theme for this year’s conference was “Strengthening the Heroes among Us.” The annual conference offers DCFS staff members and foster parents attending the opportunity to increase knowledge, advocacy, and collaboration for improving safety, stability, permanency, and educational outcomes for children and youth in foster care. A total of 31 DCFS staff members and 220 certified foster parents attended the conference.

In 2009-2010, the National Child Advocacy Center offered nine teleconferences attended by DCFS staff from state office and all regions across the state. Topics included “Real Treatment with Real Kids”; “Talk to Me Like I’m Three”; “Child Sexual Exploitation”; “Trauma Related Cognitive Behavioral Therapy”, “Cultural Issues in Child Sexual Abuse and Domestic Violence”; “Seeing is Believing”; “Detecting Deception”, “Effects of Trauma on Child Development and Adult Functioning”; and “Real Treatment with Real Kids.”

Louisiana Adoption Advisory Board Conference for FFY 2009 was held December 10-12, 2008 in New Orleans, Louisiana. The conference was entitled “Adoption Gumbo” and provided sharing of different perspectives, common understanding, and promotion of initiatives that pertain to adoption. The conference was attended by regional staff members throughout the state.

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The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held January 27-29, 2009 in Lafayette, Louisiana. A total of 125 DCFS staff members attended the conference. The conference provides an annual professional development opportunity to those serving Louisiana’s abused and neglected children. The TWC Steering Committee has set October 5-7, 2010 as the date for the next conference.

Louisiana Foundation against Sexual Assault sponsored the annual conference December 8-10, 2009 in Baton Rouge, Louisiana. This training provides information and training on the victims of sexual assault. A total of seven (7) slots were provided for DCFS staff members’ attendance. Regional staff is planning to attend the annual conference of the Louisiana Foundation against Sexual Assault scheduled for December 2010.

Update FFY 2011: Despite structural changes which challenged Prevent Child Abuse Louisiana, the 25th Annual Prevent Child Abuse Louisiana Conference on Child Abuse and Neglect “Kids are Worth It” was held on January 19-21, 2011 in New Orleans, Louisiana. The conference offers professional development for those desiring to learn the latest in child abuse and neglect prevention. This year’s conference featured presentations by speakers Cindy Christian, MD; Stephen Bavolek, PhD; Jim Hurovich and Victor Vieth, J.D. There were 25 breakout sessions and Institutes on The Strengths Perspective, Nurturing the Families of Louisiana, the Darkness to Light’s Steward of Children and Improving the Response to Child Victims with Disabilities. The conference was attended by DCFS staff.

The Louisiana Foster and Adoptive Parent Association sponsored the 35th Annual Foster Parent Conference February 13-15, 2011 in Baton Rouge, Louisiana. The theme for this year’s conference was “Helping Everyone Receive Ongoing Support”. The annual conference offers DCFS staff members and foster parents the opportunity to increase knowledge, advocacy, and collaboration for improving safety, stability, permanency, and educational outcomes for children and youth in foster care. A total of 150 DCFS staff members and 33 certified foster parents attended the conference.

In 2011, the staff statewide took part in 4 teleconferences offered by the National Child Advocacy Center. They are as follows: July 15, 2010 - Normal and Abnormal Sexualized behaviors in children; Presenter: Sandra Hewitt - 50 staff participated; January 27, 2011 - Interviewing the Autistic and Developmentally Disabled Child; Presenter: Scott Modell – 88 staff participated; March 14, 2011 - Child trauma Survivors and Mental Health Treatment; Presenter: Ernestine Briggs-King – 75 staff participated; March 24, 2011 - Trauma-Focused Cognitive-Behavioral Therapy: How Does This Therapy Help Maltreated Children? Presenter: Jennifer Wilgocki – 70 staff participated.

The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held October 5-7, 2010 in Lafayette, Louisiana. A total of 129 DCFS staff members attended the conference. The conference provides an annual professional development opportunity to those serving Louisiana’s abused and neglected children. The next conference is scheduled for October 17-19, 2012.

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In collaboration with Hunter College the Department helped sponsor and staff helped plan the annual National Association of Social Work – Louisiana Conference in 2010 and 2011. In 2011, participation was focused on Family Engagement.

Update FFY 2012: The “Together We Can Conference”, sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court-Court Improvement Program and other Louisiana sponsors was held in October, 2011 in Baton Rouge, Louisiana. DCFS staff members attended the conference. The conference which focused on family engagement, provides annual professional development opportunities to those serving Louisiana’s abused and neglected children. (*PIP Items – PS 1, AS 7, BM 7.2; PS 1, AS 9, BM 9.1 -9.2; PS 2, AS 1, BM 1.2, 1.5*)

The following video teleconferences were held for FFY 2012:

October 13: Child Interviewing Skills: Why Won’t They Tell? Working with the Reluctant Child Witness with Jody Byrnes

October 17: Psychodynamics of Abuse: How to Debrief and Handle Vicarious Trauma with Myra West

October 27: Falls in Children: It’s Not Just About Heads with Ken Feldman, MD

November 10: Seeing is Believing Part II with Jan Bays, MD

December 15: Grandparents in Distress: Supporting Grandparents who are Caretakers for their Victim Children with Kathleen Faller and Mary Ortega

February 15: Beyond Yes/No: How to Elicit Essential Details of Abuse without Direct Questions with Tom Lyon

February 16: Women Who Molest Children: Typologies with Bill Carson

March 15: Preparing for and Testifying in Court-Learning to Love Being a Witness with Stephanie Smith

March 29: Misunderstood Behaviors of childhood with Randell Alexander

April 12: Resiliency and Risk Factors for GLBT Youth and the Impact of Bullying with Al Killen-Harvey

May 10: Triad: Animal Cruelty, Domestic Violence and Child Maltreatment with Barbara Boat

June 28: Conflicting Loyalties: Working with Families where Sibling Incest Occurs with Kevin Wade

The following video teleconferences are planned for the remainder of FFY 2012:

August 9: Mobile/Cellular Devices and the Secrets They Hold with Amber Schroader

September 13: How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide with Joy Shelton

Update FFY 2013: The Together We Can Conference sponsored by DCFS-Children’s Justice Act, the Louisiana Supreme Court, Court Improvement Program and other Louisiana sponsors was held October 23-25, 2012 in Lafayette, Louisiana. The event was well attended by staff and individuals from various disciplines and included a focus on family engagement.

The following video and teleconferences were held: October 11: Maltreatment, Neglect and Poverty with Howard Dubowitz and; November 29: Child Sexual Abuse in the 21st Century: What Do We Know and Why Do We Know It? with Lori Frasier; August 8, 2012: Mobile/Cellular Devices and the Secrets they Hold, by Amber Schroader; September 13, 2012: How Could a Mother? Analysis of 55 Cases of Maternal Neonaticide by Joy Shelton.

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Activities Planned for FFY 2014: The next Annual Together We Can Conference is scheduled for October 28-30, 2013 at the Lafayette Hilton in Lafayette, Louisiana. The Department will continue to utilize funds to purchase video and teleconferences for staff.

D.) ALLOWABLE AREA:

- **Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;**

SERVICES PROVIDED:

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

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

Update FFY 2010: Debriefings, defusing, informational and one-to-one interventions were conducted during this time period by a fully operational CISM team with 43 members. A recruitment effort occurred and 10 new participants joined the team, however due to the inability to be fully trained, they are not currently functioning as active CISM providers. In FFY 2009, 102 staff received some form of CISM intervention and in FFY 2010 a total of 77 staff received some form of CISM intervention.

Update FFY 2011: The Department has continued to provide debriefings, defusing, informational and one-to-one interventions, but the team has not held meetings, conducted planning sessions or engaged in any critical incident trainings. A total of 50 staff received some form of CISM intervention.

Update FFY 2012: The CISM team continues to function and respond in the event of a critical incident and when assistance is requested. The team continues to be well-formed, solidly trained and able to assist staff when a critical incident occurs. Fifteen interventions were conducted last year, in various offices around the state, involving 45 staff members.

Update FFY 2013: The CISM team continues to function and respond in the event of a critical incident and when assistance is requested. The team has lost members due to retirements and resignations but it continues to be able to assist when a critical incident occurs. So far this year 10 staff has received some form of CISM intervention statewide. The team has not held any

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meetings, or conducted trainings but plans are currently underway to recruit new team members, and schedule team training.

Activities Planned FFY 2014: The Department will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing and individual crisis intervention CISM services. On going recruitment will continue for new members.

E.) ALLOWABLE AREA:

- **Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:**
 - **Existing social and health services;**
 - **Financial assistance;**
 - **Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and**
 - **The use of differential response in preventing child abuse and neglect;**

SERVICES PROVIDED

1.) Substance Exposed Infants: In response to CAPTA, the 2005 Louisiana Legislature revised the Children’s Code, to include reports from health care providers involved in deliveries or care of newborns identified as affected by illegal use of controlled dangerous substances or withdrawal symptoms resulting from prenatal illegal drug exposure when the report is made within 30 days of birth. DCFS began accepting reports of prenatal illegal drug exposure or experiencing withdrawal for investigations of child neglect beginning March 1, 2006. In 2007, the Louisiana Legislature amended the prenatal drug exposure provisions in the Children’s Code to include the definition of a newborn; the “chronic or severe use of alcohol” within the definition of prenatal neglect; and, added the toxicology provisions for illegal drug exposure. The prenatal neglect provisions have not been amended since 2007.

The Louisiana Children’s Code, Article 603 (22) currently defines prenatal neglect as “exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning.” A newborn is defined in Article 603 (17) as a child who is not more than thirty days old. A physician who has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance is required by Article 610 G. to order a toxicology test on the newborn to determine whether there is evidence of prenatal neglect. If the test is positive, the physician is required to report prenatal neglect. A physician is also required to report prenatal neglect, if there are symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning he believes is due to alcohol use by the mother during pregnancy.

Population Served: Newborns under the age of 30 days identified by a physician as having a positive toxicology test for a controlled dangerous substance, or symptoms of withdrawal in the

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newborn; and/or, symptoms of withdrawal or other observable and harmful effects in physical appearance or functioning due to chronic or severe use of alcohol by the mother during the pregnancy.

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

Update FFY 2010: Brochures are provided to community and mandated reporters to assist in identifying situations that need to be brought to the Department's attention and to educate them on the Department's efforts. These brochures have been updated to include information regarding current state law.

Child Protection Investigation (CPI) policy (4-518) was revised to include conducting a mandatory override in cases with a substance exposed newborn to a very high risk level and revising the Appendix 4-F to reflect this change. FS policy (5-460) was developed to provide detailed instructions for providing services for substance exposed infants and their families. Foster Care (FC) policy (6-205) was also revised to inform staff that when substance exposed infants and their parents had needs identified prior to the transfer to FC, the FC worker is expected to include those in the initial AFF, or in the update to an AFF transferred from FS. The new policy includes services to consider for inclusion in the assessment when the foster child is a substance exposed infant. Additionally, FC policy was developed to prepare caregivers when the foster child is a substance exposed newborn/infant who needs specialized care. If a sibling may also have experienced prenatal alcohol/drug exposure, the preparation needs to include available information about the child's behavior related to their exposure as well as new policy that includes the information on caring for a substance exposed infant that shall be given the foster parents/caregivers at the time of placement.

One half day training titled Prenatal Substance Exposure: The Alcohol/ Drug Affected Newborn, has been developed by the training unit in collaboration with the CPI Section. This training covers the effects of alcohol/drugs on newborns, legislative and policy changes, and interventions. Additionally, training on Substance Exposed Newborns and Relapse Prevention was held October 27, 2009. In FFY 2009, there were 695 cases reported for substance exposed newborns. Five hundred nineteen of the reported cases were closed as valid (justified).

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Update FFY 2011: In FFY 2010 there were 836 reported allegations for substance exposed newborns. Of the reported cases 706 were closed as valid (justified).

The Training unit developed training around working with families where substance exposure to a new born was identified. An initial training was delivered on February 25, 2011 to program staff for feedback and input before delivering to field staff.

Update FFY 2012: In FFY 2011 there was a total of 935 alcohol and drug affected newborns in the state's count of alleged victims (4 of which were identified as alcohol affected and 931 of which were identified as drug affected). Of the reported cases, 3 were validated/substantiated for abuse/neglect due to alcohol affected newborn and 811 were validated/substantiated for abuse/neglect due to drug affected newborn.

The brochure for mandated reports of prenatal neglect was updated to include the Louisiana Child Protection Statewide Hotline process for reporting prenatal neglect. Efforts to revise the substance exposed newborn protocol for responding to reports and on-going services were initiated.

Update FFY 2013: DCFS is worked in collaboration with the Louisiana Department of Health and Hospitals (DHH) to develop and implement the new protocol. The substance exposed newborn protocol includes guidelines for how investigation staff determines whether to refer these families for ongoing services and, when they are referred, how staff will be required to work with these families. The focus of the work with these families was toward incorporating child safety decisions along with risk issues with factors in addition to the prenatal substance exposure to determine case decision making.

Activities Planned FFY 2014: The Department will continue to work with DHH to determine if the established protocol is addressing the needs of substance exposed infants.

F.) ALLOWABLE AREA:

- **developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;**

SERVICES PROVIDED:

1.) Media Campaigns/Community Education: Educational information regarding child abuse and neglect provided through various forms of media.

Population Served: Citizens statewide.

Update FFY 2010: The Department provided information to communities statewide by distributing brochures. The Department partnered with PCAL to conduct events during Child Abuse Prevention month in April to encourage community awareness throughout the state of Louisiana. Each year the Department prints and distributes hundreds of its brochures on

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“Mandated Reporters of Child Abuse or Neglect” and “Understanding Child Protection in Louisiana.” The public, including school children working on school projects, frequently asks the Department for these materials. These brochures are used by the school system during teacher orientation at the beginning of each school year. Also, staff across the state distributes these materials as they make presentations to community organizations. These materials were also distributed at state and national conferences.

Update FFY 2011: Departmental staff worked with the Children’s Advocacy Center in New Orleans to revise a mandated reporter training. Local office staff continued to provide in-services to local schools and community partners as needed and as requested.

Update FFY 2012: The Department has a Safe Sleep website that includes a video and resource materials. Three brochures are available for public downloading:

- Safe Sleep for your baby in the bed
- Safe sleep for your grandbaby
- Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

The media campaign to reach mandated reporters included a presentation at the Together We Can Conference in October 2011. In addition, the Department has developed a mandated reporter training for the public. The mandated reports will be able to complete the training, download a certificate and receive three hours of continuing education training. The training should be available for public use by October 2012. The Department initiated the process to update the Mandated Reporter brochures to include the CI process. It is anticipated that the 2012 Louisiana legislators will amend state statute to incorporate the Governor’s Executive Order (November 2011) to include all public technical or vocational school, community college, college, or university professors, administrators, coaches and other school employees as mandated reporters.

Update FFY 2013: Revisions to the mandated reporter brochures were finalized and on-line training has also been made available to mandated reporters. They now include the CI statewide toll free telephone number and additional persons as mandated reporters. They have been distributed throughout the state. The Department continued to provide information regarding Safe Sleep on the website.

Activities Planned FFY 2014: The Department will continue to provide information regarding Safe Sleep on the DCFS website as well as continue with distribution of brochures. The Department will continue to offer on-line mandated reporter training.

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

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

Services Provided: Promotion of awareness of safe haven legislation and prevention of infant deaths as a result of an abandonment or homicide by providing a means by which an infant may be left in safe circumstances and the parent may anonymously abandon their responsibility for the infant without criminal consequences. DCFS website includes an information link regarding Safe Haven relinquishments called “Safe Baby Site”. The site is user friendly and includes frequently asked questions regarding safe haven. Other features of the site is inclusion of emergency 24 hour hotline numbers of DCFS parish offices and the option of printable posters and safe haven cards that can be provided to the community.

Update FFY 2010: In February 2009, DCFS launched a Safe Haven Public Awareness Campaign to ensure newborn safety by providing information on legal custody relinquishment. This campaign included: A partnership with Lamar Advertising Company for billboards statewide, to provide information about Louisiana’s Safe Haven Law; Informational brochures to be distributed around the state at such locations as all DCFS offices, hospitals, pregnancy clinics and child advocacy centers; A Web site, www.LouisianaSafeHaven.com, dedicated to providing information about the law and resources for parents in crisis; Public service announcements on radio and television; and an outdoor media campaign in partnership with Lamar Advertising Company. In July 2009, a television commercial promoting Louisiana’s Safe Haven law began airing across the state on network and cable television stations. Also, the Louisiana Public Broadcasting (LPB) channel aired, “Louisiana: The State we’re in” on Safe Haven Laws. Posters and confidential information cards were also distributed to DCFS offices, community partners and Safe Haven locations, as well as a yellow sticker to affix to the door to alert individuals that the building is a Safe Haven location. Facilities can request additional materials at www.DCFS.louisiana.gov/safehavenmaterials. Additionally, the Safe Haven website offers a training packet, genetic history information form, the Safe Haven Card for parents and posters to employees of designated emergency care facilities to download. Links have also been created on social networking sites such as Facebook and MySpace in order to get more people involved and join the cause. Currently, there are 866 members who have joined the cause of “Louisiana Safe Haven Education.

In April 2010, it was announced that the pair of commercials which aired in 2009, to publicize Louisiana’s Safe Haven Law were awarded the Bronze Telly Award. Founded in 1978, the Telly Awards honor outstanding local, regional and cable television commercials and programs, video and film productions, and online film and video. Judges are from all regions of the United States and represent large and small organizations, including advertising agencies, television stations, production houses and corporate video departments. The Telly Awards receives over 13,000 entries annually from all 50 states and countries around the world. The entries do not compete against one another; rather, they are judged against a high standard of merit. Less than one quarter of entries are awarded bronze Telly Awards.

In FFY 2009, there were 7 Safe Haven incidents, however only 3 met the requirements of Louisiana’s Safe Haven law. In FFY 2010 to date, there has been one safe haven incident, however this abandonment did not meet the requirements of Louisiana’s safe haven law as this child was abandoned at a Safe Haven facility, but was not handed to an employee.

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Update FFY 2011: Public Service Announcements (PSA) on Safe Haven continues to run on television stations throughout the state and the Department continues to distribute Safe Haven promotional materials to social service and health agencies. Safe Haven news releases were issued periodically throughout the year as well.

In FFY 2010 there were a total of 6 cases: Three (3) relinquishments safely occurred under the provision of the law; one (1) abandonment case did not meet the requirements of law, as this child was abandoned at a Safe Haven facility but was not handed to an employee; and there were 2 abandoned fatalities. There have been no new reported cases in this current federal fiscal year to date.

Legislation passed during the 2010 Regular Session of the Louisiana Legislature, HB 504 Willmott, Act 471, became effective August 15, 2010. The legislation specified the duties of designated emergency care facilities (safe haven relinquishment sites) with regard to instructing facility employees on provisions of the state's safe haven law; specifies the means by which the DCFS shall make available safe haven training materials and notice to the public of the existence of designated emergency care facilities and the use of safe havens.

Update FFY 2012: As of March 2012, two abandonment cases have been reported to the Department. On January 2012, the Department published a newspaper article to re-inform the public about the Safe Haven Law after a mother was arrested for abandoning her newborn outside her home. The article reminded the public of the law and the procedures for relinquishing a child.

Update FFY 2013: During calendar year (CY) 2011 there was one safe haven case and during CY 2012 there were three safe haven cases.

The Department substantially revised the policy for child abuse and neglect intake to provide clarity and additional information regarding policy and procedures for safe haven relinquishments. A summary of the policy changes are listed below:

1. The requirement that the Department be immediately notified when an infant is relinquished to the safe haven facility
2. Specific protocol and screening procedures to be used when Child Protection Centralized Intake has received a report regarding safe haven relinquishments;
3. Definitions for a Designated Emergency Care Facility, Infant, and Relinquish or Relinquishment;
4. That when an infant is relinquished at a designated emergency care facility other than a hospital, the facility representative is required to immediately transfer the infant to a hospital;
5. Specific information regarding parental responsibilities regarding relinquishments and safe haven provider responsibilities.

Additionally, a new section of policy was created to address the effect of safe haven relinquishment on parental rights. This new section provides that the Department shall take custody of a relinquished infant within 12 hours of notice the infant is ready for discharge from the hospital. Policy now requires a hearing be held within three days of the infant's entry into

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custody and advises that no notice to parent or caretaker is required. It also outlines the requirement that within 30 days after the relinquishment the parent may seek to reclaim parental right by filing a motion declaring his or her intention to retain his or her parental rights. Further, if the court finds the parent fails to establish his parental rights, the court can declare the rights terminated. If the relinquishing parent has not sought to reclaim parental rights, the court upon a motion from the Department filed within 45 days of the relinquishment, renders a judgment declaring the rights of the parents terminated.

PSA continue to run around the state at the discretion of the station. DCFS does not get a report or any notice when stations run the PSA; however, in Lafayette, stations run the PSA on a regular basis. In the 2013 Louisiana Legislative Session legislation changed the Safe Haven timeframe from 30 to 60 days. DCFS will need to reprint materials before further distribution.

Activities Planned FFY 2014: DCFS will update Safe Haven materials and continue to post Safe Haven information on the Department's website which provides information for receiving and responding to relinquished newborns, safe haven locations and general information about the law.

In the coming year the Department will update and redistribute public service announcements and materials to comply with recent legislation.

G.) ALLOWABLE AREAS:

- **developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in**
- **investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;**
- **the provision of services that assist children exposed to domestic violence and that also support the care giving role of their non-abusing parents.**

SERVICES PROVIDED:

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

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

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Population Served: Children from birth to three years of age who have been abused or neglected, have a known or suspected developmental delay, have a medical condition which can result in a developmental delay, or a disability and are not already participating in a Department of Health and Hospitals (DHH) early intervention program. Case circumstances with non-abuse/neglect, low birth weight, premature birth, exposure to domestic violence, family break-up, prenatal exposure to drugs or alcohol, and/or other risk factors are some circumstances which place a child at risk of developmental delay can also be referred with parent/caretaker consent. Referral procedures are implemented statewide.

Update FFY 2010: While the Department requires that all children under the age of three (3) be referred to early intervention services, the Department does not track the number of children referred and therefore cannot provide outcome data.

Update FFY 2011: The Department continues to require that all children under the age of three (3) be referred to early intervention services; however, the number of children referred are not tracked. Staff participates on the state Interagency Coordination Council which oversees the coordination of services through the Early Steps Program and guidelines for development of the Individual Family Service Plans.

Update FFY 2012: DCFS does not track the number of children that are referred to early intervention services; however, CPI and FS policy requires a referral of these children to Early Steps unless they are already participating in an early intervention program. Foster care has policy for medical exams and meeting the child's medical needs. DCFS is providing the unduplicated count of valid child victims under age three during FFY 2011 to show how many children were referred to early intervention services. The unduplicated count of valid/substantiated child victims under age 3 who were alleged victims of child abuse/neglect was 2,877.

Staff continued to comply with policy to refer children under age three to early intervention services. The Department also continued to serve on the state Interagency Coordination Council.

Update FFY 2013: As reported last year, DCFS does not track the number of children that are referred to early intervention services; however, it is the policy and practice of the Department to refer all children under age 3 to services. The state submits the unduplicated count of valid/substantiated child victims under age 3 who were alleged victims of child abuse/neglect was 2,734.

Staff continued to comply with policy to refer children under age three to early intervention services. The Department also continued to serve on the State Interagency Coordination Council.

Activities Planned FFY 2014: There are no additional plans at this time.

H.) ALLOWABLE AREAS:

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- **developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;**
- **supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs**
- **to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and**
- **to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or**
- **supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;**

SERVICES PROVIDED:

1.) Interagency Collaboration: Consultation with Physicians: The Department continuously consulted with physicians or other appropriate medical professionals in assessing the health needs, including mental health needs, and well being of foster children and determining medical treatment. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth or age one year and older whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the DCFS worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based on a physician's recommendations.

Population Served: Children and youth in the DCFS Foster Care Program statewide and youth aging out of Foster Care at age 18 up to 21.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well being of foster children. Also to provide necessary treatment for foster children when indicated based on an assessment/ diagnosis from the

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American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals (LCSW, LPC LMFT, Psychologist or Psychiatrist). The foster child may be referred to an approved treatment provider when indicated. The Department has a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody. This process was contracted to a private company named Magellan, effective March 1, 2012 as part of the collaboration between the DHH; Office of Behavioral Health (OBH); Office of Juvenile Justice (OJJ); DCFS, Child Welfare Program; and Department of Education (DOE). The collaboration is referred to as the Louisiana Behavioral Health Partnership (LBHP). All behavioral health services supported through these four governmental agencies will be provided through this partnership. The purposes are to maximize funding streams; provide consistent, quality services statewide; and, insure availability of specialized services through a Coordinated Systems of Care (CSoC) to meet the needs of the most behaviorally challenged children to stabilize them in their family setting.

Referrals for treatment are made on the basis of medical necessity, treatment needs of the child and reduction of risk in the home of origin. Medical necessity refers to those services required to identify and/or treat a client's psychiatric/behavioral disorder.

Recommendations by medical professionals in assessing the well being of foster children are often times essential to the development of a case plan to work with the child and the family. In some cases, it is used to assess the progress with the case plan or prepare for court involvement. All treatment provided to DCFS clients, is to be addressed in the case plan for the family and child.

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

Update FFY 2010: The Department continuously utilized medical professionals in assessing the health and well being of foster children and in determining appropriate medical or mental health treatment.

Update FFY 2011: DCFS continued to utilize appropriate medical professionals in order to assess the health and well being of foster children and to determine appropriate medical and mental health treatment.

Update FFY 2012: The DHH initiated a managed care system through contract with the Bayou Health System with five options for provider agencies for all Medicaid recipients in the state. This includes children in foster care, children in IV-E adoption or guardianship subsidies, and youth exiting foster care at age 18 up to age 21. These managed care systems serve the physical health care needs of Medicaid recipients as well as specialized needs such as dental care, vision care, well-child care, pregnancy services, and pharmacy services. The LBHP along with the specialized behavioral health services of the CSOC through contract with Magellan was launched March 1, 2012.

Update FFY 2013: Since March 1, 2012, DHH has maintained a managed care system contract with the Bayou Health System for all Medicaid recipients in the state including children in foster

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care, children in IV-E adoption or guardianship subsidies, and youth exiting foster care at age 18 up to age 21. The partnership also continues to include CSoc which provides specialized behavioral health services.

Activities Planned FFY 2014: Ongoing collaboration with the DHH in relation to the Bayou Health System and Magellan contracts will continue to insure child welfare client populations receive the most appropriate physical and behavioral health care available in the state to meet their well-being needs.

2.) Interagency Collaboration: Louisiana Behavioral Health Partnership/Coordinated Systems of Care: Louisiana developed a statewide Louisiana Behavioral Health Partnership (LBHP). This partnership between DCFS, OJJ and DHH was developed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. Coordinated Systems of Care (CSoc) is a part of LBHP and includes services targeted to at risk children and youth with significant behavioral health challenges or co-occurring disorders.

The CSoc is an evidence-based model that is part of a national movement to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system. The goals of CSoc is to reduce the number of targeted children and youth in detention and residential settings; to reduce the state's cost of providing services by leveraging Medicaid and other funding sources; and, to improve the overall outcomes of these children and their caretakers.

Population Served: At-risk youth statewide – i.e. young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system. During the first six months of implementation 1,200 young people are expected to be served and in the first full year a total of 2,400 young people are expected to be served. The initial targeted-population includes 1,200 youth currently in residential treatment facilities, secure care facilities, psychiatric hospitals, addiction facilities, alternative schools, detentions, developmental disabilities facilities, and homeless children. Another 42,000 children with behavioral health needs in the state will be able to benefit from enhanced coordinated care through this system.

Services Provided: Through a number of entry points, all young people eligible for the CSoc will be referred by the Management Organization to a "local wraparound agency." Services within a wraparound agency will include around the clock behavioral health screenings, crisis stabilization, parent educational support and training, independent living and skills building, short-term care and peer support. Once the system is accessed by a young person, they are immediately eligible for community-based programs. The local wraparound agency works with a licensed mental health professional to develop an assessment of the youth's needs, and establishes a "Child and Family Team" to care for them. Next, a "Plan of Care" will be developed with input from the child's family and community partners like teachers, clergy, church leaders, coaches or other community organizations to ensure the needs of the individual child are met. The Child and Family Team is involved as the Plan of Care is executed with intensive case management until the youth is ready to be transitioned out of the CSoc. Additionally, a Family Support Organization supports the family and provide peer support to those participating in CSoc.

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Update FFY 2011: DCFS staff worked closely with other state agencies, youth advocates, judges, local officials and parents to develop CSoC and identify what services are needed to care for kids already in out-of-home facilities and those who are at risk of entering them. Beginning January 2011, stakeholders attended an initial planning session and a wide scope of collaboration continued through countless stakeholder meetings, focus groups, and regional meetings.

Update FFY 2012: The Request for Proposal (RFP) for the LBHP was submitted in 2011 and Magellan Health Services was the selected provider to serve as the Statewide Management Organization (SMO). The contract with Magellan Health Services and the DHH, OBH was finalized in early 2012. Magellan is responsible for managing all behavioral health services through the LBHP and subsystem, CSoC. The LBHP system kicked off on the targeted start up date of March 1, 2012. Magellan has offices located in Baton Rouge and Shreveport. LBHP services are available statewide and CSoC services are available in five regions. The 5 CSoC regions include: Monroe, Alexandria, Baton Rouge, Shreveport, and Jefferson Parish. These regions all currently have active Wrap Around Agencies and Family Service Organizations.

Magellan continues work to transition providers of therapeutic and residential services to the new system and the Department is working closely with them on this process. Magellan is responsible for network development, care management and utilization management. The Department is transitioning providers of behavioral/residential services to Magellan. Where there are gaps in services, Magellan will recruit and certify new providers. To date, approximately 44,000 individuals are being serviced through LBHP and 50 DCFS families are enrolled in CSoC services. (*PIP Item – PS 3, AS 1, BM 1.3 – 1.4*)

Update FFY 2013: Magellan began management of the LBHP on March 1, 2012. Most of the activities in the first year focused on transitioning existing DCFS/OJJ/OBH and private providers of behavioral health, residential and therapeutic foster care services to the LBHP network. Once all existing DCFS/OJJ residential and TFC providers were fully contracted with Magellan, management and payment of residential/TFC services were transitioned to Magellan on January 1, 2013. DCFS has continued to work closely with Magellan to identify gaps in service delivery so that they can be addressed in recruitment efforts. Magellan has developed a recruitment plan to address the needs for specific levels of care in the residential placement spectrum and also for therapeutic providers who specialize in trauma informed care and sexual behavior disorders. In addition, DCFS has continued to work diligently to identify children in need of CSoC services. Currently, 116 DCFS families are enrolled in CSoC services throughout the five implementing regions. (*PIP Item – PS 3, AS 1, BM 1.3-1.4*)

Activities Planned FFY 2014: In 2014 DCFS will continue to work with Magellan to build the provider network to insure the child welfare client population receives placement and behavioral health services to meet their needs. Magellan, OBH, DCFS, and OJJ will work together to strengthen service delivery. DCFS will continue to educate providers, stakeholders and state agency staff on the processes involved in securing behavioral health services. DCFS will also work with DHH regarding possible expansion of CSoC services to the remaining four regions when funding is available.

3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities FFY 2013: Section 106(b)(2)(B)(x) of CAPTA requires states to assure that the state will provide for the public disclosure of findings or information about a case of child abuse or neglect which results

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in a child fatality or near fatality. In compliance with this requirement, the Department included the following information in changes to its Administrative Policy, Chapter 1, Section 530 G regarding release of information to the media in cases involving child fatalities and near fatalities:

- the cause of and circumstances regarding the fatality or near fatality;
- the age and gender of the child
- information describing any previous reports of child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality
- the result of any such investigations
- the services provided by and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality

The CAPTA legislation also provides for the allowance of exceptions to the release of information in order to ensure the safety and well-being of the child, parents and family or when releasing the information would jeopardize a criminal investigation, interfere with the protection of those who report child abuse or neglect or harm the child or the child's family. The Department's existing policy on disclosure provides for the exception of the release of this information when the district attorney requests that the information not be released due to its potential to compromise a criminal investigation, criminal prosecution or when the agency thinks a release may compromise the agency investigation.

4.) Citizen Review Panel 2011 Annual Report/Departmental Response

The CAPTA state grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. The 1996 CAPTA amendments required states to establish at least three Citizen's Review Panels (CRP) composed of voluntary community representatives. The panels examine the policies, procedures, and where appropriate, specific cases handled by the state and local agencies providing child protective services. In particular, the panels must evaluate:

- The state CAPTA plan and specific areas of the child protective system which are addressed therein
- The state's compliance with federal child protection standards and assurances set forth in the CAPTA legislation and
- Other criteria, which the panels consider important to ensure the protection of children, include the coordination of child protection with foster care and adoption services, and the state's review process for child fatalities and near fatalities.

Citizen Review Panels established in Louisiana include:

- Beauregard Parish CRP
- Lafayette Region CRP
- Monroe Region CRP

Role of Citizen Review Panels

- Meet quarterly
- Discuss issues regarding the state's child protection system
- Serve as the community regarding child protective services

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DCFS Responsibility to Citizen Review Panels

- Offer support to CRP
- Provide technical assistance regarding the organization, the service delivery system and various grant opportunities
- Submit available CRP annual reports to the Administration for Children & Families by December 31st
- Include CRP reports in the Annual Progress and Service Report (APSR) submitted to ACF on or before June 30th of each year.
- Review CRP recommendations
- Address panel concerns
- Implement recommendations whenever possible
- Respond to CRP recommendations in writing

Introduction: As a result, the need to have a multi-year strategic plan developed by the current CRP members, DCFS staff statewide and potential CRP members was highlighted. The strategic plan should include specifics on recruitment and retention, building productive relationships, and contain performance measures.

In 2012 Louisiana faced many struggles including Hurricane Isaac. The Department implemented many changes to better serve children and continued to develop qualitative and quantitative measures in fulfilling the Department's mission. Over past years, panels have had difficulty maintaining membership as well as momentum with their membership. As a result, the need to have a multi-year strategic plan developed by the CRPs, DCFS staff statewide and potential CRP members was highlighted. In the coming year, work will be focused on the development of a strategic plan that will include specifics on recruitment and retention, building productive relationships, and contain performance measures.

The existing panels' goal is to continue the examination of policies, procedures, and where appropriate, specific cases handled by the state and local agencies that provides child protective services. In order to be successful in meeting that goal one panel chose to research information on recruiting and retaining members so that they could obtain a fully functional CRP.

Services Provided: Panels meet at least every 3 months to review and discuss specific policies and procedures, review specific cases of both state and local agencies (where applicable) and prepare an annual report.

Population Served: Louisiana had four CRPs that were located in various areas of the state. However, the Baton Rouge Region panel disbanded leaving only (3) active panels. The Beauregard Panel is parish based and located in the southeastern quadrant of the state within the Lake Charles Region. The remaining two panels are based in the regions of Lafayette and Monroe, which both consist of multiple parishes.

Goals and Objectives: The goal of the panel is to provide an opportunity for citizens to commit in promoting and creating positive change for the overall well-being and safety of children.

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2012 Annual Citizen Review Panels' Reports, Activities and Recommendations:

Lafayette Region CRP: **Members include:** Joan Lasseigne, Foster/Adoptive Parent – Chairperson,
Andry Lasseigne, Foster/Adoptive Parent, Courtney Lanclos ,CASA Executive Director – Co-Chair,
Linda Boudreaux, Family Resource Center Director, Katy Bajat, LCSW, Special Needs Parent, David Yarbrough, Dean of Community Services, ULL, Ambert Hebert, Lafayette Sheriff Deputy, Kristy Suire, LCSW, Jacob Corbell, Lafayette Drug Court, Madeline Rosette, St. Landry CASA, Executive Director,
Vickie Romero, 16th JDC CASA, Melissa Vidrine, LMSW, DCFS Child Welfare (CW) Consultant, Lafayette Region

Introduction: The Lafayette Region CRP held meetings on the following dates: August 21, 2012, October 9, 2012, and November 7, 2012. The panel members began a recruitment process for new members in June 2012 and were able to host the first meeting during the year on August 21, 2012. There were five members present including the Regional CW Consultant. During this meeting, a discussion was held about reaching out to others for membership. In addition, another discussion was held regarding the need for an available neutral meeting place in the community to host panel meetings. The objectives and the purpose of the CRP were also discussed. Each member present signed the confidentiality agreement to be adhered to while reviewing case information. The CW Consultant discussed the current Program Improvement Plan (PIP) regarding “Time to Adoption” and “Time for Victim and Parent Contact” with the members. The current regional foster care case statistics were also discussed. Information revealed that Lafayette Region had a combined total of 523 children in foster care. At that time, the current numbers for each parish were as follows: Acadia (46); Iberia (36); Lafayette (147); St. Landry/Evangeline, (83); St. Martin, (26); St. Mary, (32); Vermilion, (39); and Lafayette Region, (114). The CW Consultant also held discussions regarding the statistics involving the number of open investigations for July 2012 (162) and the current number of investigation open in August 2012 (95). The Child Welfare Consultant informed the members about the number of deaths in the region for the current calendar year.

The members began discussions regarding the programs that they would like more information about such as Foster Care (FC), Adoptions, Child Protection Investigation (CPI), and Home Development (HD). Members were informed that training opportunities would be provided and forwarded to them on an as needed basis. The members suggested waiting until they assigned the chair and the vice-chair for the CRP. The CW Consultant suggested that the panel consider meeting more than the required quarterly timeline if possible. The next scheduled meeting was held on Tuesday, October 9, 2012 at 9:00 a.m. The members were informed that they should be prepared for a two-hour meeting once cases were reviewed. Copies of the confidentiality statement and names/e-mail addresses/phone numbers were given to each member. The minutes were sent to all participating members including a request to recruit other community stakeholders for participation. Courtney Lanclos, Co-Chair, was able to recruit the following new members: Amber Hebert, Kristy Suire, and Jacob Corbell. A meeting was scheduled for October 9, 2012, but rescheduled due to poor turnout since only three members attended. The meeting was rescheduled for November 7, 2012.

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The November 7, 2012 meeting was held and ten members actively participated including the CW Consultant. The panel members discussed the Child and Family Service Review (CFSR) along with some of the issues related to the PIP involving safety, permanency, and well-being. The panel conversed about the 8 key issues of practice improvement. The purpose of PIP was discussed and a handout related to the CFSR and the "Timeliness to Adoption" PIP item for Lafayette region. We briefly discussed the need to select a chair and co-chair. Joan Lasseigne volunteered to be the Chair and Courtney Lanclos volunteered for the position of Co-Chair. CW workers came from Family Services, CPI/ Alternative Response Family Assessment (ARFA), FC, Young Adult Program (YAP), and HD. A discussion was held about the Structured Decision Making (SDM) risk assessment process and other timelines related to case management. There was further discussion about Centralized Intake procedures and the difference between ARFA and CPI. The members contemplated on an area of interest involving these programs that they may desire to be reviewed. There was an interest in the areas of child specific placements and the need for recruitment. The members also discussed issues related to the need to improve the timeline for children to be placed with relatives along with finding family members. In addition, CASA advised that they are working on a recruitment plan and requested assistance in that area. Confidentiality agreements were signed by all members present for the first time. The next meeting was scheduled for January 16, 2012. The meetings will be held at the Women's Foundation classroom in Lafayette when available.

Training: The continued need to educate existing members was viewed as an extremely important task for our CRP Region. Rose Sam, DCFS State Office CRP Representative, was able to send multiple training information of interest to our Regional Child Welfare Consultant. This information was disseminated to members of interest. The panel also discussed the possibility of having the National CRP Representative, Dr. Blake Jones, travel to Louisiana and to provide training and technical assistance in January 2013 for all CRP regions.

Recommendations: Membership for the Lafayette regional CRP has increased to eleven members with an additional member joining in January 2013. There was a discussion at the November meeting regarding a need for the Department to place children with relatives as soon as possible. There is a concern that the timeline for placement with relative caregivers and the home study process are taking too long.

DCFS Response: Federal laws require the Department to consider relatives when seeking placement for a child who cannot return home. The Fostering Connections to Success and Increasing Adoptions Act of 2008 gave states the option to use federal Title IV-E funds for kinship guardianship assistance. The placing of children with their relatives is the first choice of the Department when this is an option. However, in order to safeguard both the child and the parties involved in the child's placement, the laws of every state require that prospective placements participate in a home study process. Depending on the location of the home of the interested party, this process may be a lengthy process. The time it takes to conduct a home study varies, but most often, the process take about three months or more to complete. It entails many factors such as, how many social workers are assigned to conduct home studies; what other duties the social workers have; how many other people applied to the Department at the same time to request a home study; and when any mandatory training is offered that interferes in a timely submission. If the paperwork for a home study is thoroughly completed that may speed the process.

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“The Child Welfare Information Gateway” and “The California Evidence-Based Clearinghouse for Child Welfare (CEBC)” websites are resources your panel may want to review for further assistance in the specific area of placements or home study your choose to examine. These two resources offer statistical information and scientific rating scales on how selected child welfare related programs are reviewed.

Beauregard Parish CRP: Members Include: Chair – Tommy Edwards, Director of Court Appointed Special Advocates for Children CASA, DCFS Liaison – Donna McCullough, CWS 4, DCFS, Regional – Patricia McClinton, CWS 5, Alba Dubois, Counselor, Grace Church, David Burton, District Attorney of the 36th Judicial District, Carol Williams, Victim Assistant Coordinator, District Attorney Office, Natha Gantt, Director of Beauregard Parish Behavioral Health Center, Alexas Heflin, Regional Director of the State of Louisiana, Office of Youth Development (OJJ), Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board, Kim Haynes, Beauregard Parish School Board, Annette Duplechin, Executive Director, BeauCARE, Patty Doyle, Administrative Assistant, June Jenkins Women’s Shelter, Deputy Robert Butler, FINS Intake Officer, Beauregard Parish Sheriff’s Office, Lt. Christopher Rudy, DeRidder Police Department, Myrna Cooley, TASC Supervisor (Truancy), Tamisha Ashworth, Beauregard Director Big Brothers Big Sisters.

Introduction: The Beauregard Parish CRP continues to meet with all the community panels/boards including the Children and Youth Planning Board, Families in Need of Services (FINS), and Truancy Assessment Center and Court Appointed Special Advocates for Children (CASA). The panel members reviewed the services provided through Beauregard Parish DCFS and agreed that the Department is able to meet the needs of the families served. A rave review was submitted recognizing the panels’ strong commitment in enhancing services in Beauregard Parish.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments: The group met on September 6, 2012 and December 6, 2012. During these meetings, updates were submitted regarding each panel’s activities. Since the resignation of the chairperson of the panel, there have been no new activities reported. Donna McCullough recruited a possible candidate to fill the role as chair and has since consulted with them.

Identified trends/findings/concerns: The panel is in the process of reorganizing their panel. There is an interest in determining ways of re-engaging the community in order to build that stronger and better Beauregard Parish CRP.

Recommendations: Once the Beauregard CRP panel is reorganized, there is a strong interest in addressing the issues with teen-age children aging out of foster care and their ability to meet their own needs.

DCFS Response: The Department suggests the panel consider reviewing various resources on this issue as well as statistics involving youth aging out of care. The information would provide assistance in targeting a more specific area of youth transitioning. One resource to consider is the Louisiana Youth Leadership Advisory Council (LYLAC). This Council is a yearly-appointed, statewide youth group of students that address issues affecting the youth of Louisiana. The youth council facilitates the communication between youth and the legislature, which allows the youth to become involved in the change and/or creation of policy. The youth council reviews

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and presents on issues such as education, substance abuse, and youth employment to the legislature in hopes to motivate the youth to participate in their community.

The National Youth Transitional Database (NYTD) provides data collected regarding information on each youth who receives independent living services paid for or provided by the state department that administers Chafee Foster Care Independence Programs (CFCIP). They also collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. This information is then provided to the Administration for Children and Families (ACF) to track independent living services states provide and assess the collective outcomes of youth.

At the 2010 “Together We Can Conference,” Karen Grant, MSW, LCSW, and Carmen E. Spooner, MSW, GSW, conducted a presentation on “Youth Transitioning from Foster Care-Realistic Expectation.” The presentation was targeted at increasing awareness of available programs and resources for youth who are transitioning out of foster care. Statistical information was also provided. A copy of this information will be provided to the panel for review.

Monroe Region CRP: Members Include: Michael Cappel, Chair, University of Louisiana, School of Social Work, Angie Thomas, Vice-Chair, Louisiana Methodist Children’s Home, Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions, Patty Newman, OYD, Regional Administrator, Tammie Slawson, Seeker Springs, Gatha Green, Children’s Coalition for NELA, Jane Brandon, Big Brothers/Big Sisters of NELA, Elizabeth Green, Louisiana Baptist Children’s Home, Laura Nettles, Families Helping Families, Ella Nimmers, Our House for Teens, Marion Carraway, Louisiana MENTOR, Belinda Palm, DCFS Regional Placement Specialist, Cindy Murphy, DCFS Regional Administrator, Ellen Hammon, DCFS Area Director

Introduction: In 2012 the Monroe Region CRP Panel continued to demonstrate and fulfill its mission as mandated by CAPTA and the panel remains in compliance with the general guidelines. The panel plans to persist in the review and evaluation of local and state child welfare departments and make suggestions and recommendations to improve and enhance the delivery of quality child welfare services. The panel, along with DCFS, will continue to demonstrate an exceptional and cooperative relationship in meeting mandated goals.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments: The Monroe Region CRP met five times during 2012, which exceeded the mandated one meeting each quarter. The panel continues to have a good number of members who actively attend. Meetings focused on the on-going Life Skills Camp for youth in FC which involves preparation for youth transition from state care to independent living; discussions involving the national Youth in Transition Data Base (NYTD); the Coordinated System of Care (CSoC) programs; and the interest in having Dr. Blake Jones offer his knowledge and skills in providing technical support to the panel.

Monroe’s Life Skills Camp continues to be of interest to youth. The camp now has an online registration for foster parents and caretakers to register youths for camp. A Christmas Camp was held in conjunction with Peggy Kirby, Fair Visions, on December 7, 2012 through December 8, 2012. Approximately 20 youths or more participated and enjoyed the activities provided during this event. The panel is very fortunate to have men and women who devote their time and effort

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to serve as camp volunteers and the panel is very appreciative of them. The Life Skills Camp is scheduled April 26 – 28, 2013 with online registration available. Panel members are making plans to contact local celebrities and sponsors for this camp. The University of Louisiana Monroe (ULM) Social Work Department has agreed to contribute towards the camp.

Rose Sam, DCFS Program Manager and State Coordinator of the Louisiana CRPs, visited with the panel on July 18, 2012. Ms. Sam explored the panel's interests and initiated plans to pursue hosting a National CRP Conference in April 2014. It was later determined that it would not be feasible for Louisiana to host the national conference; however, the panel holds a continued interest in hosting a national conference in the near future. The panel also has a continued interest in having Dr. Blake Jones provide technical assistance. Panel members were also provided information by Ms. Sam to participate in webinars involving various topics on child maltreatment throughout the year.

The CRP met on November 28, 2012 to elect a chairperson for the following term. Michael Cappel, who had been the chairperson for the past two years declined to continue in this position as he is retiring from ULM. His plans are to remain active on the panel. The panel and DCFS are truly appreciative of Mr. Cappel's diligent and dedicated services over the past two years. Nominations were submitted for his position and the voting process was held. The newly elected chairperson is Ms. Tammie Slawson of Seekers Springs Ministries. The co-chair is Ms. Jane Brandon from the local Big Brother and Big Sister organization.

The Monroe Region DCFS CW offices are truly grateful for the services provided for this panel and to the children of Monroe Region DCFS by dedicated members.

Recommendations: None

Updates/Accomplishments in 2012: Despite numerous challenges, DCFS was able to work with communities to maintain CRP's and support the panels' commitment to ensuring compliance with federal and state child protection standards. Large numbers of DCFS retirements impacted panels when key positions were held by DCFS staff. The Louisiana CRPs continued active engagement with meetings throughout the year focusing on the safety and well-being of children. The Lafayette Panel was successful with their recruitment process increasing their membership to eleven stakeholders while the Monroe CRP continued focus on their on-going Life Skills Camp for youth. The Beauregard Panel is presently recruiting new members in hopes to increase their membership with members who are diligent and willing to work for the needs of our children.

Activities Planned in 2013: As a result of re-organization, retirements, relocations, etc., panels were forced into low membership and/or disbanded. Since it has been hard to develop panels and/or keep them fully functional in the most recent years, the DCFS plans to develop a multi-year strategic plan with current CRP members, DCFS staff statewide and potential CRP members. The strategic plan would include specifics on recruitment and retention, building productive relationships and performance measures. Louisiana's CRP's would also like to explore the possibility of hosting a future National Citizen Review Conference.

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ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]: The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed on the DCFS website at the following address:
<https://stellent.dss.state.la.us/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>.

Refer to pages 2-19 for the following information:

- **Services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect:**
- **Training to be provided to support staff in report taking, screening assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:**
- **Training to be provided for individuals required to report suspected cases of child abuse and neglect:**

Policies/procedures on involvement of families in decision making pertaining to children who experienced child abuse or neglect: In every child welfare program area policies require staff to involve children and families in making decisions related to their case. For example, DCFS foster care policy 6-205 addresses the Assessment of Family Functioning (AFF) which is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The AFF tool is used to engage families in order to gather information about the child and family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems that led to the abuse and/or neglect of a child.

Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc: Throughout all program areas, departmental policies and procedures require thorough assessments which include the domains of Substance Abuse, Mental Illness and Domestic Violence. Staff also screen parents/caretakers, adolescents or children under age 12 for mental illness, substance abuse and domestic violence. In some instances specific tools, such as the GAIN-Short Screener, are used by staff. When indicated by the assessment/screening, the parent/caretaker, adolescent or child under age 12 is referred for a mental health and/or substance abuse assessment. In cases where domestic violence is present staff refer the parent to domestic violence services for domestic violence safety planning.

To this end, the Department collaborates with domestic violence service agencies, substance abuse treatment agencies, and other agencies in the delivery of services and treatment to children and families. Child Welfare Performance and Quality Improvement (PQI) policies and procedures outline requirements for collaboration and the Department has developed several Memoranda of Understanding (MOU) and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families.

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Additionally, one of the largest collaborative efforts to date is the partnership between four key state departments; DHH, DCFS, DOE, and OJJ. The result of their combined efforts and the participation of community partners statewide is the CSoC. This partnership has been formed to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. Implementation in several areas of the state is scheduled for October 2011.

Policies and procedures regarding the use of differential response: In Louisiana, differential response is referred to as (Alternative Response Family Assessment) ARFA. Article 612 A. (1) of the Louisiana Children’s Code states that DCFS “shall promptly assign a level of risk to the child based on information provided by the reporter”. Article 612 A. (3) states that “in lieu of an investigation, reports of low levels of risk may be assessed promptly through interviews with the family to identify needs and available match to community resources”.

DCFS Policy, Chapter 4, Part 6, ARFA, contains policies/procedures for family assessment as an alternative response to an investigation of a report of child abuse/neglect. It is a safety-focused, family centered and strength-based approach to addressing reports. A family assessment is completed to determine the safety of the children; the risk of future abuse/neglect; identify the family needs and strengths; provide direct services as needed and appropriate; and/or, connect the family to resources in the community. As a strength-based intervention, it draws on the strengths and resources of the family members to address safety and/or risk issues. The process seeks to discover periods of successful family functioning, understanding the factors that made those periods possible, and work to recreate those factors. It assumes that people are best understood within the context of their own environment and when they are allowed to define their own circumstances and capacities. Also, it assumes that families who are supported by kin and community are the most likely to have positive outcomes. A family assessment is a less adversarial approach to a family than an investigation. It focuses more on establishing a partnership with the family and less on the incident based fact finding determination of child abuse/neglect. The intent is to encourage the family to participate in addressing any safety/risk concerns and to link directly with service planning and provision. It is designed to identify the strengths and needs of the whole family and requires the participation of the family, as a unit, to the degree practical.

The ARFA process includes four key decision points; however, the initiation of services may occur at any point in the process:

- Intake with the decision that the information is a report of child abuse/neglect and the response will be an Alternative Response Family Assessment.
- An initial assessment that includes contacting the reporter; one or more face to face contacts with the parent/caretaker and children; a safety assessment; and, a determination to terminate the assessment or proceed with completion of the assessment.
- The family assessment of strengths and needs that includes an SDM initial risk assessment, identification of service needs and potential providers is completed within 30 days of the receipt of the report.
- Once the assessment of strengths and needs is completed, the focus of the case is for the provision of services. These are to address the identified needs related to family functioning to assure child safety and reduce risk of future abuse/neglect. DCFS involvement with the family may continue for another 30 to 60 days (for a total of 90

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days), as needed, to provide services and/or to assist the family to access and engage in services.

SUBSTANTIVE CHANGES IN STATE LAW: There are no substantive changes in Louisiana State law affecting eligibility for CAPTA funds.

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STATE DATA REPORT

1.) CHILD PROTECTIVE SERVICE WORKFORCE:

Centralized Intake (CI) staff is responsible for receiving reports of abuse and neglect, screening the reports to determine whether they meet the criteria for investigation and assessing the reports to determine the level of the investigation and the response priority. CI staff are responsible for receiving and assessing statewide reports of abuse and neglect.

Child Protection Investigation (CPI) staff is responsible for assessment of safety and risk of the child and parental protective capacity and investigation of child abuse and neglect reports. Alternate Response Family Assessment (ARFA) workers are responsible for risk assessment and service provision or referral in reports of abuse and neglect with a low level of risk to the child. These staff members are generally assigned to a single parish, but in some instances have multi-parish assignments within a region.

I. Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions (For additional information on issues impacting the workforce, refer to that portion of this document.)

A. Qualifications - Education and Experience Requirements

Entry level CPI and ARFA staff may be hired into Child Welfare Specialist Trainee or Child Welfare Specialist 1 positions based on education and experience as described below:

Child Welfare Specialist Trainee (SS411)

- Bachelor's degree in social work or related field
- Bachelor's degree in unrelated field with one year professional social services work
- Master's degree in unrelated field
- Participation in Title IV-E Child Welfare Training and Curriculum Development Project and graduation with a baccalaureate degree in Social Work

Child Welfare Specialist 1 (SS412)

- Bachelor's degree in social work or related field plus one year professional social services experience
- Bachelor's degree in unrelated field with two years professional social services experience
- Master's degree in social work or related field
- Master's degree in unrelated field plus one year professional social services experience

CI workers must have prior child welfare experience, and may transfer to CI, if they meet the requirements for a Child Welfare Specialist 2 and have demonstrated satisfactory performance. After at least two years of child welfare experience and demonstration of satisfactory performance, CPI and ARFA workers may advance to the Child Welfare Specialist 2 position. Promotion to the Child Welfare Specialist 2 position is non-competitive. Education and experience requirements for a Child Welfare Specialist 2 are noted below:

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Child Welfare Specialist 2 (SS414)

- Bachelor's degree in social work or related field plus three years of professional social service experience, two years of which must have been in child welfare
- Bachelor's degree in unrelated field plus four years professional social services experience, two years of which must have been in child welfare
- Master's degree in social work or related field plus two years of professional child welfare experience
- Master's degree in unrelated field plus three years professional social services experience, two years of which must have been in child welfare

Progression to the Child Welfare Specialist 3 and higher positions is competitive. Workers may advance to the Child Welfare Specialist 3 position when they have demonstrated satisfactory performance; and, meet the education and experience requirements described below:

Child Welfare Specialist 3 (SS415)

- Bachelor's degree in social work or related field plus four years of professional social services, three years of which must have been in child welfare
- Bachelor's degree in an unrelated field plus five years professional social services experience, three years of which must have been in child welfare
- Master's degree in social work or related field plus three years professional child welfare experience
- Master's degree in non-related field plus four years professional social services experience, three years of which must have been in child welfare

CPI workers who hold the Child Welfare Specialist 3 position may have specialized caseloads such as sexual abuse cases and may serve as assistants to their supervisors.

Supervisors in CI, CPI and ARFA hold the Child Welfare Specialist 4 position. Requirements for this position are provided below:

Child Welfare Specialist 4 (SS417)

- Bachelor's degree in social work or related field plus five years of professional social services experience, four years of which must have been in child welfare. Two years of the child welfare experience must have been at the journeyman level
- Bachelor's degree in unrelated field plus six years of professional social services experience, four years of which must have been in child welfare, including two years of the child welfare experience at the journeyman level
- Master's degree in social work or related field plus four years of professional child welfare experience, two years of the child welfare experience must have been at the journeyman level
- Master's degree in unrelated field plus five years of professional social services experience, four years of which must have been in child welfare including two years of the child welfare experience at the journeyman level

Managers in CPI and ARFA hold the FS Parish Manager 2 positions and use the working title of Program Operations Managers. The title is generic, but individual incumbents are assigned to specific DCFS programs. Child Welfare Program Operations Managers exercise direct supervision over Child Welfare Specialists 4, providing work planning, goal setting and

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performance evaluations. Depending on the size of the parish office, some Child Welfare Program Operations Managers may have subordinate staff in more than one Child Welfare Program, more than one parish or in a parish office and regional office. They also serve on Regional Management Teams along with Operations Managers for other DCFS program areas. CI managers also hold the FS Parish Manager 2 position, but their only assignment is CI. Requirements for this position are provided below:

FS Parish Manager 2 (SS419)

- Bachelor's degree plus seven years professional level social services experience, including four years as supervisor over two or more professionals or as a program or project specialist
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for two years of the required general experience

Managers in CPI and ARFA are supervised by Area Directors who oversee all major workforce and resource decisions across all DCFS programs located within a specific geographic area of a region under the broad direction of the Regional Administrator. Area Directors also provide direct supervision to Program Operations Managers. Area Directors have the Civil Service job title of Family Support Regional Administrator, and the requirements for this position are provided below:

Family Support Regional Administrator (SS421)

- Bachelor's degree plus ten years professional level social services experience, including six years as supervisor over two or more professionals
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience

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- Master's degree in social work or behavioral sciences may be substituted for two years of the required general experience

Managers in CI report to the CI Director whose official job title is Program Manager 2 – Social Services. The CI Director reports to the Deputy Secretary for Operations. Requirements for the Program Manager 2 – Social Service Position are provided below:

Program Manager 2 – Social Services (SS615)

- Bachelor's degree plus six years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; two years of the experience must have been at the advanced level or above.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 15-29 semester hours for one year of experience
 - 30-44 semester hours for two years of experience
 - 45-59 semester hours for three years of experience
 - 60-74 semester hours for four years of experience
 - 75-90 semester hours for five years experience
 - 90 or more semester hours for six years experience
- Graduate training with eighteen semester hours in one or any combination of following fields will substitute for one year of experience on basis of thirty semester hours for one year of experience: public health, public relations, counseling, social work, psychology, rehabilitation services, economics, business, public health or health administration
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience

B. Training Requirements

Louisiana Revised Statute 46:285 requires completion of 32 hours of instruction in specified subject areas for staff with direct responsibility for cases dealing with families and children. All newly hired staff must complete the 32 hours of training prior to being assigned cases. This core curriculum is intended to give trainees a basic introduction to the needs of clients served by the agency and the skills necessary to provide effective services.

Required Core Courses include the following:

- Introduction to Child Protective Services, Physical Indicators of Child Maltreatment, and
- Safety Part I – (24 Hours) (R.S. 46:285)
- Caseworker Competency – (24 Hours)
- Advanced Safety Decision Making
- Foster Care Assessment (24 Hours) or CPI/Family Services Fundamental Casework Decisions (25 Hours)
- Case Planning and the Family Team Conference – 21 Hours
- Safety Part II – 6 Hours (R.S. 46:285)

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These courses are prerequisites for most other courses offered by the DCFS Training Unit. Completion of a minimum of two weeks of the R.S. 46:285 courses is also one of the requirements for promotion from the Child Welfare Specialist 1 position to the Child Welfare Specialist 2 position.

In December 2011, DCFS implemented an extended training program for new child welfare workers. The extended training program, which includes training required in LA R.S 46:285, is expected to increase the retention rate of child welfare workers and to improve outcomes for the children and families served by the Child Welfare Program.

All new child welfare workers remain in trainee status for a period of six months after employment. During that time, workers are trained using a competency-based training model that includes a variety of training methods including traditional classroom training, computer-based training, blended learning (combination of web-based and classroom), on-the-job training, and structured activities designed to enhance transfer of learning. The curriculum is culturally responsive, family centered and child focused. In the near future, coaching and mentoring will be added to the training program.

Louisiana R.S. 46:285 also requires completion of an additional 32 hours of job related instruction for these staff within six months of assuming responsibility for cases within the program. When a staff member transfers or promotes to a position within another program, the staff member is responsible for completing those required core courses that have not previously been completed, are specific to the new program, and are required by that individual's supervisor prior to the assignment of cases in the new program area or prior to the assumption of new duties in the case of promotion.

The statute also mandates 32 hours of continuing in-service training annually for agency staff relevant to providing child welfare services within the second and third full year of employment. The statute requires 20 hours of in-service training annually after an individual's third full year of child welfare casework experience.

Staff development training may be utilized when individual staff performance requires further development, other efforts to improve the staff member's performance have failed, and the cause of the level of performance appears to be lack of knowledge or skill on the part of the staff member. This type of training may be a part of a larger performance and planning review action plan developed to retain a staff member.

Staff development training may be necessary when staff performance in a designated program area within a unit, parish, region, or statewide requires further development. When it is determined staff development training is needed as part of a plan to further develop a program, all designated staff shall attend the training regardless of their experience, previous training or individual performance.

Any worker or supervisor whose program assignment changes to CPI, Family Services, Foster Care (FC) or Adoption (AD) and who has not previously completed training in all the topics required by R.S. 46:285 (A) and (B) is required to complete R.S. 46:285 training. The DCFS Training Director determines whether the R.S. 46:285 requirements have been met for these employees. This decision shall be based on documentation of training received by the employee,

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and on input from the employee's supervisor regarding the employee's strengths and needs. Attendance at all training must be documented.

In fiscal year 2011 child welfare staff was offered over 2,596 training hours to enhance their skills. These hours do not include workshops, conferences and/or other training initiatives. Some of the staff took advantage of these professional development opportunities. The new employees completed their legally mandated training. The experienced staff and licensed social workers enrolled in some of these sessions as well as other training sessions in order to meet their training requirements.

Louisiana is also working with the National Resource Center for Child Protective Services (NRCCPS) and Casey Family Programs to provide intensive safety training that is being referred to as the Advanced Safety Decision Making Model (ASDM). The training has been provided in the Monroe, Alexandria and Baton Rouge Regions. When the Department will continue with statewide roll-out is unknown at this time. This training provides a foundational understanding of key concepts related to safety assessment and safety intervention during the Child Protective Services (CPS) process. The model is family centered and emphasizes CPS as a social intervention that seeks to engage caretakers in the context of insuring child safety. The model helps staff understand and differentiate between Present and Impending Danger and provides guidance for responding to both. The model also works through information collection sufficiency, information collection protocol, and criteria based decision making within the context of safety intervention in CPS. Finally, the model works through a structured approach for developing rigorous safety plans that insure child safety while also insuring a least intrusive level of intervention with families.

In addition to the clinical practice-based training provided by the Department, all supervisors are required to participate in training provided by the Louisiana Department of Civil Service through its Comprehensive Public Training Program (CPTP) which educates and empowers the state government workforce by providing appropriate learning and development opportunities. CPTP takes state government leadership and general skills training to the next level through instructor-led training, distance learning, web-based training, virtual training, and social media.

The State Civil Service Commission has established minimum supervisory training requirements in accordance with Civil Service Rule 22.10 for all employees who occupy jobs that are designated as part of a Supervisory Group. CPTP courses for first line supervisors include the following:

- Civil Service Essentials for Supervisors
- Hiring and Retaining Top Talent
- Myths that Affect Good Supervision
- Leave Management
- Validating Employee Performance

Second level supervisors are required to take the courses listed below:

- Conducting an Effective Job Interview
- Improving Employee Performance through Coaching
- Building Better Performance through Employee Skill Development
- Managing and Improving Work Processes

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- Effective Problem Solving and Decision Making
- Manager's Role in Workforce and Succession Planning
- Planning & Accountability, Individual Differences and Diversity in the Workplace

Additional courses are required for each successively higher level of supervision or management responsibility.

C. Career Progression

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, the Department intermittently contacts job placement offices and/or attend college/university career fairs and state agency career days. On an as needed basis, the Department may broadcast job opportunities on radio stations, post flyers at job service offices, place job vacancy advertisements in the newspaper, or place job vacancy advertisements on websites (i.e., Monster.com, Career Builders, or BetterBatonRougejob.com, etc.).

As required, DCFS 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 for fulfillment of their contract obligations.

Reference checks as well as legally required background checks and drug testing is completed on all selected individuals before making any final employment offers. Once hired, new employees must complete a probationary or "working test" period for a minimum of twelve months during which performance of duties is closely monitored and evaluated to ensure at least satisfactory performance.

The career progression from Child Welfare Trainee to Child Welfare Specialist 2 is based on performance, education and experience. Movement through that part of the career ladder is non-competitive.

The progression from Child Welfare Specialist 2 to Child Welfare Specialist 3 and all progressively higher positions is based on performance, education and experience, and is competitive. When available, the Child Welfare Specialist 3 and higher positions are posted on the Civil Service LA Careers website.

Interested candidates apply for promotional positions. Those who meet minimum qualifications are placed on a Certificate of Eligible Candidates. The certificate is forwarded to the hiring manager who utilizes "best practice" techniques to interview and evaluate candidates in order to select the best qualified individuals for promotion.

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II. Data on Education and Qualifications of Child Welfare Staff

A. Education

All child welfare positions that involve direct service provision or first or second line supervision of child welfare cases require a bachelor's degree as a minimum requirement. Higher level staff whose positions are primarily administrative such as Area Directors may substitute experience for a bachelor's degree.

Educational data for child welfare staff is not broken out by the specific program area. The following data reflect the educational attainment of workers, supervisors and managers in CI, CPI, ARFA, Family Services, FC, AD and Home Development (HD).

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2011				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
38.20%		57.47%		4.33%
MSW	Other	BSW	Other	
74.44%	25.52%	31.17%	68.83%	

EDUCATIONAL ATTAINMENT FOR CW STAFF - 2012				
Master's Degree		Bachelor's Degree		Less than Bachelor's degree
37.10%		62.90%		0.00%
MSW	Other	BSW	Other	
76.38%	23.62%	30.80%	69.20%	

D. Qualifications

Positions occupied by child welfare workers, supervisors, managers and directors are all classified Civil Service positions. Minimum qualification requirements must be met before a candidate for employment or promotion is placed on a Certificate of Eligible Candidates. Therefore, 100% of DCFS Child Welfare staff meet minimum qualification requirements. The percentage of Child Welfare staff at with various levels of child welfare or related experience is provided in the table below:

PERCENTAGE OF CW STAFF BY YEARS OF CHILD WELFARE OR RELATED EXPERIENCE						
YEAR	0-4 Yrs	5-9 Yrs	10-14 Yrs	15-19 Yrs	20-29 Yrs	30+ Yrs
2011	20%	19%	17%	12%	20%	12%
2012	27%	19%	15%	13%	17%	9%
2013						

III. Demographic Information Regarding Child Welfare Personnel

Demographic data for Child Welfare staff is not broken out by the specific program area. Racial/ethnic information is the only demographic data available. The following data reflect the racial/ethnic characteristics of workers, supervisors and managers in CI, CPI, ARFA, Family Services, FC, AD and HD.

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PERCENTAGE OF CW STAFF BY RACE/ETHNICITY						
Year	Black or African American	White	American Indian or Native Alaskan	Asian	Declined to Answer	Left Blank
2011	61.15%	38.34%	.25%	.08%	.08%	.08%
2012	65.04%	34.37%	.19%	.10%	.10%	.19%
2013						

IV. Information on Caseload or Workload Requirements for Centralized Intake and Child Protective Investigations (Including Alternative Response Family Assessment) Personnel including Workers and Supervisors

A. Caseload Standards and Average Caseloads for Child Protection Investigations and Alternative Response Workers and Supervisors

The caseload standard for experienced CPI and ARFA is 10 new cases per month. The training model for new workers requires close supervision and a reduced caseload. The maximum caseload during the first six months of employment for CPI and ARFA workers is seven cases.

The average number of new cases per worker per month during calendar year 2011 was 8.8 cases.

The standard for ratio of supervisors to workers in all Child Welfare Programs is one supervisor for every five workers. At supervisory unit capacity and with all workers in the supervisory unit having more than six months experience, the supervisor would be responsible for 50 new cases per month.

During calendar year 2011, the average ratio of supervisors to workers was one supervisor to 3.6 workers. At an average caseload of 8.8 cases per worker, each supervisor was responsible for an average of 31.68 new cases per month.

During calendar year 2012 an average caseload was 10.27 cases per worker.

Number of CPI Workers Assigned 15 or More Cases in a Month by Region Calendar Year 2012									
Month	Orleans	BR	Cov	Thib	Laf	LC	Alex	S'port	Mon
01/12	15	7	8	2	3	0	0	6	2
02/12	16	9	2	5	2	0	0	7	0
03/12	16	10	6	3	7	5	1	5	1
04/12	13	9	4	2	2	0	0	5	0
05/12	16	1	4	4	4	2	0	5	1
06/12	1	2	1	0	0	0	0	0	0
07/12	2	3	1	3	0	0	0	1	0
08/12	4	0	3	1	1	1	0	2	0
09/12	10	0	9	1	2	2	1	3	0
10/12	13	9	10	7	4	1	4	6	0
11/12	6	7	8	2	1	1	0	0	0
12/12	7	5	2	2	0	0	0	0	1
Total	119	143	59	32	26	12	6	40	5

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B. Caseload Standards and Average Caseloads for Centralized Intake Workers and Supervisors

Neither a caseload standard nor an average caseload size has been established for CI. Barriers to establishing caseload standards include call flow trends that differ among the eight different shifts, a high level of responses to calls that do not meet the criteria for a report, and an ongoing evaluation of performance versus quality. The CI Director and managers continue to monitor these factors with a goal of eventually establishing a caseload standard.

There are 39 CI workers and 9 CI supervisors, resulting in a ration of 1 supervisor for each 4.33 workers.

In FFY 2012 there are 46 CI workers and 10 CI supervisors, resulting in a ratio of 1 supervisor for each 4.6 workers.

2.) JUVENILE JUSTICE TRANSFERS:

Number of Children Under the Care of the State Child Protection System Transferred into the Custody of the State Juvenile Justice System

Update FFY 2011: In 2010 Louisiana a total of 7 youth were under the care of the state child protection system and were transferred into the custody of the state juvenile justice system.

Update FFY 2012: A total of 21 youth in the care (custody) DCFS were transferred to the supervision (custody) of the state OJJ.

Update FFY 2013: During this time period, a total of 13 youth in the care (custody) DCFS were transferred to the supervision (custody) of the state OJJ.

Contextual Information: The data provided above reflect 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.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Linda Carter serves as the state's liaison officer. She can be reached by e-mail at linda.carter@la.gov , by phone at 225.342.1554 or by U.S. post addressed attention to Ms. Carter, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821.