

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2011

Annual Progress and Services Report

Year Two of 2010-2014

Child and Family Services Plan

STATE OF LOUISIANA
2011 Annual Progress and Services Report

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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

NOV - 3 2011

Ruth Johnson
Secretary
Louisiana Department of Children and Family Services
627 N. Fourth Street
Baton Rouge, Louisiana 70802

Dear Secretary Johnson:

Thank you for submitting Louisiana's new Child Abuse Prevention and Treatment Act (CAPTA) State Plan, the Annual Progress and Services Report (APSR), and the CFS-101 requesting funding for fiscal year (FY) 2012 to address the following programs:

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

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

Approval

The Children's Bureau (CB) has reviewed your CAPTA State Plan and your APSR for FY 2012 funding and finds them to be in compliance respectively with section 106(b)(1)(A) of CAPTA and Federal statutory and regulatory requirements at 45 CFR 1357.15 and 1357.16. Therefore, we approve FY 2012 funding under the CAPTA State grant; title IV-B, subpart 1; title IV-B, subpart 2; CFCIP; and ETV programs.

Please note that while the State will no longer need to submit a new CAPTA State Plan every five years with the Child and Family Services Plan, to facilitate coordination between the CAPTA State plan and title IV-B, CB will continue to require that the annual report describing use of CAPTA funds be submitted with the APSR.

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Page 2 – Ms. Ruth Johnson

A counter-signed copy of the CFS-101 is enclosed for your records. CB may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

The Administration for Children and Families' (ACF) Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information. Please note that OGM requires grantees to submit additional financial reports, using the SF-425, at the close of the expenditure period according to the terms and conditions of the award.

Training Plan

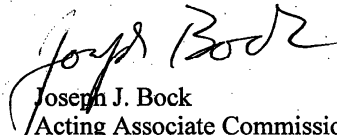
This approval for the FY 2012 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs does not release the State from ensuring that the training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the State's approved cost allocation plan.

Additional Information Required

Pursuant to Section 424(e)(1) of the Social Security Act, States are required to collect and report on caseworker visits with children in foster care. The FY 2011 caseworker visit data must be submitted to the Regional Office by December 15, 2011.

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

Sincerely,


Joseph J. Bock
Acting Associate Commissioner
Children's Bureau

Enclosures

cc: Evelyn Jenkins, Director; Child Welfare Division; Louisiana DCFS; Baton Rouge, LA
Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah M. Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC
Janis Brown, Child Welfare Regional Program Manager; CB, Region VI; Dallas, TX
Amy Grissom, Children and Families Program Specialist; CB, Region VI; Dallas, TX

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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 agency 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 brings structural changes to the Department while the Offices of Community Services, Family Support and Management and Finance no longer exist. In their place, there are divisions, sections, units and bureaus, along with parish and regional offices.

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 (P.L. 104-235).

DCFS administers the state's child and family services programs and provides comprehensive social services and child welfare programs that include protective services, protective childcare, family services, child abuse/neglect prevention, intervention and treatment, foster care and adoption. These services are administered statewide within the organizational framework.

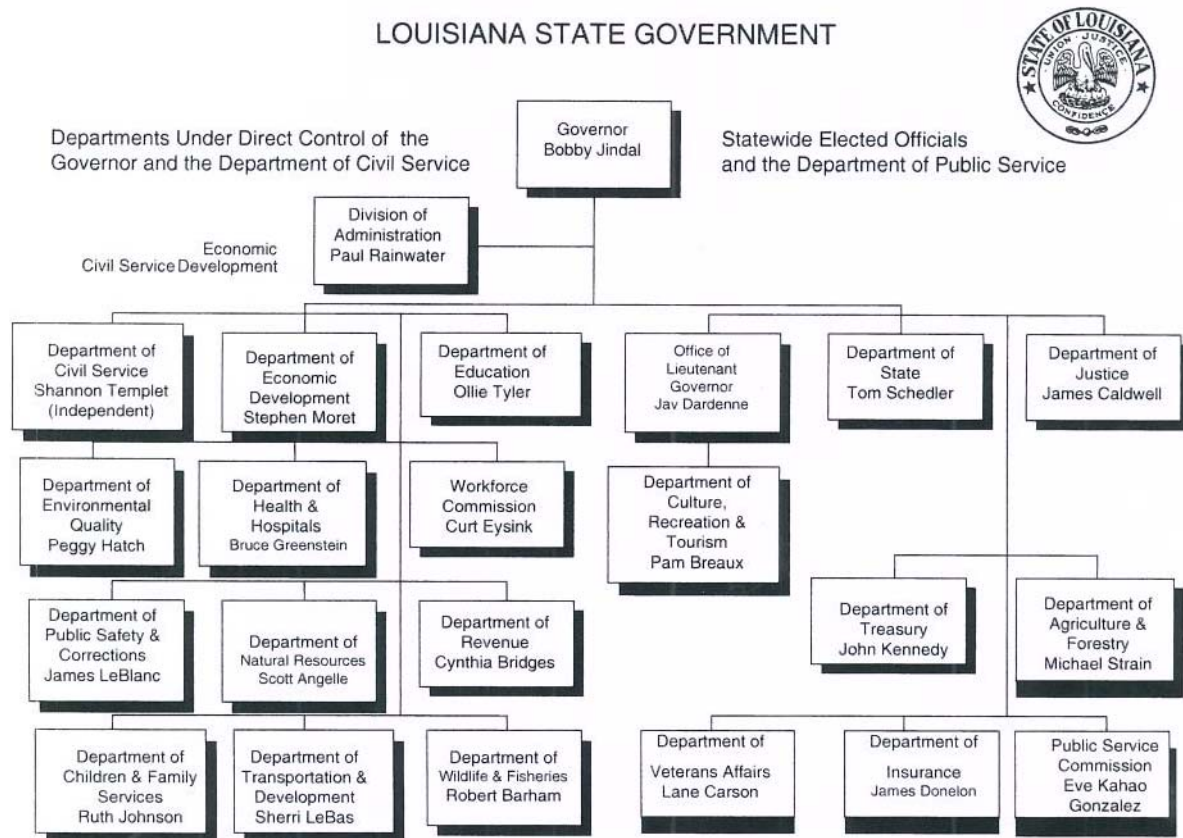
This report updates, profiles and summarizes the progress and achievements made by DCFS in its implementation of year two of the 2010-2014 Child and Family Services Plan (CFSP).

ADMINISTRATION OF PROGRAMS: The state's child and family services programs are administered through the Department of Children and Family Services. DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care and adoption. These services are administered statewide within a centralized organizational framework with 9 regional offices and 46 parish offices. Services continue to be available in all 64 parishes.

MISSION/VALUES: The DCFS is working to keep children safe, helping individuals and families become self-sufficient, and providing safe refuge during disasters. DCFS provides for the public child welfare functions of the state, including, but not limited to, prevention services which promote, facilitate, and support activities to prevent child abuse and neglect; child protective services; voluntary family strengthening and support services; making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical medical services, school supplies and incidental personal needs and adoption placement services for foster children freed for adoption.

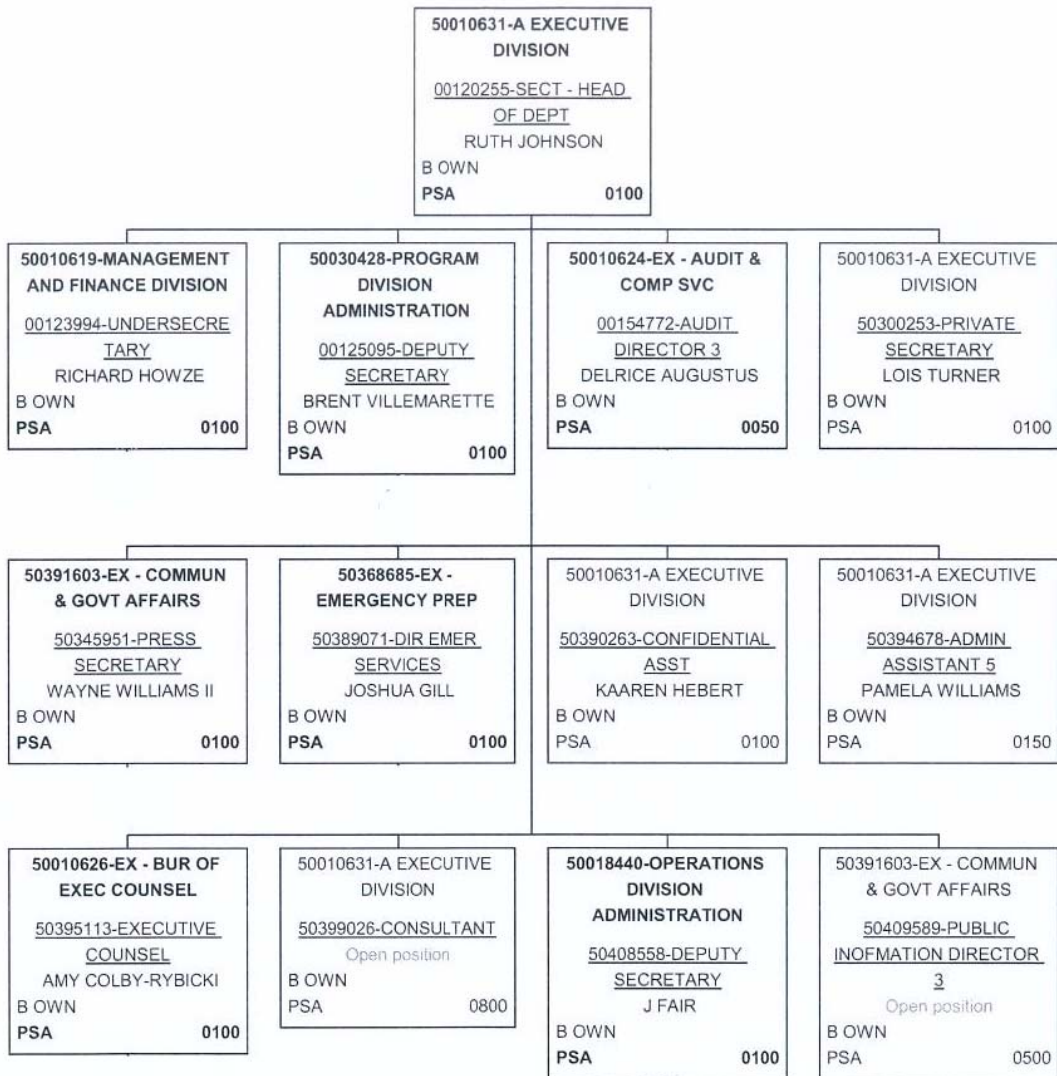
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ORGANIZATIONAL CHARTS:



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EXECUTIVE DIVISION



STATE OF LOUISIANA

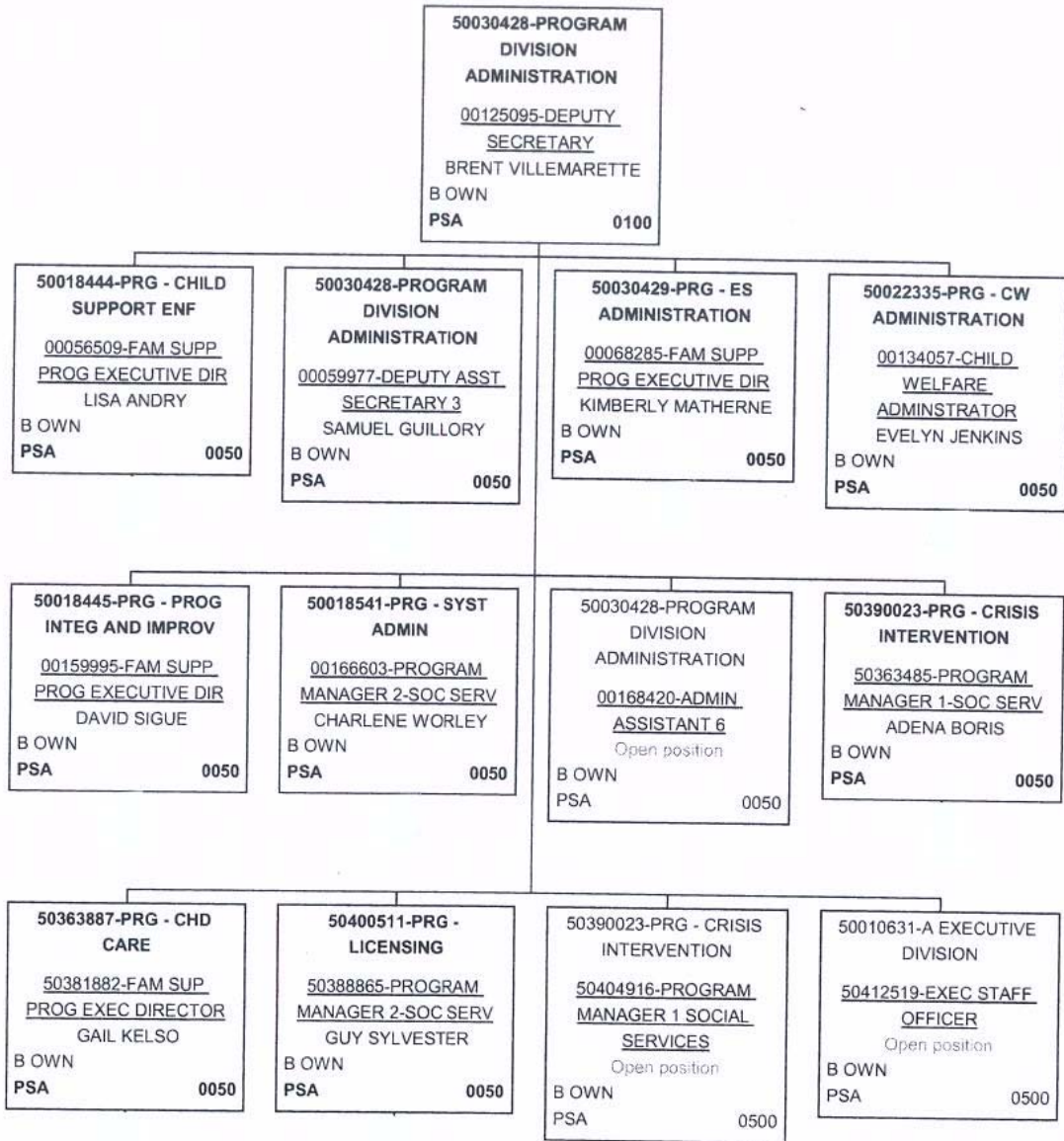
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OPERATIONS DIVISION ADMINISTRATION



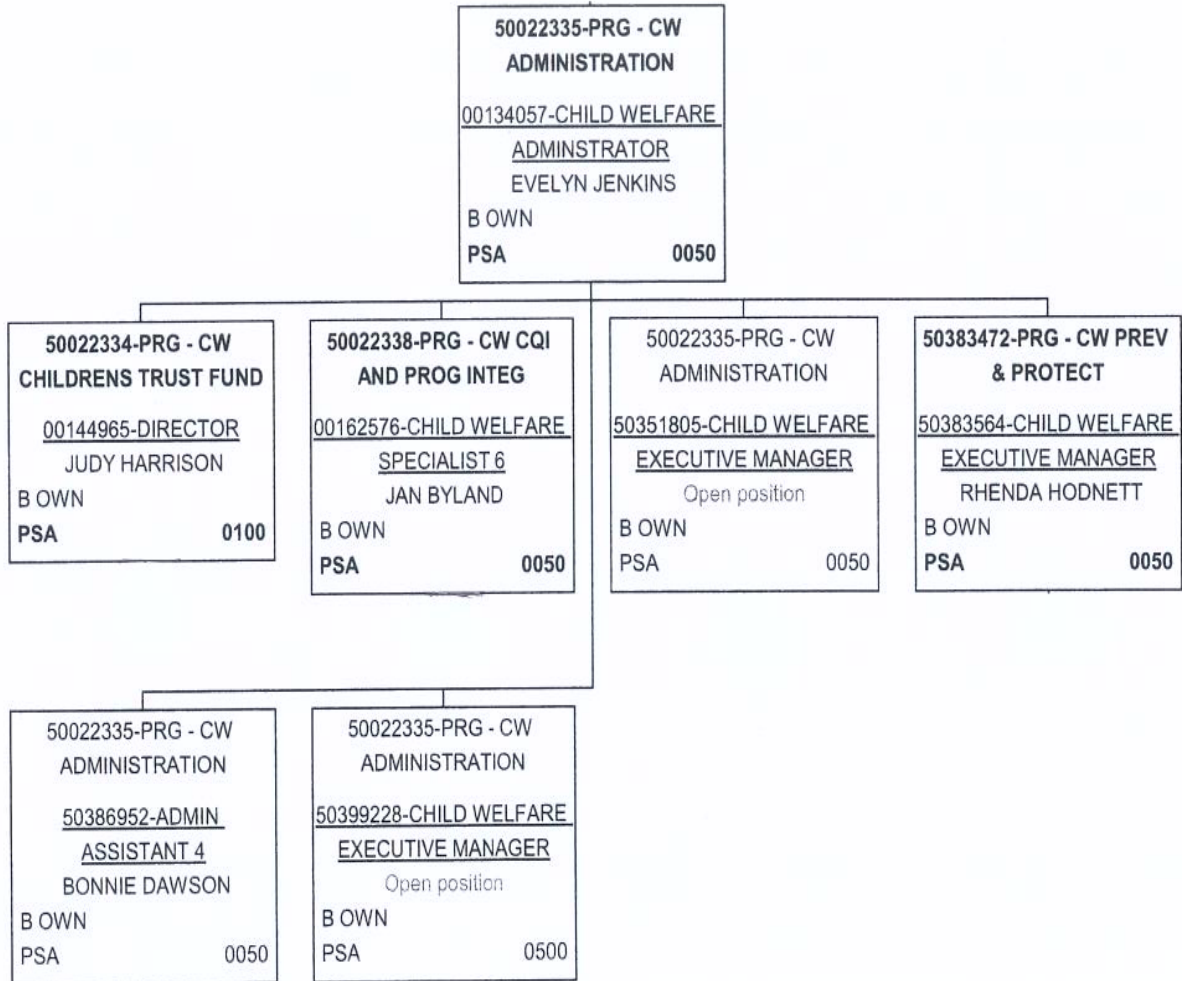
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PROGRAM DIVISION ADMINISTRATION



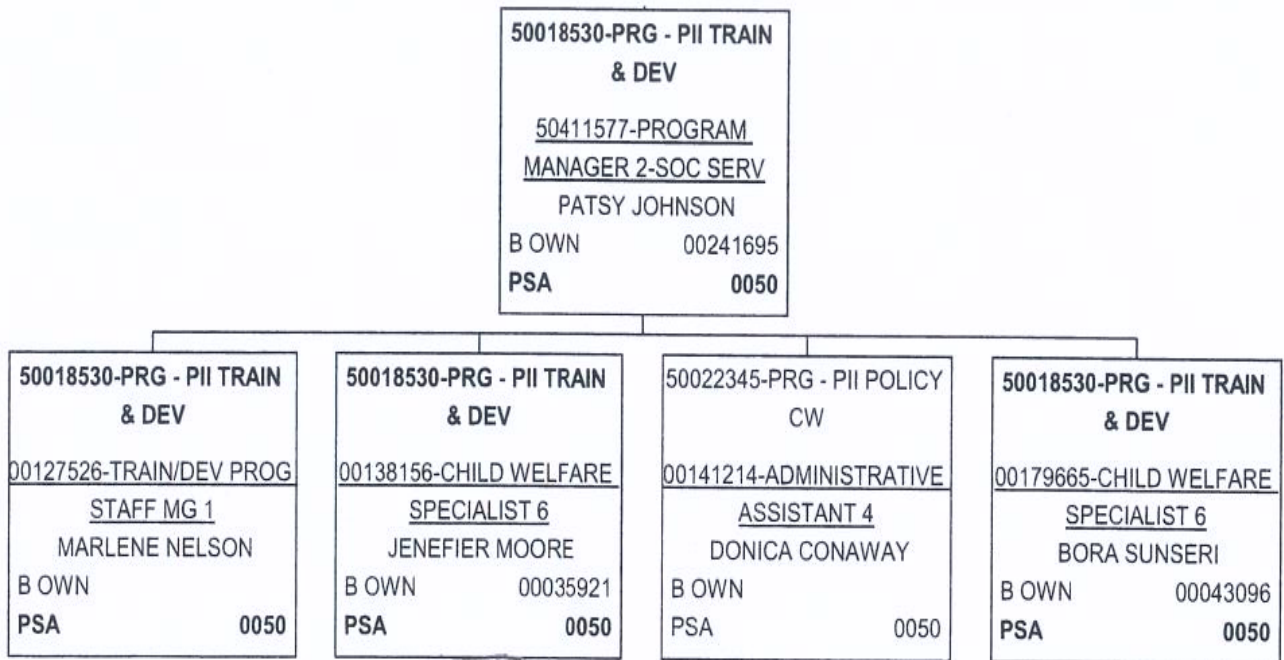
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PRG - CW ADMINISTRATION



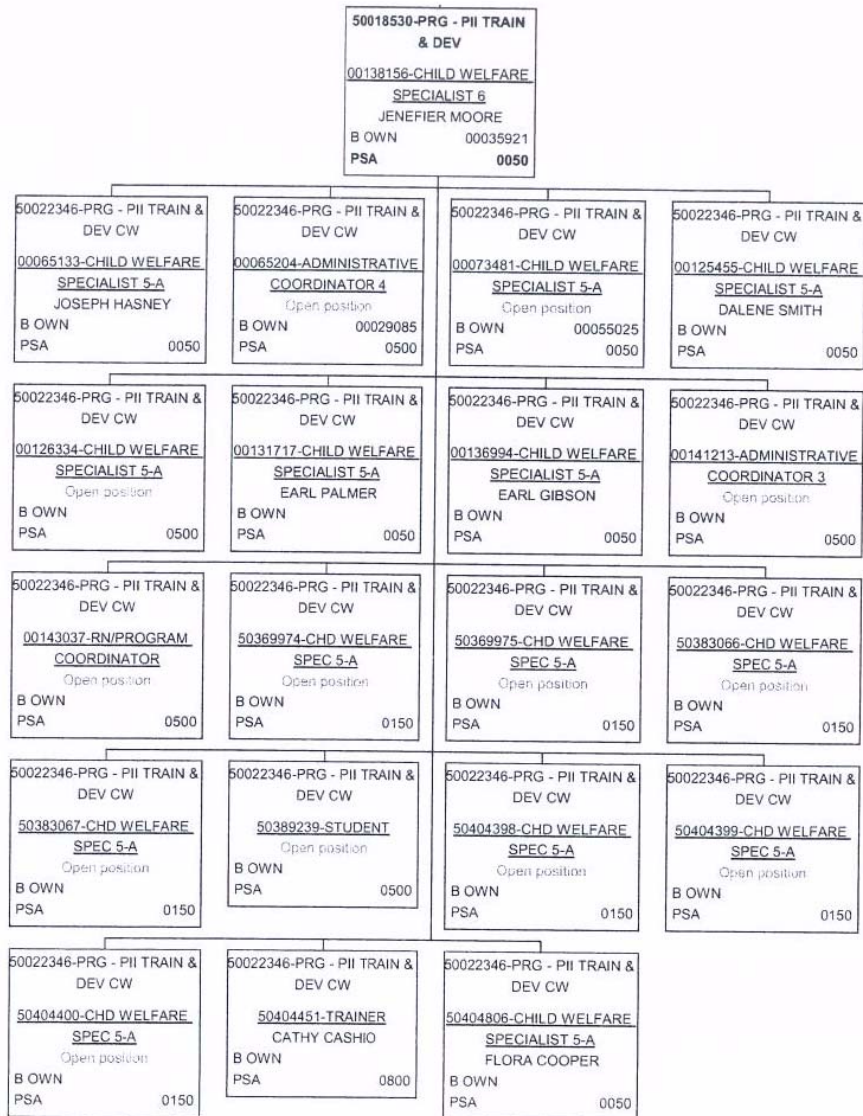
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DISASTER PLANS: The Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) have statutory authority under Louisiana R.S. 29:721et seq. to exercise overall direction and control of emergency and disaster operations for the state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

In order to fulfill this mission DCFS developed comprehensive disaster plans which are reviewed regularly and updated as necessary. The most recent updates, reflected below, were made because of the reorganization of the Department. While the state experienced the British Petroleum oil leak in the Gulf of Mexico during this reporting period, child welfare services were not impacted therefore, the Continuity of Operations Plan (COOP) was not activated.

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

COOP: DCFS Essential Functions within 48 Hours of a Disaster

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

COOP: DCFS Staff Roles and Responsibilities

- Deputy Secretary of Programs
 - Provide specific approvals to Child Welfare Director as needed
 - Coordinate agency efforts with command center
 - Provide direction for other extraordinary service delivery
- Child Welfare Administrator
 - Contact Deputy Secretary of Programs to receive approval and to put in motion the following: (if necessary during a disaster)
 - Change in CPI Investigation prioritization, including communication of prioritization to lead, field and first line responders
 - Special search and shelter procedures, when an emergency results in children being separated from caretakers
 - Extraordinary case management services to meet the needs of children in state custody
 - Provide direction and approval for any extraordinary purchases
 - Track and respond to those wanting to give money
 - Provide foster care case management services to children in state custody
 - Ensure that children are evacuated to safety during mandatory evacuations

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- Establish a case management unit to support foster parents and children
- Address foster care and home development issues
- Coordinate services and share information regarding out-of-home services with other states
- Serve as contact to federal partner

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

- Child Welfare Executive Manager
 - Establish special shelter(s) and facilitate special search actions when a disaster results in children being separated from caretakers
 - Implement procedures to identify children separated from primary caretakers
 - Establish shelter(s) or placement resources to house and protect children
 - Coordinate efforts with National Center for Missing and Exploited Children (NCMEC) Team Adam to locate primary care providers for separated children
 - Address in and out of state family services issues
 - Coordinate services and share information regarding in-home services with other states
 - Serve as contact to federal partners

- Field Operations Child Welfare Executive Manager
 - Implement changes in staff utilization in support of COOP mandates
 - Coordinate use of displaced staff in state office and regions
 - Coordinate work with personnel section on staff utilization
 - Coordinate efforts in support of displaced and/or traumatized staff

- Bureau of General Counsel
 - Represent DCFS in court
 - Work with court(s) to setup extraordinary procedures in time of disaster

- Liaison to NCMEC
 - Contact NCMEC Team Adam to seek assistance in finding parents of separated children.
 - Serve as direct liaison to Team Adam

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- Communications Director
 - Point of contact on DCFS statistics reported to outside entities and media
 - Coordinate data exchanges with outside entities
 - Coordinate DCFS website information relating to emergency response
 - Coordination of media contacts and consistency of information provided to the media
 - Coordinate and share information with agency heads in other states

- Adoption Administrator
 - Put in place people and procedures for handling incoming calls and collection of information from callers
 - Address adoption subsidy issues
 - Address ICPC issues with the field in support of foster parents and relative placements

- Undersecretary
 - Organize and coordinate board payment issues and check distribution as needed
 - Technical assistance on setup of computer, data and communication systems

- Therapeutic Foster Care (TFC), Residential & Home Development Administrator
 - Coordinate response to individuals wanting to become foster parents for disaster related children
 - Contact and track whereabouts of residential facilities, TFC, Private Foster Care (PFC) and children hospitals to confirm safety of children
 - Address issues relating to Residential, TFC, PFC and children in hospitals

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

- CQI & Program Integrity Administrator
 - Coordinate work with ACF and external partners
 - Draft federal waiver requests
 - Coordinate work with National Resource Centers

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

- Foster Care Program Administrator
 - Address issues relating to displaced Young Adults in the Young Adult Program (YAP) and soon to be aging out youth
 - Address issues relating to displaced independent living providers

- Systems Research Analysis Unit Manger
 - Coordinate work with National Resource Centers
 - Prepare computer systems download to track clients, providers and workers
 - Input and manage client, provider and worker tracking database
 - Provide data reports to support recovery efforts

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DCFS Policies and Procedures address the following:

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

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

- Providing a system to preserve essential program records.

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

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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 years.

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

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COLLABORATION: 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:

Louisiana is developing 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 by executives of the Office of Juvenile Justice, the Department of Children and Family Services, the Department of Health and Hospitals, and the Department of Education.

Coordinated Systems of Care: In 2010, the agencies of Louisiana government that serve children and families formed a partnership to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how services are delivered. This partnership includes four key members: the Department of Health and Hospitals, the Department of Children and Family Services, the Department of Education, and the Office of Juvenile Justice. The result of their combined efforts is the CSoC.

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. Through participation in planning, discussions, and workgroups, staff and community partners have been involved in the development of a CSoC in the State. The State has also utilized national experts and consultants on program and financing.

Values and Principles:

- Family-driven and youth-guided
- Home and community based
- Strength-based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data-driven, outcomes oriented

Population of Focus: Louisiana's CSoC will initially serve children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement defined as: Addiction facilities; Alternative schools; Homeless as identified by DOE; Foster Care; Detention; Secure Care facilities; Psychiatric hospitals; Residential treatment facilities and; Development disabilities Facilities

Goals of the System of Care include:

1. Reduction in the number of targeted children and youth in detention and residential settings
2. Reduction of the state's cost of providing services by leveraging Medicaid and other funding sources
3. Improving the overall outcomes of these children and their caretakers

Implementation: Moving toward full implementation of a CSoC, the administrative structure will be made up of the following: a Multi-Departmental Governance with local and regional

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representation; a State Purchaser; a Statewide Management organization; Local Wraparound Agencies; Family Support Organizations; Memorandums of Understanding will be established between state purchaser and other agencies, and state purchaser with governing body and; an Executive Order establishing the Governance Entity.

The state developed criteria for selecting initial implementing regions and a request for applications (RFA) was issued in March 2011. The purpose of the RFA is to identify which regions are ready and able to implement a system of care. Implementation will be staged by region, based on the RFA results. Technical assistance will be made available to regions as they develop their application and the state will work in partnership with selected regions to train staff to manage child and family teams and to build local provider capacity for services and supports.

Proposed Timeline and Next Steps

- The draft RFA was released for public comment in February 2011
- RFA was issued in mid March 2011, with responses received May 2011
- Leadership Team will evaluate responses and select initial implementing regions
- Technical assistance will be provided to support regions selected
- Start up planned for January, 2012

DCFS child welfare staff also use a **Continuous Quality Improvement (CQI)** Process which is driven by stakeholder involvement. CQI operates at both the state and regional levels. Since 2002, the Community and Consumer Stakeholder Sub-Committees have been meeting to address areas of interest to the child welfare community and in identifying areas where DCFS can improve service delivery. This subcommittee includes Tribal representatives, Prevent Child Abuse of Louisiana, Baton Rouge Mental Health, Department of Health and Hospitals, Office of Juvenile Justice, Child Advocacy of Louisiana, Regional Family Resource Centers, CASA, private mental health providers, the Juvenile Court, private child placing agencies, Department of Education, substance abuse recovery centers, Volunteers of America, local school board Truancy Assessment and Advocacy Center, foster/adoptive parents and consumers of DCFS services. Regional CQI committees also include stakeholders as part of a single body while others have separate stakeholder committees similar to the one at the state level. Regional stakeholders include Assistant District Attorneys and other court system representatives, private child welfare agencies, foster parents, Tribal representatives, Regional Family Resource Centers, Office of Juvenile Justice, Families in Need of Services Program, homeless coordinators, local school systems, Office of Addictive Disorders, CASA, child advocacy centers, housing authorities, law enforcement, Volunteers of America, parish Human Service Districts, and mental health centers.

As part of the CQI process, customer satisfaction is measured through surveys continuously available in all DCFS offices. The surveys allow for ongoing feedback from clients and service providers. The survey results are entered into the Quality Assurance database and analyzed for corrective action.

Several other committees and workgroups have been established:

- DCFS and the Department of Education have a committee to explore issues related to educational outcomes for children in foster care which includes mechanisms for data sharing and surveying staff of both agencies. This information is also used to develop ways to cross

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train staff so that DCFS staff understands such issues as the Individual Education Plan (IEP) process and school staff understands the unique issues of children in foster care and mandatory reporting responsibilities. 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.

- DCFS and the state universities offering social work degrees have established an Alliance that has led to the development of a unified and consistent curriculum for Bachelor of Social Work students. Currently, the Alliance is working on establishing competencies for the Masters of Social Work degree.
- A committee has been established that includes DCFS, Office of Juvenile Justice, managers of various departments within the Department of Health and Hospitals, and private medical providers working under contract with the Department of Health and Hospitals to develop, implement and enhance a comprehensive health care oversight plan for children in foster care.
- Foster Care Program and Transitional Living Services staff works with the Office of Citizens with Developmental Disabilities to obtain services for developmentally delayed children and youth.
- Prevention staff works with the Office for Addictive Disorders to maintain 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 CQI and Program Integrity staff work with the Office of Juvenile Justice to develop strategies to assure that caseworker visits occur monthly with the majority of the visits in the child's residence
- Foster Care and IV-E Program staff work with the Office of Juvenile Justice to assure that IV-E eligibility is calculated accurately for children in the custody of the Department of Corrections.
- Transitional Living Program staff and Office of Juvenile Justice staff work together to assure that youth receive the life skills training needed to function independently as adults.
- CPI, Prevention/Family Services and Foster Care Program staff works with the Economic Stability (ES), Louisiana's TANF agency, to provide an efficient referral process for various financial assistance programs.
- Through the LA KISS program, DCFS workers are cross-trained on policies and procedures of service areas in the New Orleans Region.
- DCFS also engages in collaboration through Citizen Review Panels, CASA, Tribes, the Louisiana Foster and Adoptive Parent Association and the Louisiana Adoption Advisory Board.
- The Department continues work with the Court Improvement Project. Partners with the project participated in the CFSR as well as the development of the PIP. Work also continues with the courts around issues such as disproportional representation in foster care.

Consultation and Coordination with 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. The Children's Bureau data team works closely with DCFS to assure that caseworker visitation data is available. DCFS also receives a wide array of Technical Assistance from various National Resource Centers.

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Private Not for Profit Organizations: Child welfare services in Louisiana are accredited through the Council on Accreditation and DCFS is engaged in ongoing collaboration with the Casey Family Foundation and the Casey Strategic Group for performance based contracting in relation to the recruitment and retention of foster families and child specific certifications as well as the coaching/mentoring project. The Braveheart Foundation, a Baton Rouge based organization, supports DCFS statewide through provision of backpacks with comfort items for children entering care to scholarships for foster care alumni.

2011 APSR Development: Consultation with federal partners on the development of the 2011 Annual Child and Family Services Report (APSR) began in February 2011, and continued via individual phone calls, meetings, conference calls, and e-mail correspondence. Additionally, stakeholder involvement in plan development occurs on an ongoing basis throughout the year and not just during the actual development of the APSR. Some examples of those collaborative efforts include the participation/involvement of foster/adoptive parents, the courts, legal stakeholders, young adults in foster care and providers on various workgroups and committees (ex. CQI) and initiatives (ex. Center for Excellence,) and federal review processes (i.e. CFSR and IV-E reviews). 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. When feedback is received, it is incorporated into the plan.

On April 20, 2011 Louisiana's APSR was reviewed during a meeting with federal, state and tribal partners. A public notice regarding the APSR and public hearing was published in the Louisiana Register on April 20, 2011 and on the DCFS website on April 4, 2011. The APSR was made available for review on the DCFS Intranet and DCFS Internet website. A Public Hearing was held on May 25, 2011 at 10:00 a.m.

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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 Evelyn Cass is the Social Services Coordinator. The mailing address is P.O. Box 1589, Marksville, LA 71351, and the telephone number is (318) 240-6444. Website: www.tunicabiloxi.org
- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Cheryl Smith is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

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. Also, DCFS and the Court Improvement Project (CIP) receive Technical Assistance through the National Resource Center for Legal and Judicial issues to improve issues of disproportional representation of minorities in child welfare. Regional Recruiters in the DCFS Home Development Section assigned to regions where Tribes are located make annual contacts with Tribal social services directors. Chafee Independent Living providers in regions where the Tribes are located make ongoing outreach efforts to the Tribes. Formal and informal working agreements with American Indian Tribes are in place.

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

The Executive Director of the Governor's Office of Indian Affairs participated in the statewide CQI Stakeholder Committee. The incumbent in the position has changed and the Department has reached out to the individual now in that role to request participation. The Coushatta Tribe Social Services Director participates in the statewide Stakeholder Committee meetings when possible. The committee met on 4/1/11, but there was no tribal participation.

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Plans, Reports and Reviews: DCFS provided tribes with the 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 Director of the Governor's Office of Indian Affairs, participated in the 2010 CFSR on-site stakeholder interviews.

In 2011, all tribal representatives were sent a copy of the APSR and their feedback was requested. Comments were received from Karen Matthews with the Chitimacha Tribe. Then on April 20, 2011 further discussion regarding the APSR was held at the federal, state and tribal meeting held in Marksville, Louisiana.

All of the Louisiana Tribes have finalized Title IV-B agreements. The Child and Family Services Plans 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.

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 Indian 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 interested 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. DCFS has not identified reviewers for the November 2010 IV-E review, but will explore involving the Tribes in the review so they can gain experience.

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 training offered by DCFS to its own staff for informational and cross-training purposes. 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 data system, A Comprehensive Enterprise Social Services System (ACCESS) 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 ACCESS being updated accordingly. Upon

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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. In FFY 2010, there were a total of 26,699 unduplicated alleged child victims of abuse/neglect. Forty-six of those unduplicated victims were identified as Native American children accounting for .02% of this total population. Of the total number of unduplicated alleged victims of abuse/neglect, 9,019 were validated as victims. Of that number 17 of were identified as Native American.

- 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. Regional Recruiters in Home Development make quarterly contacts with tribal social services directors to develop placement resources within the Tribal community.
- Family Preservation: DCFS seeks to provide services to prevent the breakup of Native American families. DCFS is working toward building a continuum of services that focuses on prevention and the preservation of the family unit for all families served by the Department, including Tribal families. Limitations exist in the availability of services in rural areas of the state, which negatively impacts the ability to provide services to Tribal families and all other families who reside in rural areas.
- Tribal Jurisdiction: 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 CQI teams, on the statewide Stakeholder Committee, involvement of DCFS Regional Recruiters with Tribal social services directors, and ongoing quarterly meetings between the Tribes and DCFS staff 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.

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- Only one Tribal Representative actively participates in a Regional Continuous Quality Improvement 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 Continuous Quality Improvement Committee (CQI) meetings, and will use state and regional CQI 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 TA for Train-the-Trainer sessions on ICWA including historical trauma issues.
- In the long term, DCFS will strengthen ICWA policy.

Tribal Collaboration Update 2011: During this time period tribal social service directors were contact 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

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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 an 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 session 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.
- 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 Activities Planned FFY 2012: Child Welfare Training staff will continue to notify tribal partners of training opportunities.

The Foster Care and Transitioning Youth program staff:

- Will continue to review and update policy for improved guidance to Department staff in serving Native American children and families;
- Will make efforts to establish Webex communication on at least a quarterly basis with tribal social service directors and local child welfare tribal liaisons to identify challenges in collaboration and improve working relationships;
- Will encourage tribal CQI involvement at the state level;
- Will encourage tribal youth involvement in the LYLAC, if previously in state custody;
- Will discuss with tribes the need for technical assistance from the NRC network in developing DCFS staff training related to historical trauma experienced by tribes and make request for this assistance as indicated;
- Will notify tribes of monthly KIT conferences provided to DCFS child welfare staff in relation to policy/legislative issues and encourage participation; and,
- Will require contracted Chafee Independent Living Services providers to reach out to tribes on regular basis to offer support and services to tribal youth in custody transitioning to adulthood.

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- Will continue to be available to helping tribes with development of a Title IV-E plan and/or agreement
- Discuss available data to determine whether or not children are being appropriately identified as native American.

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CHILD AND FAMILY SERVICES REVIEW/PROGRAM IMPROVEMENT PLAN: The Louisiana Child and Family Services Review (CFSR) was held March 8-12, 2010 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; however, DCFS began development of the Program Improvement Plan (PIP) with the support of ACF Region VI and National Resource Centers immediately after the exit conference. 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 continuous 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- and Out-of-Home Assessment and Case Planning, Workforce and Training, Quality Improvement and Performance Outcomes, and Coordinated Systems of Care. 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.

The U.S. Children's Bureau partners included representatives of the federal Region VI office as well as the national Child and Family Services Review Team. The U. S. Children's Bureau provided 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. The Children's Bureau will approve the final Louisiana Program Improvement Plan.

The PIP, which is still being negotiated, is conceptualized around three major themes: 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 theme, goals, action steps and benchmarks have been developed and measurements identified. Strategies in development relate to safety, permanency, services, and on-going monitoring and continuous quality improvement. Key evidence informed strategies identified to date include Structured Decision-Making, family teaming, data/CQI, supervisory consultation and 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). Representatives of the court system have been integrally involved in Louisiana CFSR Program Improvement Plan

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development as reflected in multiple action steps and benchmarks in the PIP that are statewide in scope as well as more targeted incremental efforts.

The Transformation Zone (TZ) will be the site for an intense focus on improving family engagement practice across all programs and practice contexts, social and legal, utilizing key evidence informed strategies and applying principles of effective implementation as outlined by the National Implementation Research Network. Louisiana is targeting implementation of a family teaming model as its cornerstone for strengthening family engagement within the TZ. Key in selecting this approach is the potential to effect broad practice improvement by building on the experience of the many states that have implemented a similar methodology, and, particularly those that have been successful in integrating their practices and systems in support of those goals. Skill in developing partnerships across the child welfare system, including judicial and legal partners, as well as consumers, including youth and parents is central to the success in the TZ. Data collection from this project will be managed strategically to foster quality improvement at all system strata.

A well-articulated Court Improvement Project initiative in the TZ will support joint objectives and alignment of resources toward the most economical allocation. Improved outcomes will extend across the service continuum in both in-home and out-of-home programs. Within the TZ, leadership, staff, supervisors, managers and partners will foster an environment in which meaningful, sustainable improvements in practice can be made and inform subsequent implementation into additional areas of the state. The net gain in intelligence and practice improvement will guide state management for program and field operations to integrate those derivatives into long term system wide improvement.

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TITLE IV-E REVIEW: Approximately seven weeks prior to the IV-E eligibility on-site review, which was held in November 2010, a series of weekly conference calls were held in preparation for the review. These calls were held between the Children's Bureau (CB), the Administration for Children and Families (ACF), JBS, and state staff participating in the on-site review. In October 2010, ACF conducted a training session for DCFS staff selected as reviewers or alternate reviewers. The session was intended to provide information on the Title IV-E review process. Since there were a number of new IV-E supervisors as well as other staff interested in the process, the training session was opened up to IV-E supervisors, IV-E staff, other management staff from each region and Tribal representatives. The two day session was held in state office. During the week of November 15, 2010, a primary review of Louisiana's Title IV-E Foster Care Program was conducted to determine compliance with the child and provider eligibility requirements and to validate the accuracy of Louisiana's IV-E claims for the review period of October 1, 2009 through March 31, 2010. The review team consisted of Federal staff, DCFS staff, and Office of Juvenile Justice staff. 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, court representatives were present at the opening session for the review as well as the closing session. Of the 80 cases reviewed, four were determined to be error cases. DCFS was found to be in substantial compliance with Federal IV-E regulations. Because of the substantial compliance determination, DCFS was not required to develop a Program Improvement Plan or conduct a secondary review; however, that did not preclude the state and courts from making every effort to continue to improve compliance with IV-E. Judge Anna Simon and Mark Harris have met with DCFS staff to obtain data on the percentage of children rendered IV-E ineligible based on judicial determinations. Subsequent to these efforts, Judge Simon and Mr. Harris have traveled around the state to review court orders to ensure that judicial determinations are in accord with IV-E regulations. The next primary review will be held in three years. Following the Federal review, DCFS identified areas needing improvement or greater collaboration. These areas include:

- Full completion of all FAST forms by foster care and eligibility staff
- Mandatory verification of family income
- Full documentation of the SIEVS clearance form
- Improved documentation of CR-8 entries on all case events
- Unified procedures and forms statewide
- Improved fiscal adjustment procedures
- IV-E statewide training/teleconferences on current and updated policy
- Statewide distribution of policy clearances
- Updating the FAST V

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EVALUATION

Research in Support of DCFS Programs FFY 2010/2011: The Department continued to participate in a variety of surveys and research projects with academia or other sources. The Department utilized the results to increase quality practice, expand knowledge and to identify and utilize exemplary models of child welfare practice. The Department participated in university-based surveys both from within the state and nationally. The Department cooperated with federal site visits regarding demonstrations of exemplary models of funding utilization and program implementation using funding from the Social Services Block Grant.

Current research projects 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.

- **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)

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TECHNICAL ASSISTANCE: As part of the administration of child welfare services in Louisiana, the Department receives ongoing training and technical assistance from federal partners and provides training and technical assistance to regions, parishes and programmatic/organizational units. DCFS program support and administration is aimed at achieving the CFSR goals of safety, permanency and well-being and includes training specific to both federal and state legislative changes that culminate in policy changes. Technical assistance also consists of policy interpretation/clearances, on-site and/or case specific consultation and programmatic development and implementation.

For example, the Department has worked statewide to effect the implementation of the Fostering Connections to Success and Increasing Adoptions Act. Efforts include development of state legislation, departmental policy and training to comply with both mandatory and optional portions of this federal legislation. Training of staff and stakeholders was addressed in a number of ways; first, through the revision of the child welfare core curricula; second, through joint trainings with the Court Improvement Project and CASA and; thirdly, through statewide videoconferencing and question/answer sessions facilitated by state office (central office) staff. Specifically, the Department plans to continue offering statewide videoconferences which include question/answer sessions for the optional Guardianship Subsidy Program. Additional information/examples on training and technical assistance provided to regional and parish offices can be found throughout the child welfare services section.

The Children’s Bureau, Administration for Children and Families (ACF), makes available to states an array of national child welfare resource centers whose purpose is to provide states with training and technical assistance (T/TA) to improve services to children and families as well as to implement PIP related projects. DCFS staff at the state office level as well as the regional and parish levels values the T/TA provided by ACF and the resource centers and is thankful for the assistance and expertise. The current TA plan is directed at ensuring favorable outcomes for children and families in the areas of safety, permanency and well-being as well as systemic factors that impact services. Additionally, the activities undertaken in this technical assistance plan support the goals and objectives of the 2010-2014 CFSP and the state’s PIP.

The Children’s Bureau, Administration for Children and Families, is currently contracting with JBS International to coordinate and monitor training and technical assistance for states. The chart below lists T/TA that was completed with the assistance and coordination of the National Resource Center for Organizational Improvement and prior to the change over to JBS. The following pages provide information on ongoing T/TA initiated while T/TA was being coordinated by NRCOI and carried over to work with JBS.

Technical Assistance Plans:

OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
A1. Safety	Alternate Response Implementation <ul style="list-style-type: none"> • Support implementation expansion • Evaluate implementation of assessment • Integrate evaluation with case review • Address issues with case closure and 	NRC for Child Protective Services – Anna Stone NRCCWDT - Gene Thompson	Walter Fahr	Completed 2/2010

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OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
	measures			
A2. Safety, Permanency and well-being	Implement Focus on Four comprehensive assessment process: <ul style="list-style-type: none"> • Train on assessment tool and family engagement • Obtain feedback from field staff, management & supervisory staff • Implement assessment process with quality monitoring Expand Family Finding Training	NRCFCPP Lorrie Lutz	Rhenda Hodnett	Completed 2/2010
A2b. Permanency	Fostering Connections Training	NRCFCPP Planning - Gary Mallon	Toni Buxton	Completed 2/2010
A3. Permanency	-Evaluate post graduate adoption competency curricula -Develop training for worker on talking to children about adoption(unpacking the no) (APPLA use)	NRCFCPP - Gary Mallon	Bruce Daniels	Completed 2/2010
A5. Permanency	Develop and implement practice model -Assist with development of IC application	NRCFCPP	Joel McLain	Completed 2/2010
A7. Quality Assurance	-Provide assistance with modifying quality reviews to focus on practice (safety, permanency and family stability) -Assist with utilization of quality review information in management, supervision and practice -Integrate practice model implementation monitoring with quality assurance -Identify feedback loops and strategies to involve families in evaluation.	NRC for Organizational Improvement - Peter Watson	Jan Byland Michael Dailey	Completed 2/2010
A8. Information Technology, Data Management	-Provide assistance with using data in decision-making for managers and supervisors -Assist with SACWIS design -Assess IT system and linkages to other systems	NRC for Child Welfare Data & Technology - Gene Thompson	Joe Keegan Michael Dailey	Completed 2/2010
A9. Workforce	-Work Process Planning (working more effectively) ONGOING CONSULTATION	NRCCWDT - Debbie Milner NRCFCPP - Gary Mallon	Joe Bruno Sheila Madison	Completed 2/2010
A10. Training System	Develop Training System <ul style="list-style-type: none"> • Assist in formation of training consortium • Assist in the development of a training system work plan • Provide information about other state training program designs • Workforce Development 	NRC for Organizational Improvement - Susan Kanak NRCFCPP - Gary Mallon NRC for Legal and Judicial -	Marty Gibson	Completed 2/2010

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OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
	<ul style="list-style-type: none"> Supervisory training Specialized legal training 	Joanne Brown		
A11. CFSR	Assist DCFS and courts prepare for 2010 onsite CFSR <ul style="list-style-type: none"> Assist DCFS with development of the Statewide Self-Assessment Work on Youth Engagement Work on Family Engagement 	NRCOI –Melody Roe; NRC for Legal and Judicial - Joanne Brown; NRCFCPP - Stephanie Boyd-Serafin; NRCYD -Kathy Sutter	Jan Byland	Completed 2/2010
A12. Service Array	Assist with advancement of quality mental health services to children and families in the child welfare system (credentialing, training, standards and performance based-contracting) including mental health services for youth <ul style="list-style-type: none"> Provide assessment models 	NTAC for Children’s Mental Health – Debra Cady	Suzy Sonnier	Request Closed 2/2010
A13. Organizational Streamlining	Assist w/ review of DCFS Proposal for Streamlining Departmental functions. Capacity building analysis of current DCFS Streamline Commission Internal Document	NRC for Organizational Improvement - Kris Sahonchik	Joel McLain	Completed 2/2010
Court Priorities				
B1. Strengthen internal & external professional development capacity	Assist with conference presentations <ul style="list-style-type: none"> Together We Can Conference 2010 Older Youth Summit Planning 	NRC for Legal and Judicial- Joanne Brown NRC for Youth Development - Kathy Sutter	Mark Harris	Completed 2/2010
B1a. Strengthen internal & external professional development capacity	Assist with CIP training grant regarding the identification of resources	NRC for Legal and Judicial- Jennifer Renne	Mark Harris	Completed 2/2010

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: 10/16/09 CB Goal: Permanency Request/Objective: Assist with capacity building and develop train-the-trainer in coaching family visits How Goal/objective will be measured: Visit coaching will be	Direct Recipients of T/TA: 4 groups: Staff who will become Visit Coaches; DCFS staff (broad audience), to familiarize them with Visit Coaching model; trained Visit Coaches and Consultants to solidify implementation plan and process; Regional Prevention Specialists who can serve as trainers and ongoing consultants to field staff	State T/TA : Rhenda Hodnett T/TA Network: NRC-PFC–Dr. Marty Beyer Private/Not for Profit: NA Regional Office: Amy Grissom T/TA Coordinator: Bridget Clark	All Visit Coaches and Consultants on board and fully trained by 6/30/10 Closed 6/2010

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Goals/Objectives/TA request and date	Target Population and T/TA Approach	Providers/Coordinators and Contact Names	Work plan/Target Dates Final Outcomes/Date
implemented so that Family Resource Center staff can achieve the maximum parent/child interaction when parent/child visits are conducted.	T/TA Approach: Onsite T/TA and follow-up telephone consultations (about 1 hour/month) through June 2010		
Progress notes/next steps: Closed			
<p>Date Requested: 2/09</p> <p>CB Goal: Permanency</p> <p>Request/Objective: Assist in developing standardized levels- of-care system</p> <p>How Goal/objective will be measured: Have a completed RFP and new licensing regulation and levels of care within Residential Facilities</p>	<p>Direct Recipients of T/TA: Field staff, licensing staff, residential providers, and youth</p> <p>T/TA Approach: Ongoing consultation by NRC staff</p>	<p>State T/TA : Joe Bruno</p> <p>T/TA Network: NRC-PFC– Gary Mallon</p> <p>Private/Not for Profit: NA</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>RFP completed by 9/20/10; levels of care & licensing regulations by June 2011</p> <p>Closed 11/2010</p>
Progress notes/next steps: Closed			
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: 2/08</p> <p>CB Goal: Permanency/Youth</p> <p>Request/Objective: Strengthen Independent Living program to enhance permanency in youth placements; enhance services preparing older youth for independent living</p> <p>How Goal/objective will be measured: Data showing more youth are reached and are better developed in their life skills and self-sufficiency</p>	<p>Direct Recipients of T/TA: Foster care and adoption staff, youth, IL providers, foster and adoptive parents</p> <p>T/TA Approach: -Assist with redesign of IL program and of youth advisory committee -Assist with youth permanency planning -Provide foster parents training on teaching IL skills in the home -Assist with expansion of tribal involvement -Ongoing assistance to youth advisory committee -Evaluate IL program service delivery system, including ETV -Assist with development of transitional housing programs -Review how Chafee funds are used -Provide info on how other</p>	<p>State T/TA : Celeste Skinner</p> <p>T/TA Network: NRC-YD – Kathy Sutter</p> <p>Private/Not for Profit: NA</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>Improved permanency for older youth and improved preparation for independent living</p> <p>Information and plans re Chafee and ETV developed by 2/28/10.</p> <p>NYTD assistance</p> <p>Closed 2/2011</p>

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Goals/Objectives/TA request and date	Target Population and T/TA Approach	Providers/Coordinators and Contact Names	Work plan/Target Dates Final Outcomes/Date
	states provide IL services -Review contracts with IL providers and discuss expenses and how to better serve youth -Assess the ETV program, how to use the funding most effectively, how to measure outcomes -Provide assistance with NYTD, both technical and to learn what other states are doing to reach youth		
Progress notes/next steps: NRCYD assisted Louisiana in review of Young Adult Program and Chafee and the redesign recommendations were initiated. Further assistance will be requested if thought necessary to better reach goals and outcomes for Chafee and the ETV program. Closed			
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: 2/08</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Strengthen internal & external professional development capacity of child welfare professionals and stakeholders through the sponsorship of an annual statewide conference</p> <p>How Goal/objective will be measured: Two conferences presented as planned; approximately 100-125 child welfare professionals and 15-20 DAs receive training</p>	<p>Direct Recipients of T/TA: Child welfare professionals and stakeholders</p> <p>T/TA Approach: Assist with conference presentations for Together We Can Conference and 2010 Older Youth Summit Planning</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: NRC-LJI– Joanne Brown NRC-YD– Kathy Sutter</p> <p>Private/Not for Profit: NA</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>Together We Can Conference held 10/10 and 2010 Older Youth Summit Planning done 7/10</p> <p>Closed 7/31/2010</p>
Progress notes/next steps: Closed			
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: 2/08</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective:</p>	<p>Direct Recipients of T/TA: Child welfare practitioners</p> <p>T/TA Approach: Assist with CIP training grant regarding the identification of resources</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: NRC-LJI– Jennifer Renne</p> <p>Private/Not for Profit: NA</p>	<p>Training events completed statewide by 9/30/10</p> <p>Final outcome: A cadre of child welfare practitioners who are better informed</p>

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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>Strengthen internal & external professional development capacity through as series of specialized education and training events which are delivered regionally across the state</p> <p>How Goal/objective will be measured: Training events delivered as planned; approximately 250 child welfare practitioners trained</p>		<p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>Closed 9/30/2010</p>
Progress notes/next steps: Closed			
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: 2/08</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Strengthen internal & external professional development capacity to improve understanding on the part of DAs relative to their roles in the processing of CINC cases and to increase their knowledge of state and federal child welfare law</p> <p>How Goal/objective will be measured: 15-20 new DAs participate in training</p>	<p>Direct Recipients of T/TA: New DAs</p> <p>T/TA Approach: A series of training events</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: NRC-LJI– Joanne Brown</p> <p>Private/Not for Profit: NA</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>Completion date: 9/30/10</p> <p>Final outcome: DAs have greater understanding of their roles in processing CINC cases and greater knowledge of state and federal child welfare law</p> <p>Closed 9/30/2010</p>
Progress notes/next steps: Completed			
<p>Date Requested: 2/08</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Strengthen internal &</p>	<p>Direct Recipients of T/TA: Attorneys appointed to represent children and their indigent parents in child welfare proceedings; trainers of new social workers</p> <p>T/TA Approach:</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: NRC-LJI– Joanne Brown</p> <p>Private/Not for Profit: NA</p>	<p>Final outcome will be improved legal representation of children and their indigent parents in child welfare proceedings.</p> <p>Completion date:</p>

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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>external professional development capacity of attorneys appointed to represent children and their indigent parents in child welfare proceedings.</p> <p>How Goal/objective will be measured: Training programs and policies and procedures revised and improved</p>	<p>Assess agency representation, possibly including a survey of the agency attorneys, child welfare workers, judges; interviews with DCFS regional administrators/ DCFS leadership</p> <p>Develop/present training based on survey results, agency priorities and ABA model standards for agency attorneys.</p> <p>Analyze findings & craft recommendations around policy/procedures Strengthen training program for new social workers around state/federal law, preparation for court, testifying, judicial expectations and writing effective court reports</p>	<p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>1/31/10</p>
Progress notes/next steps: Completed			
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: 2/08</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Work on CIP strategic plan relative to Improving Outcomes for Older Youth</p> <p>How Goal/objective will be measured: CIP strategic plan for Improving Outcomes for Older Youth completed</p>	<p>Direct Recipients of T/TA: Child welfare staff who work with older youth</p> <p>T/TA Approach: Onsite consultation</p>	<p>State T/TA : State T/TA : Mark Harris</p> <p>T/TA Network: NRC-LJI– Joanne Brown</p> <p>Private/Not for Profit: NA</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator: Bridget Clark</p>	<p>Improved outcomes for older youth</p> <p>CIP strategic plan assistance completed b 12/31/10</p> <p>Closed 12/2010</p>
Progress notes/next steps - Closed			

The chart below provides information regarding ongoing T/TA coordinated by JBS:

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T/TA: Court Improvement Plan (CIP) Strategic Planning for Improving Outcomes for Older Youth			
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: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Work on CIP strategic plan relative to Improving Outcomes for Older Youth and outcomes related to the Fostering Connections Act</p> <p>How goal/objective will be measured: CIP strategic plan for Improving Outcomes for Older Youth completed</p>	<p>Direct Recipients of T/TA: Child welfare staff who work with older youth and legal stakeholders (attorneys, judges, Casa volunteers)</p> <p>T/TA Approach: On-site consultation</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p>	<p>Improved outcomes for older youth; CIP strategic plan assistance completed by 12/31/2010</p> <p>Closed 11/2010</p>
<p>Progress notes/next steps: Looked at ways the CIP can have a role in permanency. This T/TA request was connected to the work being done on disproportionality with older youth and permanency. Addressed Fostering Connections and looked at incorporation of the Fostering Connections expectations into the strategic plan. Also, African American youth with extended stays in Foster Care and children at risk for exiting Foster Care without permanent plan achievement. November 2010 Update: The work on this T/TA request was closely tied to the work on the cold case reviews and disproportionality representation. The state decided to close this T/TA request and merge the information with the T/TA request titled, "Addressing Disproportionality T/TA"</p>			
T/TA: Judicial Best Practices			
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: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Information relative to research, design, and development of best practices strategies for judges and other legal stakeholders</p>	<p>Direct Recipients of T/TA: Judges, ICPC staff, IV-E staff, legal stakeholders and child welfare practitioners</p> <p>T/TA Approach: Provide information regarding: models for connecting with judges; expansion of Benchmark Conferences; interstate placement; improving</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p>	<p>Improved strategies practiced by judges and other legal stakeholders.</p> <p>Completion date: June 30, 2011</p> <p>Closed 11/2010</p>

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How goal/objective will be measured: Information received; model forms revised	IV-E reviews; revise model forms; and develop a series of best practice bulletins.		
Progress notes/next steps: The state IV-E review was conducted the week of November 15, 2010. The state passed the IV-E review; therefore there was no need for additional follow-up and consultation work. Work was done to develop strategies for positive court involvement in the IV-E reviews. Mark Harris worked with Amy Grissom to explore the option of Amy and Joanne Brown working together on a joint IV-E training for Judges. A request for travel funds for Amy and Joanne Brown was made. 11/2010 Item completed and request is closed.			

<i>T/TA: Training for New DAs</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: 02/2008 CB Goal: Safety, permanency, well-being Request/Objective: Strengthen internal and external professional development capacity to improve understanding on the part of DAs relative to their roles in the processing of CINC cases, and to increase their knowledge of State and Federal child welfare law How goal/objective will be measured: 15-20 new DAs participate in training	Direct Recipients of T/TA: New DAs T/TA Approach: A series of training events	State T/TA : Mark Harris T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown Private/Not for Profit: Regional Office: Amy Grissom	Final outcome: DAs have greater understanding of their roles in processing CINC cases and greater knowledge of State and Federal child welfare law. Completed: 12/2010
Progress notes/next steps: Training planned and implemented in the Fall 2010. Due to the date of the training, the completion date of this T/TA request was extended to 12/31/2010. Although this T/TA request ended at that time, the plan was to continue the ongoing relationship between the courts and child welfare. Future opportunities to share information at training events continued. Mark Harris requested Joanne Brown be allowed to attend the DA Training. November 2010 Update: The training event is completed. Conversations and planning have begun regarding strategies for next year's training. This T/TA request is closed.			

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<i>T/TA: Together We Can Conference and Older Youth Summit</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
<p>Date Requested: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Strengthen internal and external professional development capacity of child welfare professionals and stakeholders through the sponsorship of an annual statewide conference</p> <p>How goal/objective will be measured: Two conferences presented as planned; approximately 100-125 child welfare professionals and 15-20 DAs receive training</p>	<p>Direct Recipients of T/TA: Child welfare professionals and stakeholders</p> <p>T/TA Approach: Assist with conference presentations for Together We Can Conference and 2010 Older Youth Summit Planning</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown NRC for Youth Development, Kathy Sutter</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p>	<p>Together We Can Conference held 10/2010.</p> <p>The Older Youth Summit Planning conducted.</p> <p>Closed 02/2011</p>
<p>Progress notes/next steps: NRC for Youth Development did not work with Mark and Joanne on this issue. A conference was scheduled with both NRC's to plan the work. 02/2011 Item completed. New request for Together We can conference to be submitted by Mark Harris.</p>			

<i>T/TA: Strengthen Older Youths' Preparation for Independent Living</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
<p>Date Requested: 02/2008</p> <p>CB Goal: Permanency, youth</p> <p>Request/Objective: Strengthen Independent Living program to enhance permanency in</p>	<p>Direct Recipients of T/TA: Foster care and adoption staff, youth, IL providers, foster and adoptive parents</p> <p>T/TA Approach: Assist with redesign of IL program and of youth advisory committee; assist with youth permanency planning; provide foster parents training on teaching IL skills in the home; assist with</p>	<p>State T/TA : Celeste Skinner</p> <p>T/TA Network: NRC for Youth Development, Kathy Sutter</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p>	<p>Improved permanency for older youth and improved preparation for independent living; information and plans re: Chafee and ETV developed 2/28/10. NYTD assistance provided.</p>

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<i>T/TA: Strengthen Older Youths' Preparation for Independent Living</i>			
youth placements; enhance services preparing older youth for independent living	expansion of tribal involvement; ongoing assistance to youth advisory committee; evaluate IL program service delivery system, including ETV; assist with development of transitional housing programs; review how Chafee funds are used; provide info on how other States provide IL services; review contracts with IL providers and discuss expenses and how to better serve youth; assess the ETV program, how to use the funding most effectively, how to measure outcomes; provide assistance with NYTD, both technical and to learn what other States are doing to reach youth		Closed 02/2011
<p>How goal/objective will be measured: Data showing more youth are reached and are better developed in their life skills and self-sufficiency</p>			
<p>Progress notes/next steps: A MOU between the state and the Louisiana Office of Student Financial Assistance to provide the ETV program was completed by the end of May 2011. The Chaffee contracts were consolidated from nine to five to provide better services to youth. The state was approved for five days of T/TA but did not use all T/TA for this purpose. Used the extra days to focus on youth transitioning plans under the Fostering Connections Act. The state tried to get a contract to build a NYTD database, but it was not approved. The state developed their own database and indicated they would utilize the NRC for Data and Technology if any issues arise and further technical assistance is needed. 02/2011 This request closed. Toni Buxton To submit new request for NRC assistance with NYTD and AFCARS data process.</p>			

<i>T/TA: Developing Standardized Levels-of-Care System</i>			
Goals/Objectives/TA Request and Date	Target Population and T/TA Approach	Providers/Coordinators and Contact Names	Work Plan/Target Dates
<p>Date Requested: 02/2009 CB Goal: Permanency Request/Objective: Assist in developing standardized levels-of-care system How goal/objective will be measured: Have a completed RFP and new licensing regulation and levels of care within residential facilities</p>	<p>Direct Recipients of T/TA: Field staff, licensing staff, residential providers, and youth T/TA Approach: Ongoing consultation by NRC staff</p>	<p>State T/TA : Joe Bruno T/TA Network: NRC for Permanency and Family Connections, Gary Mallon Private/Not for Profit: Regional Office: Amy Grissom</p>	<p>Plan was to completed RFP by 12/2010 and initiate levels of care and licensing regulations by June 2011 Closed 11/2010 – in pursuit of CSoC</p>
<p>Progress notes/next steps: The RFP was developed and then put on hold until the end of 2010 due to the coordinated systems of care initiatives on behavioral health. The state requested assistance on research of cost</p>			

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T/TA: Developing Standardized Levels-of-Care System

benefit analysis on levels of care systems and trying to break down payments for the service in the area of administration, board and services. Louisiana requested data to analyze costs incurred by other states related to providing a CSoC. Stephanie Serafin from the NRCPFC talked with Gary Mallon about what resources or assistance may be available to help with this. **11/2010 Item closed as the level of care has been incorporated into Coordinated Systems of Care.**

T/TA: Capacity Building for Family Visits

Goals/Objectives/TA Request and Date	Target Population and T/TA Approach	Providers/Coordinators and Contact Names	Work Plan/Target Dates
			Final Outcomes/Date
<p>Date Requested: 10/16/2009</p> <p>CB Goal: Permanency</p> <p>Request/Objective: Assist with capacity building and develop Train-the-Trainer in coaching family visits.</p> <p>How goal/objective will be measured: Visit Coaching will be implemented so that Family Resource Center staff can achieve the maximum parent/child interaction when parent/child visits are conducted.</p>	<p>Direct Recipients of T/TA: Four groups: staff who will become Visit Coaches; DCFS staff (broad audience), to familiarize them with Visit Coaching model; trained Visit Coaches and Consultants to solidify implementation plan and process; Regional Prevention Specialists who can serve as trainers and ongoing consultants to field staff</p> <p>T/TA Approach: On-site T/TA and follow-up telephone consultations (about 1 hour/month) through June 2010</p>	<p>State T/TA : Rhenda Hodnett</p> <p>T/TA Network: NRC for Permanency and Family Connections, Dr. Marty Beyer</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator:</p>	<p>All Visit Coaches and consultants on board and fully trained by 06/30/2010</p> <p>Item Closed 11/2010</p>

Progress notes/next steps: Onsite training was completed in 2009. The state tried to increase the number of family center staff trained in visit coaching. CASA's and stakeholders were trained in an introduction to visit coaching. Over 60 staff was trained on the model and Regional Prevention Specialists provided one day training for staff, but they were limited on time and resources to roll the training out. The implementation model of ongoing consultation was very helpful. This T/TA request was revisited between the state and the NRC in June 2010 to determine if there was additional support that could be provided. **11/2010 Item completed and closed. The initial work on this T/TA request was completed. Due to the reorganization in DCFS, some of the people trained as trainers are no longer in those positions. The state needs to identify and figure out how to build a sustainable program before resubmitting the request for addition training. If further assistance is necessary a new request will be submitted.**

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<i>T/TA: Alternative Response</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
<p>Date Requested: 03/02/2010</p> <p>CB Goal: Safety</p> <p>Request/Objective: Assist with implementation of the state's Alternative Response program.</p> <p>How goal/objective will be measured: See final outcomes below. The development of outcome measures will be a result of the T/TA and these measures will also be able to determine the effectiveness of the Alternative Response interventions.</p>	<p>Direct Recipients of T/TA: Field staff</p> <p>T/TA Approach: Two days of T/TA for field staff on-site (completed); ongoing telephone consultation before and after</p>	<p>State T/TA : Walter Fahr</p> <p>T/TA Network: NRC for Child Protective Services, Anna Stone</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator:</p>	<p>Better outcomes for families being served by Alternative Response through better engagement of the families by the AR staff and more targeted services to better meet the family's needs. Ultimately, more services that target critical family needs will increase child safety. Estimated completion: December 31, 2010</p> <p>Item Closed 11/2010</p>
<p>Progress notes/next steps: Regional Office approved 03/05/2010. This assistance built upon previous consultation with NRC-CPS. The two days of onsite T/TA was completed. The state moved to a new structured decision making process at intake which went statewide the first week of June. As expected with this new model, a larger number of cases were assigned to Alternative Response. The state requested assistance in looking at developing outcome measures through the use of a QA instrument for the Alternative Response Program and planned to make an additional T/TA request in the near future. 11/2010 This effort will be rolled into the work that is being done on family engagement with NRC/PFC. This item is closed.</p>			

<i>T/TA: Attorney Professional Development</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
<p>Date Requested: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Strengthen internal and external professional</p>	<p>Direct Recipients of T/TA: Attorneys appointed to represent children and their indigent parents in child welfare proceedings; trainers of new social workers</p> <p>T/TA Approach: Assess agency representation, possibly including a survey of the agency attorneys, child welfare</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown</p> <p>Private/Not for Profit:</p>	<p>Final outcome will be improved legal representation of children and their indigent parents in child welfare proceedings.</p> <p>Expected completion date: 12/31/10 12/31/2011</p>

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<i>T/TA: Attorney Professional Development</i>			
<p>development capacity of attorneys appointed to represent children and their indigent parents in child welfare proceedings</p> <p>How goal/objective will be measured: Training programs, policies, and procedures revised and improved</p>	<p>workers, judges; interviews with DCFS regional administrators and DCFS leadership; develop/present training based on survey results, agency priorities and ABA model standards for agency attorneys; analyze findings and craft recommendations around policy and procedures; strengthen the training program for new social workers around State/Federal law, preparation for court, testifying, judicial expectations and writing effective court reports</p>	<p>Regional Office: Amy Grissom</p>	
<p>Progress notes/next steps: T/TA in progress. A significant amount of work was done in the state to move to the new model of legal representation for parents and children. The state transitioned to the new model and it was fully transitioned by July 2010. The expected completion date of January 31, 2010 was expanded to December 31, 2010 to ensure there was time to address issues that are raised during the assessment and evaluation of the new model. Mark Harris connected with Bridget Clark to discuss the issue of strengthening the training program for new social workers pertaining to State/Federal law and judicial expectations.</p> <p>November 2010 Update: As of January 1, 2010, the new model for representation of indigent parents in Louisiana became effective. Since that time, the Louisiana Public Defender Board has represented all parents in child welfare matters. In addition, Children in Need of Care are represented by legal services corporations or child advocacy services. As the implementation continues, additional training and educational needs have been identified. Joanne Brown continues to serve in an advisory role to discuss the programmatic aspects of the plan and support Mark in developing future training resources for the program. Much progress has been made in this area, but the work in continuing and implementation is not yet fully completed. The completion date for this T/TA was moved to September 30, 2011, then 12/31/2011. Progress is reviewed quarterly and training needs are being identified.</p>			

<i>T/TA: Addressing Disproportional Representation</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
<p>Date Requested: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p> <p>Request/Objective: Assist in addressing disproportional representation. Identify</p>	<p>Direct Recipients of T/TA: Staffing for implementation team meetings</p> <p>T/TA Approach: Analyze data; assist with strategy development; review strategies/models from other jurisdictions; assist in the development of protocols, a manual,</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and Judicial Issues, Joanne Brown</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy</p>	<p>Expected completion date is 12/31/2010, June 30,2011</p> <p>But the overall task will be ongoing as more courts seek to address localized issues around this topic. The most tangible outcomes will be a established Disproportionate</p>

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T/TA: Addressing Disproportional Representation			
strategies on how the court can impact disproportionality and develop collaborations with state agency staff to address the issue.	and training; review disproportionality issues across child welfare continuum, from removal through permanency	Grissom	Minority Representation Task Forces in each jurisdiction, a special DMR section on Children's Law Advocacy Resource Online (CLARO) Website, www.clarola.org (completed) and a special DMR Bench Card for judges and other child welfare practitioners (in progress).
<p>How goal/objective will be measured: Observation of outcomes delineated below</p>			
<p>Progress notes/next steps: Worked done in Orleans Parish Juvenile Court, 16th JDC, 14th JDC, and Caddo Juvenile Court. Pilot conducted Iberia Parish. Active task force in pilot; parish meets bimonthly, looking at data, determining how to do community outreach, looking at older youth as target population, doing case file reviews as a group. Multi-jurisdiction meetings toward recruiting foster parents and developing resource families and services were held and information was shared across jurisdictions. Mark Harris worked with Karla Venkataraman to assure home development recruiters from the jurisdictions attended and participated on the task force. November 2010 Update: The CIP program partnered with Casey to look at disproportionality in three jurisdictions: Orleans Parish Juvenile Court, 16th JDC, and 14th JDC. The CIP Program are also partnering with NRCLJI to examine cold case reviews developed in Georgia for insights on disproportionality there. They are working to develop questions for the instrument, which they intend to complete by the end of the year. They are still determining who will be reviewed, when they will be trained, and the other details for the review. Casey is paying for the review. The findings of the review will be incorporated into the CIP strategic plan. Mark Harris has been involved in discussions with Georgia about the types of reviewers they will need and what type of experience would be the most helpful in the process. In Georgia, the cold cases were defined as ones where children had been freed for adoption but they were not yet adopted, or those who had Another Permanent Planned Living Arrangement (APPLA) as their permanent plan. Mark will work closely with his counterparts in Atlanta to learn more about how to identify the cases for the review. The new completion date for this T/TA is expected to be June 30, 2011. The reviews should be in place by that date. Mark Harris and Judge Grey and two Casey staff did a site visit/ orientation in Atlanta CIP, met with cold case reviewers and conducted a case study; a revised instrument is nearing completion and a cold case reviewer instrument. NCJFCJ is providing DMR expertise on a consulting basis. Orleans will begin in March followed by Lake Charles Parish in July and the 16th JDC in October 2011.</p>			

T/TA: Strengthen Professional Development Capacity			
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: 02/2008</p> <p>CB Goal: Safety, permanency, well-being</p>	<p>Direct Recipients of T/TA: Child welfare practitioners, legal community (Judges, CASA's, attorneys for children and attorneys for parents)</p>	<p>State T/TA : Mark Harris</p> <p>T/TA Network: National Child Welfare Resource Center on Legal and</p>	<p>Training events to be completed statewide by 12/31/2010 12/31/2011</p> <p>Final outcome: a cadre of child welfare</p>

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T/TA: Strengthen Professional Development Capacity

<p>Request/Objective: Strengthen internal and external professional development capacity through as series of specialized education and training events which are delivered regionally across the State</p> <p>How goal/objective will be measured: Training events delivered as planned; approximately 250 child welfare practitioners trained</p>	<p>T/TA Approach: Assist with CIP training grant regarding the identification of resources, training topics, gathering of research information and access to speakers.</p>	<p>Judicial Issues, Jennifer Renne</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p>	<p>practitioners who are better informed</p>
<p>Progress notes/next steps: T/TA in progress. This was done in connection with the training grant and was completed in December 2010, following the child welfare conference.</p> <p>November 2010 Update: The CIP training grant provides ten training events per year. The CIP collaborates with the Louisiana CASA Association and they identify topic areas from evaluations throughout the events. They have completed the round of trainings for 2010 and will seek T/TA for topic speakers for 2011. The topic areas have yet to be identified. January 2011 Update: LCWCWP continues to work with DCFS training staff to move toward a competency-grounded training system for all levels of workers-new worker orientation (for instance, recent BSW/MSW graduates), intermediate, and advanced-on a Web-based training platform. DCFS has finalized the new curriculum and selected topics. DCFS is also in the process of recruiting faculty with the assistance of LCWCWP.</p>			

T/TA: Meaningful Family Engagement

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: March 27, 2010</p> <p>CB Goal: Permanency</p> <p>Request/Objective: Improve practice of engaging families in a meaningful way</p> <p>How goal/objective will be measured:</p>	<p>Direct Recipients of T/TA: Child welfare staff and supervisors</p> <p>T/TA Approach:</p>	<p>State T/TA : Dianne Kirkpatrick</p> <p>T/TA Network: NRC for Permanency and Family Connections, Gary Mallon</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator:</p>	<p>9/30/2011</p>
<p>Progress notes/next steps: November, 2010: NRCPFC staff met with DCFS staff to review the two day training module on Family Engagement that they developed for use in Louisiana. The group decided they needed to revisit the idea of two days of training with the Program Improvement Plan workgroup. No further progress was made as the Director of Training, who had been the lead, moved to another position at DCFS. As of January, 2011, a new Director of Training, Jennifer Moore, was appointed and NRCPFC staff and Ms. Moore began meeting to move the</p>			

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work forward in early February 2011. **January, 2011 Update:** LCWCWP has provided on-site TA in the area of Meaningful Family Engagement, using NRCPFC Family Partner Consultants in three Regions: Greater New Orleans for over 300 staff; Lake Charles for 250 staff; and Covington for over 275 staff. These day-long events were well received by staff. Upcoming sessions are being scheduled for Alexandria, Lafayette, Monroe, Shreveport, Baton Rouge, and Thibodeaux. By September, all DCFS staff will have participated in these sessions on Meaningful Family Engagement. In addition, Family Partner consultants have spoken at the NASW Advanced Certificate Program in Foster Care and Adoption Competency, were keynote and workshop presenters at the Together We Can Conference in October, 2010, and were keynote speakers at the NASW Statewide Conference in Baton Rouge in March, 2011.

T/TA: Program Improvement Plan Development

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: 7/14/10</p> <p>CB Goal: Complete the development of the Program Improvement Plan, specifically addressing the area of Family Engagement</p> <p>Request/Objective: This T/TA request is to use NRC support to provide training and technical assistance to State staff in the development of the Program Improvement Plan to address issues of family engagement, including producing more accurate family assessments.</p> <p>How goal/objective will be measured: Completion of the Program Improvement Plan</p>	<p>Direct Recipients of T/TA: Staff developing the strategies for the Program Improvement Plan</p> <p>T/TA Approach: The NRC staff will be on site for three days to work with State staff on the development of the Program Improvement Plan; this phase of the work will be completed by September 2010</p>	<p>State T/TA : Dianne Kirkpatrick</p> <p>T/TA Network: National Resource Center for Child Protection Services, Anna Stone; National Resource Center for Organizational Improvement, Peter Watson; National Resource Center for In-home Services, Bonnie Washeck</p> <p>Private/Not for Profit:</p> <p>Regional Office: Amy Grissom</p> <p>T/TA Coordinator:</p>	<p>August 31, 2011</p>
<p>Progress notes/Next steps:</p>			

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INFORMATION MANAGEMENT: DCFS now seeks to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and interagency data sharing. It has been determined that reducing the administrative burden of coordinating activities across service and programmatic boundaries can best be approached by first providing a common front end access to the Department's many "stove-piped" systems. This common front end access will allow collaboration to occur more easily and actively to better serve common clients. Through the use of modernized technology and coordinated practices DCFS will more efficiently and effectively provide services to meet the needs of Louisiana's children and families.

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

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

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

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

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

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

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

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

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

Last year, DCFS planned to release a SACWIS RFP in the first quarter of SFY 2010 – 2011; and that the contract was anticipated to be a three year engagement with SACWIS child welfare functionality being fully implemented at the conclusion of that period. Regrettably, due to severe budgetary situation, the SACWIS engagement has been put on hold until such time as the state’s fiscal situation improves. However, DCFS is continuing with plans to design and implement a Common Access Front End (CAFÉ’) to interface with DCFS Legacy Systems. Concurrent with this effort will be efforts to the design and implement a new Document Imaging System and Contract Management System with a centralized mail processing center, and a newly established DCFS-wide Customer Call Center.

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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 founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). In 2007 the Department sought interim accreditation due to the aftermath of hurricanes Katrina and Rita. Interim accreditation was granted and the Department sought full re-accreditation for child welfare services in 2010. DCFS child welfare services have been recognized by COA for delivering quality child and family services that comply with national best practice standards.

CONTINUOUS QUALITY IMPROVEMENT: The driving force of accreditation is the quality improvement efforts through a Continuous Quality Improvement (CQI) process. In Louisiana, DCFS child welfare employs a statewide CQI process as well as a traditional quality assurance (QA) system to ensure that services are being provided at a level that meets best practice standards, national accreditation standards and promotes quality outcomes for children and families of the state. The involvement of staff and community stakeholders is vital to the success of the CQI process.

CQI is different from traditional quality assurance (QA) in that its focus is self-directed, self determined change rather than change imposed by an external entity; however, DCFS child welfare has worked to create a seamless flow between CQI and traditional QA. The CQI process involves all levels of staff, consumers and community stakeholders at the state, regional and parish levels. CQI uses case related or relevant administrative data in an aggregate, non-identifying way to provide feedback and accountability to staff in a timely fashion. Individual workers and supervisory units use the information to consider their strengths and areas needing improvement. With the support of the management team, CQI teams, subcommittees and workgroups address short term planning, identify program strengths and issues needing improvement and develop program improvement plans which build upon those strengths.

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

QUALITY MONITORING/ENSURING VALID AND RELIABLE DATA: The Department has adopted the same outcome measures as the federal Child and Family Service Review outcomes and tests these outcomes against the same data measures. A random sample is taken of each outcome to ensure each case is appropriately allocated to whether or not the individual case has met the measure. The data is valid and reliable in accordance with the federal methodology. Additionally, ongoing monthly quality assurance case reviews are conducted in the Family Services, Foster Care and Adoption programs.

Optimization of data and expansion of WebFocus 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

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the WebFocus environment will also support integration of external data sources, which will support evaluation of new initiatives.

USE OF DATA: The DCFS evaluates its systems and procedures and uses the findings to improve its performance. The Department regularly examines its internal processes through management meetings at all levels of the organization and through CQI teams at both the state and regional level. At these meetings, information is shared regarding outreach, intake, assessment and service delivery processes as well as human resources, training and supervision. If program improvement planning is necessary on any identified need, program improvement plans are developed. This committee structure and these meetings operate to establish a communication link, from state office to the line staff and from the line staff to state office. The meetings facilitate information sharing, discussion and resolution of common problems and updates of action plans and accomplishments. In addition to meetings and staffings, the Department utilizes reports to track progress and identify issues. 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 the results of Peer Case Reviews 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 can be consistently conducted despite any barriers that exist.

In addition, the Department has implemented a peer to peer support process. DCFS has partnered with Children's Research Center (CRC) to develop the Peer to Peer Support (PPS) program. CRC will provide training and support to DCFS field staff, field supervisors, and Regional Prevention Specialists (RPS) to promote evidence-based standardized case decisions, case planning, and support in the use of Structured Decision Making (SDM). A web-based data collection system will be developed to accommodate two automated case review instruments. Four parish offices, East Baton Rouge, Livingston, Lafayette and Orleans Parishes have been chosen to receive four weeks of intensive peer review and support. Twenty-six (26) DCFS child welfare workers will serve as Peer consultants in the PPS 2010 Program, in addition to the Regional Prevention Specialist (RPS) staff. All RPS' have been designated as essential, expert staff for PPS 2010. The 26 non-RPS Peer Consultants will provide two weeks of consultation in a DCFS jurisdiction other than their domiciliary jurisdiction. All Peer Consultants will receive training, mentoring, and support to further develop their expertise in the practice of child welfare and leadership within the Department. Participation in this program will support increased understanding of peer review activity and its evaluation process. It is envisioned that once DCFS has established internal capacity to implement PPS 2010, this program will become an ongoing quality assurance tool.

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Update FFY 2011: Due to limited resources, the Department was unable to continue with the PCR process after the October 2009 review in Monroe region. Instead, the Department used resources to implement a peer to peer support process (PPS) in calendar year 2010. Plans were to continue the process, but after implementation in four areas of the state, lack of funding has prohibited those efforts as well. The implementation of the PPS process involved DCFS's partnership with the Children's Research Center (CRC) to develop the program. CRC provided training and support to 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 received four weeks of intensive peer review and support. Twenty-six (26) child welfare workers served as peer consultants, in addition to the Regional Prevention Specialist (RPS) staff. After receiving training, each peer provided two weeks of consultation in a DCFS jurisdiction other than their domiciliary jurisdiction.

During the reaccreditation process COA rendered findings to improve existing processes and to incorporate all elements of national accreditation standards. They are 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 on July 7, 2010 and addressed the COA findings as well as ways in which the CQI process can be consistently conducted despite any barriers that exist. It was decided that the current structure of the state office and regional CQI teams would remain in place despite the Department's transformation to one DCFS. Regional CQI teams are encouraged to add any additional participants from other DCFS sections such as Economic Stability (ES) and Child Support Enforcement (CSE); however, the CQI process remains a Child Welfare (CW) function.

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 have been 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

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CQI process to improve services to children and families.

Activities Planned FFY 2012: A case review system will be established as a part of the PIP corrective action plan. An individual in each region will review a sample of cases each quarter utilizing the CSFR instrument to complete the specified items identified as needing improvement during the CFSR. Interviews with caseworkers and/or supervisors as will be completed as need to obtain additional information. Training will be provided to reviewers by Webex, with assistance from the NRC Network and other DCFS consultants. Reviewers will be trained on utilization of the instrument consistent with federal expectations. In addition, statewide coordinators will be assigned responsibility for facilitating consistent, accurate reviews across regions and quarters and reporting results at the statewide level. A QA system will be developed to ensure that all data gathered is valid and reliable. Data will be reported to federal partners on a quarterly basis. Regional reviewers will be responsible for working with their respective regional performance measurement specialists and CQI Team Chairs to report findings at the regional level, including exit conferences with leadership and staff immediately following the review and the issuance of a formal report of findings within two weeks of the review.

In moving forward with statewide CQI efforts, plans necessitate re-affirming the child welfare quality improvement mission in CQI with leadership and identified regional designees in the current organizational structure. Consistent with CQI operations in recent years, convening of statewide quarterly meetings and development of annual goals will be critical to steering regional and statewide agenda to the most cost-effective use of departmental resources for future strategic planning. Innovative practice in building consensus across the re-configured organizational structure will be needed to support CQI as a viable mechanism to support success in using data and information to identify and implement action steps to improve performance.

To this end, a structure for sharing leadership between Field and Program Operations for the state CQI committee is now planned to create a collaborative climate conducive for soliciting and sharing information and developing innovative quality improvement throughout the state. 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 CQI Team leads will be responsible for facilitating regular CQI meetings, engaging staff and stakeholders in the improvement process, and assisting leadership in identifying appropriate strategies for improvement. Technical Assistance from pertinent national resource centers is in negotiation to help steward the Department through the changes this shift will entail.

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

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 are focused on an effective and accountable child welfare system. Services are provided statewide in 9 regional and 46 parish offices. Major service components include Child Protection Services, Prevention and Family Services, Foster Care Services, Adoption Services, Chafee Foster Care Independence Program, and Education and Training Voucher Program.

The allocation for the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1) grant to Louisiana is \$4,709,651. These grant funds 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.

The Department continues to focus on the implementation of initiatives to improve the service array to children and families and to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. Improvements have included initiating a Coordinated Systems of Care (CSoC), statewide implementation a differential response system [Alternate Response Family Assessment (ARFS)] and an Intensive Home Based Services (IHBS) program. Additionally, the implementation of evidenced based tools and practices such as Structured Decision-Making (SDM) and Multi-Systemic Therapy (MST) are providing beneficial results for families. Relationships with foster parents continue to improve and inter-agency cooperation focused on how best to serve transitioning youth continues.

The following pages provide details on child welfare services (i.e. child protection services, prevention and family services, foster care and adoption) and the Department's progress in meeting the goals of safety, permanency, and well-being. Additional programmatic information can be found in the Goals and Objectives section of this plan.

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CHILD PROTECTIVE SERVICES

A.) Intake Program Description: Local parish child welfare offices have the responsibility to receive reports of child abuse and/or neglect during normal business hours. Reports are received orally, in writing, or in person concerning children suspected of being victims of maltreatment. After normal business hours, calls from reporters are routed to toll-free numbers in each of the nine regions throughout the state. Staff is available to receive reports and respond after hours.

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

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

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' central 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 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: Centralized Intake 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 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 Child Protection Investigation Program
- Proficient in TIPS/ACCESS searches
- Excellent computer, writing and typing skills
- Ability to multi-task such as entering data, interviewing the reporter and searching for the client in TIPS and ACCESS

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- 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 Child Protection Investigation 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 Centralized Intake teleworker or continue to hold for the next available Centralized Intake teleworker.

Specialized training will be provided to assist the intake staff with processing the intakes and submitting to the Centralized Intake queue and the ACESS system will be updated to accommodate the centralized intake 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 Centralized Intake Supervisors.

Activities Planned FFY 2012: It is expected the 24/7 Centralized Intake telework model will continue. On-going training will be available to staff. Changes in policy and procedures will occur as necessary.

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 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

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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.

Activities Planned FFY 2012: Plans are to continue providing training and to move forward in implementing the measures outlined in the Case Decision Improvement initiative. 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. It is expected that the practice and quality of the ARFA assessments will improve as a result of the intense case reviews.

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

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

Statistics				
FFY	CPI Intake Cases Established	Number of CPI Investigations	Total number of ARFA cases	CPI Unduplicated Victim Report
Baseline 2008	39,374	20,011	2,924	9812
2009	35,770	21,513	4,636	10,035
2010	42,145	18,896	6,079	8,694
2011				
2012				
2013				

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

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 Family Service or Foster Care staff. SDM was expanded to require child protection investigation and alternative response workers to complete the form during an investigation or alternative response. This initiative allowed for more standardized decisions on how risk is assessed and case planning is determined. Implementation of SDM in CPI/AR began in October 2009.

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A pilot of SDM at intake began in February 2010. The Department anticipates a higher percentage of low risk cases will be directed to assessment (AR) 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 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).

The number of investigations decreased beginning June 2010 due to the implementation of a SDM Intake and Assessment Intake tool. Due to the use of the structured tool, the number of investigation cases decreased while 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 Child Protection Investigation program includes reviewing and updating policy and procedures; improving the quality of out-of-home investigations; quality assurance; monthly case reviews and trainings.

Activities Planned FFY 2012: The Department will continue to strive for improvement in the investigation process and task specific trainings will be developed and delivered through the use of Web-Ex. The case reviews and consultation with the field will continue to improve the quality of measures identified in the statewide CPI plan.

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

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

The SDM intake tools clearly identify factors that determine if and how quickly staff should respond to new child abuse/neglect referrals. This results in greater consistency among workers and also permits administrators to easily convey the criteria they use to decide how the agency deals with abuse and neglect referrals. In addition, classifying and prioritizing referrals facilitates attainment of the 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 initiative 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 Protection. 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 Family Services (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 Intake 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 Intake Screening 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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Activities Planned FFY 2012: SDM Intake Screening Tool: In order to continue improving the child abuse and neglect intake function, DCFS is planning to implement statewide Centralized Intake in July 2011. A staff of approximately 39 teleworkers will be trained to accept intake calls 24/7. Training will be provided to the specialized group and it is expected to improve the quality of intake and the ability to address the safety needs of families and children as soon as possible. The Department will continue to monitor the SDM tools and revise and update policy and procedures as necessary.

SDM Initial Risk Assessment Tool: The SDM Initial Risk assessment tool will continue to be used to assist in determining if a family would need to be referred to the FS program. In order to improve the use of the tool, a statewide case review process was initiated in February 2011. Case record review instruments were developed and each month, a sample CPI and other cases are being 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. It is expected that the practice and use of the tool will improve throughout the state.

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

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

Update FFY 2011: The Risk Panels are made up of the following DCFS staff: Risk Evaluation Panel Coordinator, Director of Foster Care, Director of Child Protection Investigations and Family Services, Director of DCFS Licensing, Unit Manager Child Protection Investigations, Unit Manager Foster Care, 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.

Activities Planned FFY 2012: The REP process will continue but the Department has drafted changes in the process. The requirement for three letters of recommendations from the employee/prospective employee will be removed and the Department will request the name of three references who observed the abusive incident. In addition, DCFS program will immediately notify DCFS licensing by telephone of the REP decision and when an REP is requested.

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PREVENTION AND FAMILY SERVICES

Family Services: Program Description: Prevention and Family Services encompass a continuum of services including prevention, early intervention, and treatment services. The Family Service (FS) program provides targeted services to parents and children following an allegation of abuse or neglect while maintaining the children in their own home. A referral to the FS program is appropriate 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.

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

Staff 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.

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. Prevention and Family Services are provided on a statewide basis through 9 regional and 46 parish offices.

Prevention and Family Services	
FFY	# of Families Served
Baseline: 2008	3,819
2009	2,909
2010	3,129
2011	
2012	
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 have been 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 is being developed. The purpose is 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.

A service array for technical assistance to staff is planned to support field staff with 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 has been initiated. The assistance will be provided on an as needed basis and 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 risk assessment).

FS state office staff is participating in the Case Crisis Review process. Reviews are 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 review indicates 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.

Activities Planned FFY 2012: Efforts for the development of a service array of technical assistance for staff to enhance and support local needs are planned. They are expected to be developed in the areas of assuring progress with the Program Improvement Plan and to develop staff expertise in special areas of client needs.

Intensive Home Based Services: Program Description: The Homebuilders Model of the Intensive Home-Based Services (IHBS) program is 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 focuses 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.

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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.

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				
2012				
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			
2012			
2013			

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.

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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.

Activities Planned FFY 2012: In light of the new online data management system, richer reports with greater detail are anticipated. Also, with CSoC planned for January 2012, IHBS Providers have been notified of possible implications for IHBS such as team expansion and the requirement to qualify for Medicaid payments.

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				
2012				
2013				

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FOSTER CARE/HOME DEVELOPMENT

Program Description: Foster Care services include substitute, temporary care (e.g. foster family home, residential care, kinship care or youth living independently), 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, 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 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 Home Development is found in the 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 46 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.

As of April 2011, DCFS had provided foster care services to an average of 4,503 children monthly and to a cumulative total of 6304 children thus far during FFY 2011.

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

(Data obtained from Web Focus Report)

Update to Progress/Accomplishments in FFY 2010 & 2011:

- **Service Array:** DCFS continues to provide DHH Behavioral Health, Visit Coaching, IHBS, MST, Infant Team, 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 Behavioral Health 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.

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

- Interagency Services Coordination: DCFS continues to collaborate with other child and family serving agencies through Interagency Services Coordination (ISC) meetings designed to identify resources for multi-challenged families.
- Appropriate Placement: The State Office Residential Review Committee (STORRC) and quarterly regional residential reviews continue to support and monitor field staff decision-making regarding congregate care placement in providing appropriate, needs-based services for children and youth in foster care.
- Runaway Youth: DCFS is utilizing the Child Welfare Gateway and researching issues related to runaway youth, particularly links to child prostitution to guide development of protocols and policy clarification regarding intervention to reduce runaway behavior in this population. Contact had previously been made with the 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 Structured Decision Making tool has continued to be utilized to assess risk in families and guide reunification decision making.

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- Child Care Assistance: Child Care Defense Fund support for Child Care Assistance to child-welfare involved families for protective purposes and to foster caregivers for placement stabilization continued. Child Welfare is included by the Child Care Assistance Program in CCDF rulemaking, state planning, review and the federal audit process.
- Special Needs Recruitment: Efforts continued to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. Medicaid resources were sought when possible through collaboration with the DHH Office of Citizens with Developmental Disabilities.
- 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 Department of Health and Hospitals and the Office of Juvenile Justice was finalized concerning the Health Care Services Plan. Extension of Title IV-E Foster Care through age 21 is currently being researched with assistance from ACF, Region VI, and Amy Grissom. The Department developed policy and updated the Youth Transition Plan 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.
- 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, Office for Citizens with Developmental Disabilities, and Office of Behavioral Health 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 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 (**W**orking together to provide effective **R**ehabilitation services through **M**HR **A**gency and **D**H**H** **P**artnerships) 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.

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- Coordinated System of Care: Efforts continued in the development of Louisiana's Coordinated System of Care (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.
- 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.

Activities Planned FFY 2012:

- Service Array: DCFS will continue to provide Visit Coaching, IHBS, MST, substance abuse services and privately contracted services to meet the therapeutic needs of clients. CSoC development will be completed. Training will be provided to staff to maximize the utilization of Medicaid services through CSoC prior to seeking privately contracted services.
- Relative Caregivers: The Louisiana Kinship Integrated Service Systems (LA KISS) will continue to support relative caregivers in connecting with resources to achieve and maintain placement of children in the Greater New Orleans Region. The DCFS Guardianship Subsidy Program will be revised to meet additional requirements for Title IV-E reimbursement for qualified children and families. The Council on the Status of Grandparents Raising Grandchildren will continue 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 will continue 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 CSoC will take over the assessment and placement of children with behavioral health needs in the most appropriate care giving setting through use of the CANS assessment tool.
- Runaway Youth: DCFS will continue to research issues surrounding runaway behavior in youth in foster care and work to develop protocols and policy clarification regarding intervention to reduce runaway behavior in this population which may include request for additional technical assistance from the National Resource Center for Youth Services and Region VI ACF.
- Location of Relatives: The Department will assess 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.
- Case Crisis: Regional and Parish offices will continue to inform State Office of situations involving the death, near death or other case crises. State Office response level will continue to be based on an assessment of the specific case situation.

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- Needs Assessment: The Department will continue utilizing the Structured Decision Making tool to assess reduction of risk in the family home and to guide reunification readiness.
- Child Care Assistance: CCDF funding for Child Care Assistance for child-welfare involved families as a protective service and for foster caregivers to stabilize placement will continue.
- Special Needs Recruitment: Efforts will continue to build placement capacity for children with specialized medical and psychiatric care needs through recruitment by DCFS and private agency support. The CSoC will also provide assistance through the Statewide Management Organization, (SMO).
- Workflow Management: Efforts will continue to streamline workflow processes through planning for development of electronic case records and other modernization efforts.
- Emergency, Disaster and/or Crisis Preparation: Efforts will continue to assure DCFS is prepared to fulfill responsibilities in assuring the safety of children and families during emergency situations.
- Fostering Connections to Success and Increasing Adoptions Act of 2008: DCFS will continue implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008. The Memorandum of Understanding with the Department of Health and Hospitals and the Office of Juvenile Justice will be reviewed and updated as needed concerning the Health Care Services Plan.
- Parent/Child Visitation: Facilitated visits for parents with children ages five and under and Visit Coaching will continue to be provided by the Regional Family Resource Centers. Visit Coaching will continue to be available for parents with children of all ages.
- Shared Technical Assistance, Training and Resources: DCFS will continue to coordinate activities with Department of Education, Office of Juvenile Justice, Office for Citizens with Developmental Disabilities, and Office of Behavioral Health to assure service provision and to develop a mechanism for 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 will provide a vehicle to move this process forward.
- Coordinated System of Care: Efforts will continue in the development of Louisiana's Coordinated System of Care (CSoC) for at risk children and youth with significant behavioral health challenges or co-occurring disorders. The planning and workgroups for the CSoC will continue to be composed of key staff from DHH, DOE, DCFS & OJJ and external stakeholders, including family members, youth, advocates, and providers.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN: The 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, Office of Juvenile Justice, foster parents, youth in care, and others. Comments were incorporated into the plan, resulting in only very minor changes as development of the plan had been a collaborative effort. The Health Care Services plan is operational, and a Memorandum of Understanding between the Departments of

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Children and Family Services and Health and Hospitals has been signed by DHH, DCFS and OJJ.

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), Office of Juvenile Justice staff, members of the Department of Health and Hospitals (DHH) management staff, and private medical providers under contract with DHH. Foster Parents and youth in foster care/Young Adult Program were invited to participate in planning meetings. The plan was circulated to the Louisiana Youth Leadership Advisory Council 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), 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. A Memorandum of Understanding 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 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.

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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.

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 to 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.

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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 moves toward a managed care type of program for providers and assignment of a primary care provider to Medicaid recipients they are remaining 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 CE-1 Form is used as documentation of the child's mental health screening and to initiate a referral for services or additional assessment if problems are suspected. Completion of the mental health screening is based on information obtained from conversations with the child's parents/caregiver, the foster care caregiver, by worker interactions with the child and from current case information.

Services for Behavioral Health needs for all children in the state will be provided through the CSoC if eligible in the future. 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 CANS assessment to determine eligibility for Medicaid covered services.

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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. 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.

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

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

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Macro Level Oversight: Two sections in DCFS State Office have 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 Clinical Services Unit which has primary responsibility for mental health interventions and psychotropic medication monitoring. As noted above, the Home Development Unit also plays an important role in assuring families are able to meet the needs of the children we serve. At the State level, the Home Development Unit uses data to observe trends regarding foster care entries and provides guidance to regional recruiters regarding areas where targeted recruiting is needed for special needs children.

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. A Memorandum of Understanding has been developed allowing shared 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

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.

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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 caregiver makes arrangements for continued treatment with another 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 Youth Transition Plan developed with all children in foster care beginning at age 15 and ongoing until the youth ages out of foster care or the Young Adult Program 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 will continue to involve and collaborate with physicians and other medical professionals including the CSoC 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 will continue to collaborate with and involve medical professionals employed by and under contract with DHH to maintain awareness of best practice standards and available services. The committee convened to develop the Health Care Services Plan and has committed to ongoing meetings at least semi-annually.

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

Activities Planned FFY 2012:

- Ongoing meetings of the Health Care Services Plan Committee at least semiannually to review and revise the Health Care Services Plan as indicated.
- Establishment of the Coordinated System of Care for delivery of behavioral healthcare services to children in Louisiana
- Planning for any behavioral health services required for DCFS clients outside the realm of CSoC
- Research and planning for more effective management of psychotropic medications to meet the mental well-being needs of children in foster care.
- Policy revisions and staff training in relation to developments with the Medical Home model 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.

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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.

The state offers the following report on 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 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.
- 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 Court Improvement Program website for staff and stakeholders who were not able to attend the live training.
- 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 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 Court Improvement Program website for staff and stakeholders who were not able to attend the live training.
 - c. The Recruitment supervisor has discussed with regional recruiters the importance of developing foster/adoptive parent resources within areas where large numbers of children enter foster care; data and GPS technology are being used to further this effort
- 4) Healthcare Oversight Plan
 - a. The Health Care Oversight Plan has been developed in collaboration with Department of Health and Hospitals and Office of Juvenile Justice and finalized
 - b. A Memorandum of Understanding 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
 - d. Policy on CLEAR usage is being developed and will be implemented by July 1, 2010; staff training regarding using CLEAR will occur when policy is finalized
- 6) Transition Plan for Youth

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- a. The Youth Transition Plan and Youth Transition Plan Review forms have been developed; 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
- 7) Tribal Negotiations
 - a. Department continues to be available for support and assistance as needed
 - b. A representative of the Tunica Biloxi tribe attended and 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 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 TIPS codes have been assigned for data tracking
 - e. Legal consultation is ongoing; the Louisiana Law Institute has established a Guardianship Committee, and the Foster Care Section Administrator serves on the committee

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

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 as well as externally with other state and federal government agencies and private agencies to provide comprehensive assessment, need-based services and support to clients across programs and to staff in development of skills to fulfill those case management requirements.

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Update FFY 2010 & 2011:

- Educational Stability - Delayed implementation (until 6/30/10) approved by ACF, but not necessary as legislation was passed during the 2009 Louisiana Legislative session; and 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 and April 2011 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; the Department had representatives on the committee and; 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 a webinar was held in March 2010 to train staff on the Act.

Activities Planned FFY 2012: Ongoing review of policies and service delivery for consideration of revisions to more effectively serve clients.

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MONTHLY CASEWORKER VISITS: DCFS has taken the following action steps to ensure that by October 1, 2011, 90% of the children in the custody of the state will be visited each and every month by their caseworker and the majority of the visits take place in the home of the child. The additional IV-B Subpart 2 funding to support caseworker visits was used for some of the following:

- To overcome the barrier of lack of available vehicles to support caseworker visits, the additional IV-B, Subpart 2 funds received by DCFS to support caseworker visits were used to offset the costs of 98 new vehicles in 2007 and 44 additional vehicles (14 purchased and 30 leased on three year contracts) in 2008, and mileage reimbursement (at normal reimbursement rates) for caseworker personal vehicle use to visit children in foster care. During FFY 2009 and 2010, a portion of the additional IV-B, Subpart 2 funds was used for travel and associated costs to support caseworker visits.
- Policy requires that caseworker visits occur each and every month in the home of the child.
- Policy allows a supervisor to temporarily assign another worker to a case when the normal worker was out of the office for an extended period by documenting the case record activity log of the reassignment.
- Staff turnover/retention issues were addressed through workgroup activities, enhancements to pay, and additional training. In 2008 a web-based anonymous employee satisfaction survey was administered to all staff. The Department continues to explore workload/caseload issues. A workgroup was developed to study work processes in the foster care program to streamline work requirements, eliminate unnecessary and duplicative tasks.
- 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.
- Explored ways to overcome technology barriers in collecting data for the caseworker visit reporting requirements.
- Stressed the importance of worker visits in New Worker Orientation, at Regional Administrator Meetings, and during the statewide rollout of Focus on Four (risk and safety assessments, assessment of family functioning, and case planning).
- OJJ has provided staff training on the requirement for monthly visits.
- Encrypted laptop computers and air cards were provided for field staff and a limited number of field staff are piloting a telework program. The expectation is that giving workers the technological resources to document activities while they are in the field will result in more accurate documentation and more effective use of time (for instance, by using time waiting for a case related court hearing or medical appointment to document case activities). A further expectation is that staff retention will improve as a result of providing enhanced resources and telework options.
- The Family Assessment Tracking System (FATS) has being modified so that dates, locations and purposes of worker visits can be recorded electronically and tracked.
- Streamlining and modernization efforts including the development of a CAFÉ, movement toward a paperless workplace facilitated by document imaging and electronic records continue.

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At the time the 2010-2014 Child and Family Services Plan was developed, DCFS expected the electronic Family Assessment and Tracking System (FATS) would be enhanced so workers would be able to 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. These issues rendered the FATS system incapable of generating a caseworker visit by the end of FFY 2010. Therefore, it was necessary for DCFS to rely on the Children's Bureau to provide a sample for FFY 2010 as in past years.

For FFY 2011, the Department expects to have the capability to automatically generate a report from FATS for the entire Federal Fiscal Year to determine the percentage of children who were visited by their worker each and every month, and the percentage of those children who were visited in their residence. DCFS will consult with ACF Region VI and the Children's Bureau Data Shop to assess the relative advantage of continuing with the same methodology used for the first four years of the reporting period or of moving to the FATS caseworker visit data. If caseworker visitation data collection is reauthorized for 2012, the second round of reporting will be done using the FATS system.

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

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

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

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

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

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

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

The baseline was derived from a random sample drawn from 100% of the population. The randomization was for the entire state rather than by region; therefore, the number of cases for each region did not proportionately represent the regions’ actual proportion of the state Foster Care/Office of Juvenile Justice population. Regional data includes all children in the regional sample, regardless of whether the case review was completed by that region or the region to which the case record had been transferred. The review period was 10/1/06 through 9/30/07. During SFY 2007 the average end-of-month total number of children in foster care was 5,085, and the aggregate number of children in foster care was 8,547. The representative sample consisted of 357 children who had been served in foster care for at least one full calendar month during the FFY.

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

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

	Measure 1-Visit Once Per Month			For Children Contacted Every Month (A)		
	(A) Children Contacted Every Month	(B) Total Children Reviewed	% Compliance	(C) Visits in Residence	(D) Visit Months	% Compliance
Statewide	195	357	55%	1018	1247	82%
Orleans Dist	4	13	31%	18	24	75%
BR	8	30	27%	15	18	83%
Cov	35	59	59%	194	231	84%
Thib	14	23	61%	44	71	62%
Laf	43	58	74%	238	266	89%

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	Measure 1-Visit Once Per Month			For Children Contacted Every Month (A)		
				Measure 2-Visit In Child's Residence		
LC	15	32	47%	69	87	79%
Alex	32	51	63%	179	209	86%
Shrev	22	35	63%	120	150	82%
Mon	15	27	56%	95	132	72%
Jeff Dist	8	29	28%	57	71	80%

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

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

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

Using the same methodology, samples were selected, and data was gathered for FFY 2008, 2009 and 2010 (i.e. after AFCARS A and B exits samples and the September 30 sample is submitted to the Children's Bureau, the Children's Bureau Data Shop provides Louisiana with a sample which is reviewed in the same manner as the initial sample which provided baseline data). The result of this sampling methodology is that Louisiana cannot produce a report to ACF on the annual results of the caseworker visit review until late January or early February of each year because of the time involved in getting the AFCARS sample.

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. 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.

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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%		85%	

For FFY 2011, it is expected DCFS will have the capability to generate data from FATS. DCFS will consult with ACF Region VI and the Children's Bureau Data Shop to determine whether it would be better to continue with current methodology or use FATS data for the final year of this reporting cycle. If collection of caseworker visitation data is reauthorized beyond 2011, Louisiana will use FATS data for the next reporting cycle.

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			
Orleans (1) (effective 9/05)	1	3	0			
Baton Rouge (2)	3	3	1			
Covington (3)	1	3	0			
Thibodaux (4)	0	0	1			
Lafayette (5)	3	1	1			
Lake Charles (6)	2	1	2			
Alexandria (7)	0	0	0			
Shreveport (8)	4	1	0			
Monroe (9)	0	0	0			
Jefferson (10) (effective 9/05)	2	5	2			
TOTAL	16	19	7			

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 OYD, 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: The Department has experienced unprecedented progress in the recruitment program this past fiscal year. As the recruitment program focused its attention on the importance of the use of data in achieving increased outcomes, strategies began to include a more comprehensive approach to recruitment success. In its fourth year of operation, the recruitment program has 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 partly due to the "newness" of the program 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.

Regional Recruiters completed more than 500 support visits to the homes of foster/adoptive parents statewide. Each recruiter is required to complete 5 support visits with certified foster/adoptive families every month for recruitment and retention purposes. These visits primarily serve as a way to display the Department's concern for the family's well being and their success as foster/adoptive families. Regional Recruiters act in the role of liaisons to bring concerns of foster/adoptive parents to the attention of home development, foster care, and adoption staff, to involve families in leading recruitment efforts within their communities (targeted and child specific recruitment), and to assist in linking foster/adoptive parents to community resources that might benefit foster youth and provide free services for the purpose of placement preservation.

It is now realized that recruitment includes all outreach, educational, and supportive activities used to attract the attention of prospective foster/adoptive parents, community partnerships, and staff participation. Ultimately, the recruitment program's goal is to have resource families competing for the placement of foster children and youth in families across the state of Louisiana. To accomplish this, it will take joint efforts on the part of each program and its responsibility to identify prospective resources in each youth's environment of origin from initial involvement to the closing of each youth's case that comes to the Department's attention. As a result of this team approach, adoptions and permanent connections (foster homes) for youth increased as well as prospective foster/adoptive families. Regional Recruiters strategize plans to recruit in the genre of general, targeted and child specific areas of recruitment.

General Recruitment: Local Foster Parent Associations acted in partnership with Regional Recruiters in the success of several community awareness events, match parties, and faith-based "One Church, One Child" campaigns this fiscal year. Regional Recruiters partnered with statewide associations to assist in recruiting for "hard to place," special needs youth. Statewide Recruiters shared fliers of youth that were freed for adoption without identified placements, and 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.

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

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

Regional 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.”

Targeted Recruitment: 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.

Regional 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

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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.

Child Specific Recruitment: Regional Recruiters conducted more than 40 mini-exchanges statewide. In an effort to target newly certified families and underutilized families, Regional 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 Louisiana Baptist Children Home 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, Regional 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, Regional Recruiters were able to achieve placement options for 57% youth in restrictive placements which include children freed for adoption without identified family resources.

Data Utilization: Regional Recruiters utilized WebFocus and TIPS data systems to assess reports that assisted them in targeting particular communities, populations, races, and demographic areas where the most removals of children take place for recruitment purposes. They gathered and analyzed the department's child data so that recruitment efforts are concentrated in areas of highest need. Regional Recruiters studied the social fabric of each of their regions to ascertain acceptable approaches in behaviors that lead to "open doors" for recruitment within each region.

Recruitment efforts are 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 foster/adoptive families is 2196, a more than 2 to 1 ratio. However, 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.

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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			
FY 2012			
FY 2013			

*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.

The involvement of Regional Recruiters in child specific placement activities has exceeded expectations as noted in the table above, with placements having been identified for 57% of referred children, as opposed to the annual goal of 25%.

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				
Baton Rouge	28	47	57				
Covington	104	144	113				
Thibodaux	61	65	87				
Lafayette	99	114	153				
Alexandria	70	46	47				
Lake Charles	34	50	72				
Shreveport	92	56	56				
Monroe	53	44	45				
Total Statewide	666	674 +1.25%	734 +10.2%				

As demonstrated in the table above, the percentage of newly certified homes 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. This may attribute to the fact that most regions with the exception of Covington, Alexandria and Lafayette had full time recruiters.

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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.

Intake Calls and Orientation Sessions							
Region	Baseline: FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Intake Calls	2642	2711 2.6%	3004 3.7%				
Orientation Participation	1157	1475 27.5%	1946 8.1%				

There was a 3.7% increases in intake calls in 2010, and an 8% increase in orientation participation. Due to statewide recruitment efforts, the Department increased its intake calls. 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.

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RESIDENTIAL TREATMENT SERVICES: For several years now the Department has made a conscious effort 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 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. Since that time, DCFS has begun work on the development and implementation of a Coordinated System of Care (CSoC). The CSoC, a collaborative effort between DCFS, the Department of Education, the Department of Health and Hospitals and the Office of Juvenile Justice, 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 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

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institute a CSoC. Again on April 20, 2011 a meeting was held with providers to discuss ongoing development of CSoC and provider requirements.

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

Activities Planned FFY 2012: CSoC implementation is slated to begin with some providers in January 2012. Residential treatment staff will continue to work on the development and implementation of CSoC and, in the interim, will continue to support providers that are currently under contract with DCFS.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN: The Interstate Compact on the Placement of Children (ICPC) section collaborates with other states regarding the placement and adoption of children to a state other than the one of jurisdiction, and tracks requests for home studies and supervision services. Although the federal requirement is to provide data on Louisiana’s response time to ICPC requests, the Department has also begun monitoring the response time of other states to Louisiana’s requests for home studies.

When averaged over FFY 2008 -2009, the number of requests made (460) and requests received (465) is remarkably similar. However, the average response time over the course of the two years is slightly shorter for home studies completed within 30 days or less, but slightly longer for home studies completed in 31 to 60 days when Louisiana is the requesting state.

In FFY 2010 and 2011 the Department continues to monitor response time on home study requests. During FFY 2009-2010, the average number of requests made was 485 and the average requests received was 469. There was a slight decrease in home studies completed in 30 or less days and a slight improvement in home studies completed in 31-60 days.

Home Study Requests Made by Louisiana			
FFY	Total Number of Requests Made	# and % of Requests Completed in 30 Days or Less	# and % of Requests Completed in 31-60 Days
Baseline: FFY 2008 10/1/07 – 9/30/08	434	59 (14%)	110 (25%)
FFY 2009 10/1/08 – 9/30/09	487	69 (14 %)	112 (23 %)
FFY 2010 10/1/09 – 9/30/10	483	79 (16%)	113 (23%)
FFY 2011 10/1/10– 9/30/11			
FFY 2012 10/1/11 – 9/30/12			
FFY 2013 10/1/12 – 9/30/13			

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Home Study Requests Received by Louisiana			
FFY	Total Number of Requests Received	# and % of Requests Completed in 30 Days or Less	# and % of Requests Completed in 31-60 Days
Baseline: FFY 2008 10/1/07 – 9/30/08	495	58 (12%)	144 (29%)
FFY 2009 10/1/08 – 9/30/09	435	53 (12%)	117 (27%)
FFY 2010 10/1/09– 9/30/10	503	55 (11%)	146 (29%)
FFY 2011 10/1/10 – 9/30/11			
FFY 2012 10/1/11 – 9/30/12			
FFY 2013 10/1/12 -9/30/2012			

Update FFY 2010: ICPC staff provided statewide training to field staff on the ICPC law, regulations, agency policy and procedures. A part of the training dealt with explaining the timelines for interstate home study completions in accordance with the Safe and Timely Interstate Placement of Foster Children Act of 2006. Formal requests have not been made for delays in completion of home studies, either by or for Louisiana.

Update FFY 2011: No additional statewide training was provided to field staff due to budget/travel restrictions and reorganization. However, telephone conference calls were held with field staff.

Activities Planned FFY 2012: ICPC staff plan to hold Keeping in Touch (KIT) video conferences and telephone conference calls with field staff in order to provide training.

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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 19. 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 organization's current data system does not differentiate between biological and adoptive families being served by the Family Services 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 followed by tracking the use of the Centers by adoptive families who self-report their adoptive status.

In addition to foster care adoptions and adoption assistance functions, the DCFS Adoption Program is responsible for managing the Louisiana Voluntary Registry, providing information to

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adopted persons from closed adoption records as allowed by state law, management of the state's adoption file room, and the handling of all Louisiana public and private agency, 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 Department of Children and Family Services 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 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, are special needs children, and/or are members of a sibling group who should not be separated.

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Number of Individuals/Families Served:

FFY 2009-2010: On April 9, 2010 there were 4634 children in foster care, 270 were available for adoption and in need of adoptive placement. Of these children, 187 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSkids website at www.adoptuskids.org/states/la. Of the 187 children actively photo-listed, 108 were males and 79 were females; 63 were white and 123 were African American, and 1 was listed as other race; 20 were members of a sibling group who should not be separated; and 130 (approximately 70%) were deemed physically, emotionally or intellectually challenged.

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

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

FFY 2010-2011: 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 2010: Between FFY 2008 and FFY 2009, the average length of time in foster care decreased by more than two months (approximately 6%), and 82 more adoptions were finalized than the average number per year of the past five fiscal years.

- Adoption Section and Home Development Section staff have worked together to coordinate and support child specific recruitment. Each recruiter serves as the lead on recruitment

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efforts for children assigned to their caseload that are freed for adoption without an identified placement. Recruiters visit with each child (preferably initially with the child's adoption or foster care worker) to identify the child's placement needs; photos are taken and fliers are 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 is completed on each child assigned to the recruiter collaboratively by the adoption/foster care worker and the recruiter; the recruiter is involved with potential families that express an interest in a child from their child specific case load; the recruiter serves as a support mechanism throughout the certification process with ongoing contact by phone calls, e-mails, home and office visits; the recruiter attends 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. (See page 49)

- Adoption Section and Home Development Section staff has worked collaboratively to provide pictures and biographical information of children available for adoption featured on the DSS website (<http://www.dcfslouisiana.gov>) at the "Adopt a Child" link. Approximately 70 children are 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 can cover 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 is ongoing. Adoption Program Managers are currently addressing problems and questions from staff and information is being 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 Program staff and the Louisiana Court Improvement Project 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 are 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

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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 have been 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 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. Currently, only the Baton Rouge CASA quarterly newsletter provides information on Louisiana children available for adoption. The foster parent newsletter was funded by Family Resource Centers. Funding to the centers has been 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 have necessitated revision of the adoption subsidy pamphlets. The pamphlets are currently being revised to reflect current subsidy information.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, is provided through Intensive Home Based Intensive Services (IHBS) which is available through participation in the DCFS Family Services 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. **Family skill building** can be crafted to meet a specific need such as assisting with behavior modification techniques. Adoptive families can receive resource center services through self-referral or referral by DCFS through the Family Services program.
- The Adoption Section has worked collaboratively with Licensing to provide information about the adoption process and so that 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 Section reviewed and edited the resultant product.
- Following the Haiti earthquake in January 2010 the Adoption Section 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. (Please see Inter-Country Adoption Section of this report for details.)

Update FFY 2011:

- LARE/photo listing training for adoption staff and selected foster care staff continues to date and is implemented as part of the state Program Improvement Plan. Adoption Program Managers are addressing problems and questions from staff and information is being collected for topics for use in future training curriculum development and/or policy issuance.

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- Adoption Subsidy training is still planned for regional staff. In the interim, the Adoption Subsidy Program Manager provided consultation in two Adoption training sessions at the Foster/Adoption Conference held on February 13-15, 2011.
- DCFS began implementing statewide training via Webinar technology.
- Adoption/Foster Care Competency training was provided by Dr. Gary Mallon. The training was expanded to include senior Foster Care and Home Development 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.
- The Department continues to investigate the implementation of a worker recognition program for outstanding contributions made by Adoption Staff towards achieving permanency through adoption. Remaining issues include identification of criteria for award recipients.
- Voluntary Adoption Registry awareness and usage was promoted as follows: The DCFS website was updated and includes the Registry brochure. The 1-800# for the Registry is also listed in the white and yellow pages of phone books in the nine regions of the state. 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 National Association of Social Workers – LA, the annual Foster/Adoptive Parent Conference, relevant meetings with outside providers and recruitment functions.
- Featuring children in community resource publications statewide such as the 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. However, this project was discontinued as CASA wanted to feature the children available for adoption on social media website and DCFS has no current policy on this form of media recruitment. The foster parent newsletter was funded by Family Resource Centers. Funding to the centers has been reduced resulting in discontinuation of the foster parent newsletter.

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- The current Adoption Subsidy Pamphlets are still in the process of being revised to change the definition of a “special need” child. Once revised, plans are to explore posting it on the DCFS website.
- 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 home development staff to assist with recruitment to secure permanency for children freed for adoption.
- During the past FFY, 19 “purchase of service” contracts were established in support of interstate adoptions facilitated through photo listings on the DCFS website and AdoptUSKids. These contracts can cover the cost of the home study, supervision of the placement, assessment of need and referral to service resources for the child.
- The Adoption Section began developing regulations for private attorneys who confect private adoptions.
- The definition of a special needs child is still in the process of being revised.
- Support for all Louisiana adoptive families, including families who have adopted privately and internationally, is provided through Intensive Home Based Services (IHBS) which is available through participation in the DCFS Family Services Program. Additionally, all regional family resource center services are available to families who have adopted. Parenting education services are probably the most frequently used. Family skill building can be crafted to meet a specific need such as assisting with behavior modification techniques. Adoptive families can receive resource center services through self-referral or referral by DCFS through the Family Services program.
- Adoption Program Managers continue to work on the Family Assessment and Case Plan in collaboration with foster care staff. Adoption Program Managers redesigned the Family Assessment and Case Plan developed in FFY 2008 and developed the Adoption Assessment and Case Plan. This tool is used to address the goals and actions plans for children freed for adoption. This past FFY Adoption Program Managers continued to work in conjunction with foster care staff on areas of the assessment and case plan to improve the document. 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 provide information about the adoption process for child placing agencies and wrote a significant portion of the

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regulations as they related to the adoption process. Subsequently, the regulations were published.

Activities Planned FFY 2012:

- Pre-adoptive services will continue to be provided for children with a goal of adoption. Those services 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 19. 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/Foster Care Competency Training will be provided to adoption/foster care and home development staff by Dr. Gary Mallon. Social workers from private adoption agencies will also be invited to attend.
- Promotion of Voluntary Adoption Registry awareness will continue through the DCFS website, annual mail outs to private adoption agencies, listings of the 1-800# in the Regional phone directories, distribution of brochures at 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 Annual Governor's Mansion Adoption Celebration will be held and publicized to increase adoption awareness.
- Support for all Louisiana Adoptive families, including those who adopted privately and internationally, will continue.
- Continue to investigate the implementation of a worker recognition program for outstanding contributions made by Adoption Staff.

Collaboration FFY 2010:

- The Adoption Section continues to collaborate with the (LAAB). The central mission of LAAB is increasing family support and promoting awareness of adoption triad issues. A

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senior DCFS staff member attends monthly LAAB meetings as a single agency representative and non-voting liaison member and provides 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 collaborates with other states to provide Medicaid coverage for adopted children who live in another state. Louisiana was one of the first states to join the Interstate Compact on Adoption and Medical Assistance (ICAMA) in 1985 with a Louisiana Program Manager serving as an officer of the Compact. Since that time, Louisiana has continuously collaborated with other compact states to assure that Medicaid is available to adopted children regardless of family moves.
- The Adoption Certificate Program is illustrative of the partnerships DCFS has developed and sustained. Partners involved in the certificate program are the Louisiana Chapter of National Association of Social Workers which assists in the formalized credentialing process, Hunter College School of Social Work in New York, the National Resource Center for Family-Centered Practice and Permanency Planning and DCFS staff from regions and parishes across the state.

Collaboration 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 continues 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 is illustrative of the partnerships DCFS has developed and sustained. Partners involved in making the certificate program a success are the Louisiana Chapter of National Association of Social Workers which assists in the formalized credentialing process, Hunter College School of Social Work in New York, Dr. Gary Mallon, the National Resource Center for Family-Centered Practice and Permanency Planning, DCFS state office, DCFS staff from regions and parishes across the state.

Collaboration Activities Planned FFY 2012:

- Collaboration with LAAB will continue.
- Collaboration with other states to insure medical assistance for adopted children will continue through ICAMA.
- Collaboration to provide the Adoption/Foster Care Competency Training to adoption, foster care and home development staff. Social Workers from private agencies will also be invited to participate.

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

The table below 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			
Thibodaux	14	16	28			
Lafayette	70	52	101			
Lake Charles	60	57	42			
Alexandria	44	31	38			
Shreveport	20	19	42			
Monroe	27	20	10			
Covington*	46	85	77			
Jefferson (Jefferson District effective 9/05)	60	61	20			
Statewide	380	385	437			

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

Finalized Adoptions by Region and Statewide						
Region	Baseline: Adoptions FFY 2007-2008	Adoptions FFY 2008- 2009	Adoptions FFY 2009- 2010	Adoption s FFY 2010- 2011	Adoption s FFY 2011- 2012	Adoption s FFY 2012- 2013
Orleans District	18	24	44			
Baton Rouge	18	28	40			
Thibodaux	29	57	43			
Lafayette	118	60	113			
Lake Charles	40	58	71			
Alexandria	74	47	55			
Shreveport	43	68	44			
Monroe	19	43	32			
Covington	111	141	113			
Jefferson District	60	56	86			
Statewide Total	530	582	641			

NOTE: 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.

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Adoption Finalization Data						
Categories	FFY 2007-2008	FFY 2008-2009	FFY 2009-2010	FFY 2010-2011	FFY 2011-2012	FFY 2012-2013
# Children Finalized	597	582	641			
Average Time to Free (TPR)	21.62	20.80	23.12			
Average Time to Sign 427	7.54	5.79	6.06			
Average Time to Finalization	6.96	7.07	7.21			
Average Length of Time in Care	35.98	33.67	36.45			
Average Age of Children Finalized	71.46	67.36	74.49			

NOTE: Average time is expressed in months.

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

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

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

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

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ADOPTION INCENTIVE PAYMENTS

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child	Amount Awarded
2008 Baseline	497	253	156	
FFY 2008				\$1,206,559.00
2009 Baseline	587	299	117	
FFY 2009				\$1,006,189.00
2010 Baseline	576	323	103	
FFY 2010				
2011 Baseline				
FFY 2011				
2012 Baseline				
FFY 2012				
2013 Baseline				
FFY 2013				

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 will be to reduce TPR time delays through additional attorneys and expedite home studies through use of external resources. Both of these activities are planned to have impact on permanency and time to permanent placements, among other outcomes. This also complements early initial considerations for the outcomes of the CFSR and the upcoming PIP. Adoption Incentive funds are also being used to support Adoption Subsidies. It is not evident at present that funding will be allocated for public service announcements.

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 Regional Recruiters in several community awareness events, match parties, and faith-based “One Church, One Child” campaigns this fiscal year. Regional Recruiters partnered with statewide associations to assist in recruiting for “hard to place,” special needs youth. Statewide Recruiters shared fliers of youth that were freed for adoption without identified placements, and 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. 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.

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 Louisiana Baptist Children Home that utilizes the adoption profiles from the website to feature them on their Heart Gallery website and Mobile Heart Gallery. From this collaboration more than 50 family referrals were received in 2010.

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Adoption incentive funds were also use to supplement the cost of adoption subsidies for hard to place children.

FFY 2012: Should funding be awarded to Louisiana in the upcoming fiscal year, funds will continue to be used to support adoption subsidies and continued recruitment efforts.

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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	
2011-12	
2012-13	
TOTAL	

The data was derived from the TIPS download files for the Adoption Petition Program. All cases reported above were closed in the Adoption Petition Program. Cases are counted in the year in which the adoption petition program case was closed.

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.

Update FFY 2010 - Disrupted Inter-country Adoptions: DCFS is currently providing services to one child who was originally adopted from Chiquimaeilia, 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 in 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

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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.

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 is now providing 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, though he 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". They 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

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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 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.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS APPLICATION FFY 2012:**

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 Programs Division, Foster Care Section. Toni Buxton is the Unit Administrator responsible for program administration and monitoring of these services. DCFS state office staff members visit Chafee providers at least quarterly, complete a contract monitoring form to assure compliance with contractual obligations and Chafee specified conditions during each quarterly visit, attend independent living skills training classes to monitor youth's participation and course content, review youth service records to ensure individual assessment and service planning, and require corrective action plans 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 state department worker and by contracted CFCIP providers. The number of CFCIP providers was reduced to six effective July 1, 2010. 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 a location 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.

Each youth is served by a DCFS or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility. The Department worker refers youth to the CFCIP provider for life skills training beginning at age 14 and/or to the ETV provider whenever the youth is ready to pursue post secondary education. Youth enrolled in CFCIP services may be served by their state department worker and by the CFCIP provider up to age 21 as needed. 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 that 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 continues to monitor compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Previous ETV provider contracts were terminated effective June 30, 2010 and the Department entered into an interdepartmental agreement with the Louisiana Office of Student Financial Aid (LOSFA) to provide ETV services. This decision was made to increase efficiency of ETV program operations because the length of time required for contract approval jeopardizes the ability to expend ETV funds within the allocation time frames. Additionally, DCFS also expects that using LOSFA will increase the number of youth served and improve data collection. DCFS briefly managed the ETV program between July 1, 2010 and November 2010 until the LOSFA office was able to fully take over by the end of November 2010.

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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 histories 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 and/or the Education and Training Voucher 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 Ansell-Casey life skills assessment 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 Youth Transition Plan. Youth age 18 to 21 may voluntarily elect to participate in the Young Adult Program to continue their educational and vocational pursuits. Youth who are participating in post secondary education are provided ETV program services to support their educational endeavors up to age 23.

Determining Eligibility for Benefits and Services: All youth, ages 14-21, is eligible for Chafee Services. The DCFS or OJJ case manager refers the youth to the Independent Living contract provider. The contracts are monitored quarterly with a review of case records and/or observation of groups. Any deficiencies are written into a corrective action plan and monitored until the deficiencies are resolved.

Youth who were adopted or placed in a guardianship agreement at age 16 or older are also eligible. The foster care or adoption worker provides the caregiver with the Independent Living Provider information. Any youth in foster care adopted at age 16 or older or in a guardianship agreement after age 16 who is attending post-secondary educational or vocational training may apply for an ETV. 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.

Income is not an eligibility factor, and youth are no longer required to participate in the cost of their care; however, they are encouraged to set aside part of their earnings in a savings account to plan for their future.

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If youth reside out of state, they may remain eligible for the Young Adult Program (ages 18-21) if they meet the eligibility requirements of the program. A youth is considered living temporarily out of state if they return to Louisiana during each year. Based on residency guidelines for public post secondary educational institutions, students who establish residency in another state and reside in a state for a year are considered a resident of that state. Referrals to the Independent Living Coordinator of the state where the youth resides are made requesting continued or further services. ETV benefits continue to be provided by Louisiana to youth who 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 46 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 youth who have left foster care so that their well being and outcomes can be monitored. DCFS has 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. In-house development continues to occur to develop a new survey tool that will allow for more effective data management. Louisiana participated in the 52-state NYTD pilot and was successful in using the data system that has been developed. Louisiana has participated in numerous other NYTD events. An inter-department 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. A mechanism for communication between the DCFS and OJJ information systems is no longer a challenge for NYTD development. The survey tool currently being used and the new survey tool being developed will not require the two systems to communicate. All OJJ NYTD data will be entered into the DCFS system.

Technical Assistance was received on August 27, 2010 from Miguel Vierya, ACF, Debbie Milner, National Resource Center for Data and Technology, Dorothy Ansell, National Resource Center for Youth Development, and Amy Grissom and Janis Brown, Dallas Regional ACF. Additional assistance was requested from the National Resource Center for Data and Technology on February 10, 2011 to ensure proper reporting and mapping for NYTD data.

NYTD has been discussed with the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP Independent Living Providers. The CFCIP Independent Living Providers are assisting to survey some youth and are holding an annual "Baseline Reunion" for all 17 year old youth that were in custody. This reunion is designed to provide assistance to youth while allowing continued contact with them. The Department plans to continue having these reunions for Louisiana Baseline Youth as they enter the population and then as they become alumni to the population.

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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 PIP development, but have been unable to do so due to conflicts with their school or work schedules. Nevertheless, one youth was hired part-time to assist with the PIP development and reviewed products from various workgroups and documented the results for the Department as well as assisted with the transitional living program.

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.

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 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.

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 the CFCIP providers, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition also defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

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DCFS has developed a reciprocal relationship with the Louisiana Community & Technical College System. Representatives from both agencies meet quarterly with the Director of Educational Programs 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 the past few years working with the immediate past director, Jerry Pinsel, PhD and current director, Derrick Manns, PhD.

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. Through a contractual arrangement with DCFS, 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 care. DCFS staff served as a part of the alliance that resulted in the creation of Youth Oasis now attend Youth Oasis board meetings as non-voting members.

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.

Programs for Disabled Youth: Goodwill Industries was awarded the contract to serve as the Chafee Independent Living Skills Provider in Shreveport Region for the state contract period beginning July 1, 2010. This contract provides a natural opportunity for DCFS to learn more about services for disabled youth offered by Goodwill statewide. 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.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. DCFS no longer participates in Louisiana Workforce Commission's (LWC) Shared Vision for Youth, as this program was cut by LWC due to budgetary restraints. Youth may continue to receive other basic services through the Louisiana Workforce Commission.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the Louisiana Workforce Commission, Department of Education (DOE), Louisiana Rehabilitation Services (LRS), and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

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 Educational Training Voucher (ETV). Post-secondary institutions are aware of a youth's eligibility for ETV by completion of the free application for Federal Student Aid (FAFSA) application which will indicate if a youth was a ward of the state. The youth are referred by their

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educational institutions to Louisiana Office of Student Financial Aid (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.

Services for Developmentally Delayed Youth: DCFS coordinates with other state agencies including the Department of Education (DOE), Department of Health and Hospitals (DHH), Office of Citizens with Developmental Disabilities (OCDD) and Bureau of Community Supports and Services to identify foster children and former foster children who may be eligible for services for developmentally delayed youth. The coordination results in access to federally funded Medicaid Waiver and other community based services. An interdepartmental staffing is the mechanism used to coordinate and access services from these agencies. These staffings occur at both the regional and state levels.

Mental Health and Substance Abuse Services for Youth: DCFS also coordinates with the DHH, Office of Mental Health (OMH) and Office of Addictive Disorders (OAD) to identify foster children and former foster children who may be eligible for federally funded services such as community outpatient, inpatient, and Mental Health Rehabilitation Option services.

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

Changes for 2012: 1.) DCFS has begun 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. 2.) DCFS plans to continue its participation in a new pilot task force in the New Orleans region on Lesbian, Gay, Transgender, Bisexual, and Questioning (LGTBQ) 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.

Tribal Consultation and Collaboration: Ongoing collaboration occurs with the four federally recognized Tribes in Louisiana:

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

The Tribes in Louisiana were consulted regarding the development of the state's 2010-2014 CFSP which includes CFCIP and ETV plans. The Social Service Directors of all four Native American tribes in Louisiana were asked for their input and suggestions regarding the plans. Karen Matthews, Social Services Director of the Chitimacha Tribe of Louisiana, and Milton Hebert, Social Services Director of the Coushatta Tribe, attended the March 10, 2009 CFSP kickoff meeting and participated in workgroups to develop the plan. Jean Allen Wilson, Social Services Director of the Tunica Biloxi Tribe, and Milton Hebert participated in the 2010 Louisiana 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.

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

Activities Planned FFY 2012: DCFS will continue all efforts to maintain and strengthen relationships with tribes and CFCIP providers continue to be expected to meet bi-annually with their local tribes in order to collaborate to provide services to all older youth who qualify (For additional information on tribal collaboration please refer to that portion of this plan.)

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 Youth Transition Plan / Youth Transition Plan Review and the Ansell-Casey Life Skills Assessment (ACSLA). Youth are encouraged to participate actively, and, in fact, lead the process of developing plans for transitioning to self-sufficiency.

CFCIP providers use the Ansell-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 that 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

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motivation, and appropriate social interactions. All groups are on-going, provided in close proximity to the youth's residence and offered at times that do not interfere with school or extra-curricular activities. Youths' skill level is re-measured with the ACLSA 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's 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 Youth Transition Plan (YTP) and Youth Transition Plan Review (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			
OJJ Staff	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 Young Adult Program 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 Youth Transition Plan 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. Youth Transition Plans 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 Young Adult Program policy, educational requirements of the Fostering Connections to Success Act, and how to develop permanent connections for youth.

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Strategy 2: As of September 30, 2010, there was documentation of 25% completed Youth Transition Plans on youth 15 and older. The decline can be attributed to the reorganization of the department and a decline in the number of field staff forwarding copies of the completed YTP to state office staff where these numbers are counted. Since the reorganization of DCFS, YTP data monitoring is no longer practiced due to lack of staff; therefore, this strategy will not be carried over to FFY 2012.

Activities Planned FFY 2012: YTP training for staff will be presented to staff by KIT (Keeping in Touch) videoconference in the fall 2011 and bi-annually thereafter. The Department will continue to provide educational/vocational supports in 2012 as funding allows.

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

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

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

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

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

Goal 1, Measurement 3:

Number of ACLSA Trainees					
Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
16	14	4			

Goal 1, Measurement 4:

Average ACLSA Scores						
Provider	Baseline: FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
QASSA		13%	12%			
FCA	19%	30%	59%			
VOANLA**		41%	N/A			
MCH-R	46%	230%	82%			
GCTFS-H	2.5%	12%	unavailable			
CCANO	68%	609%	315%			
GCTFS-L	19%	8%	11%			
SLU		unavailable	29.53%			
YS ***	20%	60%	unavailable			
Goodwill*	N/A	N/A	unavailable			

* New provider; baseline to be established 2010; ** contract ended 6/30/2010; ***contract ended 12/31/2010

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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 were trained on the Ansell-Casey Life Skills Assessment 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.

Strategy 3: CFCIP providers used the Ansell-Casey Life Skills Assessment 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 Ansell-Casey life skills assessment 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 Ansell-Casey life skills assessment 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.

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Activities Planned FFY 2012: Continue with strategies listed above.

Strategy 2: DCFS will analyze the knowledge base of contract providers as it relates to the use of the Ansell Casey Assessment. Consideration will be made to partnering with providers who are skilled and certified in teaching the Ansell Casey assessment in order to ensure that all providers are eventually trained. Plan to invite tribal leaders and possibly combine these trainings with the reality city/NYTD reunion gatherings. Additionally, Northwest provider, Goodwill Industries, plans to provide training to staff and other providers at the DCFS Shreveport regional office in May 2011 on the use of the Ansell Casey Assessment.

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

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

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

Update FFY 2010: **Strategy 1:** DCFS has collaborated with the DCFS Information Technology staff and with the NRC for Data and Technology 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 TA has been 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.

Activities Planned FFY 2012: On-going efforts will continue to be directed toward the implementation of the full NYTD system. TA assistance has been requested and will be utilized to move forward with the technical aspects of the data tracking. 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 youth approximately 70 youth in order to track youth and offer additional services to them.

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

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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			

Update FFY 2010: A crisis in funding for room and board, education/training programs, and other needed support for youth 18-21 was experienced when all funding for the Young Adult Program (YAP) was removed from the state budget in July 2009 by using Supplemental Social Services Block Grant (SSSBG) funding to fill the gap for one year. From October 1, 2010 to present, state general funds have been used to support the program.

The cost of room and board for youth in YAP was provided as follows:

- 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.
- Supplemental Social Services Block Grant (SSSBG) (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.

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- 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: SSBG 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.

Activities Planned FFY 2012: State Fiscal Year 2010-2011 currently includes funding for the Young Adult Program. All services noted above will continue at the same level if YAP funding remains in the state budget. Otherwise, efforts will be made to locate other funding mechanisms to continue providing room and board, educational and other supportive services to youth beyond what is covered by CFCIP and ETV funding.

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			

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		N/A

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Update FFY 2010: Strategy 1: Youth conferences were held in Hammond in June 2010 and in Ruston in July 2010 to make youth aware of educational and vocational options. An important component of the Youth Conferences was a virtual city that provided information about educational and vocational choices and a “reality check” on life choices that result in insufficient income to meet basic needs and desires. As noted in the table on page 116, the number of youth attending the conferences increased from 2009. The increase was attributed to an increase in marketing of the events and additional notices to DCFS staff.

In addition to the youth conferences provided by DCFS, the Citizen’s Review Panel (CRP) in Monroe Region sponsored a Life Skills Camp for youth about to age out of care. The camp occurred October 30 through November 1, 2009 for youth ages 16 to 18 from northeast Louisiana.

Strategy 2: The Youth Summit will continue to be a part of the Together We Can Conference held during even years (the next being held in October 2011). Educational and vocational opportunities were presented in this venue along with leadership skills training.

Strategy 3: Collaboration has continued with LWC and LRS to refer youth for employment and training opportunities. Through an Interdepartmental Agreement, referrals from DCFS were 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.

Activities Planned FFY 2012: Continue with activities listed above.

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 Youth Transition Plan 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

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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%			

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 Departmental streamlining and multiple position changes, DCFS state office staff were unable to maintain the responsibility of consistently monitoring and tracking the YTP/YTPR’s submitted by the field staff. Nevertheless, of those submitted and reviewed, 100% continue to reflect an identified career or educational path. Going forward, data collection and tracking is not possible and will therefore, no longer be required at the state office level.

Activities Planned FFY 2012: Staff will continue to be required to complete forms with all youth ages 15 and older and ensure that the youth’s individual needs are being met in each domain.

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			

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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.

Activities Planned FFY 2012: DCFS will continue to provide educational/vocational services as noted above as funding permits.

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.

Strategy 6: DCFS will collaborate with LSSS in the development and evaluation of a mentoring program for youth.

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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			

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		

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		

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		

Update FFY 2010: Strategy 1 & 2: Refresher training in Connections for Permanency was provided as a part of the Youth Transition Plan 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 will not be 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 National Resource Center for Youth Services 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.

Activities Planned 2012: The Department will continue all efforts on all strategies.

Strategy 2: Connections for Permanency training will be provided and expanded as resources allow. Training will be conducted by KIT conference in the fall 2011 and bi-annually thereafter.

Strategy 5: Additional training sessions on the availability of the CLEAR tool, its benefits and the referral process will be conducted by video conferencing in the summer 2011 and at least annually thereafter.

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
CCDNO (Includes QASSA, GCTFS-H)	35	53			
GCTFS-L (Includes YS)	13	10			
FCA	6	4			
MCH-R	10	0			
SLU	2	0			
VOANLA**	6	No data			
Goodwill Industries*	N/A	No data			

* Contract began 7/1/10; ** Contract ended 6/30/10

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

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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.

Activities Planned FFY 2012: Continue with after care services.

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			
Average number attending in-state and out-of-state conferences per occurrence	2	14	0			
Average number of invitations sent to elected and appointed officials to attend LYLAC meetings	2	3	2			
Average number of appearances before legislators and local governing bodies.	3	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			
Number of times members attend conferences	N/A	1	0			
Number of times members present at conferences	N/A	1	0			
Number of times members represent LYLAC on local or state matters including interacting with elected and appointed officials	N/A	10	2			
Number of invitations of members to sit as stakeholders on various boards	N/A	10	2			
Number of opportunities to appear as witnesses on matters before the state legislature or local governing bodies.	N/A	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.

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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.

LYLAC liaison, Carmen Spooner, program manager for DCFS, 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.

Activities Planned FFY 2012: DCFS will continue to support the continuation of the LYLAC group and encourage widespread participation among members. DCFS will continue to assist the youth by providing updated information regarding changes in policies which may affect them as well as providing resources for them and assisting them with the scheduling of quarterly meetings. Progress of LYLAC activities will continue to be monitored.

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 Office of Citizens with Developmental Disabilities 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

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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, the Louisiana Department of Health and Hospitals 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 and apply for grant opportunities that are appropriate to maintain YAP funding. (Year 1 and as needed in Years 2-5)

Goal 5, Measurement 1:

Grant Applications for YAP Funding- The number of grants applied for and the results of those applications will be monitored.					
Funding Source	Application Date	Maximum Grant Award	Response Date	Approval (Yes/No)	Amount Funded
ACF	2009	NA	2009	No	0
None	2010				
	2011				
	2012				
	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.

Activities Planned FFY 2012: Continue exploration efforts.

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			

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,

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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.

Activities Planned FFY 2012: This activity will be ongoing in the next fiscal year. Youth will continue to be educated on the YAP program and encouraged to take advantage of the services available to them through YAP.

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		
FFY 2012		
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			

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 Request for Proposals (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 Ansell-Casey Life Skills Assessment 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.

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Activities Planned FFY 2012: The Department will continue to support youth in their transition to adulthood. Transitional/Supervised apartment beds will continue to be maintained for youth ages 18 and older.

PURPOSE GOAL 6: PROVIDE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE (STRENGTHEN POST-SECONDARY EDUCATION TO ACHIEVE PURPOSE OF ETV PROGRAM)

The purpose of the ETV program is to make available vouchers for education and training, including post secondary education and training to youths who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship. The ETV program is used to assist youth in making the transition to self-sufficiency by assisting them to receive the education, training and services they need to complete post secondary education.

Eligibility for ETV participation is based on present or previous foster care status, including youth leaving foster care for kinship guardianship or adoption after attaining age 16, as determined by a review of department records. Youth are eligible to continue in the ETV program up to age 23 if they are participating and making satisfactory educational progress at age 21. Eligible youth receive ETV assistance in the amount of the student's need, not to exceed the smaller of \$5,000 per year or the actual cost of attendance. The ETV coordinator reports the amount of the ETV assistance to the post secondary institution to avoid duplication of benefits; however, the youth's earned or unearned income does not reduce eligibility for ETV funds.

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

Youth receiving ETV are required to apply for all financial aid and scholarships for which they might qualify. Youth in the ETV program participate in a planning conference with the ETV coordinator to develop a plan for successful completion of education. Significant persons in the life of the youth such as the DCFS worker, foster parent, childcare provider, or educational counselors participate in the planning conference as invited by the youth. The focus of the planning conference is to assess the youth's strengths, needs, set educational goals and develop a plan to achieve the goals. The plan is youth centered and youth driven. With the centralization of the ETV program, planning conferences will be conducted by phone, and will include the same participants and serve the same purpose.

Periodic review of the youth's progress will continue to occur to assure that the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to the ETV coordinator, the Louisiana Office of Student Financial Assistance 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

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diploma or GED is required for most post-secondary education, younger youth are encouraged to complete high school or a GED program. The Louisiana Office of Student Financial Assistance has close working relationships with post-secondary educational institutions throughout the state and has a website that is used to market the ETV program

OBJECTIVES 6.2, 6.3 and 6.4 were redundant and combined into **OBJECTIVE 6.1** below.

OBJECTIVE 6.1: Manage the ETV program to ensure eligible youth apply for the ETV program.

Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or YAP or OJJ custody, who are no longer in YAP, but maintain relationships with foster/adoptive parents and/or who are in post secondary institutions at the time they reach 21 years of age) and notify them of their potential ETV eligibility. (Years 1-5)

Strategy 2: Eligibility for the ETV Program will be managed by LOSFA.

Strategy 3: DCFS case managers will periodically review grades to evaluate youth's progress and performance.

Goal 6, Measurement 1:

Number of ETV Applications					
FFY 2008	FFY 2009 (Baseline)	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Not Available	75	88			

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			
New Vouchers	65	55	37			

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 Youth Transition Plan 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.

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Eligibility for the ETV program continues to be determined by current or previous foster care status as determined by a review of the TIPS data system and need for financial assistance as determined by the youth's completion of FAFSA to establish cost of attendance as defined in section 472 of the Higher Education Act. Financial need is calculated by the financial aid administrator at the post secondary institution by subtracting Pell Grant aid and aid from all other sources such as scholarships from the cost of attendance. Youth provide documentation of cost of attendance and financial need as determined by the financial aid administrator to the ETV provider, and receive an ETV in the amount of the student's need, not to exceed the lesser of \$5000.00 per year or the actual cost of attendance to the extent ETV funds are available. The ETV annual amount is divided so that the youth receives half of the year's total each semester unless the youth will turn 23 during the year. In that case, the entire payment is made at one time. The ETV coordinator reports the amount of ETV assistance to the post secondary institution to avoid duplication of benefits.

Periodic reviews of the youth's progress are made to assure that the youth receives the services necessary to achieve educational goals. Youth submit grades to the ETV coordinator and case manager at the end of each semester or quarter, and the ETV coordinator and case manager review the grades to evaluate the youth's progress and performance to determine justification for continued expenditure of funds.

Update FFY 2011: DCFS continue to refer youth to the ETV program and explored options to determine the most effective way to administer the ETV program and made the decision to enter into an inter-departmental agreement with the Louisiana Office of Student Financial Assessment (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.

Activities Planned FFY 2012: Strategies 1 through 3 will continue. Eligible youth will continue to receive ETV vouchers to support their post-secondary educational pursuits. Youth will continue to be educated and notified on the availability of ETV services and the application process. The ETV program will continue to be managed by the LOSFA office in 2012. No changes are expected in this area.

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 Louisiana Office of Student Financial Assistance, all youth who indicate former foster care status on the federal financial aid application will be screened for ETV eligibility.

OBJECTIVE 7.1: Ensure youth who leave foster care for adoption or kinship guardianship, are informed of their rights to Chafee and ETV Services.

Strategy 1: Revise policy to require that workers inform youth who leave foster care for adoption or Kinship Guardianship at age 16 or older of their right to continue CFCIP life skills participation and of potential ETV eligibility.

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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 Louisiana Office for Student financial Aid. 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.

Activities Planned FFY 2012: DCFS and CFCIP providers will continue to inform youth who leave foster care for adoption or kinship guardianship of their right to continue to receive Chafee services and of their potential eligibility for ETV services. DCFS will request that Chafee providers notify DCFS of participation of these youth. Revise foster care policy regarding case closure to require documentation of notification to these youth of continued eligibility for Chafee and potential ETV eligibility.

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: The Louisiana Youth Leadership Advisory Council (LYLAC) is a statewide leadership development group with a total of 20 members representing each region of the state. LYLAC members are 16 to 21 years old. Youth plan their own meetings, develop the agenda, and invite speakers who come in to train the group in areas such as learning how to tell their own stories and advocate for youth in foster care. LYLAC 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 Continuous Quality Improvement Consumer and Community Stakeholder meeting on June 18, 2009 where the CFSP was discussed. Those who were not able to attend the meeting were offered the opportunity to make written comments. Three youth attended the Child and Family Services Review (CFSR) kickoff in June 2009, served on a panel discussion during the meeting, and served on committees and focus groups to prepare for the CFSR and participated in CFSR on-site. Two youth participated in the CFSR on-site debriefing and exit on March 12, 2010.

DCFS was reaccredited for four more years (through 2014), and LYLAC members participated in stakeholder groups in several regions during the accreditation process to provide feedback on the services they receive.

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In FFY 2008, one regional LYLAC group was formed in the Greater New Orleans Region. In FFY 2009, four additional regional LYLAC 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 Systems of Care 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.

Youth Involvement Activities Planned FFY 2012: LYLAC youth will be given the opportunity to participate in the planning process for program improvement as well as in stakeholder meetings. Youth will continue to address issues of concern at quarterly LYLAC meetings and submit their suggestions for improvement or recommendations for change.

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 budget for 2011 has been drastically reduced to approximately \$3000 for each conference. 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.

Fiscal shortfalls resulted in DCFS staff not being able to attend a national independent living conference during FFY 2010, but they did attend the Together We Can conference in Louisiana. The DCFS Independent Living/Transitional Services Program Coordinator has participated in quarterly conference calls coordinated by ACF Region VI for CFCIP Coordinators in Region VI. CFCIP providers attended several National Conferences including Daniel Memorial and Pathways to Independence.

Ansell-Casey Life Skills Assessment training was provided jointly by DCFS staff and Southeastern Louisiana University staff for new staff in their Chafee Independent Living program. These trainings will be conducted again when the Department is able to allocate the funds and the staff to do so.

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

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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: Due to budget constraints and a focus on Departmental reorganization during the past year, training has been limited; however, 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 Planned FFY 2012: The Department will continue to utilize less costly methods for training (ex. KIT conferences, WebEx, and teleconferencing).

Trust Funds: Louisiana does not place CFCIP funds in trust funds for youth.

EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information): The actual final expenditure for the ETV allocation for FFY 2010 was \$200, 978.11.

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		
School Year 2012		
School Year 2013		

* 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.

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

The 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 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.

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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.

2010 Update: 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 {SECRDCFS}) 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 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

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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 SECRLCDCS 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 neuro-developmental 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 neuro-developmental 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 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.

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Gaps in Services: Mental health needs of infants and families served by the child welfare system, outreach processes, and extent of specialized services: With the exception of the limited number of children served in the Screening Assessment Referral and Treatment (SART) program at the Infant Child and Family Center in Baton Rouge, most children and families do not have access to specialized infant team services. A few very young victims of abuse and neglect coming into foster care in other parishes may access specialized infant mental health services through the Early Childhood Supports and Services program, but the vast majority are not receiving specialized assessment and treatment services.

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

Children come to the attention of the child welfare system through a reporting system whereby individuals concerned about a child's safety and well-being call DCFS to report their concerns. If the report contains sufficient evidence of possible abuse or neglect, an investigation is initiated. Recent federal Child Abuse Prevention and Treatment Act amendments and related state legislation have expanded the expected intervention of DCFS to include substance affected infants. State law mandating the reporting of infants exposed to controlled dangerous substances was amended in 2007 to add children exposed to severe and chronic alcohol exposure. These infants and their families often have mental health needs as well.

Additional gaps in the SECRLDCFS project are due to budget limitations and the inability to have face to face consultation and the lack of access to up to date technology and web-conferencing capabilities.

2011 Update: 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 (FC, FS, CPI, AR and Adoptions) 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, 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.

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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 agency 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.

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

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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.

Activities Planned FFY 2012: The work with the infants will continue in the next fiscal year. The Department will continue to work closely with all three teams to develop outcome measures that can be reported both quarterly and annually. Plans continue in exploring ways in which services can be expanded by developing the capacity of the DCFS workforce and community providers through training in Infant Mental Health.

3.) Service/Program Description: Family Resource Centers (FRCs) (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's provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a multi-year contract ending in Fall 2011. The Department will issue a Request for Proposals (RFP) prior to the end of the contract period so there is no break in service delivery.

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(s) due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting

Visit Coaching: This service primarily targets children in foster care, but can benefit in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. For families in the Nurturing Parenting Program (NPP) program, the "family time" component will be expanded to accommodate this service and will serve as that parent's visit.

Family Skills Building: The Family Skills Building (FSB) service provided through the Family Resource Centers provides customized support, mentoring, guidance, and teaching on identified needs that are not readily addressed by other services, such as parenting education or visit

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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 ten (10) Family Resource Centers that are contracted with to provide services.

The current FRC's 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) Project Celebration, Many, 9) Community Support Programs(Portals), Shreveport, 10) 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.

2010 Update: Due to a decline in state and federal revenues to support child welfare services, funding to support regional Family Resource Centers was cut by 37% in SFY 2008-2009. Beginning July 1, 2009, changes occurred in the Family Resource Center (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's 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's 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's which were not one of the three core services. New referral forms were available on July 1, 2009.

Due to budget constraints, nine (9) Family Resource Centers are contracted with to provide services in designated areas of the state rather than eleven (11) as in previous years. The three Family Resource Centers 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's 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.

Gaps in Services: Transportation continues to be an issue for families accessing services through the resource centers. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has

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also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers.

2011 Update: 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's 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. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers.

Activities Planned FFY 2012: The Department will continue to refer families to the FRC's for parent education, family skill building and visit coaching. State Office Program Managers will continue to monitor the contracts to ensure fiscal responsibility and fidelity of service models. RFP's for new service contracts will go out and selection of providers for three year contracts will be completed for FFY beginning October 1, 2011.

4.) Service/Program Descriptions: Foster/Adoptive Recruitment Efforts/Adoption promotion: (APSS) State and regional recruitment/retention plans are developed annually by state office and regions. The Department promotes adoption awareness through the annual Governor's mansion celebration. DCFS continues to receive some assistance from Wendy's Wonderful Kids in the recruitment of adoptive families. (PSS, APSS) Children available for adoption are photo listed on the DCFS website, Louisiana Adoption Resource Exchange (LARE), and AdoptUSkids website.

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2010 Update: Enhancements to the LARE Photolisting and National Exchanges are in process. Regional recruiters have solicited the assistance of local professional photographers who are providing quality photos of adoptive children on a regular basis. These photos are replacing the digital ones on their LARE profiles and have brought about a positive response from internal and external stakeholders. The recruitment supervisor now facilitates the follow-up of families to the Adopt-Us-Kids and Adoptions Photolisting sites. All referrals are monitored and followed up by recruitment staff effective July 2009 and will afford a better tracking of referrals and recruiters will become integral in ensuring that persons who inquire are routed to the correct person or process with less chance of disruption. It has already been noted that the number of inquiries generated through these electronic Photolistings is not realized in the number of outcomes to the local offices. Recruitment staff is working to track these inquiries and increase this area of outcome for children in DCFS custody.

2011 Update: Local Foster Parent Associations acted in partnership with DCFS Regional Recruiters in the success of several community awareness events, match parties, and faith-based “One Church, One Child” campaigns this fiscal year. Regional Recruiters partnered with statewide associations to assist in recruiting for “hard to place,” special needs youth. Statewide Recruiters shared fliers of youth that were freed for adoption without identified placements, and 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.

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. Recruiters expanded their media connections to include major newspapers, radio stations, and magazines that willingly allow free media access to promote recruitment efforts. They 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. (For additional information on recruitment efforts please refer to the statewide recruitment/retention plan in this plan.)

Staff has 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 are featured at a time on a rotating basis. Additionally, the Annual Governor’s Mansion Adoption Celebration was held in November 2010 and National Adoption Awareness Month was celebrated by honoring those families who adopted children from Louisiana foster care.

Activities Planned FFY 2012: The Department will continue with recruitment efforts and adoption promotion.

5.) Service/Program Description: Louisiana Advocacy Support Team (L.A.S.T.) (PSS, FP) - Louisiana Advocacy Support team (L.A.S.T.) provided support to foster and adoptive parents facing child protection investigation allegations of abuse and neglect. The Louisiana Foster and Adoptive Parent Association (LFAPA) sub-contracted with the University of Louisiana Monroe

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Family Connections Family Resource Center in Monroe to administer the L.A.S.T. program. The Family Resource Center provided office space, a statewide toll free line, and a foster/adoptive parent staff member that served as a coordinator and a point of reference for foster/adoptive parents with concerns and issues related to support, community resources, and agency policies, rights and responsibilities. Foster/adoptive parents served as L.A.S.T. volunteers in each region that referred other foster/adoptive parents within each region to L.A.S.T. for assistance and support. Each call that was made to L.A.S.T. was documented and shared with LFAPA's liaison from DCFS in the form of a quarterly report. These reports, that included the nature of each call, in turn gave the Department vital information that was utilized (along with other assessment activities) to identify training needs for both staff at DCFS and foster/adoptive parents. Volunteers from each local office's foster parent association served as liaisons that referred foster parents to L.A.S.T. for supportive purposes.

2010 Update: In 2009, L.A.S.T. hosted 5 trainings throughout Louisiana whose audience included both staff from the DCFS and certified foster/adoptive parents from each prospective region. The Defensive Parenting trainings were interactive, and provided a platform for staff and foster/adoptive parents to interact, share, and problem-solve regarding best practices, all in the spirit of teamwork. This training was coordinated by L.A.S.T. along with the home development regional recruiter in the Covington region at Southeastern Louisiana University in June, Shreveport Region in April, Baton Rouge Region in May and at the annual conference in Shreveport in February. It is ultimately utilized as a break out session training given at the Annual Foster Parent Conference in Hammond in February 2010 and hosted in the Monroe Region in January 2010. LAST hopes to collaborate with child protection investigator staff from the Department of Children and Family Services in order to incorporate continued education regarding the services they provide, and to explore additional avenues to join supportive efforts.

LA R.S. 46:286.2-286.4, LA Foster Parent Bill of Rights (Act 439 of 2003 and Act 122 of 2007) grants foster/adoptive parents the right to permit a member of the L.A.S.T. team to accompany them to meetings with departmental staff during investigations and grievance procedures. In 2009, L.A.S.T. team members attended numerous meetings in several regions in Louisiana for educational and supportive purposes. The foster parent handbook was provided to each newly certified foster/adoptive parent throughout the State of Louisiana, and included in each handbook was Appendix J (LA Foster Parent Bill of Rights) that is also available on-line via the DCFS website.

DCFS has contracted three years of a multi-year contract with the Louisiana Foster and Adoptive Parent Association (LFAPA) for the period of 7/1/2007 to 6/30/2010.

2011 Update: During this time period the Department supported the annual foster parent conference during which workshops were presented to foster/adoptive parents and departmental staff on LAST.

Activities Planned FFY 2012: The Department will continue with support of foster and adoptive families and LAST

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TRAINING PLAN: The Louisiana Department of Children and Family Services (DCFS) supports staff development and provides training that supports the goals and objectives of the Child and Family Services Plan (CFSP) 2010-2014. The training and staff development plan addresses the Title IV-B programs and Title IV-E requirements and other related but separate training needs, objectives, and initiatives that reflect the ever changing nature of staff preparation and training at the beginning, intermediate, and advanced levels of knowledge, skills, and attitude. It should be noted that the child welfare training unit does not have the human resources needed to provide all child welfare training; therefore, training is often times provided by child welfare program staff.

Further, the training and staff development plan includes an ever expanding use of nationally recognized experts and resources (ex. Casey Family Programs and CWLA), some of whom will be provided through the National Resource Center Network for Training and Technical Assistance and the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP). LCWCWP was established within Louisiana State University in partnership with DCFS through Children's Bureau funding), and the Louisiana Child Welfare Workforce Alliance. The Alliance includes university expertise, internal training resources, and locally available resources. Training is ever changing and DCFS addresses the shifting training needs through a variety of approaches and resources to be responsive to the future. A number of training courses were updated to reflect changes brought about by the Fostering Connections to Permanency and Increasing Adoptions Act and the Department is working on the development of two family engagement training courses which have been added to the training plan.

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

The Department utilizes Titles IV-E and IV-B funding and Title XX-Social Services Block Grant (SSBG) funds and for allowable training and administrative costs. The Department also utilizes Title IV-B, Subpart 2 funds for allowable training topics as well as administrative costs for training. The non-federal match includes state general funds and in-kind funds.

Estimated Total Cost/Indication of Allowable Title IV-E Administration: The training costs allocated to Title IV-E, 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 (ex. course development, course updates and training 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.

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Random Moment Sampling (RMS) procedures are also in place and all 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.

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.

Category of Expenditure	Actual FFY 2009	Actual FFY 2010	Projected FFY 2011	Projected FFY 2012	Projected FFY 2013	Projected FFY 2014
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$4,303,095	\$4,369,251	\$4,389,157	\$4,476,941		
Travel	\$6,880	\$6,899	\$7,017	\$7,157		
Operating Services -advertising, printing, maintenance of equipment, rental of equipment and buildings, utilities, telephone services, postage, building security, dues and subscriptions, etc	\$37,455	\$38,183	\$38,204	\$38,968		
Supplies	\$,7316	\$7,405	\$7,462	\$7,611		
Acquisitions	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	\$3,094,861	\$3,156,758		
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$824,938	\$984,584	\$1,092,760	\$1,114,615		
Total	\$8,213,862	\$8,496,242	\$8,629,461	\$8,802,050		

Title IV-E Stipends: A limited number of stipends are made available to qualified DCFS employees each year contingent upon adequate funding. In FY 2010, 3 employees were awarded stipends. Unfortunately, there were no employee stipends awarded in FY 2011 or FY 2012 due

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to budget cuts and hiring freezes. The stipends provide 75% of the employee's salary and full educational leave for up to two academic years to complete a full time MSW program at Louisiana State University, Southern University in New Orleans, or Grambling State University (accredited graduate schools with DCFS approved Title IV-E child welfare curricula).

Additionally, educational stipends are awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. A contract is developed between DCFS and the stipend recipient. Upon graduation the Department's training section works with Field Operations to place each student based on staffing needs in the allowable programs of Family Services and Foster Care. In FFY 2011, the stipend amount for the Bachelors of Social Work (BSW) student was \$6,000 for all universities. The stipend for the Masters of Social Work (MSW) student was \$8,000. 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. at New Orleans (SUNO)	3-BSW 4-MSW	1 BSW 4 MSW	3 BSW 3MSW			
Grambling State Univ. (GSU)	2-BSW 3-MSW	3 BSW 3 MSW	3 BSW 3 MSW			
Southern Univ. Baton Rouge (SUBR)	6-BSW 0-MSW	0 MSW 6 BSW	3 BSW			
Univ of La at Monroe (ULM)	2-BSW 0-MSW	0 MSW 5 BSW	0 MSW 4 BSW			
Northwestern State Univ. (NSU)	4-BSW 0-MSW	0 MSW 4 BSW	0 MSW 3 BSW			
Southeastern La Univ. (SLU)	6-BSW 0-MSW	0 MSW 6 BSW	0 MSW 5 BSW			
Louisiana State Univ. (LSU)	4-MSW	5 MSW 0 BSW	4 MSW 0 BSW			
Annual Total # BSW stipends/ Cost (\$5000 each)	23 Stipends/ \$115,000	25 Stipends \$5500 each \$137,500	21 Stipends \$6000 each \$126,000			
Annual Total #MSW stipends /Cost (\$7000 each)	11 Stipends/ \$77,000	12 Stipends \$7500 each \$90,000	10 Stipends \$8000 each 80,000			

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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 contract between NSU and DCFS (Louisiana Contract # 682436) is for three years and \$3,278,281. The contract is up for renewal in June 2012. In Fiscal Year (FY) 2010, \$836,183.39 was billed for IV-E reimbursement and 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.

During FFY 2010, 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.

Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351): As part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), there are numerous changes to the training curricula that have occurred to ensure successful implementation of the Act. Additional training was also provided for the new guardianship subsidy program. The Department is committed to providing kinship/guardianship assistance payments to relatives and has developed policy for the program. The Department has incorporated the following requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008 in current trainings:

- Assure that school age Title IV-E recipients are full time students unless they are incapable of attending school full time due to a medical condition. This information has been incorporated into the New Worker Orientation, Model Approach to Partnerships in Parenting-Group Participation and Selection, and Foster Care Assessment and Case Planning.
- Due diligence to identify and notify adult relatives within 30 days of a child's entry into foster care. This requirement has been incorporated into New Worker Orientation, Child Protection Investigation/Alternate Response Family Assessment/Family Services fundamental decision making trainings. This information is also included in a booklet, titled "6 steps to permanency" that is provided at the New Worker Orientation. The Department is working to include this requirement in the Foster Care Assessment and Case Planning training.
- Reasonable efforts to place siblings together or provide on-going interaction unless contrary to the welfare of the child is incorporated into New Worker Orientation, Foster Care Assessment and Case Planning and Home Development trainings.
- Creation of a detailed, personalized, transition plan for youth within 90 days of emancipation from foster care is incorporated into Foster Care Assessment and Case Planning and all adoption courses.
- Training of staff, relatives/guardians and other community partners was initiated in January 2010 in collaboration with the Court Improvement Project and Louisiana CASA (i.e. guardians ad litem, CASA, court personnel, etc.).

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- Training on the Fostering Connections to Success Act and specifically the new guardianship subsidy program was provided to staff and stakeholders in joint trainings sponsored by CASA as well as through two statewide videoconferencing and question/answer sessions facilitated by state office (central office) staff. The Department plans to continue offering statewide videoconferences which include question/answer sessions for the optional Guardianship Subsidy Program. Trainings held February 2010 and March 2010.

Initial In-Service Training Program for New or Reassigned Employees: The DCFS Child Welfare Staff Development Curriculum is built around a model incorporating a multidimensional approach to learning by offering varied learning experiences relating to specific competencies. Learning experiences are categorized into three levels of professional maturation - basic, intermediate and advanced. Some courses span two levels.

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

DCFS continues to work on expanding the curriculum for New Worker Orientation. The first revisions and what is currently New Worker Orientation (NWO) training for newly hired professional staff is three weeks of formal training. Current calendaring provides one week in the office following the first week of training and then returning for the remaining two weeks consecutively. This curriculum provides fundamental knowledge and skills needed for child welfare services delivery that are common to the Child Protection Investigations, Alternate Response and Family Assessment, Family Services and Foster Care program areas. Each training day builds upon the preceding one and each week builds upon the other. Prior to attending the New Worker Orientation, newly hired workers are required to complete a pre-orientation Structured Activity Time exercise. This exercise includes activities that would assist the new worker, under the guidance of their supervisor, in being oriented to their parish office, with policies, procedures and forms, and to their community service providers and stakeholders. The new workers are to bring their completed Structured Activity Time exercise and their DCFS Desk Resource with them to the NWO training as most of the activities they completed are used as examples and, in reflection, during the application and integration processes of the training. The DCFS Desk Resource is also used by newly hired staff and experienced staff. It is a compendium of all relevant child welfare laws, specific DCFS policies and procedures on issues such as dress code, weapons, ethics, confidentiality, and child welfare's vision, mission and core values, etc.

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

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For additional information on ongoing training in the core curriculum, please refer to the DCFS Training and Staff Development Chart on the following pages.

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Cost Allocation Methodology: Louisiana is entitled to federal matching funds for the proper and efficient administration of the state plan. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. The 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.

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. The Department also utilizes Title XX, Social Services Block Grant funds for training.

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

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

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DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 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 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)

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)

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Course & Course Description	Cost Allocation: Title IV-E & Title IV-B	Duration/# of days/Hours/ # of Annual Sessions Full Time (for entire column)	Provider/ Setting & Venue	**Course Development Hours & Training Preparation Hours	Targeted Participants (Audience); Minimum and Maximum # Participants per Session; Estimated Minimum and Maximum Cost Per Session
<p><u>Alternate Response Family Assessment</u> - This training provides field staff and supervisors with an overview of worker expectations of the standard ARFA case. Topics include ARFA policy, family engagement, safety planning, ARFA service plans, time lines and closure requirements.</p>	<p>Case Management; Funding source: IV-B 50/50</p> <p>Allowable Activities: Conducting child abuse and/or neglect investigations because such specialized skills are required for staff activities that occur prior to a child's entering FC or AD and even prior to a child becoming a candidate for foster care, How to address or treat child or family problems or behaviors because it supports the delivery of social services rather than administration of the Title IV-E state plan.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>½ Day</p> <p>(3 hours)</p> <p>Short Term</p> <p>(as needed)</p>	<p>Departmental Trainers</p> <p>State Office Location & Regional Office</p>	<p>Course Development Hours: 80</p> <p>Course Update Hours: 20</p> <p>Preparation Hours: 40</p>	<p>CPI, AR & FS staff and CASA & other court improvement project partners, Tribal representatives</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$2,150.00</p> <p>Estimated Maximum Cost/Session: \$5,413.00</p>
<p><u>Assessment and Case Planning Working with the Family</u> - Program specific skills and knowledge. This course provides in-depth information with regards the family assessment and case planning process. The concepts of culture, risk, safety, separation & attachment, foster/adoptive parents, engagement, behavior changes, and the role of the foster care/family services worker regarding service provision.</p>	<p>Case Management/Core Curriculum; IV-E Training -75/25</p> <p>Allowable Activities: Referral to Services; Preparation for and participation in judicial determinations; placement of the child; development of the case plan; case reviews; case management and supervision; social work practice, such as family centered practice and social work methods including interviewing and assessment; permanency planning</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2); CWPM, Section 3.1H, Q/A #1; AT-ACF-OISM-001</p>	<p>4 Days</p> <p>(32 hours)</p> <p>Short Term</p> <p>4-6 sessions</p>	<p>Departmental Trainers (two trainers are teamed up to teach this course)</p> <p>State Office Location & Regional</p>	<p>Course Development Hours: 1,600</p> <p>Course Update Hours: 40</p> <p>Preparation Hours: 40</p>	<p>Home Development, Foster Care, Family Services, Adopt., QA , supervisory level staff, CASA & other court improvement project partners, Tribal representatives</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$8,600.00</p> <p>Estimated Maximum Cost/Session: \$21,652.00</p>
<p><u>Centralized Intake</u> This course provides program specific skills in CPI for processing intake reports of abuse and/or neglect. This training highlights the importance of utilizing the SDM decision making trees, definitions of allegations, TIPS, ACESS, and engaging reporters with regards to report acceptance and processing calls of abuse and/or neglect.</p>	<p>Specialized CPI/Intake Training; IV-B 50/50</p> <p>Allowable Activities: State agency personnel policies and procedures, job performance enhancement skills, general supervisory skills or other generic skills needed to perform specific jobs training, How to address or treat child or family problems or behaviors because it supports the delivery of social services rather than the administration of title IV-E state plan.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>3 Days</p> <p>(18 hours)</p> <p>2-4 sessions</p>	<p>Departmental Trainers (two trainers are teamed up to teach this course)</p> <p>State Office Location & Regional</p>	<p>Course Development Hours: 1,600</p> <p>Course Update Hours: 40</p> <p>Preparation Hours: 40</p>	<p>Centralized Intake Staff</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$6,450.00</p> <p>Estimated Maximum Cost/Session:\$16, 239.00</p>

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Course & Course Description	Cost Allocation: Title IV-E & Title IV-B	Duration/# of days/Hours/ # of Annual Sessions Full Time (for entire column)	Provider/ Setting & Venue	**Course Development Hours & Training Preparation Hours	Targeted Participants (Audience); Minimum and Maximum # Participants per Session; Estimated Minimum and Maximum Cost Per Session
<p><u>Child Protection Investigation, Alternative Response, Family Services Fundamentals</u> - Provides program specific skills & knowledge building decision making using the Susan Wells model; specialized interviewing skills for clients with disabilities & difficult behaviors; risk and safety assessment.</p>	<p>Case Management/Core Curriculum - 75 percent of this course is charged to IV-B (CPI & AR) and 25 percent is charged to IV-E Training -75/25 (FS)</p> <p>Allowable Activities: Referral to Services; development of case plan; case management and supervision; social work practice, such as family centered practice and social work methods including interviewing and assessment</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>4 Days (32 hours)</p> <p>Short Term</p> <p>4-6 sessions</p>	<p>Departmental Trainers (two trainers are teamed up to teach this course)</p> <p>State Office Location and Regional Offices</p>	<p>Course Development Hours: 1,280</p> <p>Course Update Hours: 40</p> <p>Preparation Hours: 40</p>	<p>CPI, ARFA, Family Services and staff CASA & other court improvement project partners, Tribal representatives</p> <p>Estimated Minimum Cost/Session: \$8,600.00</p> <p>Estimated Maximum Cost/Session: \$21,652.00</p>
<p><u>Darkness to Light</u></p> <p>This course provides in-depth information with regards to preventing child sexual abuse. Preventive techniques are discussed with participants to enhance their knowledge about the trauma a child experiences when they are sexually abused and the impact it has on the family.</p>	<p>General Child Welfare; IV-E Training 75/25</p> <p>Allowable Activities: Child Abuse and Neglect issues, such as the impact of child abuse/neglect on a child, and general overviews of the issues involved in child abuse and/or neglect investigations, if the training is not related to how to conduct an investigation, Cultural competency related to children and families, communication skills required to work with children and families.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>½ Day (3 hours)</p> <p>Short Term</p> <p>2-4 sessions</p>	<p>Departmental Trainers (two trainers are teamed up to teach this course)</p> <p>State Office Location and Regional Offices</p>	<p>Course Development Hours: 80 Hours</p> <p>Course Update Hours: 4</p> <p>Preparation Hours: 8</p>	<p>All staff, CASA & other court improvement project partners, Tribal Representatives, Clergy, Foster/Adoptive Parents, Educators, Medical Professionals, general public</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$2,150.00</p> <p>Estimated Maximum Cost/Session: \$5,413.00</p>
<p><u>Driving on the Ethical Highway for Staff</u> - The Core values of DCFS, the agency's child welfare Code of Ethics, and NASW Code of Ethic are the focus. Confidentiality is addressed Tools for dealing with ethical challenges are presented and opportunity to practice applying the Codes of Ethics to child welfare case scenarios is given</p>	<p>Ethics; IV-E Training - IV-E 75/25</p> <p>Allowable Activities: Ethics training associated with a title IV-E State Plan requirement, such as confidentiality requirements in section 471(a) (8) of the Act.</p> <p>Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)</p>	<p>½ day (3 hours)</p> <p>Short Term</p> <p>12-15 sessions</p>	<p>Departmental Trainers</p> <p>State Office Location and Regional Offices</p>	<p>Course Development Hours: 320</p> <p>Course Update Hours: 80</p> <p>Preparation Hours: 20</p>	<p>Professional Level Staff</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$2,150.00</p> <p>Estimated Maximum Cost/Session: \$5,413.00</p>
<p><u>Equal Opportunity Employment Commission</u> - To develop/improve staff awareness of discrimination laws as they relate to employment, supervision and service delivery.</p>	<p>General Child Welfare IV-E – 50/50 Safety and Health</p> <p>Allowable Activities: Ethics training associated with a title IV-E State Plan requirement, such as confidentiality requirements in section 471(a) (8) of the Act</p>	<p>½ day (3 hours)</p> <p>Short Term</p>	<p>Departmental Trainers</p> <p>State Office and Regional Offices</p>	<p>Course Development Hours: 320</p> <p>Course Update Hours: 80</p> <p>Preparation Hours: 40</p>	<p>All levels of staff</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$2,150.00</p>

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	Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)	(as needed)			Estimated Maximum Cost/Session: \$5,413.00
Ethical Principles –Primary focus is on Louisiana DCFS’ and NASW Codes of Ethics, Child Welfare vision, core values and mission are stressed. Confidentiality is also addressed. Practical application is demonstrated by applying an ethical decision making model to Case Scenarios.	Ethics; IV-E Training - IV-E 75/25 Allowable Activities: Ethics training associated with a title IV-E State Plan requirement, such as confidentiality requirements in section 471(a) (8) of the Act Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)	½ day (3 hours) Short Term 12-15 sessions	Departmental Trainers State Office Location & Regional	Course Development Hours: 320 Course Update Hours: 80 Preparation Hours: 20	Professional Level Staff Minimum 10; Maximum 27 Estimated Minimum Cost/Session: \$2,150.00 Estimated Maximum Cost/Session: \$5,413.00
ICPC - Learn provisions of the interstate compact on the placement of children and review procedures related to the compact along with the forms and supporting documents that are part of ICPC packet. Communication protocols, home study content and travel approval requirements are explained in detail.	Case Management; IV-E Training- 75/25 Allowable Activities: Title IV-E policies/procedures; Permanency planning including using kinship care as a resource; home studies; foster care candidate determinations and pre-placement activities directed toward reasonable efforts Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2); CWPM, Section 3.1H, Q/A #1; AT-ACF-OISM-001	1 Day (6 hours) Short Term 12-18 sessions	Departmental Trainers State Office Location & Regional	Course Development Hours: 640 Course Update Hours: 20 Preparation Hours: 40	Home Development, Foster Care, Adoption and QA staff. Also open to CPI and FS staff, Tribal Representatives Minimum 10, Maximum 27 Estimated Minimum Cost/Session: \$2,150.00 Estimated Maximum Cost/Session: \$5,413.00
Leadership Academy of Supervision – (LAS) Online training specifically for child welfare supervisors. LAS draws on adult learning and leadership principles tailored to the role of the supervisor and toward preparing supervisors for advancement as a part of succession planning. This course involves 6 modules: Model I: Introductory Module Module II: Foundations of Leadership Module III: Leading in Context Module IV: Leading People Module V: Leading for Results Module VI: Leading Change	General Child Welfare; IV-E 50/50 Allowable Activities: General supervisory skills or other generic skills needed to perform specific jobs training, Team building and stress management, job performance enhancement skills, State Agency personnel policies and procedures. Legal and Related References: Social Security Act – Section 474 (a) (3) (E); 45 CFR 1356.60 (c)	5 Days (6 hours) Short Term (6-8) sessions	Departmental Trainers State Office Location & Regional	Course Development Hours: 40 Course Update Hours: 20 Preparation Hours: 80	First Line CW Supervisors Minimum, 10 Maximum 27 Estimated Minimum Cost/Session: \$10,750.00 Estimated Maximum Cost/Session: \$27,065.00
Life Books – Connecting the Missing Pieces – To provide practical skills to assist children and caregivers in developing life books that record the journey through foster care. Focuses on using the	General Child Welfare; IV-E Training - 75/25 Allowable Activities: Cultural Competency related to children and families, Child Abuse and neglect issues; such as the	1 Day (6 hours)	Departmental Trainers State Office	Course Development Hours: 620 Hours Course Update Hours: 40	Home Development Staff and Foster/Adoptive Parent Co-leaders; CASA & other court improvement project partners, Tribal representatives

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development of the life book over time as a clinical or therapeutic tool for helping a child to work through the issues of separation and loss; Identifies approaches for life book work with children. Explains benefits of life book work for foster child, social worker, and foster parent; Explains how life books are important to the healing process for foster children; and lists critical information to include in the life book	<p>impact of child abuse and neglect on a child and general overviews of the issues involved in a child abuse/neglect investigations if a training is not related to how to conduct an investigation of child abuse/neglect, placement of the child; permanency planning including using kinship care as a resource for children involved in the child welfare system; effects of separation, grief and loss, child development and visitation.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2); CWPM, Section 3.1H, Q/A #1; AT-ACF-OISM-001</p>	Short Term 2-4 sessions	Location & Regional	Preparation Hours: 40	<p>Minimum 10; Maximum 30</p> <p>Estimated Minimum Cost/Session: \$2,150.00</p> <p>Estimated Maximum Cost/Session: \$5,413.00</p>
<p><u>Model Approach to Partnership in Parenting/Group Preparation and Selection Assessment</u> - This course includes: MAPP/GPS, Manual, Trainer’s Guide, and 7 Resource Manuals for Foster Adoptive Parents. Course Provides staff with instruction on delivering the 7 sessions of training to foster adoptive parents and for guiding the mutual selection process incorporated into the MAPP curriculum for foster / adoptive families through each of the sessions. Provides demonstration of numerous MAPP activities. Guidance is given on the media resources. The 12 skills of successful foster/adoptive parents, which are foundational to the curriculum, are presented for integration into the mutual selection and assessment of each foster/adoptive parent applicant.</p>	<p>Case Management; IV-E – Training - IV-E 50/50</p> <p>Allowable Activities: General supervisory skills or other generic skills needed to perform specific jobs training; how to address or treat child or family problems or behaviors because it supports the delivery of social services rather than the administration of the title IV-E State Plan, job performance enhancement skills, case planning activities, licensing of foster and adoptive homes, information for home studies, culture competency related to children and families, Child Abuse and neglect issues; such as the impact of child abuse and neglect on a child and general overviews of the issues involved in a child abuse/neglect investigations if a training is not related to how to conduct an investigation of child abuse/neglect, permanency planning including using kinship care as a resource for children involved in the child welfare system; effects of separation, grief and loss, child development and visitation, general substance abuse, domestic violence and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment and/or services, communication skills to work with children and families, activities designed to preserve, strengthen, and reunify the family if the training is not related to providing treatment and/or services, Assessments to determine whether a situation requires a child’s removal from the home, if not related to providing treatment and/or services, Ethics training associated with the title IV-E State Plan, Independent Living and the issues confronting adolescents for preparing for independent living,</p>	4 Days (32 hours) Short Term (as needed)	Departmental Trainers State Office Location	Course Development Hours – 2000 Course Update Hours: 80 Preparation Hours: 100	<p>Home Development, Foster Care and Adoption staff and foster and adoptive parent co-leaders; home development supervisors , Tribal representatives</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$8,600.00</p> <p>Estimated Maximum Cost/Session: \$21,652.00</p>

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	<p>foster care candidate determinations and pre-placement activities directed towards reasonable efforts if the training is not related to providing a services, team building and stress management training, how to address or treat child or family problems or behaviors because it supports the delivery of social services rather than the administration of the title IV-E State plan, Understanding child abuse and neglect investigations.</p> <p>Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)</p>				
<p>MAPP/GPS Facilitation Skills - Builds on competencies obtained during Model Approach to Partnership in Parenting/Group Preparation and Selection Assessment (MAPP/GPS) Leadership Certification. Focuses on developing facilitation skills and techniques for more effective presentations to potential Foster and Adoptive Parents. The facilitation skills are examined and practiced through the delivery by trainees of excerpts from .the MAPP / GPS Leadership curriculum.</p>	<p>General Child Welfare; IV-E - 50/50</p> <p>Allowable Activities: Ethics training associated with the title IV-E State Plan, job performance enhancement skills, generic skills needed to perform specific job training.</p> <p>Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)</p>	<p>3 Days (18 hours) Short Term (as needed)</p>	<p>Departmental Trainers State Office Location & Regional</p>	<p>Course Development Hours: 400 Course Update Hours: 40 Preparation Hours: 40</p>	<p>Home Development, Foster Care and Adoption staff and foster and adoptive parent co-leaders; home development supervisors , Tribal representatives</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$6,450.00</p> <p>Estimated Maximum Cost/Session:\$16, 239.00</p>
<p>New Worker Orientation (NWO) - This 3 week curriculum provides fundamental knowledge and skills needed for child welfare service delivery that are common in the primary program areas.</p>	<p>Core Curriculum; 85 percent of this course is charged to IV-E Training @ 75/25, 10 percent of the course is charged to IV-B and 5% is charged to IV-E @ 50/50.</p> <p>Allowable Activities: Please see allowable activities or each individual module of NWO listed below.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2);</p>	<p>15 Days (89 hours) Short-term 4-6 sessions</p>	<p>Departmental Trainers (two trainers are teamed up to teach this course) State Office Location & Regional</p>	<p>Initial Course Development Hours : 2,080 See each module for specific development, update and preparation hours</p>	<p>All newly hired child welfare workers, CASA & other court improvement project partners, Tribal representatives</p> <p>Minimum 10; Maximum 27</p> <p>Estimated Minimum Cost/Session: \$32,250.00</p> <p>Estimated Maximum Cost/Session: \$81, 195.00</p>
<p>NWO Agency Overview, Laws & Allegations & Legal Definitions- This course helps staff recognize the importance of DCFS community partners in working together to keep children and families safe. In addition, it explores the history of child welfare beginning with the federal laws which govern child welfare. This course offers in-depth information of the description of words</p>	<p>General Child Welfare/Core Curriculum - IV-E Training - 75/25</p> <p>Allowable Activities: Referral to Services; Preparation for and participation in judicial determinations; Social Work practice, such as family centered practice</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45</p>	<p>½ Day (3 hours)</p>		<p>Module Development Hours: 40 Module Update Hours :16 Preparation Hours: 4</p>	

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which help to define the criteria for abuse and/or neglect according the Louisiana Children's Code. It explores the different program areas and provides a clear description of each.	CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2);				
NWO Objective Documentation - This course focuses on the importance of documentation in the child welfare investigative, assessment, and case planning process. It addresses the purpose of documentation, as well as the agency's role and expectation of workers to document professionally.	IV-E Training - 75/25 Allowable Activities: Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly related to conducting a child abuse and/or neglect investigation Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2);	½ Day (3 hours)		Module Development Hours: 40 Module Update Hours: 8 Preparation Hours: 2	
NWO Intake & Screening/AFRA - This course focuses on report acceptance, screening, and utilizing the Structured Decision Making Tool, definitions of allegations, and agency policy/procedures with regards to abuse and/or neglect. It addresses the concept of decision making trees with regards to: Physical Abuse, Neglect, Sexual Abuse, and Emotional Maltreatment. In addition, this course also emphasizes the Centralized Intake System and the expectation for DCFS staff in reporting abuse and/or neglect. In addition to SDM screening and response, this course also addresses the fundamentals of the Alternative Response Family Assessment Program.	Funding Source: IV-B 50/50 Allowable Activities: Conducting child abuse and/or neglect investigations because such specialized skills are required for staff activities that occur prior to a child's entering FC or AD and even prior to a child becoming a candidate for foster care, How to address or treat child or family problems or behaviors because it supports the delivery of social services rather than administration of the Title IV-E state plan. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	1 Day (6 hours)		Module Development Hours: 40 Module Update Hours:10 Preparation Hours: 2	
NWO Physical Indicators of Child Maltreatment - This course helps staff recognize physical indicators of child abuse and neglect, and to describe these observations using objective language. Some behavioral indicators are discussed. Emphasis is placed on	IV-E Training - 75/25 Allowable Activities: Child abuse and neglect issues, such as impact of child abuse/neglect on a child, and general overviews of the issues involved in child abuse/neglect investigations if the training is not related on how to conduct an investigation of child abuse/neglect.	1 Day (6 hours)		Module Development Hours: 300 Module Update Hours:30 Preparation Hours: 2	

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common types of injuries resulting from child abuse and neglect. Also reviewed are the elements in a child's history of injuries which should alert health professionals to the possibility of abuse/neglect. A differentiation is made between those factors that relate to organic and inorganic failure to thrive cases. Growth charts are utilized as pertinent tools in assessing the health status of a child.	Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)				
NWO Substance Abuse, Mental Illness, And Domestic Violence – This course addresses the fundamentals of mental illness, domestic violence, and substance abuse as they relate to the overall well being of children and families.	IV-E Training - 75/25 Allowable Activities: General Substance Abuse, Domestic Violence, Mental Health issues related to children and families in the child welfare system if the training is not related to providing treatment and services. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	1 Day (6 hours)		Module Development Hours: 120 Module Update Hours: 8 Preparation Hours: 2	
NWO Cultural Competency - This course addresses how to work with families who come into contact with DCFS. In addition, this course is designed to enhance cultural competence in child welfare practice learning about different cultural groups, strengthening services to diverse families and communities and learning collaboration skills. Specific cross-cultural situations in Child Welfare practice are explored through group activities.	IV-E Training - 75/25 Allowable Activities: Cultural Competency related to children and families. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	¼ Day (2 hours)		Module Development Hours: 40 Module Update Hours: 4 Preparation Hours: 2	
NWO Separation/Attachment - This course addresses the complex issues surrounding the trauma children and families experience as a result of being separated by involvement with the DCFS child welfare system. It encompasses the stages of development, as well as, grief	IV-E Training - 75/25 Allowable Activities: Effects of separation, grief, and loss, child development, and visitation Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45	¼ Day (2 + 1 hour Independent Study = 3 hours)		Module Development Hours: 40 Module Update Hours: 4 Preparation Hours: 2	

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issues and how they impact children and their parents. This course emphasizes the importance of working with families and foster parents to assist children and families in understanding the role of the agency with regards to placement issues and concerns following removal.	CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)				
NWO Ethics (Ethical Decision Making for Competent Child Welfare Practitioners) - This course focuses on Louisiana and NASW Codes of Ethics, DCFS Vision, Core Values, and Mission Statement and offers a model for ethical decision making. Ethical dilemmas facing agency staff are addressed.	Ethics; IV-E Training - IV-E 75/25 Allowable Activities: Ethics training associated with a title IV-E State Plan requirement, such as confidentiality requirements in section 471(a) (8) of the Act Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)	½ Day (3 hours)		Module Development Hours: 120 Module Update Hours: 40 Preparation Hours: 8	
NWO Safety Assessment - This course focuses on “safety” with respect to children and families. It addresses the safety form 5, as well as, the purpose of the safety plan in protecting children from abuse and/or neglect. In addition it explores the purpose and definition of safety factors as it relates to helping families explore, build and maintain protective capacities.	IV-E Training - 75/25 Allowable Activities: Referral to services, Preparation for and participation in judicial determinations, placement of the child, development of the case plan., case reviews, case management and supervision, child abuse/neglect issues, such as the impact of child/abuse and neglect on a child, abuse/neglect assessments to determine whether a situation requires a child’s removal from the home. The training is not related directly to conducting a child abuse/neglect investigation. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	½ Day (3 hours)		Module Development Hours: 40 Module Update Hours: 42 Preparation Hours: 2	
NWO Structured Decision Making - This course provides in-depth explanation and purpose for utilizing structured decision making (SDM) with regards to risk. It addresses the definition of risk and provides an in-depth overview of how the forms are to be utilized and the importance of contact requirements for in-home and out-of-home assessments. This course highlights the use of the SDM risk	IV-E Training - 75/25 Allowable Activities: Referral to services, Preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision. This case is not directly related to conducting investigations. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2);	1 Day (6 hours)		Module Development Hours: 40 Module Update Hours: 4 Preparation Hours:2	

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assessment in CPI, FS, and the Foster Care programs.					
NWO Basic Interviewing - This course focuses on interviewing DCFS clients from a CPI perspective. In additions this course focuses on the basic concepts of interviewing with a specific emphasis on adults, children, collaterals and agency stakeholders. This course assists in developing basic skills for new workers with regards to engaging families to obtain information with regards to abuse and/or neglect.	IV-E Training - 75/25 Allowable Activities: Cultural Competency related to children and families, social work practice such as family centered practice and social work methods including interviewing and assessment, communication skills to work with children and families. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	1 Day (6 hours)		Module Development Hours: 40 Module Update Hours: 4 Preparation Hours: 2	
NWO Working with the Family - This course address the importance of working with the family regarding the issues impacting the overall safety and well being of the children and family. These issues are related to the abuse and/or neglect which the parent and/or caregiver has not been able to provide a safe environment for the child. The course highlights the importance of addressing behaviors through an overall assessment and writing behaviorally stated case plans to address family issues which are preventing the children from being safety and/or returning home if placed in foster care.	IV-E Training - 75/25 Allowable Activities: Referral to services, Preparation for and participation in judicial determinations, placement of the child, development of the case plan., case reviews, case management and supervision, assessments to determine whether a situation requires a child’s removal from the home, if the training is not related directly to conducting a child abuse/neglect investigation, cultural competency related to children and families, child abuse/neglect issues, such as the impact of child/abuse and neglect on a child, and general overviews of the issue involved in child/abuse and neglect investigation if the training is not related to conducting an investigation of abuse/neglect, permanency planning including using kinship care as a resource for children involved with the child welfare system. General Substance Abuse, Domestic Violence, Mental Health issues related to children and families in the child welfare system if the training is not related to providing treatment and services. Effects of separation, grief, and loss, child development, and visitation, communication skills required to work with children and families Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	1 Day (6 hours + 1 hour Independent Study = 7 hours)		Module Development Hours: 320 Module Update Hours: 20 Preparation Hours: 8	
NWO Assessment & Case Planning - This course addresses the assessment	IV-E Training - 75/25	1 Day		Module Development Hours: 320	

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<p>process specifically from a foster care and family services perspective. It defines the purpose of assessment, as well as, the importance of utilizing key focused interviewing solutions to engage families in the assessment and case planning process. This course specifically utilizes the application of the AFF (assessment of family functioning) as a required agency form in focusing on key areas of the family's life which pertains to their "overall" level of functioning. The FATS tool is also discussed along with a formal demonstration of "how" the tool is utilized as a part of the documentation for the case planning process.</p>	<p>Allowable Activities: Referral to services, Preparation for and participation in judicial determinations, placement of the child, development of the case plan., case reviews, case management and supervision, assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse/neglect investigation, cultural competency related to children and families, child abuse/neglect issues, such as the impact of child/abuse and neglect on a child, and general overviews of the issue involved in child/abuse and neglect investigation if the training is not related to conducting an investigation of abuse/neglect, permanency planning including using kinship care as a resource for children involved with the child welfare system. General Substance Abuse, Domestic Violence, Mental Health issues related to children and families in the child welfare system if the training is not related to providing treatment and services. Effects of separation, grief, and loss, child development, and visitation, communication skills required to work with children and families, training on referrals to services, not how to perform the service, permanency planning including using kinship care as a resource for children involved with the child welfare system, activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services, case reviews, case management and supervision, home studies.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>(6 hours + 1 hour Independent Study = 7 hours)</p>		<p>Module Update Hours: 40</p> <p>Preparation Hours: 8</p>	
<p>NWO CPI/ARFA – Program Specifics This course addresses the forms utilized from the beginning to the end of the ARFA and Investigative processes.</p>	<p>Funding Source Charged: IV-B IV-E Training - 75/25</p> <p>Allowable Activities: State agency personnel policies and procedures, Job performance enhancements skills (e.g. writing, basic computer skills, time management).</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>½ Day (3 hours)</p>		<p>Course Development Hours: 40</p> <p>Course Update Hours: 2</p> <p>Preparation Hours: 2</p>	

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<p>NWO Family Services/Foster Care-Program Specifics – This course address the forms processes specifically related to the FC and FS programs. In addition, the training covers FC and FS forms utilized within the first 15 days upon receiving a case.</p>	<p>IV-E Training - 75/25</p> <p>Allowable Activities: Eligibility determinations and re-determinations, placement, Preparations for and participation in judicial determinations, referral to services, rate setting.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>½ Day (3 hours)</p>		<p>Course Development Hours: 80</p> <p>Course Update Hours: 8</p> <p>Preparation Hours: 2</p>	
<p>NWO The Court System - This course provides information on how the court system operates in the state of Louisiana. In addition, it is co-trained by the Bureau of General Counsel (BGG) agency attorneys who conduct a mock trial, as well as give a full description of the different trails workers participate in from various program areas (i.e. Continued Custody) The training focuses on how the worker should conduct themselves during a court presentation, as well as, the information which should be provided to the client. The course provides examples of court letters and verified complaints which are utilized for Child in Need of Care Proceedings.</p>	<p>IV-E Training - 75/25</p> <p>Allowable Activities: Preparation for and participation in judicial determinations, placement of the child, development of the case plan, fair hearings and appeals, eligibility determinations and re-determinations, case management and supervision, permanency planning including using kinship care as a resource for children involved in the child welfare system, Independent living and the issues confronting adolescents, preparing for independent living consistent with section 477 (b) (3) (D) of the act and the child welfare policy manual (CWPM) section 3 1 H QA 1. Foster care candidate determinations and pre-placement activities directed toward reasonable efforts in 471 (a) (15), if the training is not related to providing a service.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>	<p>1 Day (6 hours + 1 hour Independent Study = 7 Hours)</p>		<p>Module Development Hours: 300</p> <p>Module Update Hours: 2</p> <p>Preparation Hours: 2</p>	
<p>NWO Worker Safety - This course provides information with regards to workers utilizing “smart” safety techniques when working with children and families when conducting office visits and field visits. This course was designed by Bill Griffith, who gave permission for DCFS training to utilize the content of this training for the training of child welfare field staff. The course has a lot of demonstration key learning activities in which scenarios are</p>	<p>IV-E 50/50</p> <p>Allowable Activities: Worker retention and worker safety, state agency personnel policies and procedures, how to address or treat child or family problems or behaviors because it supports the delivery of social services rather than administration of the title IV-E state plan, child welfare/social service topics that are not related directly to the title IV-E programs</p> <p>Legal and Related References: Social Security Act – Section 474(a)(3)(E); 45 CFR 1356-60(c)</p>	<p>1 Day (6 hours)</p>		<p>Module Development Hours: 80</p> <p>Module Update Hours: 2</p> <p>Preparation Hours: 2</p>	

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	utilized to teach staff the importance of working safe and working smart.	.				
	NWO ACCESS Training - This course is the basic instruction in the proper use of the ACCESS system. ACCESS is the system in which all Child Protection Investigation (CPI) forms are created and stored. At the conclusion of this course participants will be familiar with the procedure for opening the three types of ACCESS cases, intake, household, and investigation.	IV-B Training 50/50 Allowable Activities: Job performance enhancement skills, state agency personnel policies and procedures, How to address or treat child or family problems or behaviors because it supports the delivery of social services rather than the administration of the Title Iv-E plan, Conducting child abuse/neglect investigations because such specialized skills are required for staff activities that occur prior to a child entering foster care or adoptions or even prior to a child becoming a candidate for foster care, Child welfare social service topics that are not related directly to the title IV-E program or the administration of the title IV-E state plan. Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)	1 Day (6 hours)		Module Development Hours: 80 Module Update Hours: 20 Preparation Hours: 4	
	NWO Fundamentals of the Case Work Process – This course reviews the major concepts of the case work process and the course content covered over the 3-week training process.	IV-E Training - 75/25 Allowable Activities: Referral to services, Preparation for and participation in judicial determinations, placement of the child, development of the case plan., case reviews, case management and supervision, assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse/neglect investigation, cultural competency related to children and families, child abuse/neglect issues, such as the impact of child/abuse and neglect on a child, and general overviews of the issue involved in child/abuse and neglect investigation if the training is not related to conducting an investigation of abuse/neglect, permanency planning including using kinship care as a resource for children involved with the child welfare system. General Substance Abuse, Domestic Violence, Mental Health issues related to children and families in the child welfare system if the training is not related to providing treatment and services. Effects of separation, grief, and loss, child development, and visitation, communication skills required to work with children and families, training on	½ Day (3 hours)		Module Development Hours: 120 Module Update Hours: 40 Preparation Hours: 2	

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	<p>referrals to services, not how to perform the service, permanency planning including using kinship care as a resource for children involved with the child welfare system, activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services, case reviews, case management and supervision.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2)</p>				
<p>Substance Exposed Newborn – This course addresses the effects of prenatal alcohol and drug exposure in newborns. In addition, it provides information on the agency’s policies and procedures for working with families where children are born substance exposed.</p>	<p>IV-E Training - 75/25</p> <p>Allowable Activities: Placement of the Child; Development of the case plan; case management and supervision; child abuse/neglect issues, such as the impact of c a/n on a child; general substance abuse, assessments to determine whether a situation requires a child’s removal from the home, training on referrals to services, not how to perform the service.</p> <p>Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2); CWPM, Section 3.1H, Q/A #1; AT-ACF-OISM-001</p>	<p>1 Day (6 hours) Short-term (as needed)</p>	<p>Departmental Trainers State Office Locations and Regional Offices</p>	<p>Course Development Hours: 120 Course Update Hours: 40 Preparation Hours: 80</p>	<p>All programmatic staff, CASA & other court improvement project partners, Tribal representatives Minimum 10; Maximum 27 Estimated Minimum Cost/Session: \$2,150.00 Estimated Maximum Cost/Session: \$5,413.00</p>
<p>Title IV-E Student Orientation Training - Offers interns one day each of Physical Indicators of Child Maltreatment, Worker Safety and Overview of policy, ethics and the foster care program.</p>	<p>General Child Welfare and Core Curriculum; Split 75% of course is eligible at 75/25 and 25% of the course is eligible for at 50/50: IV-E Training @ 75/25 & IV-B Training @ 50/50.</p> <p>Allowable Activities: Social work practice, such as family centered practice and social work methods including interviewing and assessment, cultural competency related to children and child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse/neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect., title IV-E policies and procedures, ethics training associated with a title IV-E state plan such as confidentiality, worker safety</p>	<p>2 days (12 hours) 2-4 sessions as needed</p>	<p>Departmental Trainers State Office and State Public Universities</p>	<p>Course Development Hours: 80 Course Update Hours: 20 Preparation Hours: 40</p>	<p>All Title IV-E student interns and any other student interns Minimum 10; Maximum 27 Estimated Minimum Cost/Session: \$4,300.00 Estimated Maximum Cost/Session: \$10,826.00</p>

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	Legal and Related References: Social Security Act – Sections 471(a)(8), 471(a)(15), 474(3)(A) and (B) and 477(b)(3)(D); 45 CFR 1356.60(b), (c) and (d); 235.64(a)(1) and (2); CWPM, Section 3.1H; & Social Security Act – Section 474(a)(3)(E); 45 CFR 1356.60(c)				

****Course development hours consist of the following:** meetings within the department on the purpose of the training, the intended recipients and course content; includes research, program staff consultation, policy review, course development, draft review and circulation, refinement and finalization.

****Course update hours consist of the following:** Includes research, program staff consultation, policy review and implementation of changes in existing curriculum.

****Preparation hours consist of the following:** Includes room/location scheduling, set up and take down, copying and printing of materials, packet development; work with hotels to set up blocks of rooms, travel, and trainer review of training package.

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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.

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

Update FFY 2010 & 2011: The Department began using MOODLE as it centralized training data system in June of 2009. While this method is far superior to previous methods of tracking training, staff is still learning to fully utilize the tool and the system continues to need adjustments. During year one of the 5-year plan, training curricula has been updated, adjusted and revised to address statewide initiatives, feedback from trainees and the LCWCWP and the LCWWA and state and federal legislation. During this time period, the Louisiana Child Welfare Workforce Alliance (LCWWA) reached consensus on core competencies for universities educating students working toward a BSW. Updates to the training curricula and the work in identifying core competencies for universities included the use of results from DACUM (Developing A Curriculum) workshops held with high performing incumbent workers.

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. 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?

In 2009 Louisiana stakeholders met to begin decision-making for a Louisiana Center of Excellence. The discussions have 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

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offenders, and Child in Need of Care cases. Activities for the Center of Excellence would include approving and coordinating training for some or all stakeholders; policy development and advisory role to local or state government; technical assistance to help local jurisdictions with special projects; disseminating evidence-based research and best practice information; and conducting evidence-based research, including demonstration projects.

A report on the concept of a Center of Excellence will be presented to the Chief Justice and to the Secretary of the Department. After discussions at this level, the plan will be presented to each major stakeholder group and they will be asked to identify their current training priorities and the programs already set to provide training. This potentially will include training on Fostering Connections and the changes in progress for legal representation for children.

Activities Planned FFY 2012:

- Continue with enhancements to Model/centralized training data system
- Deliver and monitor the revised New Worker Orientation (NWO) training curriculum
- Continue to develop new courses, revise currently offered courses and offer trainings on the core curricula which include New Worker Orientation; CPI/ARFA/FS Case Decision Making; and Foster Care Assessment and Case Planning with the Family as well as training on other Title IV-E administrative functions
- Continue work on developing university partnerships
- Expand strategies for an appropriate transfer of learning into practice
- Advance the creation of a Louisiana Child Welfare Center for Excellence
- On-going court/legal education on child welfare issues.

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CHILD ABUSE AND PREVENTION TREATMENT ACT 2011 STATE PLAN: The Department of Children and Family Services 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 and 2011 and how they will be used in FFY 2012 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 (CAFÉ²) that will interface with all DCFS information management systems including the Tracking, Information and Payment System (TIPS) and a Comprehensive Enterprise Social Services System (ACCESS). TIPS is a computerized on-line, statewide information management and payment system for all child welfare programs and ACCESS is the statewide system for intake of all reports of child abuse and neglect. ACCESS is also the electronic case record for all CPI cases.

CAFÉ is planned in four releases and release two will include child abuse and neglect reporting through the development of a customer portal and worker portal. CAFÉ² will enable the Department to more efficiently and effectively accept reports of abuse and neglect.

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Activities Planned for FFY 2012: In release two, departmental staff will work with the contractor to design, build and implement customer and worker portals for the intake of reports of child abuse and neglect.

2.) Centralized Intake Service Description: A centralized intake unit is currently being developed by DCFS. The Department will provide a toll-free, statewide child abuse reporting hotline number that will be available 24 hours a day, 7 days a week (24/7).

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.

4.) ACCESS Enhancements-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.

5.) Case Record Review Process - Service Description: This process is focused around key decision points in each program area including CPI, Family Services and ARFA. 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.

Population Served: Citizens statewide including the following:

- Callers (including mandated reporters) that report alleged incidences of child abuse and/or neglect;
- Families, both at high risk and at low risk of child abuse/neglect;
- Youth under the age of 18 years and families where reports of abuse and/or neglect were made.
- CPS staff

2010 Update: Funds are utilized to assist child protection investigation workers to conduct accurate, thorough, and well documented case investigations. CAPTA funds are also utilized to assist in the

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implementation of Child Protection Investigation (CPI) case planning and delivery process to effectively address the care and safety needs of children in families where alleged abuse/neglect occur.

2011 Update: The Department is developing a statewide centralized intake process for reports of child abuse and neglect. The development will include a centralized phone number with an automated transfer feature that immediately connects reporters to the Department's centralized intake staff. The phone number will be available 24 hours a day, 7 days a week (24/7) directing calls to local "on call" staff for after hours reports. Trained staff with the ability to get enough information from the caller will use the Structured Decision Making (SDM) Intake and Screening tool to determine the validity, and level of priority on each alleged report of abuse and neglect. Staff will be trained to answer basic questions on signs of abuse and neglect, the Department's definition/interpretation of a constituted abuse/neglect report, and ways to prevent child abuse/neglect. Decisions regarding acceptance of reports and response times will be made by the centralized intake unit.

A Structured Decision Making Intake and Screening tool was selected, piloted and implemented state wide. 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 Intake and Screening 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.

- 1) Increase in the number of non-reports,
- 2) Increase in the number of Alternative Response Cases,
- 3) Increase in the number of Immediate Responses,
- 4) Acceptance of Alternative Response intake calls involving children ages 3-5 with a 72-hour response priority.

To monitor the quality of services delivery child welfare staff developed case review instruments around key decision points in each program (Child Protection Investigations, Family Services, Foster Care, Adoptions, and Home Development). 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 prospective supervisors. This ongoing case review process began in February, 2011.

Activities Planned FFY 2012: Centralized Intake is scheduled for implementation effective, July 2011. The 24/7 Centralized Child Abuse Reporting Hotline will be monitored by the Department's Child Protection Investigation staff that will work from home and be domiciled in each prospective region of the state of Louisiana (called teleworkers). There will be approximately twenty five (25) Child Protection teleworkers, five (5) supervisors, one (1) manager, and three (3) support staff trained for these positions. The Centralized Child Abuse Reporting Hotline telephone services will be provided by the Department's call center vendor, Affiliated Computer Services (ACS) that will include a statewide child abuse reporting hotline toll-free number. The Department is working on launching a statewide campaign to notify mandated and permissive reporters of the hotline number and the changes in the Department's child abuse/neglect reporting process.

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The Department's call center will provide 24/7 back-up services for the Child Protection Hotline so that when all CPI staff lines are busy, a trained customer service agent assumes the responsibility of answering the call. The agent will allow the caller the option to leave contact information for a returned call from the first available intake staff or the option of holding for the next available intake staff.

The ACCESS system will be updated to accommodate the centralized intake reporting procedures. A centralized work queue will be created and all intake calls be submitted to the centralized work queue for review and approval by the Centralized Intake Supervisors.

The case review process in all programs that began in February will continue for 3 additional months and end in May of 2011. Information and feedback gathered from this process will be reviewed and evaluated to determine its effectiveness. In support of ongoing assessment, the Department hopes to integrate more of these qualitative types of questions into Quality Assurance (QA) processes.

B.) ALLOWABLE AREA:

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

SERVICES PROVIDED:

1.) Criminal Record Clearances: Foster/adoptive home applicants and all adult household members complete the fingerprinting process to obtain criminal record clearances through the Louisiana State Police (LSP) and the Federal Bureau of Investigations (FBI). Section 9-210 of DCFS Home Development policy requires that a criminal record clearance on foster and adoptive home applicants and all other members of the household 18 years of age or older shall 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 Child CAPTA Grant requirement. CAPTA is Public Law 108-36, and among other provisions, Section 106(b) (2) (A) (xxii) requires provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.

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

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

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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.

2011 Update: 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.

Activities Planned FFY 2012: The Department will continue to use MORPHOTRAK Livescan equipment in order 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:

1.) Nurturing Parent Program

Service Description: The NPP is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the Family Resource Centers (FRC) located in every region of the state. 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.

2010 Update: 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.

2011 Update: 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.

Activities Planned FFY 2012: The Department will continue to provide the NPP and the technical assistance component through the FRCs in the upcoming fiscal year.

2.) Training: The Department offers various training opportunities to staff throughout the year. The Department offers a core child welfare curriculum and between 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

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2010 Update: 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.

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.

2011 Update: 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.

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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.

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.

Activities Planned FFY 2012: Departmental staff will participate in conferences in FFY 2012 as appropriate.

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.

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

2010 Update: 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.

2011 Update: 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.

Activities Planned FFY 2012: The Department will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing and individual crisis intervention CISM services for the FFY 2010-2011. The CISM team usually meets twice per year and a meeting is to be scheduled in July or August 2011. Additionally, ten new CISM team members will be trained during this time period.

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

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

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Services Provided: This statewide process consists of assessing the safety of the children in the home. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to his mother's care with a plan that includes necessary services and careful monitoring of the child's safety. Services such as home health, Family Services, Intensive Home Based Services (where available), substance abuse treatment and assistance from a spouse/partner or family member with parenting may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision is 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, staff are expected to seek court action to assure the child's safety. If service needs are identified, the worker is expected to refer the family to community and/or DCFS services that may be available to meet the child's needs. Families should also be referred for emergency services with the DCFS Family Services Program or Family Resource Centers as needed.

2010 Update: 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 Act 396.

Child Protection Investigation 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. Family Services policy (5-460) was developed to provide detailed instructions for providing services for substance exposed infants and their families. Foster Care 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 Assessment of Family Functioning, 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).

2011 Update: 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.

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Activities Planned FFY 2012: The substance exposed newborn protocol, which is currently in policy, will be revised to reflect a change in how workers will be required to work with these families in ongoing cases in the Family Services and Foster Care programs.

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.

2010 Update: The Department provided information to communities statewide by distributing brochures. The Department partnered with PCAL to conduct events during Child Abuse Prevention month in April to encourage community awareness throughout the state of Louisiana.

Each year the Department prints and distributes hundreds of its brochures on “Mandated Reporters of Child Abuse or Neglect” and “Understanding Child Protection in Louisiana.” The public, including school children working on school projects, frequently asks the Department for these materials. These brochures are used by the school system during teacher orientation at the beginning of each school year. Also, staff across the state distributes these materials as they make presentations to community organizations. These materials were also distributed at state and national conferences.

2011 Update: 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.

Activities Planned FFY 2012: DCFS will continue with infant safety campaigns in addition to the Safe Haven information currently in place. A PSA about safe sleeping and the dangers of co-sleeping will be produced and aired statewide. The Department will also issue news releases related to car safety and hyperthermia dangers each spring and throughout the summer.

There will also be a media campaign to reach out to mandated and non-mandated reporters. The campaign will focus on the new centralized intake system and the operation of the call center. Also, the revised mandated reporter training will be completed then presented at the Together We Can Conference in October 2011. After the conference, the training will be made available for use statewide.

Staff will continue to provide in-services to local schools and community partners as needed and as requested.

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

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someone will return for the child. A designated emergency facility is defined in the law as any hospital licensed in the State of Louisiana, public health unit, emergency medical service provider, medical clinic, fire station, police station, pregnancy crisis facility, or child advocacy center. If the infant is left unattended, for instance on a doorstep or in a bathroom, the abandonment criteria for safe haven relinquishment would not apply and an appropriate abuse/neglect investigation process would be initiated.

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

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.

2010 Update: 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.

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In FFY 2009, there were 6 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.

2011 Update: 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.

Activities Planned FFY 2012: The Department will continue to promote awareness of Safe Haven 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

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services for the child and family. These may include services in the areas of health, nutrition, vision, occupational therapy, physical therapy, speech language therapy, social work, family training, counseling, home visits and transportation.

Population Served: Children from birth to three years of age who have been abused or neglected, have a known or suspected developmental delay, have a medical condition which can result in a developmental delay, or a disability and are not already participating in a DHH early intervention program. Case circumstances with non-abuse/neglect, low birth weight, premature birth, exposure to domestic violence, family break-up, prenatal exposure to drugs or alcohol, and/or other risk factors are some circumstances which place a child at risk of developmental delay can also be referred with parent/caretaker consent. Referral procedures are implemented statewide.

2010 Update: 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.

2011 Update: 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.

Activities Planned FFY 2012: Staff will continue to implement Child Protection Investigation Policy 4-800(2) which states the Department will continue to refer children under age three to early intervention services. The Department will continue to serve on the state Interagency Coordination Council which oversees the coordination of services through the Early Steps Program and guidelines for the development of the Individual Service Plans.

H.) ALLOWABLE AREAS:

- **developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;**
- **supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs**
 - **To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and**
 - **to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or**

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- **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 1 and older. 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 caretakers with assistance from the DCFS worker. For children up to one year of age, examinations shall be obtained according to the physician's recommendations.

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

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well being of foster children. Also to provide necessary treatment for foster children when indicated based on an assessment/ diagnosis from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) by licensed mental health professionals (LCSW, LPC LMFT, Psychologist or Psychiatrist). The foster child may be referred to an approved treatment provider when indicated. The Department has a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody.

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.

2010 Update: 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.

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2011 Update: 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.

Activities Planned FFY 2012: Continue to utilize appropriate medical professionals in order to assess health and well being of foster children and continue work on CSoC.

2.) Interagency Collaboration: Coordinated Systems of Care: The agencies of Louisiana's government that serve children and families formed a partnership to improve access to services, the quality and effectiveness of services, and the fiscal responsibility of how we deliver services. This partnership includes four key members: the Department of Health and Hospitals (DHH), the Department of Children and Family Services (DCFS), the Department of Education (DOE), and the Office of Juvenile Justice (OJJ). The result of these combined efforts is the Coordinated System of Care (CSoC). CSoC includes the development of provider management agencies and a community network of providers who utilize evidence-based practices to treat children and youth.

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, an "Individual Care Plan" 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 Individual Care Plan is executed with intensive case management until the youth is ready to be transitioned out of the CSoC. Additionally, a Family Support Organization will support the family and provide peer support to those participating in CSoC.

2011 Update: 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.

Activities Planned FFY 2012: Work will continue on the implementation of CSoC. The implementation will occur in stages and will be phased in by region. In addition, the multi-departmental governance board, made up of secretaries from DHH, DCFS, OJJ, and DOE, a representative from the Governor's office or his designee, two family representatives, a youth advocate and a non-voting youth

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member, will continue planning and implementation, setting standards, oversight, financing decisions, and monitoring outcomes including quality and cost of services. The Board will also enter into a memorandum of understanding with DHH to define the role of the Office of Behavioral Health as the implementing agency. DHH will serve as the implementing agency because it is responsible for compliance with CMS-approved state Medicaid plan amendment and waivers.

3.) Citizen Review Panel Annual Report/Departmental Response

The Child Abuse and Prevention Treatment state grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. The 1996 amendments of the Child Abuse Prevention and Treatment Act (CAPTA) required states to establish at least three Citizen'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
- East Baton Rouge Parish CRP

Role of Citizen Review Panels

- Meet quarterly
- Discuss issues regarding the state's child protection system
- The community regarding child protective services

DCFS Responsibility to Citizen Review Panels

- Offer support to CRP
- Provide technical assistance regarding the organization, the service delivery system and various grant opportunities
- Submit available CRP annual reports to the Administration for Children & Families by December 31st
- Include CRP reports in the Annual Progress and Service Report (APSR) submitted to ACF on or before June 30th of each year.
- Review CRP recommendations
- Address panel concerns
- Implement recommendations whenever possible
- Respond to CRP recommendations in writing

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2010 Update: Louisiana currently maintains four Citizen's Review Panels (CRP). Three are parish based in East Baton Rouge, Beauregard and Lafayette parishes and one is regionally based in the Monroe Region. The newly formed CRP in East Baton Rouge Parish will be a part of the CRP association in Louisiana. The Louisiana Citizen Review Panel's (CRP) were actively engaged throughout this fiscal year. Beauregard Parish CRP has met with Stakeholders approximately three times this year and has worked to increase motivation to support projects that facilitate the goals of CRP. They identified the "Duffle Bag Project" in their current report which was initiated through CRP several years ago. However, a local faith-based organization has agreed to manage this project and maintain it in their community. The Beauregard CRP is uniquely located in geographical proximity to a large army base, Ft. Polk, and the chair of the CRP plans to develop activities or functions that seek to educate and engage military parents revolving around safety issues for their children.

Lafayette CRP has met approximately six times. They focused on barriers to permanence for foster children and ways to improve outcomes in custody/adoption processes. Additional legal staff would benefit this region, however, budget constraints do not allow for this consideration at this time. Future focus for this CRP is going to center on children aging out of foster care and youth in the Young Adult Program.

Monroe CRP met five times over the course of the year with subgroups meeting as well. The Monroe CRP chose to focus on transitional services for children aging out of the foster care system. The core of their activities were directed toward a well-coordinated and orchestrated weekend event that involved forty-one transitioning children with approximately seventy-five community volunteers and DCFS staff. This event executed a number of diverse activities with the sole purpose of educating and engaging these youth to develop their life skills. It was an extremely successful event. This CRP plans to continue with efforts of supporting transitional youth and developing other premier events that educate and support their local youth.

2011 Update: Louisiana Citizen Review Panels (CRP) continue to demonstrate a strong commitment in advocating for resources to diminish safety issues revolving around the State's children by successfully increasing community awareness for the need to support DCFS. Beauregard Parish CRP has combined several boards and committees from the community and broadened the scope of the panel. They have engaged military staff in the Beauregard area to recruit more foster homes through use of the Ft. Polk cable station. Also, the Beauregard Parish CRP has had several radio spots on a local radio station to increase awareness for the need of foster homes. The chairperson and the Foster Parent recruiters have initiated plans for activities to bring awareness of child abuse in their community during the Child Abuse Prevention Month in 2011.

Baton Rouge CRP has met six times during the course of this year. They are a newly formed group who has sought assistance from the Monroe Region CRP for guidance and recommendations to facilitate services as a panel in meeting the needs of their children in that area. Baton Rouge CRP is interested in research on whether or not children who have aged out of foster care and engaged in criminal activities exhibited this behavior as a result of not being held accountable for their actions. The CRP recommends that the Department initiate a review of cases to determine if the child's placement in a foster home or residential facility was appropriate or if the child may have benefited more from placement in a juvenile detention facility.

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Lafayette CRP has met approximately eight times over the course of the year with subgroups meeting as well. The Lafayette CRP focused on increasing the number of youth contracting with the Young Adult Program to improve outcomes for youth exiting the foster care system. Development of a contract or agreement with U.S. Department of Housing and Urban Development (HUD) to provide supervised low-income housing in Lafayette Region would allow youth to remain in their home environment near their support system. This CRP plans to continue their efforts in transitional youth planning to reduce homelessness and incarceration by reviewing policy and redirecting resources to improve outcomes for children exiting foster care.

Monroe CRP has chosen to meet six times this year to apportion quality time and involvement in addressing the health and safety of children that the group envisioned. The Monroe CRP increased focus was placed on the needs of the older teens in Foster Care as they continued their efforts of providing the second Life Skills camp. The campers developed self-confidence and trust-building skills through allotted activities. This Life Skills camp also provided the children with opportunities to interact with different occupational representatives during a career fair including mock job interviews that offered an experience in promoting themselves to prospective employers. It is hopeful that the children are now better prepared to successfully deal with the challenges of independent living. The panel plans review specific DCFS child welfare policies to ensure that they are written on a level that will be easily understood by the Department's client population.

The following pages contain reports from each CRP as well as DCFS responses to the panels' recommendations.

BEAUREGARD PARISH CITIZEN REVIEW PANEL MEMBERSHIP

Gayle Hodnett, CASA Executive Director
DCFS Liaison Donna McCullough, Child Welfare Specialist 4
Greg Gill, Child Welfare Specialist 4
Patricia McClinton, Child Welfare Specialist 3
Carol Willams, Victim Assistant Coordinator, District Attorney Office
Jill Cooper, MSW, Beauregard Memorial Hospital
Mark Ifland, LPC
Kim Haynes, Beauregard Parish School Board
Hayward Steele, Homeless Coordinator, Beauregard Parish School Board
Annette Duplechin, Executive Director, BeauCARE
Sheri Hogg, Director, Prevent Child Abuse Louisiana
Patty Doyle, Administrative Assistant, June Jenkins Women's Shelter
Jerry DeWitt, Community Service Director, City of DeRidder
Zack Shirley, Supervisor of Discipline, Beauregard Parish School Board
Robert Butler, FINS Intake Officer, Beauregard Parish Sheriff's Office
Lt. Christopher Rudy, DeRidder Police Department
Myrna Cooley, TASC Supervisor (Truancy)
John Yerby, TASC Coordinator

2009 Update: Due to the unusual high number of children coming into custody of the state in Beauregard Parish and high caseloads of workers, a time for workers and field staff to meet to discuss staffing needs was unsuccessful. CRP is hopeful this can be planned for 2010. Another goal of CRP is to provide local training that will strengthen services offered to the children in the area. Through CASA,

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Karen Hallstrom, JD/MSW, Deputy Judicial Administrator for Children and Families gave a presentation on the judicial system on April 27, 2009. Mitch Evans, a local attorney, gave a presentation on court testimony.

At the December 1, 2009 meeting Patricia McClinton and Greg Gill discussed the ‘Duffle Bag Project’. This is a project that was developed by the first CRP in Beauregard Parish. Many community organizations have been generous in continuing this project, even though the CRP did not meet for several years. As a result of the December 1 meeting, Patricia McClinton and Donna McCullough will present more information to the Beauregard Ministerial Association on February 3, 2010. The panel did not make in recommendations during this time period.

2010 Update: Beauregard Parish CRP has combined several boards and committees from the community and broadened the scope of the panel. They have engaged military staff in the Beauregard area and used the Ft. Polk cable station to recruit foster homes. Also, the Beauregard Parish CRP has several radio spots on a local radio station to increase awareness for the need of foster homes. The chairperson and the Foster Parent recruiters have initiated plans for activities to bring awareness of child abuse in their community during the Child Abuse Prevention Month in 2011. The panel will also continue to solicit the participation of foster children in the free activities offered with additional encouragement from staff and foster parents. The panel did not make recommendations during this time period.

LAFAYETTE PARISH CITIZEN REVIEW PANEL MEMBERSHIP

Linda Boudreaux, Family Resource Center Director – **Chairperson**

Katherine Boudreaux, Cadence (Goodwill)

Louisa Redell, Economic Stability

Christy Lamas, LA Rehabilitation Services, replaced Karen Dodd, LRS

Michael Turnage, Retired LCSW

Philip Thevenet, LCSW

Rex Leblanc, Retired Psychologist

Jim Wright, private provider for OCDD Community Homes

Lee Armelin, Gulf Coast Teaching Families Community Homes

Albert Glaude, Sheriff’s Department

Pat McGhee, Assistant District Attorney

Carleen Jones, CASA Director for St. Landry CASA

Missy Ledbetter, Goodwill

Melissa Thompson, Regional Program Specialist, Liaison

2009 Update: The Lafayette Region DCFS Citizen Review Panel met initially on January 21, 2009 for the purpose of studying and recommending steps to improve outcomes in the Lafayette Region custody/adoption process. Committee members designed a review form that was approved by DCFS Regional Program Specialist, Melissa Thompson. Five members of the panel volunteered to act as a subcommittee for the purpose of reviewing twenty-five randomly selected case records using the review form criteria. The purpose of the review was to secure data enabling the committee to draw meaningful conclusions regarding the custody and adoption process and to recommend actions by Lafayette Region DCFS to improve system performance.

A list of all Lafayette Region cases with a goal of adoption with a judgment of termination of parental rights and those without a judgment of termination of parental rights during the fiscal year ending June

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2008 was identified. From that list, 25 cases were randomly selected by Dr. Rex Leblanc for review by the panel subcommittee. The conclusions from the case record reviews are outlined in this report. The Review Form and Data are available under separate cover.

Training continues to be a major component for the CRP this year. Lorrie Briggs, District Manager, presented information to the panel members on investigations relative to ACT 278, formerly ACT 148. CRP member, Michael Turnage, attended the Together We Can Conference held on October 8, 2009. This conference is sponsored in part by the Department of Children and Family Services. Training provides panel members with information on current issues in child welfare, trends in child welfare, and state of the art knowledge regarding innovative programs addressing issues in the child welfare system.

2009 Panel Recommendation: Need Legal Intervention - Evidence is that a significant barrier to finalization of the status of children in the DCFS system is related to inadequate legal services. The Attorney must attend planning meetings, file petitions for termination of parental rights, attend hearings for these, prepare surrenders as needed and lead legal planning through contact with the courts. All of this requires significant legal time. Currently the Region uses two full time attorneys employed through the DCFS Bureau of General Counsel. Another attorney is needed to facilitate movement of cases through the courts in Region V.

More hours of attorney time is seen by the committee as saving Departmental funds, as well as assuring a predictable proceeding that is fair to the child and the family. The cost of maintaining children unnecessarily in custody of the state, because of delays in legal proceedings is viewed as greater than the cost of providing the needed legal services.

Due to the current budget crisis within the state, the committee recommends that the need for an additional permanent full-time attorney position within Region V be submitted to the Streamlining Committee as a long-term cost saving measure for the state. Due to the volume of cases within the region and the large geographic area covered by Region V, it is imperative to maintain three permanent attorney positions to facilitate permanency through adoption, thus allowing foster children to exit state's custody more expediently.

DCFS Response: Currently, Louisiana is experiencing a severe budget crisis. Relative to that issue, the Department of Children and Family Services is currently implementing a re-organization of the Department in efforts to streamline the management of services. To that end, positions are being eliminated and reconfigured. DCFS may not request new positions at this time, but there is the possibility that in the future, this type of need for an attorney may be considered. In an effort to alleviate the extensive back log of cases awaiting filing of a termination of parental rights petition, the agency has contracted with a local attorney, William Babin, to handle twelve cases with a goal of adoption. The Department is also in the process of hiring a third attorney for Lafayette Region to assist with processing of termination of parental rights cases.

Update on Panel Recommendation:

DCFS Response: The Department contracted with several attorneys to process the backlog of Termination of Parental Rights (TPR) cases for the region. The Department hired an additional attorney; therefore, three full-time attorneys are assigned to Lafayette Region. The legal assistance received has aided tremendously with processing cases. Current TPR petitions are filed timely, and the previous backlog of TPR cases has been eliminated.

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2009 Panel Recommendation: Contractual treatment plans - The committee feels that case plans are difficult to understand and evaluate. The committee recommends that treatment plans be reduced to an easy to understand contract format that requires specific performance of both parents and the agency with measurable time limited, process oriented objectives for all parties. Such an understanding is more easily understood by all involved, including parents, agency, the court and persons attempting to evaluate the success or failure of efforts on behalf of the child.

The committee feels that this is a key issue to assure the safety and security of children in the DCFS system, and that few positive outcomes can be predicted unless reform is undertaken as proposed.

DCFS Response: State Office Division of Programs are reviewing and assessing case planning at this time.

Update on Panel Recommendation:

DCFS Response: State Office Division of Programs continues to review and assess case planning instruments. Modification has been made to the instruments to ensure they meet the needs of each program. The Adoption Program Managers collaborated with the foster care staff and redesigned the Family Assessment and Case Plan to address the goals and actions plans for children freed for adoption. In the past year, the Adoption Program Managers continued to work in conjunction with foster care staff to improve the instrument. The improvement involved the creation of automated documentation of visitation with all required parties to the case plan. Additionally, administrative reviews are held to gain insight into the child's placement needs.

2009 Panel Recommendation: Establish data set - More careful attention to the design of data sets that are understandable and functional is necessary to the tracking of success and failure rates on goals established by the Agency. Relationships between populations, subsets and observations are not clearly drawn in the data reviewed. This would make an excellent research project for a Masters Level Student.

DCFS Response: This recommendation will be forwarded to the Quality and Assurance Research Division.

Update on Panel Recommendation:

DCFS Response: DCFS has established the Systems, Research and Analysis unit to focus more attention on data quality, performance measures and on creating data for internet publication. These efforts include special population data obtained from the U.S. Census Bureau to enable the development of summary data of served populations with comparisons to the general population at both state and parish level. It is anticipated that this data will serve the needs of many stakeholder organizations and community groups that may need child abuse or neglect related data to develop community services or apply for grants to serve at-risk populations.

2010 Update: Lafayette CRP is working to improve outcomes for youth exiting foster care and increase enrollment in the Young Adult Program. They offered training courses for youths, workers and group home personnel. The trainings targeting youths will focus on the requirements for contracting with the program referencing the benefits of the program such as Educational Training Vouchers, scholarships, etc. The workers and group home staff would be made aware of any updated YAP policy such as enrollment time frames, and reasons involving termination of contracts for non-compliances. The panel is also reviewing and/or studying the need for the availability of supervised apartment settings in Lafayette area

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to meet the needs of the foster care youth. Further, interest would be to solicit assistance from U.S. Department of Housing and Urban Development (HUD) to contract or develop a Memorandum of Understanding (MOU) to provide low-income housing for former foster youth, especially those not appropriate for YAP.

The following are recommendations to improve outcomes for youth exiting foster care and increase the enrollment of youth in the Young Adult Program in Lafayette Region:

Panel Recommendation: Offer training courses for youth, possibly quarterly, on the requirements for contracting with the Young Adult Program. This training can be offered to youth participating in Gulf Coast Independent Living Courses.

DCFS Response: Training for the youth regarding the requirements for contracting with the Young Adult Program is provided to the youth who are in foster care ages 12 and up during home visits by their caseworkers utilizing the DCFS Form 402 entitled, "KNOW THE FACTS, A Look At Foster Care." This booklet was developed after a review of a handbook developed by youth in foster care in the state of Maine, entitled, "Answers...for Youth, by Youth in Foster Care." Discussions should be held at least every six months with youth in Foster Care ages 15 and up utilizing the DCFS Form YTP (You Are Invited to Join the Young Adult Program) and YTPR emphasizing the requirements and advantages of joining the Young Adult Program during case planning. An independent living skills training has been implemented and provided by contracted providers in each region such as Gulf Coast Teaching and Family Services of Lafayette to all children referred to their program which could include every child in Foster Care ages 15 and up. The youth could also repeat all or part of the training program if there is a particular area in which they need more information or skill development.

Panel Recommendation: Offer yearly training on requirements for participation in the Young Adult Program to caseworkers and group home personnel.

DCFS Response: Yearly training to DCFS staff and group home personnel on eligibility requirements for the Young Adult Program (YAP) participation exists with current program guidelines for staff as described in Memo-09-052 that state changes to YAP for the state fiscal year of 2009-2010. However, policy is in the process of being updated and anticipated for release within the next 3 months to serve as a constant option for staff review. Once online policy is updated it will be available via the internet for any provider to review at any time. The Foster Care and Transitioning Youth Program Units, Program Operations Manager or other regional level managers are available to staff and would present a training via video-conference or WebEx even telephone consultation when the new policy is released. The local DCFS offices may invite any local providers they wish to attend a video-conference that would be provided in the regional office training rooms. Also, any specifically identified provider can be invited to attend WebEx training via their computer system with information on their email addresses.

Panel Recommendation: Create an official pamphlet produced and disseminated by state office on the requirements for participation in the Young Adult Program, information about Educational Training Vouchers, scholarships, etc. Update pamphlets yearly and make pamphlets accessible from the DCFS website. The rationale for producing pamphlets is to provide facts about the YAP in a simple format and disseminate to youth so they can make informed decisions based on facts, not on inaccurate information from peers or staff.

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DCFS Response: Official pamphlets have been created and disseminated by the state office level to include information regarding the requirements for participation in the Young Adult Program (YAP), Education and Training Vouchers Program (ETV), etc. These pamphlets are updated yearly and made accessible from the DCFS website at www.dss.louisiana.gov. The information will be kept updated as changes occur. Information on ETV's is available on the website at www.osfa.state.la.us.

Panel Recommendation: Update the Young Adult Program (YAP) policy on a regular basis so workers and supervisors are aware of changes, such as the time frame youth have to re-enroll in YAP if the contract is terminated by the youth or agency for non-compliance.

DCFS Response: Policy is being updated and anticipated for release within the next 3 months. The Foster Care and Transitioning Youth Program Units plan to keep the information updated as changes occur. The unit staff is always available for phone consultations with Program Operations Managers or other regional level managers. A youth does not have to be terminated from case management services and enrollment in YAP due to non-compliance. A youth loses eligibility for financial support through the YAP due to non-compliance. If a youth's financial support is terminated due to non-compliance, the youth can have this support reinstated when they regain an overall 2.5 GPA in a graded program or good standing with their educational program in a non-graded program up until the youth's 21st birthday. Financial support and YAP program participation cannot be provided beyond the day the youth turns 21.

Panel Recommendation: Offer supervised living apartments in Lafayette Region so youth can remain in their home environment near their support system. Youth at a vulnerable age are very hesitant about leaving the area to reside in apartments in another part of the state. They often refuse to accept services offered through a supervised living program due to the location of the apartments.

DCFS Response: The Lafayette Parish area had a supervised living apartment program until a couple of months ago through Goodwill Industries. The Department could only contract with a set number of providers to support supervised living apartment programs. In order to provide this type of services, the providers must be willing to go through the licensing process, offer the necessary services, and maintain the appropriate staff. However, the youth could be set up in regular apartment settings in the area with the support and increased contact by the caseworker. The independent living skills training providers in the area or other community partners such as the LSU Cooperative Extension could provide services as needed to the youths. These services could include the capacity to manage a budget, make decisions about daily scheduling, completion of job applications, understanding how to clean the home, securing utilities, etc.

Panel Recommendation: Contract or develop a Memorandum of Understanding (MOU) with U.S. Department of Housing and Urban Development (HUD) to provide low-income housing in Lafayette for former foster youth, especially those not appropriate for YAP.

DCFS Response: DCFS partners with HUD for Permanent Supportive Housing to prevent homelessness. Clients and youth exiting foster care are a priority population for provision of this housing. There is a regional representative on the local planning committee in every region including the Lafayette region.

MONROE REGION CITIZEN REVIEW PANEL MEMBERSHIP

Melody Breland, Chairperson, Early Childhood Supports and Services
Mike Cappel, CRP Vice Chairperson, ULM

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Ray Owens, Morehouse Parish Schools
Peggy Kirby, Foster Parent Association
Tammie Slawson, Seeker Springs
Kathleen Bubin, Volunteers of America
Angie Thomas, Methodist Children's Home
Teprika Parks, Methodist Children's Home
Casey Morace, Methodist Children's Home
Patty Newman, Office of Youth Development
Bernadine Adams, Family Justice Center
Ashley Davis, LA Baptist Children's Home
Melissa Brown, Ouachita Parish Health Unit
Tamara Thompson, University of LA Monroe

2010 Update: The focus of the Region 9 Citizen Review Panel (CRP) over the course of the past two years has been directed toward transitional services for children who are aging out of the foster care system. During 2008, the panel had examined existing DCFS policies, procedures, and implementation of transition services for this population of foster children. After conducting the review and interviewing individuals who were currently aging out or who had recently aged out of care, it was found that the level of preparedness for independent living was not always complete, even in those who had taken advantage of the transition services already in place through the agency. The Panel considered ideas that might result in improved outcomes for this population. One idea was that of hosting an intensive transition event to be conducted over several consecutive days which would reinforce the skills already being taught in their current life skills classes. It was believed that this more intense focus would enhance their retention of skills. Plans had been made prior to the beginning of the 2009 calendar year to continue with this focus for the following year and to pursue the development and execution of an intensive weekend transition event in a camp setting for children aging out of foster care. Early in 2009, a state-wide task force was formed to address some of the same concerns the Panel was discovering regarding the special needs of this group of foster children.

During 2009, CRP met five times as a complete group. These meetings were held on March 4, June 10, August 12, September 30, and December 2. Several representatives from the panel also met separately as needed to make plans for the transition event, *Life Skills Camp*, which was to be the culmination of our joint focus. Many of the panel members also worked as volunteers at this weekend transition event which was held October 31 through November 1.

Region 9 CRP members, Tammie Slawson, are a representative of Seeker Springs, which is a private non-profit faith-based agency which uses camps and retreats to serve our community. Ms. Slawson wrote and was awarded a grant from the Jr. League of Monroe in the amount of \$10,000 from which much of the funding for the event would flow. In addition, sponsorships were received from Van-Trow Toyota, Community Trust Bank, First Baptist Church of West Monroe, First Presbyterian Church of Monroe and FAIR Visions/Ouachita Foster Parents Association. Individual sponsors also contributed finances, staff volunteers, and goods so that the event was funded completely by the community at no cost to the participants, the volunteers, or the agency. The camp was held at Seeker Springs. *Life Skills Camp* was comprehensive in nature, giving an intense exposure to a variety of life skills which will help promote successful independent living. The areas of focus were:

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- Financial Skills - the University of LA at Monroe along with Bancorp South provided lessons in budgeting, credit management, balancing a checkbook, and savings.
- Job/career fair - Students learned to write resumes and fill out job applications, experienced a mock job interview, and had opportunities to talk individually with volunteers from the community from various professions about their occupations.
- Education options - recruiters from various schools, colleges, and universities were present to discuss different educational paths and options for financial assistance.
- Freedom Ranch segment - specially trained “cowboys” utilized horses to teach relationship skills, overcoming fears, patience, and trust.
- Ropes Course - certified ropes course facilitators took the campers through a series of challenges where as teams they learned about teamwork, communication, problem solving, overcoming frustrations, perseverance, and using initiative.
- Common pitfalls - students were given insight by law enforcement and other professionals as to some of the consequences they might experience as a result of poor choices in their decisions regarding illegal activities, use of substances, dating, and sex.
- Lifetime leisure activities - students learned from various volunteer mentors as they participated in positive leisure time activities such as scrapbooking, cooking, fishing, crafts, sports, and relaxation techniques.

Highlights of the weekend also included motivational talks by individuals who shared stories from their own experiences about transitioning into adult life:

- Dr. Michael Garret, Executive Director of Homes of Hope for Children, and Baptist minister Timothy Lee inspired the campers with their personal accounts of growing up in foster care, the challenges they had to overcome, their ultimate triumph over adversity, and the satisfaction of enjoying family and career in their adult lives.
- One young woman who recently transitioned out of foster care shared with campers some of the mistakes she had made initially and how to avoid them. She encouraged the participants to develop a support system to make the transition easier.
- Former rodeo champion and head rancher for Freedom Ranch Camp, Lamar Lagrone, shared his life’s story around a campfire, encouraging the campers to be careful about not making the wrong choices he had made as a young adult and warning them about some of the consequences that resulted from those choices.

A total of 41 transitioning foster children from across north Louisiana came together for this weekend camp, along with approximately 75 community volunteers. It was a richly rewarding experience for all who participated. After a review of the camp evaluations and critiques, the CRP believes that this event had a much greater impact in the lives of these young people than a series of short life lessons over the course of time might possibly have had.

2011 Update: Monroe CRP met six times this year to apportion quality time and involvement in addressing the health and safety of children. The Monroe CRP increased focus on the needs of the older teens in Foster Care as they continued their efforts of providing the second Life Skills camp. The campers developed self-confidence and trust-building skills through allotted activities. This Life Skills camp also provided the children with opportunities to interact with different occupational representatives during a career fair. The career fair included mock job interviews that offered a fair of experience promoting themselves to prospective employers. It is hopeful that the children are now better prepared to successfully deal with the challenges of independent living. The Monroe CRP Panel will continue their

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focus on the needs of the older teens in Foster Care, which dovetails very well, with their local efforts of providing the Life Skill Camp. They plan to strategically review specific DCFS policies to ensure that they are written on a level that will be easily understood by the Department's client population. Monroe CRP will review the selection and certification process of foster parents. The panel did not have any recommendations.

BATON ROUGE PARISH CITIZEN REVIEW PANEL MEMBERSHIP:

Linda Holliday, Chairperson
Victoria Mack, Vice Chair
Tangela Colson
Glenn Brady
Keith Kirby
Alma Thornton
Rev. David Gradnigo, Jr.
Carey Yazeed
John M. Castille II
Johnita Scott

2010 Update: Baton Rouge CRP is reviewing policies and procedures to obtain assistance from community stakeholders in public service announcements. Specifically, the panel would like to bring awareness to the role of mandated reporters in protecting children and assist in the recruitment of foster/adoptive parents. The panel would also like to see a study on foster children who are placed into state custody with impending criminal charges. They would like the study address outcomes/consequences of children being placed in the foster care system in lieu of facing criminal charges.

Panel Recommendation: State Office DCFS appoint someone from the state office level to work with the Panel in reference to Public Service Announcements for Mandated Reporters and recruitment of foster/adoptive parents. Clarify and/or identify what can and cannot be discussed for these public service announcements as well as how panel members regard themselves for tax deduction purposes (businesses that will provide the service).

DCFS Response: The state office Communications Director should be contacted before contracting for public relations/information/advertising services, public affairs programs, and promotional activities services. The Communications Director will determine if the services are available/feasible within the Department, and ensure the coordination of overall DCFS policies and initiatives.

Panel Recommendation: The panel requested a response to learn the findings of a previously administered employee survey that was conducted involving staff retention: Who participated in the survey? (All staff or case workers only) The recommendations that were made, were they implemented? (If implemented, what were the results?)

DCFS Response: One survey was completed as a part of the DCFS reaccreditation process. There were 1,026 surveys distributed to employees and 333 completed surveys were returned (a 32% return rate). The ratings provided by the employees were highly variable across the different areas. Employees largely feel their job is interesting and challenging and feel they have a general understanding of the goals and objectives at DCFS. However, employees do not feel that promotions/pay increases are given to the most

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qualified and do not feel their salary level is fair for the work they do. Most employees of DCFS expressed satisfaction with the mission of DCFS, they care about the work that they do, and feel their fellow employees do as well. Most employees are satisfied with the training and resources provided for them. Many continue to complain about their salaries, understaffing, redundant paperwork, and the way promotions are given. Overall, the largest concerns were administrative leadership, compensation, and workload/caseload.

In 2007, a smaller survey was conducted to include first line staff i.e. Supervisors, Child Welfare Trainees, Child Welfare Specialists (1-4) by the Staff Turnover and Retention (STAR) Committee to assist in determining root causes of staff turnover. The information gathered from the completed surveys was used to identify the top reasons for staff turnover and retention issues. Surveys revealed lack of support/guidance, a need for additional training, high caseload/workload count, and a need for pay incentives as the causes for staff turnover.

DCFS invested in developing more experienced child welfare professionals to become coaches/mentors to promote the personal and professional development of supervisors. The Department worked with consultant, Marsha Salus, to develop a specialized professional coaching program to assist supervisors in their leadership/management development. Each coach is assigned one new supervisor and expected to mentor that supervisor over six months. During the six month period, the coach conducts direct observation for ½ day per month and provides coaching, feedback, and education to their supervisor. In addition, the coach provides telephone consultation each month to follow-up on the supervisor's implementation of action plan, addresses any concerns/issues, and provides coaching as appropriate. Coaches have made a commitment to participate in the program for three years. The Department continued efforts for coaching/mentoring and has trained a total of 22 coaches/mentors (employee staff and 6 retirees) who were assigned mentees. For FFY 2012 the Department plans to train 10 new coaches/mentors and 25 new first line supervisor.

In addition to the coaching and mentoring initiative with Marsha Salus, DCFS collaborated with Gary Mallon, DSW of the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) at LSU to institute a series of monthly child welfare supervisory teleconferences. The Supervisory Series is expected to enhance and develop learning opportunities for supervisors centered on state of the art child welfare supervision principles and practices. Initial training for first line supervisors entitled "Mastering the Art of Child Welfare Supervision" focused on best practices for supervisors and evolved into bringing current cases into the discussion. At this time, there are no plans to continue the teleconference and there is no evaluation planned for this initiative. The Department also sponsored clinical supervisory training sessions that were followed-up by teleconferences to reinforce the transfer of learning specializing in Substance Abuse, Mental Health, and Domestic Violence.

Pay incentives, in the form of special entrance rates, were granted through the Department as a means to attract interested persons to work with Child Welfare (i.e. Child Welfare Specialist Trainee to Child Welfare Specialist 1 positions). The special entrance rate continues to be in effect.

In regards to the increased volume of workload/caseload, the Casey Family Group has implemented a study to identify workload/caseload issues, but there have been no final findings as of this date. Unfortunately, during these difficult economic times it is often the case that workloads/caseloads increase due to reduced funding and staffing levels.

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Panel Recommendation: Recommends study on foster children who are placed into state custody with impending criminal charges. The study would address outcome/consequences of children being placed in the foster care system in lieu of facing criminal charges.

DCFS Response: A recommendation for this type of study would be made at the request of a graduate student studying in the School of Social Work or by the LSU School of Social Work Department; however, due to severe budget constraints within the state budgeting system, financial standing would not allow for the initiation of studies. In the past, the budget rewarded students conducting studies with financial stipends, but there are no funds available for the State Fiscal year, 2011-2012.

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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 Continuous Quality Improvement (CQI) policies and procedures outline requirements for collaboration and the Department has developed several Memoranda of Understanding and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families. For example, the Department has entered into a MOU with the Department of Health and Hospitals to have a substance abuse counselor in each region to conduct assessments and make appropriate referrals for treatment.

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Additionally, one of the largest collaborative efforts to date is the partnership between four key state departments; the Department of Health and Hospitals, the Department of Children and Family Services, the Department of Education, and the Office of Juvenile Justice. The result of their combined efforts and the participation of community partners statewide is the Coordinated System of Care (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, Section 600 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 child, the risk of future abuse/neglect to 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

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another 30 to 60 days (for a total of 90 days), as needed, to provide services and/or to assist the family to access and engage in services.

SUBSTANTIVE CHANGES IN STATE LAW: There are no substantive changes in Louisiana State law affecting eligibility for CAPTA funds.

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STATE DATA REPORT

1.) CHILD PROTECTIVE SERVICE WORKFORCE:

Education, qualifications, and training requirements for entry/advancement: Louisiana has a child welfare series of positions which begins with the Child Welfare Specialist (CWS) 1 and progresses through the CWS 4 position which is the supervisory position. Minimum qualifications have been established. They are as follows beginning with the entry level position of CWS 1:

1. A baccalaureate degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional social services experience.
2. A baccalaureate degree in a non-related field plus two years of professional social services experience.
3. A master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services.
4. A master's degree in a non-related field plus one year of professional social services experience.
5. Necessary special requirements: A valid driver's license and access to a personal vehicle; and individuals occupying this job who are subject to state licensing or registration laws administered by the Louisiana State Board of Social Work Examiners must possess and keep current the license or registration.

The Child Welfare Specialist 2 position varies by the requirement of a baccalaureate degree in a non-related field plus four years of professional social services experience, two years of which must have been in child welfare.

The Child Welfare Specialist 3 position varies by the requirement of a baccalaureate degree in a non-related field plus five years of professional social services experience, three years of which must have been in child welfare.

In Louisiana, the first line supervisory position in all programs including CPI is the position of Child Welfare Specialist 4 (CSW 4). Qualifications of the CPS first line supervisors are as follows:

1. A baccalaureate degree in a non-related field plus six 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.
2. A master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational

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rehabilitation; or human services plus four years of professional child welfare social services experience, two years of which must have been at the journeyman level.

3. A master's degree in a non-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.

NOTE: In the CWS series, preference is given to qualified candidates with a master's degree in social work.

Training: Louisiana Revised Statute 46:285 requires completion of thirty-two hours of instruction, in specified subject areas, for staff hired for positions with direct responsibility for cases dealing with families and children, however, the Department actually requires 88 hours of new worker training in the course New Worker Orientation (NWO) . The law requires completion of an additional thirty-two hours of job related instruction for these staff after completion of NWO and within six months of assuming responsibility for cases within the program.

Louisiana R.S. 46:285 also mandates 32 hours of continuing in-service training annually for 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. All training must be relevant to providing child welfare services to meet legal, regulatory and licensing requirements.

Louisiana has a Comprehensive Public Training Program (CPTP) which is a state-funded training program for state employees. Through the CPTP, agencies are offered management development and supervisory training, and general application classes on topics such as computer software and writing skills, etc. In DCFS child welfare, staff as a supervisor can be enrolled in the course, "Mastering the Art of CW Supervision". This six module course is conducted over 6 month period and covers the following content: Effective Leadership; Making the Transition From Social Worker to Supervisor; Achieving Excellence In Staff Performance; Building a Cohesive Work Group; Promoting the Growth and Development of Staff; Case Consultation and Supervision; and Managing Effectively in the Organization. Training to be a coach/mentor is also offered to supervisory staff with several years of supervisory experience, as well as child welfare retirees. Once trained, these coaches/mentors provide coaching and training for first time supervisors. For a 6 month period, coaches are matched with one or two supervisors who are simultaneously attending "Mastering the Art of CW Supervision" training.

Continuing Education: The Department makes available to staff opportunities to pursue further educational development in areas related to the performance of their job duties and the field of social work. When resources are available, DCFS offers several programs including stipends, educational leave, and tuition reimbursement to staff pursuing a Master's degree in Social Work.

Data on Education, Qualifications, and Training: Of the 187 Child Protective Service staff statewide all hold a bachelors degree in social work or a related field or a bachelor's degree in an unrelated field plus previous social service experience. Twenty-four percent of CPS staff holds a Masters Degree in Social Work. All of these staff has attended New Worker Orientation (NWO) and the subsequently required training courses. Over the course of a one year period, the Department trains approximately 90 child welfare specialists in NWO. Of that number, approximately 17% of the participants are child protective service staff who will work in the CPI and/or ARFA programs.

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Demographic Information: The Department has 187 Child Protective Service staff 83% of which are females and 17% males. African-American staff account for 63% of the total population while Caucasians makes up 36%. Other race makes up 1%. Sixty percent of total of CPS staff are located in the Shreveport, Baton Rouge, Covington and Lafayette Regions while the remaining 40% are located in more rural areas or in areas that are less densely populated.

Note: All demographic information obtained from COA self-study completed in FY 2009.

Caseload Requirements: The caseload standard for Child Protective Investigation staff is the assignment of an average of ten (10), but not more than twenty (20), new Initial or Subsequent reports of child abuse and/or neglect for investigation per calendar month. During periods of staff shortages or increases in the number of reports, staff may be assigned more than an average of ten (10) new reports.

The DCFS child welfare supervisory ratio is 6:1. Based on this ratio and the caseload standard for Child Protective Investigative staff, a child welfare supervisor would supervisor an average of sixty (60) cases, but not more than 120 new, initial or subsequent reports of child abuse and/or neglect per calendar month. If there are staff shortages or increases in the number of reports, supervisors may be responsible for the supervision of more than an average of ten (10) new reports.

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 in Federal Fiscal Year 2010: In 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.

Contextual Information: The data provided above reflect DCFS database information on children who changed custody statewide in FFY 2010. 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 Office of Juvenile Justice (OJJ), the state's juvenile justice system. The information presented in the chart above was obtained through a DCFS Web-focus Report.

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STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Willene Griffin serves as the state's liaison officer. She can be reached by e-mail at willene.griffin@la.gov , by phone at 225.219.6925 or by U.S. post addressed attention to Ms. Griffin, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821.

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SECTION 3: GOALS FOR 2010 THROUGH 2014

The Department of Children and Family Services' (DCFS) child welfare goals are identified in the context of four broad themes which represent Resources, Outcomes, Accountability and Partnerships. The themes are consistent with the DCFS mission as well as the child welfare functions of the state.

The pages that follow contain goals, objectives and strategies the Department and its' stakeholder have identified to improve service delivery. When available or appropriate, baseline data is provided and CFSR Outcome Indicators and Systemic Factors expected to be influenced by achievement of the goals, objectives and strategies have also been identified. Goals reflect the Department's commitment to achievement of best practice standards, compliance with applicable state and federal regulations, and enhancement of performance on the Child and Family Services Review (CFSR) Outcome Indicators and Systemic Factors.

In some instances goals, objectives and strategies were deleted because they duplicated other goals, objectives and strategies and information contained elsewhere in the plan (ex. independent living and tribal collaboration, etc.). In other instances, they were deleted because they represented initiatives the Department is no longer working toward. When items have been changed or deleted a notation has been provided.

The Department's PIP has not yet been approved.

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THEME 1: RESOURCES

STAFF

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

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

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

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

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

Objective 1.1: Provide on-going training and support to supervisors, including the "coaching and mentoring" project (Completion Date: December 2012) Lead(s): Jenefier Moore

Strategy 1: Secure contracts or working agreements with 10 to 11 coaches (Completed: February 2009)

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

Update FFY 2010: DCFS has a long standing supervisory, coaching, and mentoring initiative with Marsha Salus. We are currently in the last of a three-year contract with Marsha, and within this current contract she is providing training to the fifth cohort of supervisors to participate in her basic child welfare supervision course. The curriculum consists of a total of 11 days delivered over approximately six months per cohort, in six modules: Effective Leadership, Achieving Excellence through Supervision, Building a Cohesive Work Team, Promoting Growth and Development through Supervision, Supervision and Case Consultation, and, Managing Effectively in the Organization. In addition to the classroom-based instruction, Marsha also schedules site visits with the supervisors to provide one-to-one observation and mentoring.

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DCFS has also invested in developing some experienced child welfare professionals within Louisiana to become coaches/mentors. The Department has again been in the process of working with consultant, Marsha Salus, to develop a specialized professional coaching program to promote the personal and professional development of DCFS supervisors by providing new supervisors with professional coaching to assist in their leadership/management development. A Memorandum was issued December 17, 2008, in order to recruit coaches/mentors for new DCFS supervisors. Twenty coaches have committed to the project for three years. This includes 6 retired child welfare professional staff. The first cohort of coaches/mentors (11) was selected in January and early February 2009 and completed training in late April 2009. The second cohort of coaches/mentors (9) was trained in November 2009. Training consists of a one day training course, followed by monthly training/consultation with Marsha Salus. This enables coaches to build on the training and aids in the transfer of learning.

Each coach is assigned one (1) new supervisor who he/she works with over six (6) months, however during the first cohort, three coaches had two new supervisors assigned instead of one and during the second cohort, two coaches did not have a supervisor to coach as two supervisors were unable to complete the program due to various reasons beyond their control. During the six months the coach conducts direct observation for ½ day per month and provides coaching, feedback, and education to their supervisor. In addition, the coach provides telephone consultation each month to follow-up on the supervisor's implementation of his/her action plan, addresses any concerns/issues and provides coaching as appropriate. Coaches have made a commitment to participate in the program for three (3) years.

In addition to the coaching and mentoring initiative with Marsha Salus, DCFS collaborated with Gary Mallon, DSW of the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) at LSU to institute a series of monthly child welfare supervisory teleconferences. The Supervisory Series began in September 2009 and concluded in October 2010.

The Department is currently utilizing Marsha Salus to train the Program Operation Managers (POMS) located in the (3) regions where the CFSR was conducted (Greater New Orleans District, Alexandria, Lafayette). Ms. Salus will provide 3-days of intense training for Child Welfare Specific POMS followed by (2) sessions of mentoring/coaching. This training is scheduled for implementation September 26-28, 2011 with the mentoring/coaching component immediately following and ending by December, 2011.

Update FFY 2011: The Department continued efforts for coaching/mentoring and has trained a total of 22 coaches/mentors who were assigned mentees. The mentees were supervisors who had previously attended or were currently attending the supervisory training entitled "Mastering the Art of Child Welfare Supervision". A total of 67 DCFS child welfare staff was assigned a coach/mentor during this time period. Dr. Carol Plummer left LSU prior to the completion of an evaluation of this initiative; however, the Department is working with Casey Family Programs to conduct an evaluation of the coaching/mentoring project through the administration of surveys to both coaches/mentors and mentees. In addition the Department has collaborated with NSU to ensure the survey/evaluation is completed. The completion date was April, 2011 and the Department awaits the results.

The supervisory teleconference series conducted by Dr. Gary Mallon also concluded during this time period. Initially, the calls focused on best practices for supervisors and evolved into bringing current cases into the discussion. At this time, there are no plans to continue the teleconferences and there is no evaluation planned for this initiative.

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Through SSBG supplemental funding, the Department sponsored clinical supervisory training conducted by Marsha Salus, Kathleen Faller and David Mandel. These trainings sessions were followed-up by teleconferences to reinforce the transfer of learning. They focused on the Golden Thread, Mental Health and Domestic Violence. A total of 246 supervisors and coaches/mentors participated in the trainings and teleconferences.

Activities Planned FFY 2012: The Department may renew a contract with consultant, Marsha Salus to provide supervisory training which consists of a coaching and/or mentoring component. Partial funding is from Casey Family Programs. In addition, the agency is exploring online CW supervisory training through LAS (Leadership Academy for Supervisors).

No funding was received from the LCWCWP to fund an evaluation of the coaching/mentoring project for FFY 2010. Northwestern State University (NSU) is in the process of reviewing the survey/evaluation data on the coaching/mentoring project. This information will be forwarded to Casey Family Programs upon completion and, if indicated, utilize feedback to make adjustments to the initiative.

Additional efforts to recruit and retain staff include the use of various modes of communication within the Department. For example, WebEx is used for statewide staff meetings as well as staff training and the intranet is used to keep staff informed of changes within the Department. DCFS increased pay for on-call Child Protection Investigation (CPI) staff and has submitted a request to obtain premium pay for individuals working in or seeking employment in CPI.

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

Repeat Maltreatment CPI Victim/Perpetrator Report Report: ACN0007/ACN0008		
Time Frame	% No Recurrence of Maltreatment with victim	% No Recurrence of Maltreatment with Perpetrator
Baseline:		
6 month period beginning 10/07	92.24%	93.49%
6 month period beginning 10/08	92.89%	93.82%
6 month period beginning 10/09	94.32%	94.73%
6 month period beginning 10/10	96.63%	96.60%
6 month period beginning 10/11		
6 month period beginning 10/12		

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

Entry Cohort reunification in less than 12 months Report: DCFS Performance Measures: C1.3		Children in Care 17+ Months, Adopted by the end of the year Report: DCFS Performance Measures: C2.3	
6 month intervals	Percent of exits 75TH Percentile = 48.8%	FFY	Percentage adopted by the end of the year 75th Percentile = 22.7%
Baseline:		Baseline:	
10/1/07-3/31/08	47.5 %	2008	25.73 %
4/1/08-9/30/08	46.87%	2009	24.72%

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Entry Cohort reunification in less than 12 months Report: DCFS Performance Measures: C1.3		Children in Care 17+ Months, Adopted by the end of the year Report: DCFS Performance Measures: C2.3	
10/1/08-3/31/09	47.68%	2010	27.86%
4/1/09-9/30/09	47.79%	2011	30.56%
10/1/09-3/31/10	42.80%	2012	
4/1/10-9/30/10		2013	

Note: Report C1.3: Of all children who entered foster care for the first time in the report period (Federal Measure is for 6-month period), and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home? Report C2.3 Note: Of all children in foster care on the first day of the report period who were in foster care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the 12 month target period? Report period. The denominator for this measure excludes children who, by the last day of the 12 months, were discharged from foster care with a discharge reason of live with relative, reunification, or guardianship.

Data Sources: Web Focus reports; ACCESS Ad Hoc reports

Objective 1.2: Work with consultants to conduct a workload analysis (Completion Date: December 2012) Lead(s): Field Operations/Marcia Daniel

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

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

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

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

Update FFY 2010: A Foster Care Work Process group began meeting in November 2008. This group consists of 21 participants composed of state office and field staff as well as three outside consultants. They have been meeting the 3rd Friday of each month via teleconference in order to conduct a workload analysis.

In September 2009, this group completed workflow process mapping for the foster care program in order to gain a clearer understanding of the current processes that exist. They examined all of the processes within this program and created a diagram showing each step in the correct sequence, decision branches and other important aspects of the work. The process map was provided to the “re-engineering” team and subsequently to the “modernization” project which has been tasked with creating more centralized forms and processes across all programs due to a statewide departmental and Departmental reorganization.

In addition to workflow process mapping, this group reviewed all forms in the foster care program and provided feedback on which forms can be removed or deleted. A report was developed and provided to executive management. A structured estimation of the time to complete each form was also developed. These findings were provided to an outside consultant for compilation into a full report.

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A visitation contact form was created and put into the Family Assessment Tracking System (FATS) in October 2009. This form charts that a visit was held, with who, what date and time. Reports can be pulled from this system that tracks that visits are being held monthly.

Update FFY 2011: DCFS requested an analysis of workload in its child welfare programs as part of technical assistance provided to DCFS under the 2009-2012 Jurisdictional Agreement between DCFS and Casey Family Programs. The analysis conducted in Louisiana was based both on comparisons with actual time measurement in other jurisdictions and on an estimation process involving front line staff and supervisors in the core child welfare programs. The programs involved in the project were: Child Protection Investigation (intake, investigation and alternative response), Family Services, Foster Care, Adoptions and ICPC. The methodology used in the analysis included a review of DCFS policies and practice documents, time estimations provided by DCFS staff in each program and supervisor's time estimations in each program as well as comparisons to workload studies completed in other jurisdictions. The reports in all job function categories, even within parishes, contained great variations, a fact that casts doubt on the accuracy of the time estimates overall. The preliminary analysis was completed and submitted to DCFS in August, 2010 describing the limitations associated with the methodology. There have been no final findings and recommendations as of this date.

Activities Planned FFY 2012: In regards to the increased volume of workload/caseload, the Casey Family Group has implemented a study to identify workload/caseload issues, but there have been no final findings as of this date. Unfortunately, during these difficult economic times it is often the case that workloads/caseloads increase due to reduced funding and staffing levels.

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

Baseline Data:

- Refer to Compliance Rate with Initial Face-to-Face Contact with Victim;
- Refer to section on Caseworker visits;

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

TRAINING

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

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

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

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

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

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

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

Update FFY 2010: The needs assessment was tailored to DCFS with the assistance of the National Resource Center for Organizational Improvement, and the findings were published in September 2009. The Louisiana Child Welfare Center for Excellence is in the planning stages. It is a Court Improvement Program initiative that will provide training for child welfare staff and the community. DCFS has contracted with nationally know trainers for “Golden Thread” clinical training which includes mental health and domestic violence. The DCFS training section is revamping Substance Abuse training. Please refer to Goal 1, Objective 1.1 for information on training and supports to supervisors including coaching and mentoring. A workgroup is being formed to develop training on working with the courts for DCFS staff. The expectation is that the training will be provided by social workers rather than court personnel and will be clinically based.

Update FFY 2011: Implementation of MOODLE, as well as enhancements to the system, is ongoing. This platform will be for tracking training for all DCFS staff. In the coming months, it will be used for on-line training as well. Efforts are underway to increase user proficiency with the tool and ensure that this system is fully supported within the context of the Department’s modernization project. Scanners have been provided to all regional trainers and state office CW trainers who are responsible for using this tool to expedite data entry into MOODLE. In addition CW trainers and Regional Trainers have received in-service training with regards to utilizing the scanner and importing data into Moodle.

Modernization efforts include the use of WebEx and increasing staff proficiency with the tool. Staff executing transfer of learning activities, such as the new worker teleconferences, has begun to use the WebEx format and report that is it a far superior format to teleconferences.

The Department continued efforts for coaching/mentoring and has trained a total of 22 coaches/mentors who were assigned mentees. The mentees were supervisors who had previously attended or were currently attending the supervisory training entitled “Mastering the Art of Child Welfare Supervision”.

The Department sponsored clinical supervisory training that was conducted by Marsha Salus, Kathleen Fallor and David Mandel. These trainings sessions were followed-up by teleconferences to reinforce the transfer of learning. They focused on the Golden Thread, Mental Health and Domestic Violence. A total of 246 supervisors and coaches/mentors participated in the trainings and teleconferences. These specialized trainings concluded in 8/2010.

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Collaboration with the Alliance has continued. The greatest achievement to date is the drafting and passage of legislation (Act 76) that recognizes the BSW competencies taught at the university level as sufficiently preparing students to work in child welfare.

Work on the Center for Excellence has been advanced during this time period as the child welfare training administrator attended meetings and shared DCFS sponsored training opportunities with the various disciplines involved. The training administrator also provided input into the development of training opportunities sponsored by the Court Improvement Project and CASA and developed procedures for DCFS staffs' participation in these shared training opportunities. To ensure sharing of information, as well as, promote relationship building, the CW training unit sends out timely correspondence in advance to the CIP/CASA to attend specialized agency training.

Strategy 5: The Court Improvement Program and CASA sponsored three Child Welfare Law Advanced Institute Multi-Disciplinary Trainings in 2011. On February 18, 2011, "Identifying and Engaging Non-Custodial Parents" was presented in Alexandria Louisiana. This training stressed the importance of non-custodial and relative involvement, discussed barriers to engagement, practice tips, diligent efforts, and engaging incarcerated parents or parents with substance abuse issues. On March 25, 2011, a training session was presented in Shreveport, Louisiana entitled "Crossover Youth". This training addressed the connection between maltreatment and delinquency. The speaker discussed ways to meet the unique needs of these youth as well as what role the court can play in meeting their needs. On April 29, 2011, "Engaging Parents in Permanency Planning" was presented in DeRidder, Louisiana. Staff and court personnel were trained on the importance of working closely with children's parents to facilitate permanency more expeditiously. It also explored research and best practice in engaging parents. The sessions were well publicized and well attended by legal, judges, and staff. Several additional training sessions will be provided through out 2011 to educate the courts and legal regarding Child Welfare.

Activities Planned FFY 2012: Ongoing implementation of MOODLE, as well as enhancements to the system is planned so that it can be used as an on-line training platform. Efforts will continue to increase user proficiency with the tool and to ensure that this system is fully supported within the context of the Department's modernization project.

The Department will continue collaboration with the Alliance to improve the direct, and indirect, skills and competencies of child welfare frontline workers and supervisors by 1.) Enhancing BSW competencies and; 2.) Completing the development of MSW competencies

Additionally, work with the Center for Excellence will continue to expand the development of shared training opportunities with the various disciplines involved.

Strategy 5: Ongoing training opportunities will be provided.

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

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

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

Strategy 1: Conduct mandatory post-training teleconferences for all sessions of the newly developed New Worker Orientation (NWO) training. (Lead: Jenefier Moore; Completion Date: Ongoing)

Strategy 2: Evaluate effectiveness of teleconferences and determine if revisions to the format are needed or, if not, explore alternative options for assessing transfer of learning. (Lead: Jenefier Moore; Completion Date: December 2010)

Update FFY 2010: Transfer of learning activities include providing feedback to regional administrators on new workers’ performance and two teleconferences with new workers following orientation. A feedback loop has been established, and feedback has been positive. At this point, no changes in format are planned.

Update FFY 2011: Child Welfare training staff, as well as, Regional Trainers has been trained to WebEx. This new tool is being utilized for transfer of learning activities such as the NWO post-training sessions. Responses towards the use of the WebEx tool have been positive and it has fostered the support of DCFS Secretary who utilizes this technique often with regards to addressing staff statewide about the progress of the ONE DCFS.

The training unit has embraced the concept of WebEx and is looking to incorporate them into the specialized training curriculums, as well as, supervisory training. There are a total of three licenses for WebEx in the training unit.

Activities Planned FFY 2012: The CW training unit has recently adopted the WebEx tool to assist in transfer of learning. The WebEx tool will continue to be utilized in New Worker Orientation as a transfer of learning mechanism. Additionally, the training unit is looking to develop a mechanism in Moodle to evaluate the effectiveness of transfer of learning using WebEx. Informal feedback from field staff, supervisors and managers has been positive.

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

Data Sources: Reports from staff participating in mandatory teleconferences.

Objective 2.3: Further advance the training partnership between the Department and the seven public university members (Completion Date: June 2014) Lead(s): Jenefier Moore

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

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

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Strategy 3: Implement the “common core competencies” curriculum in all BSW programs at Louisiana public universities. (Lead: Jenefier Moore; Completion Date: Fall semester, 2009)

Update FFY 2010: Work has continued with Northwestern Louisiana University, as the lead university, and other partner universities have been engaged in a training partnership. The result of this partnership is a core curriculum with common competencies for BSW students at all of the state universities offering social work degrees. A unified budget among the universities has not been developed.

Update FFY 2011: During this time period, collaboration with the universities has continued. The greatest achievement to date is the drafting and passage of legislation (Act 76) that recognizes the BSW competencies taught at the university level as sufficiently preparing students to work in child welfare. Work is being done at this time to tweak the BSW competencies and the Alliance is working on the development of MSW competencies. In addition, the Department is looking at redeveloping policy to adhere to ACT 76. The development of a committee is the first step in determining how the passage of ACT 76 will impact policy, as well as, establishing criteria for which parts of New Worker Orientation students would be required to attend to ensure complete understanding of the child welfare process. The Department is working on developing policy and protocol regarding this legislation’s impact. At present there has been no consistent dialogue with the universities and DCFS as to how this legislation will impact agency protocol with regards to BSW students graduating and being exempt for taking New Worker orientation.

The contract between the Department and NSU is monitored by DCFS and NSU has in turn contracted with the other state/public universities.

Activities Planned FFY 2012: The training unit will continue to work collaboratively with the universities to establish a mission statement and in addition build capacity for the establishment of training centers in the universities. . In addition, the CW training continues with the development of relationship building with Middle Tennessee State University to seek guidance and direction in strengthening the University Alliance. The Middle Tennessee State University has submitted approval for a financial stipend to allow the Child Welfare Training Manger to travel and tour the university and the National Child Welfare Workforce Institute (NCWEI).

Child Welfare Training is working with the Tennessee Center for Child Welfare (NCWWE) in association with Middle Tennessee University to formulate a plan of action to strengthen the University Alliance. In addition, the development of training centers in universities, as well as, the establishment of a formalized budgetary procedure is a part of the working relationship with Middle Tennessee University.

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

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

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

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Strategy 1: Implement the development of a dynamic, centralized training data and learning system (a MOODLE based system) with Learning Sciences Corporation. (Lead: Jenefier Moore; Completed: July 2009)

Strategy 2: Provide specific instructional training to training coordinators and training staff. (Lead: Jenefier Moore; Completion Date: Ongoing 2014)

Strategy 3: Refine and fine tune specific capabilities and system requirements needed by Training & Workforce Development and staff statewide. (Lead: Jenefier Moore; Completion Date: Ongoing 2014)

Update FFY 2010: The MOODLE system was implemented in July 2009. MOODLE provide tracking of training activities and on-line training. Regional training coordinators and training staff in state office have received MOODLE training, and the training continues through monthly webinars to increase staff skills. Reporting capability has been set up and was used to provide information for this Report. Ongoing updates and refinements will continue as needed through a contractual arrangement with Learning Science Corporation.

Update FFY 2011: Implementation of MOODLE, as well as enhancements to the system, is ongoing. This platform will be used for not only for tracking training for child welfare staff, but all DCFS staff. In the coming months, it will be used for on-line training as well. Efforts are underway to increase user proficiency with the tool and ensure that this system is fully supported within the context of the Department's modernization project. DCFS Training has implemented magnetic scan technology to track attendance to DCFS training sessions. Attendance information is imported into the LMS, and does greatly expedite data entry into MOODLE.

During this time period, collaboration with the universities (the Child Welfare Universities Alliance) has continued. The greatest achievement to date is the drafting and passage of legislation (Act 76) that recognizes the BSW competencies taught at the university level as sufficiently preparing students to work in child welfare.

DCFS Training staff, including child welfare trainers and regional training coordinators, received training during this time period. Training was received regarding train the trainer type sessions, effective presentation skills, instructional design, use of the Learning Management System (MOODLE), curricula development training, and the use of WebEx. The entire DCFS Training Unit participated in an intensive instructor-led two-day seminar, to receive instruction on the critical components of course creation, tracking and reporting. A naming rubric was created to codify the naming protocols for ILT and web-based courses throughout the department. Additionally, the Training Unit has begun the creation of a manual of Standard Operating Procedures (SOPs) as a reference and as an archive of Training Unit Policies and Procedures for Training Processes. It is anticipated that this initiative will be a multi-year endeavor possibly being delivered by 2014.

The Training Unit identified that the server on which the LMS was housed was insufficient to support the system requirements to support the Department's needs. DCFS invested in a multi-server platform that is adequate to support the current needs of the LMS and the anticipated expansion over the next 2-3 years. The new LMS environment is anticipated to be test-worthy on by July 31, 2011.

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DCFS did invest in a subscription to WebEx to support web meeting, conferencing and training needs. The Training Unit provided multiple training session to Departmental management and executive staff across programs. Staff are now using the tool to conduct conferencing much more cost effectively and efficiently.

It is anticipated that WebEx and the LMS will be fully integrated in the next FY. WebEx is used to conduct transfer of learning conferences after Child Welfare New Worker Orientation and has been slated as the delivery modal for upcoming trainings and seminars that will be facilitated by Child Welfare Program Staff. Regional Trainers are being developed as super-users of WebEx and provide Regional Administrative staff with support to facilitate ongoing management team meetings and policy review.

Activities Planned FFY 2012: In the next FY, DCFS Training will review current instructor led trainings to determine what can be transitioned to web-based training. Upon determination, on-line modules will be developed and posted to the LMS. Training of DCFS on the proper use of the LMS will be required to adequately achieve a successful on-line training system.

It is understood that the development of structurally sound on-line training materials is significantly different than the development of instructor-led training materials. DCFS Training will support the professional development of DCFS trainers in the acquisition of necessary skills Microsoft PowerPoint, Excel, and Articulate.

It is anticipated that DCFS training will explore the possibilities of expanding LMS to support an external platform which will allow DCFS to offer, track and report on-line training to DCFS providers, including but not limited to Foster Care Parents, Child Care Providers and Family Service Organizations. Significant planning with IT security, IT support and programmatic staff will be required to realize this achievement.

DCFS Training Staff will work with systems support to fully integrate WebEx and MOODLE to ensure seamless tracking and reporting of training events that rely on the two systems.

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

Data Sources: Centralized training data and learning system reports

FOSTER/ADOPTIVE PARENTS AND PROVIDERS (INCLUDING RESIDENTIAL)

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

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

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

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

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

Update FFY 2010: Regional Home Development Recruiters continue to experience uncharted success in recruitment efforts, as they involve staff, foster/adoptive parents, stakeholders (CASA, BBBS, COF), and community leaders to promote the need for more foster/adoptive parents. Recruiters have held match parties across the State in the form of themes such as Pics and Picnic Day, One Church, One Child, School's In-What Lessons are Your Community Children Learning From You, etc. Staff members, underutilized foster/adoptive parents, and newly certified foster/adoptive parents, along with the support of area businesses and other child welfare agencies were invited to attend these area specific events for the purpose of making matches for children and families within their own communities. Recruiters undoubtedly impacted positive outcomes in locating potential family resources for children that would not otherwise have the opportunity.

Regional Home Development Recruiters have utilized their access to Web Focus to assist in determining the type of strategies and populations that needed targeting within each region. Data from this regime serves to aid each recruiter in the application of focused, specific recruitment efforts known to each community and its members.

Regional Home Development Recruiters are responsible for partnering with professional photographers across the State that agreed to provide free photos to more than 100 children from the Baton Rouge region, Covington region, Greater New Orleans region, and Thibodaux region. Local Heart Galleries are being established in the Northeast regions of Louisiana increasing the amount of exposure children without identified placements are advanced.

Update FFY 2011: 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 the department's recruitment efforts. The North American Council on Adoptable Children (NACAC) contacted the Department to share recruitment methods employed in the 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.

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Regional Recruiters held more than 228 scheduled group orientations throughout the state, and conducted more than 50 additional statewide orientation meetings during church services, club and organizational meetings, and schools. Scheduled Orientation Meetings are posted on the DCFS website and accessible to the public.

Regional Recruiters formed several partnerships with over 100 churches, community centers, local businesses, and organizations that have proved helpful in targeted recruitment efforts within each prospective region. In 2010, the GNO regional recruiter was successful in conducting a presentation that included information about special/medical needs children in need of a “Forever Family” at Children’s Hospital in New Orleans. There were 50 medical professionals in attendance, and 10 of those in attendance expressed interest in learning more about the foster/adopt program.

This fiscal year, Regional Recruiters were involved in several promotional activities that highlighted older youth needing family placements. Certified foster/adoptive parents were invited to be a part of a team to brainstorm efforts that might yield the best results in recruiting families for older youth. As a result, these youth were featured on prime time news segments, fliers were shared at speaking engagements, joint appearances at radio interviews and presentations, and the youth were featured as a part of the recruiters’ workshop at the 35th Annual Foster/Adoptive Parent Association Conference.

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

Regional Recruiters shared fliers on youth needing placements with their region’s local foster parent associations, medical personnel, football team members, firefighters, and policemen for the purpose of matching each child’s interest with potential professional family resources.

The Regional Recruiter Supervisor created a visiting resource protocol that included steps that lead to successful family/youth visits as a gateway to permanency for youth in congregate care. Regional Recruiters presented this idea to statewide adoption, and home development units so that each region could provide feedback and assign the roles that each participant would play to assure successful visits between families and youth. As a result, older youth, especially in restrictive care facilities were connected with families within their communities. For some, this experience resulted in their removal from congregate care facilities into families, and for others, it resulted in families making the commitment to adopt.

Regional Recruiters conducted quarterly mini exchanges between the home development, foster care and adoption units for the purpose of exploring possible matches for “hard to place” youth with existing certified families and newly certified families.

Activities Planned FFY 2012: Regional Recruiters will engage veteran foster/adoptive parents in recruitment efforts within each prospective region forming a Foster Parent Recruitment Team. This team will meet quarterly to plan recruitment activities throughout each region.

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Regional Recruiters will strengthen its faith based outreach by making efforts to resurrect the “One Church, One Child” and “Each One, Reach One” campaigns to involve local churches and church organizations in sponsoring youth from residential facilities and youth identified as eligible for behavioral health services.

Regional Recruiters will connect with other child welfare agencies, and national and international adoption agencies to exchange recruitment ideas, plans, and efforts while learning new recruitment techniques other states are engaging in to increase permanency for older youth in foster care.

Regional Recruiters will address the national trend of racial and ethnic minority children being disproportionately represented in Louisiana by piggybacking activities within the communities from which these children are removed. Regional Recruiters will study national trends of successful recruitment efforts with multi-cultural families, and endeavor to be well versed in MEPA/IEPA laws and departmental policy. They will peruse local neighborhoods for basketball coaches, neighborhood watch organizations, youth groups, and community champions that will serve as an entry way into communities populated with multicultural families and children for recruitment purposes.

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

Data Sources: TIPS reports; Web Focus Reports

Placement Resource Development and Proximity of Placement					
FFY	Average # of homes certified	# of new homes certified	# of intake calls	# of orientation attendance	% of foster children located in same parish as court (parish of origin)
Baseline: 2008	2536	678	3412	1157	42.08 %
2009	2159	693	2711	1475	46%
2010	2218	734	3004	1946	47.6%
2011					
2012					
2013					

Placement Stability		
FFY	Percentage of Two or fewer placement settings for children in care less than 12 months Measure C.4.1	Percentage of two or fewer placement settings for children in care 12 to less than 24 months- Measure C.4.2
Baseline: 2007-2008	82.30%	63.12%
2009	82.57%	62.54%
2010	81.39%	62.98%
2011		
2012		
2013		

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

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

Strategy 1 Assess the feasibility of providing guardianship subsidies to relatives and other caretakers. (Completion Date: June 2010) Lead(s) Toni Buxton

Update FFY 2010: The feasibility for providing guardianship subsidies was studied, the decision was made to implement the program, and the program was implemented in April 2010.

Update FFY 2011: The guardianship subsidy program for certified relatives and fictive kin was implemented in April 2010. The Department was able to start claiming Title IV-E reimbursement for eligible children effective October 1, 2010.

Activities Planned FFY 2012: The Department will continue to monitor implementation of the guardianship subsidy program. To date there are 75 guardianship subsidies in place. In the 2011 legislative session the Louisiana Law Institute is working to clarify the language surrounding guardianship in the Children’s Code which otherwise does not exist in Louisiana’s civil law. This legal clarification should be legislatively enacted by the end of SFY 2011.

Outcome Measurement(s): More children will be placed with relatives and those relatives will have additional resources to provide care.

Data Sources: TIPS data, QATS data,

Permanency Planning/Relative Placement			
FFY	% of children placed with relatives (certified & uncertified in state & out of state)	# of cases up for QA review during FFY year where initial written service plan developed w/in 30 days of case acceptance	# of cases up for QA review during FFY year where the Family Social Assessment completed or updated w/in 45 days
Baseline:			
2007-2008	30%	82%	76.1%
2009	30.5%	Change: This item has been removed from the Quality Assurance Review form because the Family Assessment/Case Plan instrument combines the assessment and case plan, requiring that the assessment be completed to develop the case plan.	
2010	30.7%*		
2011			
2012			
2013			

*on 9/30/2010; relative placement indicator = Y or minor service type = 106

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

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Strategy 1 – Evaluate and assess current in-service training. (Completion Date: January 2011)Lead(s): Karla Venkataraman

Strategy 2 – Assess and study other state’s in-service training curricula and select desirable components. (Completion Date: June 2011) Lead(s): Karla Venkataraman

Strategy 3 – Conduct needs assessment to determine training needs of caregivers. (Completion Date: April 2011) Lead(s): Karla Venkataraman

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

Update FFY 2010: The Department did not accomplish this task due to other initiatives taking priority. The current on-going efforts to develop a level of care system have resulted in postponement of the development of a new foster and adoptive parent training curriculum.

Update FFY 2011: The Department did not accomplish this task due to the Coordinated System of Care (CSoC) initiative taking precedence. Development of a uniform in-service training curriculum will be pursued in the upcoming year.

Activities Planned FFY 2012: The Department will assess other state’s in-service curriculum to assist in the creation of a statewide in-service training curriculum that will include components of CSoC.

The Department will explore the training needs of Louisiana’s foster/adoptive parents throughout the state through the creation of a statewide in-service training survey that will be distributed through the Louisiana Foster and Adoptive Parent Association. The survey will be posted on the DCFS website and LFAPA’s website for completion. The Department will assess which training needs foster and adoptive parents identified as most beneficial to children in foster care.

The Department will collaborate with the training section to coordinate the implementation of new training curriculum that will include important components reflective of the CSoC initiative to provide foster/adoptive parents and providers with the skills and knowledge needed for youth with behavioral health issues.

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

Data Sources: TIPS data, Web Focus Reports

Objective 3.4, Strategies 1- 4 have been deleted because the Department is pursuing a Coordinated System of Care & Goal 5 duplicated Goal 3 and has been removed.

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

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

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

Strategy 2: Utilize regional recruiters, the Geomapping tool and the completed needs assessment of children in care to focus recruitment efforts. (Completed: April 2010) Leads: Karla Venkataraman & Tonyalea Elam

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

Update FFY 2010: Regional Home Development Recruiters have incorporated the use of certified foster/adoptive parents as members of the Department's Recruitment Team. A past underutilized resource of the Department, foster parents have enthusiastically joined to promote the Department's need for more foster/adoptive parents. Outcomes are measured via a tracking system that is maintained by each recruiter and region's home development unit. Each recruiter and home development supervisor maintains a tracking log that follows each family through the certification process.

The Regional Home Development recruiter's sign-in sheet for orientations includes a "referral source" section that is filled in by each prospective family in attendance at orientation. It has been commonly reported that the internet/DCFS website and foster/adoptive parents are frequently noted as #1 and #2 referral sources. Recruiters have taken foster/adoptive parents along with them to orientations, community events, and television shows for the express purpose of sharing a positive message about the fostering and adoption of children from foster care in Louisiana. Foster/adoptive parents have been instrumental in getting each recruiter a "pass" into their local churches, workplaces, and organizations this past year. Several newspaper and magazine articles were dispersed throughout communities that featured foster/adoptive families from each region. This highly regarded activity consistently plays a pivotal role in the increase of intake calls from families interested in orientation/informational meetings about becoming certified as foster/adoptive families within their region.

In 2009, recruiters were employed to clean up and follow up on referrals from the AdoptUsKids website and recruitment tool. From this activity, recruiters are able to complete phone orientations, and invite families to upcoming Model Approach to Partnership in Parenting classes offered in each prospective region. Each year, churches, Kiwanis, CASA and many others help sponsor Christmas parties, gift give-aways, Adoption Match parties, Foster Parent Appreciation banquets, Easter parties, and many other functions on behalf of foster/adoptive children and foster/adoptive parents.

Recruitment efforts are also targeted toward assuring that homes are available that match the racial and ethnic characteristics of the children in need of placements. Currently, White children make up 49% 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." Louisiana's children in care population is 4632, and the number of certified foster/adoptive families is 2196, a more than 2 to 1 ratio. However, the tailoring of recruitment efforts to meet regional needs while applying universal practices with quantifiable outcomes is the Department's driving force, as more than 500 adoptions were completed in the 2008-2009 fiscal year.

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Update FFY 2011: Regional Recruiters completed more than 500 support visits to the homes of foster/adoptive parents statewide. Each recruiter is required to complete 5 support visits with certified foster/adoptive families every month for recruitment and retention purposes. These visits primarily serve as a way to display the department’s concern for the family’s well being and their success as foster/adoptive families. Regional Recruiters act in the role of liaisons to bring concerns of foster/adoptive parents to the attention of home development, foster care, and adoption staff, to involve families in leading recruitment efforts within their communities (targeted and child specific recruitment), and to assist in linking foster/adoptive parents to community resources that might benefit foster youth and provide free services for the purpose of preserving placements.

Regional 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. Mini-exchanges held quarterly statewide was an effort utilized for the purpose of identifying specific families for specific children. 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 for the placement of “hard to place.” Staff gave several leads to connections within their communities and churches that oftentimes resulted in awareness events, speaking engagements, and passes to community members that “always wanted to adopt.”

Regional Recruiters utilized Web Focus and TIPS data systems to assess reports that assisted them in targeting particular communities, populations, races, and demographic areas where the most removals of children take place for recruitment purposes. They were asked to gather and analyze data so that recruitment efforts are concentrated in areas of highest need. Each Regional Recruiters studied the social fabric of their region to ascertain acceptable approaches in behaviors that lead to “open doors” for recruitment within each region.

Measurement: Percentage of referred children with placement options achieved. Baseline data was established in FFY 2010.

Recruitment Referrals			
Year	# Children Referred	# of children with Placements Options Achieved	# of children with ongoing recruitment
FY 2009	259	144	115
FY 2010	282	161 (57%)	87 (31%)
FY 2011			
FY 2012			
FY 2013			

*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.

Activities Planned FFY 2012: Regional Recruiters will increase community partners and stakeholders by joining forces with Economic Stability staff within DCFS. Both groups will exchange resources that will lead to additional support in the recruitment effort.

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Regional Recruiters will study other state's approaches to gaining a "pass" into communities that might be resistant to joining forces because of stigmatization, and assess its effectiveness through implementation.

To maintain continuity for youth in care, Regional Recruiters will meet with school personnel and community members to construct recruitment plans that will promote the placement of each child within their communities of origin and within their community's school district.

Regional recruiters will produce a regular newsletter that will be shared with foster parent associations and staff. The newsletter will include available training opportunities, recruitment events, regional stats, and a section that features a teen or sibling group that needs a family.

Data Sources: TIPS reports; Web focus reports

Objective 4.2, Strategy 1 was deleted because it duplicated Objective 3.2, Strategy 1 & 2.

Objective 4.3, Strategies 1-4 were deleted because they duplicated Objective 3.3, Strategies 1-4.

TECHNOLOGY

GOAL 6: Improve service delivery to external customers, clients and providers, as well as improve work processes and tools for staff.

Objective 6.1: Increase level of mobility of workers and workers ability to work from a home office.

Strategy 1: Complete study of the detailed tasks performed by a worker in and out of the office to better understand the supports needed to function in a mobile office and home environment

Strategy 2: Continue work on ACCESS project to create a complete online case record.

Strategy 3: Explore equipment needs, available mobile services, information technology supports, management and office supports.

Strategy 4: Equip staff with tools to increase mobility and work from a home office if determined to be feasible, i.e. laptops, printer/scanner, fax machine

Strategy 5: Select units statewide to pilot limited mobility

Strategy 6: Study CPS program for what supports are needed for full mobilization and study remaining programs for potential mobility

Update FFY 2010: DCFS is invested in a modernization project which is aimed at creating work efficiencies through the use of appropriate technology to enhance and make service delivery more efficient. This includes DCFS Mobile Technology to provide tools for field staff to reduce duplicate processes, travel time and enable staff to spend increased time delivering services to clients. Components include the assessment, selection and procurement of tools, development of IT support for mobile technology and training, and developing centralized intake. A DCFS Mobile Technology Team was

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developed and provided an assessment and recommendations for DCFS mobile technology in March 2009. In order to better understand the supports needed to function in a mobile office and/or home environment, this team recommended the completion of an analysis of the detailed tasks performed by a worker in and out of the office. Equipment needs were explored as well as available mobile services, information technology supports, management and office supports.

The Department is currently engaged in a technology modernization project that will integrate current systems into one comprehensive SACWIS compliant system and more.

Update FFY 2011: DCFS has initiated telework in response the need to decrease administrative and operational costs, reduce office space, equipment and utilities, and optimize use of office facilities. Additional benefits of this initiative are that is it will enhance the Department's ability to respond to emergencies, enhance employee flexibility in managing work and family responsibilities and improve the ability to recruit and retain talented people. Since January 2011, approximately 136 DCFS staff has received telework assignments. Telework assignments have impacted staff across the three service delivery streams within the Department: Economic Stability, Child Support Enforcement and Child Welfare. To date, 137 DCFS staff is working from home. At present only 21 staff in the Home Development Unit within Child Welfare Program have been deployed to work from home. DCFS administrators are applying careful analysis of job characteristics and employee characteristics to ensure that telework assignments are appropriately determined. DCFS recognizes that the jobs that are best suited for teleworking are those that: include portable tasks that can be performed off site and sent to and from the employee's home with ease, speed and confidentiality; require independent work, such as writing, reading, telephoning, planning, computer programming, word processing and data entry; have minimal requirements for special equipment or access to materials and files located in the office, and those in which performance can be quantified and measured.

The "Request for Proposal" for a Common Access Front End (CAFÉ) system to provide a web based platform for all DCFS workers was released in November 2010, and a vendor (Deloitte) was selected. The CAFÉ' Project's contract was submitted to federal partners for their required review. The CAFÉ Project started May 2011.

The DCFS Document Imaging and Content management RFP was released in December 2011 and all responding proposals have been reviewed, evaluated and scored, and a request to the Louisiana Office of State Purchasing for them to publish the "intent to award letter" has been submitted. Barring any unforeseen circumstances, DCFS anticipates a project start date of late May or early June 2011.

The SACWIS RFP was never issued as originally planned. The SACWIS initiative has been put on hold due to the severity of the State's budget problems. While a date for release of the RFP is uncertain, DCFS does anticipate replacing the current legacy application (TIPS) to pursue a SACWIS solution as soon as the State's fiscal outlook improves. Other modernization efforts now underway will well position DCFS to take full advantage and maximize benefit from SACWIS once implemented

Activities Planned FFY 2012: It is anticipated that by December 2011, DCFS will have 300 staff, including Child Welfare staff in the Centralized Intake Unit and other program staff, working from home. DCFS plans to publish specific inclusion and exclusion criteria for teleworkers and develop performance measures to ensure that telework does not have a deleterious in work productivity and work quality.

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Outcome Measurement: Reduction in staff turnover and retention timeliness of initiating investigations; improved caseworker visits

Data Sources: Web Focus Reports; ACESS reports, HR state turnover reports

THEME 2: OUTCOMES

Goal 1 and Objectives 1.1 and 1.2 have been deleted because the Department is no longer pursuing the implementation of a practice model.

SAFETY

GOAL 2: Children are, first and foremost, protected from abuse and neglect.

Objective 2.1: Safety and risk assessments are completed thoroughly and accurately and in accordance with timeframes established in policy while children are in their own homes.

Strategy 1- Enhance supervisor's capacity to monitor safety plans for completion within departmental timeframes and appropriateness of safety plan. (Completion Date: December 2013) Lead(s): Rhenda Hodnett

Strategy 2- Enhance clinical knowledge of staff pertaining to risk and safety assessments of substance abuse, mental health, and domestic violence. (Completion Date: June 2012) Lead(s): Jenefier Moore & Rhenda Hodnett

Strategy 3- Increase the quality and frequency of caseworker visits (Completion Date: December 2011) Lead(s): Rhenda Hodnett

Strategy 4- Add SDM Risk Assessment into ACESS – Rhenda Hodnett

Update FFY 2010: Strategy 1: The Web Focus dashboard provides supervisors with the capacity to monitor safety plans for completion within departmental timeframes. An increased focus on monitoring safety plans has occurred due to the data indicating a very low percent of safety plans completed timely. Regional Prevention Specialists have been asked to brainstorm reasons that safety plans are not being completed timely and develop methods to combat this issue.

Strategy 2: In June 2009, a new policy 4-516, Safety Assessments, was issued to provide guidance to staff regarding the definition of safety to include present danger, impending danger and protective capacities. The policy also provides staff with guidance on completing safety assessments, determining safety decisions and creating safety plans.

A training session was held on November 18-19, 2009 in Baton Rouge by the Institute for Family Development regarding Substance Exposed Newborn Training and Relapse Prevention. This training targeted Family Services (FS) staff. Training content included the effects on infants (brain development and behaviors), specific strategies to teach parents regarding the care of their exposed newborn, safety plans, support systems, engaging fathers, including siblings of exposed newborns in conversations, relapse prevention, building motivation, resources and fact sheets.

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A DCFS New Worker Orientation Training Session was held January 5, 2010 and March 8, 2010. This three (3) consecutive week curriculum provides fundamental knowledge and skills needed for child welfare services delivery that are common to the CPI, ARFA, FS and FC program areas. Included in the training content: Safety and Risk Assessment; Structured Decision Making (SDM); and Caseworker Assessment and Case Planning with the Family; Intake and Screening, and Exploring Issues: Substance Abuse, Mental Illness and Domestic Violence.

Strategy 3: With the implementation of Structured Decision Making (SDM) in 2008, contact standards for both Family Service and Foster Care cases changed. SDM is a risk assessment tool designed to assess the level of risk of a case which dictates the number of worker face-to-face visits required for a family per month. Since the level of risk assigned to a case determines the number of visits required for a family through the Structured Decision Making Model, there is a chance of increased visitation upon completion of the risk assessment. The Department worker maintains case responsibility and must have contact with the family based on SDM contact standards. This promotes information sharing, as the contract service provider is able to assist with ongoing assessment of risk.

The Department has also worked to address face-to-face visits with changes in policy to guide visits that are purposeful and private to better ascertain the child's needs.

In September 2009, a memorandum was issued to advise staff that all case worker visits in Foster Care and Family Services are to be documented in the Family Assessment Tracking System (FATS) starting in October 2009. Data is currently being input into this system; however the capability to generate reports to allow users to manage the system is not available at this time.

Strategy 4: Beginning October 1, 2009, the SDM assessment process and instrument are being used by the CPI staff. Risk is assessed throughout the investigation and the instrument is completed at the conclusion of the investigation. Implementing the initial SDM risk assessment at the forefront of the Department's involvement with families allows for earlier identification of those families at highest risk for repeat maltreatment. Integration of SDM into intake and child protection investigations will also facilitate better information to set appropriate response priorities and provide investigators with the information needed to make timely investigation contacts. SDM will be incorporated into ACESS in June 2010.

Update FFY 2011: Strategy 2: The Department sponsored clinical supervisory training that was conducted by Marsha Salus, Kathleen Faller and David Mandel. These trainings sessions were followed-up by teleconferences to reinforce the transfer of learning. They focused on the Golden Thread, Mental Health, Substance Abuse and Domestic Violence. A total of 246 supervisors and coaches/mentors participated in the trainings and teleconferences.

Through the peer support process, an area of identified need was additional focus on supervisor's capacities to provide quality supervision. To this end, and with collaboration from Children's Resource Center and the National Resource Center on Child Protection, training has been developed for supervisors in order to increase the quality of their supervision and their ability to use and assess the safety and risk tools and concepts with workers. Please refer to section on Peer Support for more complete update as this was the process through which these items were initially addressed.

The Department continued consultation with Children's Research Center to develop the Structured Decision Making tools for Child Protection. In October 2009, the SDM Initial Risk Assessment tool was

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implemented in the Child Protection Investigation Program. The tools provide structure in determining if a CPI case should be closed or referred to the Family Services 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 the agency focuses attention and resources on very high and high risk cases, the chances of the family returning to the agency will decrease.

In January 2010, the SDM Screening and Intake 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. The SDM Intake Screening tool was implemented statewide in June 2010. As noted in the pilot, the number of Alternative Response cases increased. The number of immediate response cases also increased.

Activities Planned FFY 2012: Beginning in May, 2011, the Monroe region and Alexandria region, will be a part of a 6 month project. There will be a 1 day on site specialized training for supervisors. The following 3 months will include twice a month consultation by phone using cases to discuss safety and risk key decision points. The following 3 months, there will be once a month phone consultation. **SDM Intake Screening Tool:** In order to continue improving the Child Abuse and Neglect Intake function, the Department is planning to implement statewide Centralized Intake in July 2011. A staff of approximately 39 teleworkers will be trained to accept intake calls 24/7. Training will be provided to the specialized group and it is expected to improve the quality of intake thereby addressing the safety needs of families and children as soon as possible.

SDM Initial Risk Assessment Tool: The SDM Initial Risk assessment tool will continue to be used to assist in determining if a family would need to be referred to the Family Services program. In order to improve the use of the tool, the Department/CPI/FS unit began a statewide case review process in February 2011. Case record review instruments have been developed and each month, a sample CPI 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. It is expected that the practice and use of the tool will improve throughout the State. The Department will continue to monitor the SDM tools and revise and update policy and procedures as necessary.

Outcome measurements: The Department will monitor the accurate completion of safety and risk assessments through the percent of safety assessments in which safety is assessed timely (in accordance with policy) during investigations; monitor percent of Family Service cases in which safety/risk is reassessed timely

Data Sources: QA Data; TIPS reports; SDM database

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FFY	FS - QA-1 Data - Was Safety Assessment reviewed, modified or initiated by FS Worker within 5 days of first contact with family % "Yes"
Baseline Data: 2008	81%
2009	78.7%
2010	83.7%
2011	
2012	
2013	

Note: Risk assessment data inaccurate due to only 3 out of 343 cases reviewed for risk assessment due to discontinuance of QA-1 to measure risk. Risk assessments completed will be monitored in the future by the SDM database.

FFY	% safety assessment completed within departmental timeframes during investigation
Baseline Data: 2008	64.26%
2009	68.57%
2010	75.76%
2011	
2012	
2013	

*Data source is CAN 0005 Investigation Compliance Report

Objective 2.2: Ensure investigations are initiated and face to face contact with the child and caretaker are completed within timeframes established by departmental policy (Completion Date: June 2014) Lead(s): Willene Griffin

Strategy 1- Explore the feasibility of a centralized intake process to create a single entry point for receipt of reports of abuse/neglect. (Completion Date: June 2011) Lead(s): Willene Griffin

Strategy 2- Establish departmental capacity and maintain child welfare personnel to respond to reports of abuse and neglect (Completion Date: June 2012) Lead(s): Rhenda Hodnett

Strategy 3- Enhance supervisors' capacity to support workers' timeliness of initiating investigations. (Completion Date: June 2011) Lead(s): Rhenda Hodnett

Update FFY 2010: Strategy 1: 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 vs. 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 central intake systems. The planning and design team looked at a number of options in designing Louisiana's centralized intake center. The options explored 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.

Strategy 2: Louisiana is implementing several initiatives to alleviate the stress and provide additional support to front-line staff in completing critical functions. One initiative, Peer to Peer Support (also referred to as Intensive Assistance Teams) provides support, consultation, specialized training and

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management assistance to staff for a specified period of time. The initiative was first implemented in Lake Charles in early 2009. Peer to Peer Practice Support was instrumental in stabilizing practice and the child welfare workforce in Lake Charles. The intensive peer support and local leadership development allowed for an acceleration of core child welfare practice skills development and facilitation of a positive culture where staff can believe quality child welfare practice is possible and see it happening.

The Department has continued to partner with the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) and the Louisiana Child Welfare Workforce Alliance. This five-year discretionary grant awarded by the Children's Bureau began in FFY 2008-09 for Child Welfare Training: National Child Welfare Workforce Initiatives. The LCWCWP upgrades the skills, knowledge and qualifications of prospective and current child welfare staff and supports special projects for training personnel to work in the field of child welfare. 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. LCWCWP has implemented a number of strategies designed to assist DCFS in developing a stable and highly skilled workforce for providing effective child welfare services. LCWCWP is further supporting the development of a strong DCFS-University Alliance to improve staff competencies. LCWCWP has significantly increased the numbers of social work (MSW and BSW) students receiving stipends to support their child welfare education, through a Louisiana Child Welfare Scholars (LCWS) program (administered through NSU, with stipends available to each university).

Strategy 3: The Department is strengthening its focus on outcomes by identifying a small number of core outcomes to be closely monitored by all staff from the front-line through the Secretary's office with a focus on setting and meeting incremental improvement targets. As part of the Department's Performance Outcomes Monitoring process, the Department has set a performance improvement target of 10% for each region relative to the timely initiation of investigations for the quarter October 1-December 31, 2009. The Web Focus dashboard provides supervisors with the capacity to monitor timeliness of initiating investigations for completion within departmental timeframes. The Department has been in the process of increasing supervisor's utilization of data to supervise staff.

Update FFY 2011:

The Centralized intake workgroup was reconvened in May 2010. Several meetings were held in order to further develop plans toward implementing the statewide intake system. Plans were discussed and details worked out regarding the following issues and components of the plan: staffing requirements and schedules, actual intake process including procedures, issues with ACCESS, duties of the manager, procedures for workload coverage in the event an employee cannot report to work, statewide vs. pilot implementation and requirements of the call management system that is needed. In addition subgroups on communication procedures and personnel/staffing issues developed recommendations. Workgroup activities were temporarily suspended due to location and staffing issues. In July, 2010, the vendor, ACS was selected and agreed to provide space and equipment for Centralized Intake.

Activities Planned FFY 2012: Centralized Intake is scheduled for implementation effective, July 2011. The centralized Child Abuse Hotline will be operated by approximately 25 Child Protection teleworkers, five supervisors, one manager, and three support staff. Child protection intake staff will be selected with the following qualities:

- Experience in the Child Protection Investigation Program

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

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 statewide child abuse reporting hotline toll-free 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 Child Protection Investigation teleworkers. The DCFS Call Center will provide 24/7 back-up services for the Child Protection Hotline. Specialized training will be provided to assist the intake staff with processing the intakes and submitting to the Centralized Intake queue. The ACCESS system will be updated to accommodate the centralized intake 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 Centralized Intake Supervisors. It is expected the 24/7 Centralized Intake telework model will continue. On-going training will be available to staff and changes in policy and procedures will occur as necessary.

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Outcome measurements: The Department will monitor timeliness of initiation of investigations through ad hoc reports in ACCESS.

Data Sources: ACCESS ad hoc report

Compliance Rate with Initial Face-to-Face Contact with Perpetrator/Non- Involved Caretaker				
FFY	# Compliant	# Non-Compliant	# Perpetrators/Caretakers	% Compliant
Baseline Data				
2008	14081	15889	29970	46.98 %
2009	13223	14023	27246	48.53%
2010	15670	15800	31470	49.79%
2011				
2012				
2013				

DATA SOURCE: Web focus: ACN0004 Based on Finding Date/Final Finding Status: All

Compliance Rate with Initial Face-to-Face Contact with Victim				
FFY	# Compliant	# Non-Compliant	# Victims	% Compliant
Baseline Data				
2008	18517	11733	30250	61.21%
2009	16663	10504	27167	61.34%
2010	18406	10555	28961	63.55%
2011				
2012				
2013				

DATA SOURCE: Web focus ACN0004 Based on Finding Date/Final Finding Status: All

GOAL 3: Children are safely maintained in their homes whenever possible and appropriate.

Objective 3.1: To ensure children who have been maltreated are protected from repeat maltreatment in their own homes and in foster care placements.

Strategy 1- Ensure consistent screening and classification of reports received (Completion Date: June 2010) Lead(s): Rhenda Hodnett

Strategy 2- Build skills of supervisors to provide supportive supervision to frontline workers to increase accurate case decision making across the child welfare service continuum. (Completion Date: June 2010) Lead(s): Jenefier Moore & Rhenda Hodnett

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Strategy 3- Provide on-going training to assist workers to conduct a thorough family centered safety/risk assessment using the existing SDM risk assessment tool and safety plan (Completion Date: June 2011)
Lead(s): Jenefier Moore & Rhenda Hodnett

Update FFY 2010: Strategy 1: Since completion of the “Focus on Four” implementation in October 2008, the initial Structured Decision Making (SDM) risk assessment has been used to assess risk for cases advancing to in-home (FS) or out-of-home (FC) services. The instrument was initially completed at the transfer staffing with the information presented by the CPI worker/supervisor during the staffing. Beginning October 1, 2009, the SDM assessment process and instrument is used by the CPI staff to assess risk during the investigation. Implementing the initial SDM risk assessment at the forefront of departmental involvement with families allows for earlier identification of those families at highest risk for repeat maltreatment. This initiative will also allow for more standardized decisions on how risk is assessed and case planning is determined.

On February 15, 2010, a pilot began for utilization of a SDM screening and response tool to ensure consistent screening and classification of reports received in Ascension Parish, Calcasieu Parish and all of East Baton Rouge region. Trainings were conducted in these parishes as well as additional trainings on Alternate Response (AR). Progress of the pilot was monitored through April and May 2010 and evaluation of the pilot began May 2010. Any changes needed as a result of lessons learned occurred at that time. Statewide training was completed in April and May 2010 in advance of SDM tools input into ACCESS in June 2010. The Quality Assurance section is in the process of developing reports to place on the dashboard to track progress of SDM at intake.

Strategy 2: A Peer to Peer Support (PPS) project has been developed to ensure consistency in safety plans, risk assessments, and case planning. PPS 2010 is a standardized peer review process designed to increase the Louisiana DCFS workforce capacity to effectively assess and intervene in reported cases of child abuse and neglect. It is anticipated that this process will also reduce repeat incidence of maltreatment.

Louisiana has implemented staff mentoring/coaching programs in several areas of the state to support and improve staff capacities. Supervisors have also participated in a series of monthly Supervisory Teleconferences to enhance and develop learning opportunities centered on state of the art child welfare supervision principles and practices.

Strategy 3: Multidisciplinary Training (When is it safe to reunify?), co-sponsored by Louisiana’s Court Improvement Project (CIP) and CASA was held March 12, 2010. This training provided a practical summary about child safety, addressed the fundamentals of safety assessments and safety planning and discussed appropriate decision-making skills that relate directly to permanency and child well-being. Topics covered included SDM® Risk Assessment documents.

A DCFS New Worker Orientation Training Session was held January 5, 2010 and March 8, 2010. This three (3) consecutive week curriculum provides fundamental knowledge and skills needed for child welfare services delivery that are common to the CPI, ARFA, FS and FC program areas. The training content includes: Focus on Four Initiatives (Safety and Risk Assessment); Structured Decision Making; and Caseworker Assessment and Case Planning with the Family; Intake and Screening, etc.

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A DCFS Alternative Response Family Assessment (ARFA) and Structured Decision Making (SDM) Intake Train the Trainer Training Session occurred on January 20-21, 2010. This training was utilized to familiarize all supervisors with and train the trainers on the new SDM intake instrument, prior to implementation of the pilot program. The training on January 21, 2010 was utilized to train the trainers on the new ARFA training to be conducted in the regions.

Update FFY 2011: Strategy 2 - The Department sponsored clinical supervisory training that was conducted by Marsha Salus, Kathleen Faller and David Mandel. These trainings sessions were followed-up by teleconferences to reinforce the transfer of learning. They focused on the Golden Thread, Mental Health and Domestic Violence. A total of 246 supervisors and coaches/mentors participated in the trainings and teleconferences.

The Department also continued efforts for coaching/mentoring and has trained a total of 22 coaches/mentors who were assigned mentees. The mentees were supervisors who had previously attended or were currently attending the supervisory training entitled "Mastering the Art of Child Welfare Supervision". A total of 67 DCFS child welfare staff was assigned a coach/mentor during this time period. To evaluate the initiative, the Department is working with Casey Family Programs to conduct of surveys to both coaches/mentors and mentees.

The supervisory teleconference series conducted by Dr. Gary Mallon also concluded during this time period. Initially, the calls focused on best practices for supervisors and evolved into bringing current cases into the discussion. At this time, there are no plans to continue the teleconferences and there is no evaluation planned for this initiative.

(For more details on the SDM process at intake, see GOAL 2, Objective 2.1.) The number of Alternative Response Cases increased beginning February 2010, due to the implementation of the Structured Decision Making (SDM) Intake and Screening tool. During the months of February 2010 through May 2010, the SDM tool was piloted in three sites in the state including Calcasieu Parish, Ascension Parish and Baton Rouge regions. The three sites reported an increase from thirty percent ARFA cases to seventy percent. The SDM tool was implemented statewide effective June 2010 and the trend of increase in ARAF cases continued throughout the state. 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 also updated to include additional skill based knowledge. The revised training has been incorporated into the Department's staff development training for new workers and is provided to new workers and current staff as requested by the regional management.

Activities Planned FFY 2012: The Department plans to establish a new contract with consultant, Marsha Salus to provide supervisory training with a coaching and mentoring component. In addition, DCFS is researching the Leadership Academy for Supervisors as a possible resource for child welfare and middle management supervisory training.

Review evaluation data on coaching/mentoring project and, if indicated, utilize feedback to make adjustments to the initiative. To that end, child welfare training is working with NSU to complete the survey of Marsha Salus's last supervisory training which ended December 2010. Partial funding is from Casey Family Programs.

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The training unit will work with Program (CPI) and Field Operations staff to develop two child welfare curricula which address Centralized Intake. The training unit will utilize instructor led trainings and WebEx training to ensure service delivery statewide for DCFS CW staff.

Also plans are to continue providing the SDM training. In addition, a Case Decision Improvement initiative was requested by the Department Office of Secretary and Field Operations in February 2011. Case record review instruments have been developed and each month, a sample of AR 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. It is expected that the practice and quality of the ARFA assessments will improved as a result of the intense case reviews.

Outcome measurements: The Department will monitor the absence of recurrence of maltreatment by focusing on the percent of valid investigations with recurrent valid maltreatment within 6 months, percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date).

Baseline Data: Refer to Chart on percentage of recurrence of maltreatment with victim and perpetrator

Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date)	
FFY	Percentage
Baseline	
2008	84.01
2009	84.39%
2010	84.88%
2011	
2012	

Note: DCFS Performance Measures: Report- [Family Services Safety and Permanence](#); Baseline data may vary due to recent implementation of this reporting measure. Not all regions/cases have been entered at this time.

Data Sources: ACCESS/TIPS Data/Quality Assurance Case reviews; Web Focus Reports
 ACN0007/ACN0008;

Objective 3.2: Service needs are assessed timely and accurately and needed services are provided, based on family needs, to prevent removal or re-entry into foster care.

Strategy 1- Collaborate with community resources to provide training on preventative service programs available, criteria for referral and appropriateness of services based on family needs. (Completion Date: June 2011) Lead(s): Jenefier Moore & Rhenda Hodnett

Strategy 2- Explore the use of a 6 week peer training team in all regions statewide to provide short-term, intensive training and support for all levels of staff. (Completed)

Strategy 3- Ensure that Assessment of Family Functioning is practiced consistently statewide and improves performance on assessment needs and services provided. (Completion Date: June 2013)
 Lead(s): Rhenda Hodnett

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Update FFY 2010: Strategy 1: Beginning July 1, 2009, changes occurred in the Family Resource Center (FRC) contracted services. The Department has contracted with nine (9) Family Resource Centers to provide services in designated areas of the state rather than the twelve (12) as in previous years. Respite services will no longer be provided through the FRC contracts. Effective on July 9, 2009, FRC's would provide three (3) CORE services:

- **Parenting:** The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children, parents of children ages 5-11, parents and their adolescents; Strengthening Families; Systematic Training for Effective Parenting, including Effective Black Parenting.
- **Family Skills Training:** Family Skills Training is focused on targeted skill building and may be facilitated in the client's home or other designated locations. These services were loosely defined so the services may be tailored to meet each client's specific needs.
- **Visit Coaching** -Visit Coaching is a model for providing hands-on guidance for parents in meeting the needs of their children during family visits. Visit Coaching is different from supervised visitation. This service primarily targets parents with children in foster care, but can benefit in-tact families as well. The DCFS worker and visit coach are to work in partnership in providing services for families.

On October 19, 2009, Training and Technical Assistance (T/TA) was requested to assist with capacity building and developing train-the-trainer in coaching family visits. Direct Recipients of T/TA consisted of 4 groups: staff who would become Visit Coaches; DCFS staff (broad audience) to familiarize them with Visit Coaching model; trained Visit Coaches and Consultants to solidify the implementation plan and process; and, Regional Prevention Specialists who could serve as trainers and ongoing consultants to field staff.

An introduction to visit coaching training was held November 17, 2009 and an advanced training session in visit coaching was held November 17-18, 2009 in Baton Rouge. An additional introductory training session occurred on November 19, 2009 and an advanced visit coaching training session occurred November 19-20, 2009 in Alexandria. The purpose of the training was to describe how to make supported visits a powerful child welfare tool. Family visits with children in out-of-home care are an underutilized service which can be the determining factor in safe reunification.

Regional Prevention Specialists are monitoring referrals to the Family Resource Centers to ensure that referrals are appropriate and based on the needs of the family. This ensures that needed resources are utilized in the most effective way. The Department also monitored the implementation of policies and procedures on referrals to resource centers as well as the use of the resource centers. The goal was to increase the community-based continuum of family support and family preservation services available/provided to children and families; however, due to the economic status of the state, services provided by the resource centers were reduced at the beginning of SFY 2009 – 2010.

Strategy 2: Peer to Peer Support (also referred to as Intensive Assistance Teams) provides support, consultation, specialized training and management assistance to staff for a specified period of time. The initiative was first implemented in Lake Charles in early 2009 following several crisis events highlighting significant turnover and caseload growth since the 2005 hurricanes wreaked major damage and disruption followed up by Hurricanes Gustav and Ike in 2008. Since implementation of Peer to Peer Support in Lake Charles, the region has improved its performance on timeliness of initiation of investigations from second to last statewide in calendar year 2008 to second highest performing region through mid-

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November in calendar year 2009. Four parish offices have been chosen to receive four weeks of intensive peer review and support. This project is using the Children's Research Center to come in as consultants and will involve training of peers to refresh certain skills and specifics of the project. Regional Prevention Specialists have been identified to be the leaders of this project and create the ability to build the capacity to provide peer to peer support for DCFS staff.

Strategy 3: With the assistance of the National Resource Centers (NRC's), DCFS developed and is currently utilizing the Assessment of Family Functioning (AFF) statewide. The process focused on thorough assessment of a family's functioning and developing behaviorally specific case plans, while emphasizing the critical need for family engagement skills. During implementation, NRC's consultant provided guidance and supervision on cases via monthly conference call. During the 90 minute call, case consultation was provided to the worker and supervisor regarding the safety assessment, Structured Decision Making (SDM) risk assessment, AFF, and staffing form. Regional/parish staff was encouraged to listen to the case consultation calls for learning purposes.

The AFF is a web-based instrument used in the Prevention/Family Services, Foster Care, and Adoption programs with minor programmatic adaptations. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument. The Family Assessment Tracking System (FATS) was developed to provide an automated method of recording the family assessment information and to collect data related to the domains requiring intervention.

Training sessions, "Foster Care Assessment and Case Planning with the Family" concentrated on foster care program-specific curriculum designed to enhance foster care caseworker knowledge and skills in working with the foster children, biological parents, and foster parents. Specific content includes engagement, motivational interviewing, child developmental stages and issues, developing goals and determining supports and services with the family.

The implementation of SDM protocols have assisted with increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. This process is fully implemented in each of the state's parishes with monitoring for consistency.

The Department is in the process of using more clinical quality assurance processes tied to specific practice improvements. Starting with the Family Assessment, Louisiana developed weekly case supervision conferences with consultants to improve the skill and documentation of family assessment. This has continued with current weekly conferences for Visit Coaching. Additionally, peer-to-peer reviews integrate the review process with case specific goals, individual worker skill development, and region wide training needs assessments.

Update FFY 2011: Strategy 1 & 3: Fiscal Year 2010 is the third and final year of a three year contract which commenced 2008. The Request for Proposals (RFP) for provision of Family Resource Center (FRC) services for 2011-2014 will be issued October 2011. Beginning FY 2010, the Family Skill Building intervention was expanded to cover a wide array of subject areas. This change was implemented so that families could receive intervention in any area of skill requiring improvement.

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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 addressed issues identified by family resource center staff and/or DCFS staff. With departmental reorganization, Regional Program Specialists are no longer assisting the resource centers or acting as liaisons between the centers and local offices. Effective July 2010, state office program managers serve as the contract monitors and liaison to the centers. Monthly monitoring reports are completed for each provider.

Regions around the State received in-service training by the FRC's 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. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers.

Strategy 2: Peer to Peer Support (also referred to as Intensive Assistance Teams) provides support, consultation, specialized training and management assistance to staff for a specified period of time. The initiative was first implemented in Lake Charles in early 2009 following several crisis events highlighting significant turnover and caseload growth since the 2005 hurricanes wreaked major damage and disruption followed up by Hurricanes Gustav and Ike in 2008. Since implementation of Peer to Peer Support in Lake Charles, the region has improved its performance on timeliness of initiation of investigations from second to last statewide in calendar year 2008 to second highest performing region through mid-November in calendar year 2009. Four parish offices have been chosen to receive four weeks of intensive peer review and support. This project is using the Children's Research Center to come in as consultants and will involve training of peers to refresh certain skills and specifics of the project. Regional Prevention Specialists were identified to be the leaders of this project and created the ability to build the capacity to provide peer to peer support for DCFS staff.

Strategy 3: FATS is a web-based instrument used in the Prevention/Family Services, Foster Care, and Adoption programs with minor programmatic adaptations. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument. The Family Assessment Tracking System (FATS) was developed to provide an automated method of recording the family assessment information and to collect data related to the domains requiring intervention.

"Foster Care Assessment and Case Planning With The Family" training sessions concentrated on foster care program-specific curriculum designed to enhance foster care caseworker knowledge and skills in working with the foster children, biological parents, and foster parents. Specific content includes Safety and Risk Assessment (SDM), Family Engagement, Motivational Interviewing, Child Developmental Stages, Termination, Utilizing Assessments and Eco Maps, Behaviorally Stated Goals and Understanding the impact of Service Delivery.

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The following FATS domains revisions are currently being updated and once complete will allow FS and FC Program Managers to reduce the number of domains by 5 by combining sections where appropriate. The following domains were combined: Family Telling Their Story AND Kinship/Community Connections (with no case plan option); Parent's Medical/Dental Health AND Parent's Mental/Emotional Health; Management of Child's Behavior AND Day to Day Parenting (kept domain name Day to Day Parenting); Child's Physical/Developmental/Emotional Needs AND Education AND Child's substance abuse (as applicable).

In addition to the domain changes, the suggested questions to engage the caregiver/child were eliminated and replaced with "Areas of Focus" that prompt the worker to "describe", "include", and "consider" key points in each section.

The Foster Care (FC) case plan cover sheet was also updated to include the requirement to document the frequency of DCFS worker contact with the family (parent, child, caregiver, foster parent) with a pre-printed line noting "Children in foster care will be visited at least monthly in their placement unless otherwise noted". This will eliminate the need for staff to have to write that line each time. The FS case plan was also updated.

Activities Planned FFY 2012: The Department will continue to refer families to the FRC's for parent education, family skill building and visit coaching. State Office Program Managers will continue to monitor the contracts to ensure fiscal responsibility and fidelity of service models. The RFP for new service contracts will go out and selection of providers for three year contracts will be completed for FFY beginning October 1, 2011.

FC policy and Assessment of Family Functioning(AFF)/Case plan instructions will be updated to clarify that absent parents are addressed under "Day to Day Parenting" and unknown fathers are to be addressed under the child's case plan (such as efforts to locate). These items are currently included under each of the respective domains by "areas of focus".

Next on the FATS upgrade list is eliminating the need to save individual line updates for action steps in the case plan. After that, the focus is on the case documentation (CR8) portion (which is currently in the training site).

Outcome measurements: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date); Instanter order contains judicial determinations (reasonable efforts to prevent removal occurred or child remaining in the home is contrary to welfare of child); Completion of risk assessment in FS cases (as of current date); The percent of Intensive Home Based Services (IHBS) cases referred for prevention purposes successfully remained in the home within 6 months of case closure.

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Baseline Data: Refer to Chart 12 for Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date).

Reasonable Efforts to Prevent Removal		
Reasonable Efforts FC QA-1 Data	Does Instant order contain judicial determination?	# Applicable Cases
FFY	% "Yes"	
Baseline:		
2008	97.5%	2256
2009	98.0%	2179
2010	98.0%	2,033
2011		
2012		
2013		

Intensive Home Based Services (IHBS) cases referred for prevention purposes successfully remained in the home within 6 months of case closure.	
FFY	Percent
Baseline:	
2008	98.4%
2009	82.9%
2010	85.2%
2011	
2012	
2013	

GOAL 4: Children are safe while in foster care and upon return home.

Objective 4.1: Children are protected from abuse and neglect while in foster care.

Strategy 1: Notify relatives within 30 days of foster care entry to support family and child through relative placement when possible. (COMPLETED FFY 2010) Lead(s): Toni Buxton

Strategy 2: Establish Kinship Guardianship with subsidized assistance for relative and fictive kin foster parents as a permanency option. (COMPLETED FFY 2010) Lead(s): Toni Buxton

Strategy 3: Increase caseworker visits occurring each month in the residence of the child. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 5: Adopt consistent, evidence-based process for child specific needs assessment. (Completion Date: June 2011) Lead(s): Karla Venkataraman & Toni Buxton

Strategy 6: Increase available homes for children with specialized medical and psychiatric needs through planning with Home Development. (Completion Date: June 2011) Lead(s): Toni Buxton and Karla Venkataraman

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Strategy 7: Provide Child Care Assistance for family based foster parents to provide support and promote placement stability. (Completion Date: June 2011) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 8: Review cases involving fatalities or near fatalities in foster care for staff remediation, support and skill development. (Completion Date: June 2011) Lead(s): Toni Buxton

Update FFY 2010: Strategy 1: Policy has been developed, circulated and implemented requiring foster care workers to notify relatives within 30 days of a child entering foster care so that the family and child can be supported through relative placement when possible. A contract with a web-based locator service has been developed to assist with location of relatives.

Strategy 2: A Notice of Intent has been published; policy has been developed, circulated and implemented to establish Kinship Guardianship with subsidized assistance for kinship foster parents as a permanency option. The program began April 1, 2010. DCFS also participated in a research study sponsored by the Child Welfare League of America and Casey Family Programs in October 2009 that including educating staff and relative caregivers on more effective collaboration.

Strategy 3: Of the children in foster care who were visited by their worker each and every month, the percentage of those who were visited in their residence increased from 87% to 98% between FFY 2008 and FFY 2009, and the percentage of children in foster care who were visited by their worker each and every month increased from 61% to 80% during the same period.

Strategy 5: DCFS administered the Cuyahoga Placement Level of Care Instrument to approximately 700 children in specialized placement to determine the appropriateness of placement in fulfilling their therapeutic and basic care needs in residential placement.

Strategy 6: The effort to develop more homes for children with specialized medical and psychiatric needs is ongoing. Contracting with LA Mentor Homes, a private child-placing Department has increased available homes for children with special needs, but capacity remains below optimal levels.

Strategy 7: Child Care Assistance has continued to be available for foster parents to support and promote placement stability.

Strategy 8: DCFS established a Case Crisis Review managed at the state office level in June 2009. The process was suspended in February 2010 due to budget limitations. Regions maintain the responsibility for internal review notifying state office of fatality or near fatality situations.

Update FFY 2011: Strategy 1: Policy has been completed. CLEAR system is being utilized to locate relatives. Goal achieved.

Strategy 2: Achieved.

Strategy 3: Policy exists. Practice expectation has been established. Assess feasibility of creating a monthly report for Field Operations for corrective action.

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Strategy 5: Through the implementation of the CSoC the CANS will be completed on children referred for assessment due to behavioral issues. Otherwise, upon entry into foster care, children will be placed based on their basic, presenting needs.

Strategy 7: The Child Welfare and the Child Care Assistance programs of the Department work closely together to allow for Child Care Defense Fund support of protective child care services for families involved in the Alternate Response, Child Protection Investigation, Family Services and Services to Parents programs as well as to support foster caregivers and to stabilize placements for children in foster care and for the non-custody children of foster children.

Strategy 8: Foster Care program staff participates in case crisis reviews for every child fatality or near fatality for children in foster care.

Activities Planned FFY 2012: Ongoing visitation monitoring, provision of child care assistance and participation in case crisis reviews are planned.

Strategy 6: Regional Recruiters will study other state’s methods of recruitment in the medical environment, develop a strategy, implement and measure its success by identifying the number of certified families that possess medical skills to care for youth with special needs.

Measurement: Number and percentage of children without valid reports of abuse or neglect in foster care is equal to or higher than federal standard of 99.68%.

Absence of Child Abuse/Neglect in Foster Care (12 Months)			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline:			
FFY 2008	8237	92*	98.90%
FFY 2009	8166	92	98.89%
FFY 2010	7822	77	99.03%
FFY 2011			
FFY 2012			
FFY 2013			

*Baseline data has been corrected.

Objective 4.2: Incidents of maltreatment will be reduced among children who have returned home from foster care.

Strategy 1 was deleted because it duplicated information in Goal 4, Objective 4.1 and Strategy 1.

Strategy 2: Develop a sustainable service network for identification and location of relatives and other connections to be a support system for families when children/youth return home from foster care. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 3: Provide parent education, facilitated visits and visit coaching to aid in productive, positive family interaction and support reunification efforts. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

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Strategy 4: Establish consistent programmatic protocols for services to families where the risk to a child is generated through substance exposure of a newborn. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 5: Develop policy and provide staff education to require a phone call to the last known phone number of a family within the first three months of transfer of custody of the child back to the family. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 6: Improve policy and provide staff education concerning (1) information provided to the family upon transfer of custody back to the family, including contact information on service providers utilized in serving the family during departmental involvement and other known community resources which can serve the needs of the family based on the safety and risk factors that brought the child into state custody; and (2) adequate documentation to demonstrate adequate aftercare planning. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 7 was deleted because it duplicated information in Goal 4, Objective 4.1 and Strategy 8.

Update FFY 2010: Strategy 1: Policy has been developed and training has been provided on the importance of notification of relatives within 30 days of a child entering foster care.

Strategy 2: DCFS continues to use the Connections for Permanency strategy to locate family members and other adults as permanent connections for children and youth in foster care. A contract has been developed with CLEAR (see page27) to assist in the location of relatives who are difficult to find.

Strategy 3: DCFS continues to provide parent education and Visit Coaching through Family Resource Centers in each region.

Strategy 4: Foster Care policy has been developed to set forth clear and consistent protocols for services to families in which risk to the child results from substance exposure of a newborn.

Strategy 5: DCFS continues efforts to develop policy and provide staff education to require a phone call to the last known phone number of a family within the first three months of transfer of custody of the child back to the family.

Strategy 6: Video conference training was provided to staff regarding the importance of discharge planning. Development of policy to require a written discharge sheet for each family upon transfer of custody back to the family is underway.

Update FFY 2011: Strategy 1: Complete. Ongoing utilization of CLEAR supported.

Strategy 3: Services continued to be provided through Family Resource Centers.

Strategy 4: Policy guidelines completed.

Strategy 6: Policy revised and training provided.

Activities Planned FFY 2012: Continue current activities for strategies 2-4 and 6.

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Strategy 5: Planned for ongoing policy development in 2012.

Outcome Measurements: The number of valid reports of maltreatment within six months after a child's return home from foster care will decrease annually to 2.0%.

Data Source: TIPS

Foster Care Re-entries within 12 Months of Discharge			
Report Date	# FC Discharged	# Re-entries within 12 months of discharge	Percent of Re-entries within 12 months
Baseline: FFY 2008	2506 (FFY 2007)	191	7.62%
FFY 2009	2495 (FFY 2008)	155	6.21%
FFY 2010	2307 (FFY 2009)	221	8.74%
FFY 2011			
FFY 2012			
FFY 2013			

PERMANENCY

GOAL 5: Children have permanency and stability in their living situations.

Objective 5.1: Children experience stable foster care placements.

Strategy 1: Increase caseworker contact with children within the placement setting. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Adopt a consistent, evidence-based process for child specific needs assessment. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 3: Usage of Intensive Home-Based Services (IHBS), Multi Systemic Therapy (MST), Infant Team, and Office of Addictive Disorders (OAD) services as well as the Interagency Service Coordination and State Office Residential Review Committee (STORRC) processes to assess therapeutic, developmental, substance abuse and other specialized needs impacting placement stability. (Completion Date: Ongoing) Lead(s): Toni Buxton

Update FFY 2010: The percentage of children who were visited by their worker each and every month has increased to 80% and the percentage of those visits that took place in the child's residence has increased to 98%. A consistent, evidence-based process was identified, and the instrument was administered to approximately 700 children. DCFS continued to use IHBS, MST, Infant Team, and OAD services as well as the ISC and STORRC processes to assess therapeutic, developmental, substance abuse and other specialized needs impacting placement stability.

The percentage of children who met the federal standard for two or fewer placements increased slightly for those in care fewer than 12 months and those in care for 24 months or longer, but decreased slightly for those in care more than 12 months but less than 24 months.

Update FFY 2011: Strategy 1: Policy guidelines in place. Online visitation and contact documentation form being revised. Policy updates to occur to eliminate alternative contact documentation processes.

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Strategy 2: CANS will be utilized when children are referred to CSoC due to behavioral issues. No additional instruments or processes are being considered at this time.

Strategy 3: Many of these treatment services and processes will be absorbed by the CSoC. The ISC process is anticipated to remain a separate process. Foster Care program staff participate on the state level ISC team for children ages 4 through 18 with developmental delays and on the state level SICC council for children 3 and under with developmental delays. This participation will be ongoing through FFY 2011-2012.

Activities Planned FFY 2012: Strategy 1: Policy updates to occur in SFY 2012 to eliminate alternative contact documentation processes.

Strategy 3: Continue participation in ISC process.

Measurements: Meet or exceed federal standard for two or fewer placements in less than 12 months (86.0% or more), 12 to 24 months (65.4% or more), and more than 24 months (41.8%)

Two or Fewer Placements for Children in Care Less than 12 Months			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline:			
FFY 2008	2893	622	82.30%
FFY 2009	2827	599	82.57%
FFY 2010	2774	634	81.40%**
FFY 2011			
FFY 2012			
FFY 2013			

Two or Fewer Placements for Children in Care More than 12 Months and Less than 24 Months			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline:			
FFY 2008	1268*	741	63.12%*
FFY 2009	1176	707	62.54%
FFY 2010	1191	700	62.98%**
FFY 2011			
FFY 2012			
FFY 2013			

*Baseline data corrected.

Two or Fewer Placements for Children in Care 24 Months or More			
	# Met Standard	# Not Met Standard	% Met Standard
Baseline:			
FFY 2008	882	1473	37.45%
FFY 2009	857	1390	38.14%
FFY 2010	803	1282	38.5%**
FFY 2011			
FFY 2012			
FFY 2013			

**Less than federal standard.

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Objective 5.2: Children achieve permanency in a timely manner.

Strategy 2 was deleted because it duplicated Objective 5.1, Strategy 3.

Strategy 3: Accurately and frequently assess risk, safety and protective capacity of the family and provide services that target changing parental behaviors that threaten the safety of the child. (Completion Date: Ongoing) Lead(s): Toni Buxton

Update FFY 2010: Strategy 1: COMPLETED - The Court Improvement Project has reviewed the timeliness of the appeals process related to Termination of Parental Rights proceedings, and has developed a standardized and consistent method of appointing attorneys for children and parents for Child in Need of Care proceedings, which is expected to reduce delays.

DCFS has continued to use therapeutic interventions such as IHBS, MST, Infant Team, and OAD services and processes such as ISC and STORRC to address specialized needs impacting reunification. The SDM instrument and safety plan are reviewed upon entry into foster care and at specified periods while each child remains in foster care. These efforts have resulted in increases (as noted in the charts below) in the percentage of children who met federal standards with regard to exits to Reunification in less than 12 months, achievement of legal freedom within six months for children in care 17 months, and in emancipation after having been in foster care for three years or more.

Update FFY 2011: Ongoing work linking the initial safety assessment, ongoing utilization of the Structured Decision Making risk assessment process, the ongoing Assessment of Family Functioning and case plans.

Activities Planned FFY 2012: Continue efforts to improve capacity to accurately and frequently assess risk, safety and protective capacity of the family and provide services that target changing parental behaviors that threaten the safety of the child.

Measurements: Percent of exits to Reunification in less than 12 months increased to 65% or higher and median of months in care reduced to 7 months or less; percent of children in care more than 17 months being legally freed within 6 months is reduced to 14%; percentage of children emancipated who were in foster care 3 years or longer is reduced to 50%.

Data Source: Web Focus

Exits to Reunification in Less Than 12 Months					
	# Met Standard	# Not Met Std.	Total Children	% Met Standard	Median Months
Baseline:					
FFY 2008	1399	810	2209	63.33%	9.99
FFY 2009	1383	778	2161	64.0%	9.24
FFY 2010	1418	765	2183	64.96%	9.43
FFY 2011					
FFY 2012					
FFY 2013					

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Children in Care 17 + Months Achieving Legal Freedom Within 6 Months				
	# Met Standard	# Not Met Standard	Total Children	% Met Standard
Baseline:				
FFY 2008	140	854	994	14.08%
FFY 2009	170	833	1003	16.95%
FFY 2010	178	783	961	18.52%
FFY 2011				
FFY 2012				
FFY 2013				

Children Emancipated Who Were in Foster Care 3 Years or More				
	# Met Standard	# Not Met Std	Total Children	% Met Standard
Baseline:				
FFY 2008	156	120	276	56.52%
FFY 2009	174	117	291	59.79%
FFY 2010	122	127	249	49%
FFY 2011				
FFY 2012				
FFY 2013				

Objective 5.3: The number of finalized adoptions will increase by 10% (50 adoptions per year) over the average of the previous five years.

Strategy 1: Child specific recruitment activities will be conducted in conjunction with the Home Development Section. (Completion Date: 2014) Lead(s): Leola McClinton & Karla Venkataraman

Strategy 2: Develop and provide LARE/photo listing training of adoption staff and selected foster care staff (Completion Date for development: 2011; Completion Date for training: 2014) Lead: Leola McClinton

Strategy 3: Complete Adoption Certification program for of all Adoption Staff (Completion Date: 2011) Lead(s): Leola McClinton & Jenefier Moore

Strategy 4: Feature children available for adoption on DCFS website in conjunction with Home Development Section (Completion Date: 2014) Lead(s) Leola McClinton & Karla Venkataraman

Update FFY 2010: The average number of adoptions per year for the period of July 2004 through September 2008 was 500. The goal of increasing that number by 10% (or 50 adoptions per year) was exceeded. The number of finalized adoptions increased by 16.4%, with 582 finalized adoptions in FFY 2008-2009. Additionally, progress was made on each of the strategies for this objective as noted below:

Strategy 1: Regional Adoption Staff and recruitment staff worked together to assure permanency for children freed for adoption in safe and stable families. The regional recruiter serves as the lead on recruitment efforts for children assigned to their caseloads that are freed for adoption without an identified placement. Recruitment activity includes child visits (preferably including the child's adoption or foster care worker during the initial visit) to explore placement needs. Photos are taken and fliers are created for submission to the DCFS website, use at community events, orientations, media events, and in-house home exploration through the Home Development Unit. A Child Specific Recruitment Plan is completed on each child assigned to the recruiter. The recruiter is involved with families who have expressed an

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interest in children in their child-specific caseload. The recruiter serves as a support to the family throughout the certification process through phone calls, e-mails, home visits and office visits. The adoption or foster care worker invites the recruiter to attend family team conferences, administrative reviews and staffings so that the recruiter has a better understanding of the child's wishes and is provided feedback from staff, supervisors, therapists, and administrators. The recruiters attend these meetings as their schedules permit.

Strategy 2: Development of LARE/photo listing training for adoption staff and selected foster care staff has begun through collecting information on topics for use in future training curriculum development and/or policy issuance.

Strategy 3: Under the guidance and leadership of Dr. Gerald P. Mallon, DSW, Professor and Executive Director for the National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College School of Social Work, the Adoption Certification training curriculum has been expanded to better meet field staff's training needs. Approximately 33 attended the Certificate Program. Topics addressed included changing trends in foster care and adoption practice; core clinical issues in adoption and foster care family systems; pre and post adoption issues for birthparents, adoptive parents, and families; assessing, intervening and creating a treatment plan; attachment and bonding; impact of abuse and neglect on child development, etc.

Strategy 4: Children available for adoption with no identified adoptive family are now featured on the Department of Children and Family Services website (<http://www.dcfslouisiana.gov>). The "Adopt a Child" link on the home page provides pictures and biographical information concerning available children. Interested persons can also access information about becoming a foster or adoptive parent by using the DCFS home page link.

Update FFY 2011: In FFY 2010 the number of adoptions increased by 59. The number of finalized adoptions exceeded the previous fiscal year by 10 percent. Additionally, progress was made on each of the strategies for this objective as noted below.

Strategy 1: Regional Adoption and Recruitment staff continued to worked together to ensure permanency for children freed for adoption in safe and stable families. The regional recruiter serves as the lead on recruitment efforts for children assigned to their caseloads that are freed for adoption without an identified placement. Recruitment activity includes child visits (preferably including the child's adoption or foster care worker during the initial visit) to explore placement needs. Photos were taken and fliers were created for submission to the DCFS website, community events, orientations, media events, and in-home exploration through the Home Development Unit. A Child Specific Recruitment Plan was completed on each child assigned to the recruiter. The recruiter continued to be involved with families who expressed an interest in children in their child-specific caseload. The recruiter continued to serve as a support to the family throughout the certification process through phone calls, e-mails, home visits and office visits. The adoption or foster care workers continued to invite the recruiter to attend family team conferences, administrative reviews and staffings so that the recruiter has a better understanding of the child's wishes and receive feedback from staff, supervisors, therapists, and administrators. The recruiters attended these meetings as their schedules permit.

Regional Recruiters submitted over 80 photos and profiles of youth freed for adoption without identified placements across the state to the Department's website. The Recruitment Program has since added the

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LA Baptist Children’s Home to the list of agencies that also post profiles of the youth submitted to the Department’s website. Among others include “Heart Galleries of America” that also feature photos of foster youth from the Department in the Baton Rouge, Thibodaux, and Greater New Orleans regions.

Strategy 2: Continued development of LARE/photo listing training for adoption staff and selected foster care staff with the on-going collection of information on topics for use in future training curriculum development. Keeping in Touch (KIT) will be the training modality.

Strategy 3: Adoption/Foster Care Competency training was provided by Dr. Gary Mallon. The training was expanded to include Foster Care and Home Development workers as well as social workers from private adoption agencies and private practice. Thirty DCFS staff attended the Adoption Certificate Program and 2 trainees were from private agencies/private practice. The training sessions were held in ten monthly sessions of 1 ½ days each from October 2010 through June 2011. A couple of topics were added to the curriculum including “meaningful family engagement” and “clinical practice with diverse children, youth and families.” Feedback by the trainees this year, as last year, was very positive.

Strategy 4: Children available for adoption with no identified adoptive family are now featured on the Department of Children and Family Services website (<http://www.dcf.louisiana.gov>) as well as AdoptUsKids National website (<http://www.adoptuskids.org/states/la/>). The “Adopt a Child” link on the home page provides pictures and biographical information concerning available children. Interested persons can also access information about becoming a foster or adoptive parent by using the DCFS website.

Activities Planned FFY 2012: Work will continue on Strategies 1-4. Regional Recruiters will continue to submit quality photos and profiles on youth freed for adoption without identified placements.

Outcome Measurements: The Department will continue to measure the number of finalized adoptions each year. Baseline data is the average number of finalized adoptions per year based on the 2005-2009 Child and Family Services Plan Final Report. An average baseline data was selected because of the normal annual fluctuations in the number of finalized adoptions.

Data Source: TIPS

FFY	Number of Finalized Adoptions
Baseline*	500
2009	582
2010	641
2011	
2012	
2013	

*Note: Baseline represents average Number of Finalized Adoptions per Year from 07/04 through 9/08

Objective 5.4: Decrease the average length of time between foster care entry and adoption finalization by 10% or by .72 months per year.

Strategy 1: Develop and provide adoption subsidy training to staff. (Completion Date for development: 2011; Completion Date for training: 2014) Lead: Leola McClinton

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Strategy 2: Analyze barriers to adoption finalization in conjunction with Foster Care Program Staff and the Louisiana Court Improvement Project staff, develop recommendations for overcoming barriers, and implement recommendations. (Completion Date for analysis: 2011; Completion Date for development of recommendations: 2013; Completion Date for implementation of recommendations: 2014) Lead: Leola McClinton

Strategy 3: Child specific recruitment activities will be conducted in conjunction with the Home Development Section. (Completion Date: 2014) Lead(s): Leola McClinton & Karla Venkataraman

Update FFY 2010: The number of months in foster care was reduced from 35.98 months in FFY 2007-2008 to 33.67 months in FFY 2008-2009) as noted in Chart 25 below.

Strategy 1: The State Level Adoption Subsidy Program Specialist has addressed questions as needed and a record is being kept of the topics for use in training curriculum development and/or policy issuance.

Strategy 2: Analysis of barriers to finalization has begun. A backlog of Termination of Parental Rights petitions to be filed has been identified as a significant barrier. This barrier was also noted during the 2010 CFSR on-site review.

Strategy 3: Child specific recruitment activities are conducted in collaboration with the Home Development Section as detailed in Objective 5.3, Strategy 1.

Update FFY 2011: Strategy 1: The state level Adoption Program Manager has developed an outline for the training of adoption staff.

Strategy 2: Two departmental attorneys and two contract attorneys were utilized to address the TPR backlog which was eliminated.

Strategy 3: Child specific recruitment activities were conducted in collaboration with the Home Development unit. Regional Recruiters made a collaborative effort to access hospitals within each region for the purpose of recruiting families with medical skills to meet the needs of special needs youth. However, due to strict hospital bureaucracies, Regional Recruiters met with much difficulty in accessing staff and opportunities to recruit in the medical environment. Nonetheless, the Greater New Orleans (GNO) recruiter in partnership with CASA was successful in accessing permission to use a conference room at the hospital to present a power point presentation that featured GNO's medically fragile children in need of permanency. As a result, 50 medical staff was in attendance and 10 families signed up for informational/orientation meetings.

Activities Planned FFY 2012: Strategy 1: DCFS plans to develop a training packet and use the Keeping in Touch (KIT) conference venue to provide Adoption Subsidy training.

Strategy 2: DCFS Foster Care and Adoption staff will continue to analyze and identify barriers to achieving adoption finalization within 24 months of foster care entry date.

Strategy 3: Collaborative efforts of Adoption Program staff and Home Development staff will continue in the interest of locating adoptive resources to meet the special needs of specific children.

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Strategy 4: The Adoption Manager will send photo listings of specific children to out-of-state private adoption agencies that Louisiana has successfully collaborated with to secured adoptive families.

Outcome Measurements: The Department will monitor the time period from the date the child entered foster care until the date the adoption is finalized, or the “Average Length of Time in Care”.

Data Source: TIPS

FFY	Average Length of Time in Care
Baseline FFY 2008	35.98 months
2009	33.67 months
2010	36.45 months
2011	
2012	
2013	

Objective 5.5: Increase public awareness of the need of adoptive homes for children in foster care.

Strategy 1: Obtain media focus for Annual Adoption Celebration at Governor’s Mansion. (Years 1-5)
Lead: Leola McClinton

Strategy 2: Promote Voluntary Registry awareness and usage with private child placing adoption agencies statewide. (Years 1-5) Lead: Leola McClinton

Strategy 3: Develop (and revise as necessary) and provide subsidy pamphlets/fliers to private adoption agencies annually and, in collaboration with Home Development staff, distribute at statewide conferences. (Develop pamphlet/fliers in Year 1; Distribution in Years 2-5) Lead: Leola McClinton

Update FFY 2010: Strategy 1: The Annual Adoption Celebration at the Governor’s Mansion was held in November 2009 to honor families who adopted children from Louisiana foster care in Federal Fiscal Year 2010 with a reception in their honor. Approximately 300 adoptive family members and staff attended the event which was filmed and distributed for repeated statewide broadcast on Louisiana’s Hometown Network affiliate television stations. The event was also covered by the Baton Rouge *Advocate* newspaper, Baton Rouge television channel 2, WBRZ, and featured at Healing Place Church in Baton Rouge. In conjunction with the celebration, press and media releases were coordinated with the signing of the Governor’s proclamation of November as Adoption Awareness month. Regional offices statewide planned activities for adoptive families and initiated media coverage for these events. All of these activities increased public awareness of the need for permanent adoptive homes for Louisiana’s foster children.

Strategy 2: 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 have been

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routinely distributed at professional conferences such as the National Association of Social Workers, relevant meetings with outside providers and recruitment functions.

Statewide awareness of available children and adoption issues was achieved, but the mechanism was different from what was originally envisioned. Dr. Gerald P. Mallon, DSW, Professor and Executive Director of the National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College School of Social Work provided a keynote address to a group of approximately 250 foster families, adoptive families, and DCFS staff at the annual Louisiana Foster and Adoptive Parents State Conference held January 31 through February 1, 2009. The conference presentation focused on Dr. Mallon's topic of "Unpacking the No" in addressing the hesitancy of children and youth to the idea and option of adoption. Addressing such topics of concurrent planning, prompts to engage children and youth in custody in considering affirmatively adoption, and ways to discuss adoption as the best permanency option for children and youth who may be hesitant was the focus of Dr. Mallon's address.

Update FFY 2011: **Strategy 1:** The Annual Adoption Celebration at the Governor's Mansion was held in 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. 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 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. Regional Recruiters present youth freed for adoption in local newspapers, T.V., radio, Heart Galleries of America, LA Baptist Children's Home website statewide.

Strategy 2: Voluntary Adoption Registry awareness and usage was promoted as follows: The DCFS website was updated and includes the Registry brochure. The 1-800# for the Registry is also listed in the white and yellow pages of phone books in the nine regions of the State. 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.

Strategy 3: The Adoption Subsidy Pamphlet was developed in 1986. Due to administrative delays, revisions to the subsidy pamphlet are still in process thus preventing distribution to public and private adoption agencies. The current version of the subsidy pamphlets were distributed at statewide conferences.

Activities Planned FFY 2012: Work on **Strategy 1** will continue. **Strategy 2:** Promotion of Voluntary Adoption Registry awareness will continue through the DCFS website, annual mail outs to private adoption agencies, listings of the Department's new call center 1 800 # in the Regional phone directories, distribution of brochures at 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.

Strategy 3: Upon approval of the revised adoption subsidy pamphlet by administrative staff, the pamphlets will be distributed to public and private adoption agencies and at statewide conferences. The

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Adoption Program Manager will continue to distribute the current subsidy pamphlets to public and private adoption agencies and at statewide conferences.

Measurement: Increasing adoption awareness is difficult to measure, but research indicates that the more often prospective foster and adoptive families hear or receive information as to the need for them to step forward to foster and adopt, the more likely they are to take that first step of calling to express their interest in becoming a certified family. An inference of that research finding could be that the increase in the number of finalized adoptions and decrease in the average number of months in foster care occurred as a result efforts to increase adoption awareness.

Objective 5.6 was deleted because it was duplicative.

GOAL 6: The continuity of family relationships and connections is preserved for children.

Objective 6.1, Strategies 1, 2, 3 were deleted because they duplicated information contained in other portions of the plan.

Objective 6.2: Children in foster care visit with their parents and siblings with a frequency and quality that promotes relationship continuity.

Strategy 1: Use Family Resource Centers for parenting education, facilitated visits, and visit coaching to aid in productive family interaction. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Support staff in using the SDM risk assessment, Assessment of Family Functioning and Case Planning tools to assess risk factors in families accurately, identify protective capacities and plan for parent/child and sibling visitation based on the assessed needs of the family. (Completion Date: Ongoing) Lead(s): Toni Buxton

Update FFY 2010: Family Resource Centers have continued to be used for parenting education, facilitated visits and visit coaching to aid in productive family interaction. Staff has continued to receive support in the use of the SDM risk assessment and the Assessment of Family Functioning and Case Planning tools to assess risk factors through Peer-to-Peer support contracted through CRC. This support is focused on clinical supervision to staff and is multi-phased including a review of case records followed by interaction with workers and supervisors. The goal of this support is to assist workers in appropriately identifying risk factors and protective capabilities to plan for visitation based on the assessed needs of the family.

Update FFY 2011: Strategy 1: Occurring through use of Family Resource Centers.

Strategy 2: Developed case review tool for use by Supervisors and Program Operations Managers in assessing staff practice in assessing families and developing service plans. Currently, Foster Care program staff is reviewing the instruments in conjunction with review of ACESS, FATS, and TIPS records to provide feedback to field staff regarding practice improvements.

Activities Planned FFY 2012: Foster care staff will be providing training and technical assistance to field staff to address practice challenges identified through case reviews.

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WELL-BEING

GOAL 7: Children receive appropriate services to meet their educational needs.

Objective 7.1: Improve educational outcomes for children in foster care.

Strategy 1: Expand data sharing with Department of Education to include grade placement by age for all school aged children in foster care and in the general population and fourth grade high stakes testing scores for children in foster care and in the general population. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Collaborate with the Department of Education to support and coordinate activities between regional and parish DCFS offices and local school systems to improve educational outcomes for children in Foster Care. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Strategy 3: Participate on the Louisiana State Interagency Coordinating Council (SICC) and the Special Education Advisory Council, LA State Board of Elementary and Secondary Education to develop statewide initiatives to address developmental and educational needs of children in Louisiana. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 4: Educate staff regarding departmental expectation and federal requirement that children in foster care attend school full time. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

Update FFY 2010: Strategy 1: DCFS and the Department of Education have each contracted with the Picard Foundation at the University of Louisiana at Lafayette. Each agency provides its data to the Picard Foundation. Subsequently, the Picard Foundation will match the data and provide cumulative information on educational outcomes of children in foster care to both agencies. The first data report is expected in July 2010.

Strategy 2: The importance of local collaboration is increased in Louisiana because of the autonomy of local school districts. Thus, DCFS at the state level continues to collaborate with the Department of Education to support and coordinate activities between regional and parish DCFS offices and local school systems to improve educational outcomes for children in Foster Care. Parish and regional DCFS staff have been encouraged to continue their collaborative efforts with local school districts through video conference training, live training, and discussions at Regional Administrators meetings. During regional trainings on the Fostering Connections to Success Act, representatives of the Department of Education participated in conducting the training, and representatives of local school districts attended the training.

Strategy 3: DCFS state office foster care staff participated on the Louisiana State Interagency Coordinating Council (SICC) and the Special Education Advisory Council, LA State Board of Elementary and Secondary Education to develop statewide initiatives to address developmental and educational needs of children in Louisiana.

Strategy 4: Policy has been developed regarding the requirement that children in foster care attend school full time, and staff have been trained on this policy through video conferences and the live regional training provided jointly by DCFS, CASA and the Court Improvement Project.

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Update FFY 2011: Strategy 1: Data report compiled by Picard Center and provided for DCFS and DOE consideration in collaborating to achieve improved educational outcomes for children in Foster Care.

Strategy 2: Bi-annual collaboration meetings continue to occur with efforts at identification of problem areas and strategizing for change.

Strategy 3: Ongoing participation occurring.

Strategy 4: Completed.

Activities Planned FFY 2012: DCFS will continue to use the Picard Center to facilitate data sharing with the Department of Education in order to be informed of the educational progress of children in foster care. Collaboration with the Department of Education at the state level and local educational authorities at the parish and regional levels will continue. DCFS staff will continue to participate in the SICC and the Special Education Advisory Council.

Objective 7.2: Establish stable educational settings for children wherein the educational providers can develop familiarity with the child and provide educational services based complete educational records.

Strategy 1: Promote state legislation to support children remaining in the same school district when they enter foster care. (COMPLETED in FFY 2010)

Strategy 2: Develop transportation protocol to support children remaining in the same school when they enter foster care. (Completion Date: 2010 and ongoing) Lead(s): Toni Buxton

Strategy 3: Coordinated interagency efforts to develop placement resources for children within areas of highest foster care entry. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton and Karla Venkataraman

Update FFY 2010: Strategy 1: Legislation was passed in the 2009 session of the Louisiana Legislature to allow children to remain in their original school districts when they enter foster care and/or change placements while in foster care.

Strategy 2: The transportation protocol which has been developed as a result of this legislation is that the child's placement resource (foster parent or residential provider) will take the child to a designated location within the school district, and DCFS will reimburse transportation costs. The local school district will provide bus transportation for the child from the designated location to the school.

Strategy 3: DCFS Regional recruiters analyze data regarding areas where large number of children enter foster care and make diligent recruitment efforts in those areas to assure that children are placed within their school districts whenever possible.

Update FFY 2011: Strategy 2: Normal modes of transportation being utilized: foster caregiver personal transportation, DCFS staff transportation, and school based transportation systems. Specialized contract transportation services have also been arranged in some areas of the state.

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Strategy 3: Regional Recruiters utilized WebFocus and TIPS data systems to assess reports that assisted them in targeting particular communities, populations, races, and demographic areas where the most removals of children take place for recruitment purposes. They were asked to gather and analyze data so that recruitment efforts are concentrated in areas of highest need. Regional Recruiters studied the social fabric of each of their region's to ascertain acceptable approaches in behaviors that lead to "open doors" for recruitment within each region.

Activities Planned FFY 2012: Ongoing provision of transportation to maintain school placement and continued recruitment of foster/adoptive placements for areas with the highest foster care entry.

Objective 7.3: Children and youth in foster care attend school full time.

Strategy 1: Educate caseworkers on the importance of children and youth attending school full time. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 2: Educate caregivers on the importance of children and youth attending school full time. (Completion Date: Ongoing) Lead(s): Toni Buxton

Strategy 3: Develop mechanism for tracking full time school attendance for children and youth in foster care. (Completion Date: 2010) Lead(s): Toni Buxton

Update FFY 2010: Caseworkers have been educated on the importance of children and youth attending school full time; however, caregivers have not yet received this training. The mechanism for tracking full time school attendance has not been developed.

Update 2011: Strategy 1: Complete. Policy updated. Videoconference training provided statewide. Court Improvement Project sponsored on-site training provided in Lafayette, Natchitoches, Monroe and Hammond, Louisiana.

Activities Planned FFY 2012: Strategy 2: Area for ongoing work in FFY 2012. **Strategy 3:** Area for ongoing work in FFY 2012.

GOAL 8: Children receive appropriate services to meet physical (including dental) and mental health needs

Objective 8.1: Physical and dental health needs of children are assessed upon entry into foster care and services are provided for identified needs.

Strategy 1: Develop electronic case records for greater efficiency in management of children's records, including physical and mental health records. (Completion Date: 2013) Lead(s): Toni Buxton

Strategy 2: Develop a comprehensive and collaborative Health Care Plan between DCFS, DHH, and private practitioners for all children in foster care that guides medical, dental and mental health care provided to children in foster care, including medication monitoring. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton

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Strategy 3: Work with Home Development to enhance recruitment strategies for children with specialized medical and psychiatric care needs. (Completion Date: Ongoing) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 4: Integrate education of foster parent by physical and mental health care providers into placement preparation prior to placing children with physical or mental health care needs. (Completion Date: 2009 and ongoing) Lead(s): Toni Buxton and Karla Venkataraman

Strategy 5: Develop tracking mechanism. (Completion Date 2011) Lead(s) Toni Buxton

Update FFY 2010: Strategies 1 and 2: The effort to develop electronic case records is ongoing. DCFS has recently conducted a review of the number of pages that will have to be scanned in active records and an approximation of the number of pages to be scanned on an ongoing basis for inclusion in a Request for Proposals for document imaging of current records. The comprehensive and collaborative Health Care Plan has been developed and the Memorandum of Understanding with the Department of Health and Hospitals has been prepared.

Strategies 3 and 4: Regional Home Development Recruiters have worked together with home development staff in identifying families that are willing to care for children with special needs. During orientations, regional home development recruiters have made special appeals to persons that are willing to foster/adopt children that require medical attention and adult supervision. The home development unit has provided regional home development recruiters with a list of all special needs certified families. This information is utilized to gain insight on the kinds of recruitment strategies that are most effective in reaching that community.

Regional Home Development Recruiters have utilized lunch room posting of information on special needs children in hospitals and community clinics. Regional Home Development Recruiters utilized members of their foster parent recruitment team to allow access into the hospitals and medical facilities that foster parents were employed in order to share information about the need for families that are willing to care for children and teens with special needs.

Regional Home Development Recruiters utilized data from Web Focus to target the areas/communities from which children in care resided prior to their entrance into foster care. During the child specific recruitment process, Regional Home Development Recruiters have explored past relationships with biological family members, members of the child's community that shared previous bonds, adult siblings, and other previous foster family placements. Regional Home Development Recruiters visited children and teens at their current placements (foster homes, and congregate care facilities) in order to glean information that was pertinent to recruitment success. Regional Home Development Recruiters assisted children and teens in creating eco-maps that listed persons in their lives that they wanted to connect or reconnect with for potential placement possibilities. This information was used in order to tailor recruitment efforts to reflect those persons and that community the child or teen identifies with. As a result, football coaches were pursued, Boy Scout leaders were pursued, and school teachers were pursued as potential placement possibilities. These resources proved to be valuable resources, as many of them assigned to become visiting resources that turned into the pursuance of foster/adoptive certification, and homes for teens and children.

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Strategy 5: Planning for the development of a tracking mechanism has begun and is focused on using data already captured in the FATS system.

Update FFY 2011: Strategy 1: Modernization efforts underway. Document imaging anticipated soon. DHH is also working on requiring provider use of EMR (electronic medical records).

Strategy 2: Completed. Will involve ongoing annual meetings to revise and update.

Strategy 3 & 4: 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.

Strategy 5: FATS case plan has fields for staff data entry of medical, dental and therapeutic services provided to children in Foster Care.

Activities Planned FFY 2012: Strategy 4: Area for ongoing work in FFY 2012

THEME 3: ACCOUNTABILITY

CONTINUOUS QUALITY IMPROVEMENT

GOAL 1: Continuously strive to improve performance in order to improve outcomes for children and families

Objective 1.1: Increase the utilization of data to identify areas needing improvement and to determine if action plans developed to address the issue is impacting the outcome.

Strategy 1: Strengthen the Peer Case Review (PCR) process and utilization of data received in the CQI process (Completion Date: June 2013) Lead(s): Jan Byland

Strategy 2: Continue to review staff turnover and retention data in state level CQI meetings and monitor outcomes of strategies and solutions implemented to reduce turnover. Lead: Jan Byland

Strategy 3: Continue to improve the Department's ability to obtain relevant valid and reliable data and reports to assist in improving performance. Lead: Jan Byland

Update FFY 2010: The state level CQI team scheduled a planning meeting on April 8, 2010 in order to focus on evaluating the current CQI process. Agenda topics also include a discussion of strengths and areas needing improvement as identified during COA accreditation site visits and suggestions to improve these processes. Specific focus includes strengthening the PCR process and utilization of data. This meeting was rescheduled to July 7, 2010 due to the beginning of the legislative session and on-going initiatives within the Department created scheduling difficulties.

The state level CQI team continues to receive annual turnover statistics and monitors outcomes of strategies and solutions implemented to reduce turnover. The Department continues to focus on

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improving the ability to obtain relevant valid and reliable data and reports to assist in improving performance.

Update FFY 2011: The state level CQI team held a planning meeting on July 7, 2010 in order to focus on evaluating the current CQI process. Agenda topics included a discussion of strengths and areas needing improvement as identified during COA accreditation site visits and suggestions to improve these processes. Specific focus included strengthening the PCR process and utilization of data.

The state CQI team continues to receive annual turnover statistics and monitors outcomes of strategies and solutions implemented to reduce turnover. The Department continues to focus on improving the ability to obtain relevant valid and reliable data and reports to assist in improving the Department's performance.

Activities Planned FFY 2012: CQI teams will continue to meet at least quarterly, however the use of conference calls and WebEx must be utilized due to departmental budget constraints and travel restrictions.

CQI teams were identified as an important and integral part of the CFSR PIP process and will be instrumental in evaluating progress on any identified areas needing improvement. CQI teams will be utilized to assist with a quarterly case review process with feedback loops focused on state and regional performance; Assist with the design and implementation of a revised QA process to focus on quality of assessment and decision-making in CPI, FS, & FC.

The State CQI team will continue to review Staff Turnover and Retention (STAR) data in State level CQI meetings and monitor outcomes of strategies and solutions implemented to reduce turnover and continue to improve the Department's ability to obtain relevant valid and reliable data and reports to assist in improving performance.

Objective 1.2: Expand availability of qualitative information for use in improvement efforts.

Strategy 1: Establish predetermined and regular schedule for regional PCR process. (Year 2 and ongoing) Lead(s): Jan Byland

Strategy 2: Explore surveying youth and family satisfaction using the Youth Satisfaction Survey (YSS) and the Youth Satisfaction Survey – Family (YSSI) to measure youth and family involvement in assessment, case planning, and quality of services provided. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 3: Explore interviews with youth and family to determine their perceived level of involvement in case planning. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 4: Explore a court-departmental Continuous Quality Improvement process facilitated by CIP Coordinator/Judicial Fellow and DCFS state and regional staff. (Completion Date: Year 2) Lead(s): Jan Byland

Strategy 5: Examine Administrative Review process to determine whether it facilitates quality practice in its current form, and make changes as indicated. (Completion Date: Year 2) Lead(s): Jan Byland

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Update FFY 2010: The State level CQI team scheduled a planning meeting on April 8, 2010 in order to focus on evaluating the current CQI process. Agenda topics also include a discussion of strengths and areas needing improvement as identified during COA accreditation site visits and suggestions to improve these processes. Specific focus includes strengthening the PCR process which involves establishing a predetermined and regular schedule for the regional PCR process.

During SFY 2009-2010, a decision was made not to explore surveying youth and family satisfaction or explore interviews with youth and family to determine or measure youth and family involvement in assessment, case planning, and quality of services provided (Strategy 3 and 4). This decision was made due to the Department's current involvement in developing a focused coordinated system of care. Although surveys will not be conducted, focus groups with youth will be conducted. The community-based coordinated care provider will be charged with identifying children at high-risk in their communities; assessing their medical, dental, social and behavioral needs within the context of their family and social support system and assembling a documented care coordination plan; and ensuring the provision of the necessary individual and family medical, dental, social and behavioral health services required under the case management plan.

The position of a Judicial Fellow was developed to help courts and agencies promote best practice in the field of child welfare. Judge Ann Simon is currently working with local courts on the following:

- Encouraging courts to adopt the use of standardized forms that will allow judges to check off the findings and actions taken during the hearing. The forms also have places for judges to present case-specific findings and reasoning, as required by legislation. This approach should help the state in the Child and Family Service Review process.
- Encouraging judges in areas without CASA to consider inviting Louisiana CASA to create a local program.
- Encouraging courts to make better use of the Integrated Juvenile Justice Information System (IJJIS).
- Determining how courts are using hearing officers and whether this practice is consistent with the Children's Code.
- Working with the District Attorney's Office to clarify their role in Child In Need of Care (CINC) cases and their role relative to DCFS.
- Working to ensure that DCFS has the necessary attorney support to prepare legal documents.
- Working with the Children's Code Advisory Committee to clarify what guardianship means and how it differs from custody.

Judge Simon estimates having visited approximately 12-15 jurisdictions during the past year. On the state level, Judge Simon worked on several task forces related to preparation for the Child and Family Service Review which took place in March 2010. She has also been working on the issue of ensuring DCFS has legal representation in all cases. This will involve a formal request to the District Attorneys' Association to provide legal counsel to DCFS. Judge Simon has also taken the lead in working with the Louisiana Law Institute on revisions to guardianship in the Children's Code.

Update FFY 2011: CQI team meetings have occurred at least quarterly. Some regional CQI meetings were postponed due to financial issues and a lack of funding for travel; however, the regional CQI teams used various methods to continue holding meetings such as video and teleconference. Minutes are emailed to members who are unable to attend the meetings and several regions email minutes to all regional staff.

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All regions utilize the results of customer satisfaction surveys to improve practice. Customer satisfaction surveys are given to all visitors who enter the office and any concerns noted are presented to regional management. All regions also have a separate consumer and community stakeholder committee or actively involved stakeholders on their regional CQI team. Stakeholders are encouraged to participate in the CQI team meetings and voice any concerns that they may have. Any concerns expressed are addressed by the regional administrator or sent to the state level CQI team for discussion.

A planning meeting was held July 7, 2010 to discuss ways to improve the functioning of current CQI processes. One topic of discussion included exploring barriers to participation by biological parents and youth, and to develop mechanisms to overcome those barriers.

Activities Planned FFY 2012: Regional CQI teams will continue to meet at least quarterly and utilize innovative ways to engage participation of staff. Any concerns expressed during meetings or in the form of a CQI referral will be addressed locally by the management team or referred to the state level team for resolution.

Outcome Measurement: Improved performance on CFSR Outcome Indicators.

LICENSING STANDARDS AND REGULATIONS

GOAL 2: To ensure quality of care, accountability, and protection for children.

Objective 2.1: Standards and licensing regulations for foster family homes and child care institutions are reasonably in accord with recommended national standards.

Strategy 1: Complete a licensing rewrite through the development of a task force of providers, other state agencies and community partners. (Completion Date: June 2014) Leads: Guy Sylvester

Strategy 2: Develop core licensing standards for foster and adoptive homes and residential facilities. (Completion Date: August 2010) Lead(s) Guy Sylvester

Strategy 3: Develop residential program modules for residential facilities. (Completion Date: May 2011) Lead(s) Guy Sylvester

Strategy 4: Develop licensing regulations in which deficiencies are weighted based on the severity of the deficiency as well as the deficiency's relationship to the safety and well-being of youth. (Completion Date: June 2011) Leads: Guy Sylvester

Strategy 5: Develop legislation surrounding new licensing standards/regulations. (Completion Date: June 2010) Leads: Guy Sylvester

Strategy 6: Implement Regulation Plan and train providers and licensing staff. (Completion Date: January 2011) Leads: Guy Sylvester

Update FFY 2010: A work group was formed to develop new licensing regulations for foster and adoptive homes and residential facilities. The work group consisted of State Office staff from residential, home development, and licensing programs. The group received consultation from a former Department

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of Health and Hospitals staff member, Barbara Anthony. Providers were allowed to review the proposed licensing standards and make comments. Included in the RFP is the requirement for providers to meet all child-placing agency or child residential facility licensing regulations. The residential area of the licensing rewrite has been completed. Work is continuing to finalize the Child Placing Agencies rewrite of licensing standards.

Update FFY 2011: Strategy 1: A complete rewrite of the licensing regulations for Child Care, Child Residential, and Child Placing Agencies licensed by the department was performed. Child Residential and Child Placing licensing standards were completely rewritten and strengthened through a collaboration of providers, stakeholders, and advocacy groups. The new standards provided clarity for providers, strengthened safety standards for the children and set expectations related to quality of care for children residing in out of home care settings. The standards became effective April 20, 2010, for Child Residential and October 4, 2010, for Child Placing Agencies.

Enhanced Child Care Licensing Standards were also developed using a similar process which included collaboration with providers, stakeholders, and incorporation of nationally recognized best practices related to quality child care. Upon development of the regulations, statewide public comments were solicited, and changes incorporated into the final draft.

The revisions included, but were not limited to, strengthening the standards related to:

- Child Staff/Ratios and Supervision
- Staff Qualifications and Training Requirements
- Emergency Preparedness
- Transportation Requirements
- Enhanced Background Checks for Owner, Employees, and Volunteers
- Enhance licensing standards regarding use of restraint and seclusion

Strategy 2: ACT 64 of the 2010 Legislative Session repealed ACT 726 of the 2001 Regular Session thereby allowing Child Placing Agencies to provide for the placement of Transitional Youth through their child placing programs. Specifically, ACT 64 revises the 46:1403.A (1) definition of “child” to include an exception that allows youth to remain in an independent living program provided by a Child Placing Agency until their 21st birthday. It also revises the 46:1403.A (2) definition of "Child-placing agency" to allow for the placement of children in foster homes, foster care, or with substitute parents for temporary care, or for adoption. The changes allow Child Placing agencies to provide placement services for Transitional Youth through their independent living programs, which in turn enhances the state’s ability to foster a continuum of care for youth up until their 21st birthday. As a result of this legislation, Child Placing licensing standards were completely rewritten and strengthened through a collaboration of providers, stakeholders, and advocacy groups. The Notice of Intent was published in February 2011 and final publication of the revised Child Placing Standards was published in March 2011.

Strategy 3: The Department, through collaboration with the provider group, Louisiana Association of Child Care Administrators, developed and implemented professional level training and staff development for child residential provider management and direct care staff.

- The Department provided a one year Sponsorship into the Louisiana Association of Child Care Administrators (LACCA) for of all Residential Providers
- Four professional conferences for provider staff and management which included trainings and presentations by nationally recognized speakers in the field of child welfare and residential care.

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- Implemented a “Youth Worker Certification Program” for direct care residential staff; Approximately 200 residential direct care staff received certification through this program.

Strategy 4: In order to achieve more effective and consistent enforcement decisions and actions, the Licensing Section implemented a new system for evaluating provider non-compliance in a more quantitative and qualitative manner. As part of this process, the department began charting the history of non-compliance for each licensed facility based on new criteria listed below:

1. “Serious” non-compliance is evidenced by a Class A or B facility’s non-compliance with a licensing requirement that exposes residents to conditions that present, or have the potential of presenting, an imminent risk of harm or actual harm to residents, depending on severity.
2. “Numerous” non-compliance is evidenced by a facility’s documented noncompliance with licensing requirements in any one licensure visit for a Class A or Class B facility.
3. “Repeated” non-compliance is the documentation of non-compliance with the same licensing requirement over a period of time.

All licensed centers are being reviewed on a continuing basis based on this framework and enforcement Actions taken by the agency are also decided based on these new criteria.

Strategy 5: Pursuant to Act 194 of the 2009 Legislative Session the Louisiana Advisory Committee on Child Care Facilities and Child Placing Agencies (Class A Committee) and the Louisiana Committee on Private Child Care (Class B Committee) were abolished and sole authority for decisions on the denial or revocation of child care, child residential, and child placing agency licenses was assigned to the Department of Children and Family Services, thereby providing the department's licensing section with increased authority to fulfill the mandate of La. R.S. 46:1401 et seq. As a result of the same legislation, the Louisiana Advisory Council on Child Care and Early Childhood Education (LACCCECE) was developed. Specifically, the Louisiana Advisory Council on Child Care and Early Childhood Education provides a structured format for input from providers and other stakeholders such as Office of the State Fire Marshall, Office of Public Health, State Police and LA Department of Education in and effort to provide guidance to DCFS related to Licensing and Quality Child Care. This change enhances child safety in out of home care settings by providing the regulatory agency with sole authority to issue and revoke licenses that fall in line with the national best practices regarding timely and consistent regulation and enforcement of licensed entities.

ACT 381 of the 2009 Legislative Session transferred licensing and regulatory authority of all adult residential providers licensed by the Dept. of Children and Family Services to the Dept. of Health and Hospitals effective July 1, 2010.

This transfer freed up DCFS licensing staff resources to monitor child care facilities on a more frequent and consistent basis. Provides a tiered system for the best practice of “aging in place”, and ensures a continuum of care that enables comfort and dignity for elderly Louisiana citizens residing in these facilities.

Strategy 6: The Department contracted for nationally recognized training through the National Association of Regulatory Administrators for all licensing staff in an effort to increase consistency in regulatory functions and enforcement strategies for non-compliant providers. The Licensing Section established a caseload model for licensing specialists that is in line with national best practices, and

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promotes provider compliance and consistency in the Department’s regulatory processes. The Department also collaborated with the provider group, Louisiana Association of Child Care Administrators, in development and implementation of professional level training and staff development for child residential provider management and direct care staff.

Activities Planned FFY 2012: Final publication of the revised Child Care Licensing Standards;

1. Upgrades in licensing technology related to data capture and data reporting;
2. Development of an “Interpretative Guide” for licensing staff and providers;
3. Development and implementation of an Administrative Review process related to deficiencies cited.
4. Development and promulgation of licensing standards related to Juvenile Detention licensure.

Outcome measurement: Through the development and enforcement of licensing standards/regulations children and youth in foster care are provided quality services that protect their health and safety.

Providers Trained on New Licensing Regulations and Deficiencies				
FFY	# of trained staff & providers		# of licensing deficiencies	
	Residential Providers	Child Placing Agencies	Residential Providers	Child Placing Agencies
2008*	0	0	450	228
2009	0	0	614	140
2010	55	50	660	101
2011				
2012				
2013				

*New Licensing Regulations were not published in FFY 2007, 2008 and 2009; thus, no training was provided.

THEME 4: PARTNERSHIPS

The partnerships identified in this section do not represent an exhaustive list of all DCFS partners, but represent those participating in key current initiatives. Additional information can be found in the Consultation and Coordination portion of this plan.

FEDERAL PARTNERSHIPS

Goal 1: Collaborate effectively with Administration for Children and Families/Children’s Bureau.

Objective 1.1 and related strategies were deleted because the information duplicated information in the Collaboration portion of this plan.

Objective 1.2: Use assistance to improve child welfare outcomes and systemic factors.

Strategy 1: Use assistance in full development and integration of Alternative Response. (Ongoing)

Lead(s): Willene Griffin

Strategy 2: Enhance comprehensive assessment and planning. (Ongoing) Lead(s): Rhenda Hodnett

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Strategy 3: Deleted. Please refer to the Chafee Portion of this plan for more information.

Strategy 4: Improve Quality Assurance system. (Ongoing) Lead(s): Jan Byland

Strategy 5: Improve training system. (Ongoing) Lead(s): Jenefier Moore

Strategy 6: Analyze causes and combat disproportional representation. (Ongoing) Lead(s): Mark Harris

Strategy 7: Improve legal representation. (Ongoing) Lead(s): Mark Harris

Update FFY 2010: Strategy 1: Structured Decision Making (SDM) was expanded to require child protection investigation and Alternative Response (AR) workers to complete the form during an investigation or alternative response. This initiative allowed for more standardized decisions on how risk is assessed and case planning is determined. Implementation of SDM in CPI/AR was initiated in October 2009. The Department is moving towards implementation of SDM at intake and began piloting this in February 2010. The Department anticipates a higher percentage of low risk cases will be directed to assessment (AR) where the family is expected to be linked to needed services. Due to this expectation, additional trainings on AR are being incorporated into a DCFS Alternative Response Family Assessment (ARFA) and Structured Decision Making (SDM) Intake Train the Trainer Training Session. This training occurred on January 20-21, 2010. This training was utilized to familiarize all supervisors with and train the trainers on the new SDM intake instrument, prior to implementation of the pilot program. The training on January 21, 2010 was utilized to train the trainers on the new ARFA training to be conducted in the regions.

On March 31, 2010, an Alternative Response (AR) roundtable was held with National Resource Center consultant, Anna Stone, state office participants and all of the AR staff from the pilot parishes (46 attendees). This roundtable focused on reviewing the purpose of AR and how it impacts families, focusing on data to assist in making improvements to the process and guiding consistent decision making as well as assisting with workers' ability to engage families.

Strategy 2: With the assistance of the National Resource Centers (NRC), DCFS developed and is currently utilizing the Assessment of Family Functioning (AFF) statewide. The process focused on thorough assessments and behaviorally specific case plans while emphasizing the critical need for family engagement skills. During implementation, NRC's consultant provided guidance and supervision on cases via monthly conference calls. During each 90 minute call, case consultation was provided to the worker and supervisor regarding the safety assessment, Structured Decision Making (SDM) risk assessment, AFF, and staffing form. Regional/parish staff was encouraged to listen to the case consultation calls for learning purposes.

"Foster Care Assessment and Case Planning With The Family" Training sessions were held and concentrated on foster care program-specific curriculum designed to enhance foster care caseworker knowledge and skills in working with the foster children, biological parents, and foster parents. Specific content included engagement, motivational interviewing, child developmental stages and issues, developing goals and determining supports and services with the family.

The implementation of SDM protocols have assisted with increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the

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case rather than by individual judgment. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. This system is fully implemented in each of the state's parishes with monitoring for consistency.

The Department is in the process of using more clinical quality assurance processes tied to specific practice improvements. Starting with the Family Assessment, Louisiana developed weekly case supervision conferences with consultants to improve the skill and documentation of family assessment. This has continued with current weekly conferences for Visit Coaching. Peer-to-Peer reviews take the step further by integrating the review process with case specific goals, individual worker skill development, and region wide training needs assessments.

Strategy 3: The transitional services staff continues to work closely with the National Resource Center for Youth Services on improving services to youth. Staff came to Louisiana to train DCFS staff and tribal social services staff on issues related to Indian youth transitioning into adulthood during the past year. The transitional services section administrator participates in monthly calls with the Children's Bureau Regional Office and CFCIP coordinators from other states in the regions.

NRCYS provides CFCIP staff assistance in determining best practices for the management of ETV funds. DCFS staff and NRCYS staff met in January 2010. The meeting included information on working with Lutheran Social Services of the South to develop a mentoring program for youth and evaluation of the program.

Strategy 4: The Department is continuously assessing the Quality Assurance system which consists of Continuous Quality Improvement (CQI) practices and traditional Quality Assurance (QA) providing review of case records and reporting data. Peer Case Review, modeled after CFSR, provides statewide assessment of all casework areas. The NRC for Organizational Improvement assisted the Department in identification of feedback loops and strategies to involve families in evaluation.

Strategy 5: The Department worked closely during this period with the NRC for Organizational Improvement, NRC for Family Centered Practice and Permanency Planning, and the NRC for Legal and Judicial in the development of a Training System. Collaboration included formation of training consortium, provision of information regarding training program designs from other states, workforce development, supervisory training, and specialized legal training.

Strategy 6: During the year consultation with the National Child Welfare Resource Center on Legal and Judicial Issues (RCLJI) provided technical assistance in identifying and resolving causes of disproportionate representation. A representative of the NRCLJI met with stakeholders in the 16th judicial district. Both the 16th JD and the Orleans Juvenile Court have formed committees and are developing strategic plans to guide work on responding to the needs of minority children in care. Among the activities that may be piloted in these courts and then expanded statewide are the development of bench cards, a collection and summary of relevant literature, and a best practices bulletin.

Strategy 7: The Department received technical assistance from the NRC for Legal and Judicial Improvement in the area of improvement of legal representation for child welfare clients. Beginning in July 2010, the child advocacy task force will adopt the following plan: Mental Health Advocacy Services/Child Advocacy Program will represent all CINC children in the jurisdictions they currently serve; The Louisiana Public Defenders Board will represent all CINC parents statewide; Louisiana

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Services Corporations will represent all CINC children in jurisdictions not served by MHAS/CAP. These changes are expected to produce a uniform statewide system of representation providing greater specialization, more stability, and efficiency, equity in expenditures, and improved quality control and administrative oversight.

Update FFY 2011: Strategies 1 & 2: The Department requested Technical assistance through the National Resource Center (NRC) for Child Protective Services (Anna Stone) to assist with the development and implementation of a model of supervisory staffing which will incorporate safety and risk information into critical decision making (ex. assessment and case planning).

Strategy 5: The Department centralized training functions for child welfare, economic stability and child support enforcement services in an effort to produce better coordinated training for DCFS staff. Enhancements have been made to the Moodle system and it is being expanded to be an on-line learning forum. Child Welfare training staff continues to work with LCWCWP in an effort to reduce staff turnover and better prepare staff to work in child welfare. Additionally, staff has continued to work with state/public university partners to adopt competencies for BSW and MSW students choosing to work in child welfare.

Activities Planned FFY 2012: Work on Strategies 1, 2 and 5 will continue.

Strategy 6: The CIP program has partnered with Casey to look at disproportionality in three jurisdictions: Orleans Parish Juvenile Court, 16th JDC, and 14th JDC. The CIP Program are also partnering with NRCLJI to examine cold case reviews developed in Georgia for insights on disproportionality there. They are working to develop questions for the instrument, which they intend to complete by the end of the year. They are still determining who will be reviewed, when they will be trained, and the other details for the review. Casey is paying for the review. The findings of the review will be incorporated into the CIP strategic plan. Mark Harris has been involved in discussions with Georgia about the types of reviewers they will need and what type of experience would be the most helpful in the process. In Georgia, the cold cases were defined as ones where children had been freed for adoption but they were not yet adopted, or those who had Another Permanent Planned Living Arrangement (APPLA) as their permanent plan. Mark will work closely with his counterparts in Atlanta to learn more about how to identify the cases for the review. The new completion date for this T/TA is expected to be June 30, 2011. The reviews should be in place by that date. Mark Harris and Judge Grey and two Casey staff did a site visit/ orientation in Atlanta CIP, met with cold case reviewers and conducted a case study; a revised instrument is nearing completion and a cold case reviewer instrument. NCJFCJ is providing DMR expertise on a consulting basis. Orleans will begin in March followed by Lake Charles Parish in July and the 16th JDC in October 2011.

Strategy 7: As of January 1, 2010, the new model for representation of indigent parents in Louisiana became effective. Since that time, the Louisiana Public Defender Board now represents all parents in child welfare matters. In addition, Children in Need of Care are represented by legal services corporations or child advocacy services. As the implementation continues, additional training and educational needs have been identified. Joanne Brown continues to serve in an advisory role to discuss the programmatic aspects of the plan and support Mark in developing future training resources for the program. Much progress has been made in this area, but the work in continuing and implementation is not yet fully completed. The completion date for this T/TA needs to be moved to September 30, 2011 and will be reviewed quarterly for progress and next steps. Training needs are being identified.

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Objectives and Strategies related to Tribal Partnerships were deleted since they duplicated information contained in the Tribal Collaboration portion of this plan.

STATE PARTNERSHIPS:

Objective 1.3: Develop technology to support DCFS activities.

Strategy 1: Deleted - Release of the planned SACWIS RFP put on hold indefinitely due to the severity of the State's budget problems.

Strategy 2: Work with DCFS Information and Technology staff to support modernization of DCFS working methods. (Ongoing) Lead(s): Bruce Daniels

Update FFY 2010: DCFS is invested in a modernization project which is aimed at creating work efficiencies through the use of appropriate technology to enhance and make service delivery more efficient. This includes DCFS Mobile Technology to provide tools for field staff to reduce duplicate processes, travel time and enable staff to spend increased time delivering services to clients. Components include the assessment, selection and procurement of tools, development of IT support for mobile technology and training, and developing centralized intake. A DCFS Mobile Technology Team was developed and provided an assessment and recommendations for DCFS mobile technology in March 2009. In order to better understand the supports needed to function in a mobile office and/or home environment, this team recommended the completion of an analysis of the detailed tasks performed by a worker in and out of the office. Equipment needs were explored as well as available mobile services, information technology supports, management and office supports.

The Department is currently engaged in a technology modernization project that will integrate current systems into one comprehensive SACWIS compliant system and more. The new system will combine TIPS, FATS, and SDM systems while adding new functionality of an electronic case record and meet the tracking and reporting functions of the National Youth in Transition Database (NYTD). This will address many of the concerns and recommendations reflected in focus groups.

Update FFY 2011: Strategy 1: Release of the planned SACWIS RFP was put on hold indefinitely due to the severity of the State's budget problems.

Strategy 2: DCFS Common Access Front End (CAFÉ) vendor has been selected. Pending final federal approval, it is anticipated the CAFÉ project start date will begin in late spring 2011.

DCFS Document Imaging and Content Management (DICM) RFP was released and all responding proposals were reviewed and graded and a final recommendation relative to the award winning proposal has been made. We anticipate a DICM project start date of early summer 2011.

Activities Planned FFY 2012: Begin design and implementation of CAFÉ to include web enabled provider and worker portals. Begin design and implementation of DICM to include identification of all child welfare related documents, forms, notices, etc, needing to be back-scanned as well as those needing to be imaged moving forward; development of an DCFS wide document imaging indexing system; and also the establishment of a centralized mail processing center.

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Goal 2: Collaborate effectively with Northwestern Louisiana University and the other six Louisiana universities that offer social work degrees supported by IV-E funding.

Objective 2.1: Prepare Bachelor of Social Work (BSW) students to step into child welfare work upon graduation.

Strategy 1: Develop Common Core Competencies Curriculum in all BSW programs. (Ongoing) Lead: Jenefier Moore

Strategy 2: Develop Child Welfare Institute for staff training and development. (Ongoing) Lead: Jenefier Moore

Update FFY 2010: The Common Core Competencies Curriculum for all BSW programs has been developed. The Child Welfare Institute, planned to provide a coordinated system to support staff to supervise LCSW candidates, continues to be in the planning stages.

Update FFY 2011: During this time period, collaboration with the universities (the Child Welfare Universities Alliance) has continued. The collaboration between DCFS, the universities and the workforce grant has yielded the development of a seal, but the greatest achievement to date is the drafting and passage of legislation (Act 76). Act 76 recognizes the BSW competencies taught at the university level as sufficient in preparing students to work in child welfare. The CW training unit is in the process of collaborating with the Middle Tennessee State University to develop training centers in the universities to foster staff training and development. This is an ongoing process.

Activities Planned FFY 2012: Work is being done at this time to further refine the BSW competencies and plans are to reestablish a committee of university staff and DCFS staff to develop MSW competencies. The Alliance is also working on the development of recruitment materials (i.e. brochures and posters). Alliance meetings will be held on a quarterly basis to strengthen the relationship amongst child welfare and universities and build capacity for the development of training centers.

Goal 3, Objective 3.1 and the related strategies were deleted because of duplicative information. For information on IV-E activities and collaboration with OJJ please refer to that portion of this plan and the caseworker visit section.

Goal 4, Objective 4.1 and the related strategies were deleted because of duplicative information. For information on collaboration with the Louisiana Department of Education please refer to the following sections: Consultation and Collaboration; Foster Care and Chafee.

Goal 5: Collaborate effectively with Louisiana Department of Health and Hospitals.

Objective 5.1 and related strategies were deleted. For information on the Health Care Oversight and Coordination Plan, please refer to that section of this plan.

Objective 5.2: Meet medical and mental health needs of children and families.

Strategy 1: Work with the Office for Addictive Disorders to maintain substance abuse counselors in DCFS offices. (Ongoing) Lead(s): Rhenda Hodnett

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Strategy 2: Work with the Office for Addictive Disorders for identification and treatment of addictive disorders in youth and parents. (Ongoing) Lead(s): Toni Buxton

Update FFY 2010: Substance abuse assessment and referral services continue to be made available through counselors housed in offices through collaboration with the Louisiana Office of Addictive Disorders and the state TANF program. DCFS continued to work with the Offices of Mental Health and Addictive Disorders to assure that the service needs of children and parents are met. The DCFS has been involved in the development of the Louisiana Coordinated Systems of Care to assure that needs of at-risk children and youth are appropriately met.

Update FFY 2011: Strategy 2: The agreement ensures that counselors are located in all DCFS child welfare offices; however, there were problems in maintaining a counselor in the Covington Region. Efforts were made to hire a new counselor for this region. The second component of the agreement continues the Inpatient Treatment and Referral Services. This program is designed to provide six (6) short term inpatient treatment beds throughout the State. This includes pregnant women and women with dependent children involved with child welfare that meet TANF eligibility. This program provides 24 hours per day, 7 days per week treatment in an intensive treatment environment.

The third component is Gender Specific Intensive Outpatient (IOP) Treatment for Pregnant Women and Women with Dependent Children. The program addresses the needs of DCFS/TANF eligible women with dependent children through intensive outpatient treatment for women eighteen (18) years of age and older with dependent children. Services for outpatient treatment include a psychosocial assessment, group therapy, didactic groups and family therapy. Outpatient services are delivered by Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed or Certified Substance Abuse Counselors, and those who are under supervision for certification and licensure. There are currently four IOP programs in the Lake Charles, Shreveport, Monroe, and Jefferson regions. The Lafayette IOP program was closed due to its low numbers and budget cuts sustained this past fiscal year. The gender specific clinicians are also encouraged to provide presentations to DCFS staff or offer technical assistance that may help staff gain knowledge in the identification of substance use among their clientele.

Activities Planned FFY 2012: Strategy 2: The DCFS is currently working on an agreement for the upcoming fiscal year. All of the identified services remain intact. There was a clinician hired for the Covington Region ensuring that all DCFS child welfare offices have this critical component of the agreement. There will also be a greater effort to engage and refer partners of identified women to other services offered by the OBH-AD. Additionally, some of the services reference herein will be provided through the CSoc.

Goal 6: Support and work with statewide child welfare organizations.

Objective 6.1: Support the Louisiana Foster and Adoptive Parent Association.

Strategy 1: Designate staff to attend association meetings and report concerns noted to DCFS. (Ongoing) Lead(s): Karla Venkataraman

Strategy 2: Participate in hosting annual conference. (Ongoing) Lead(s): Karla Venkataraman

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Update FFY 2010: Supportive services toward foster/adoptive parents are strengthened through home development staff and regional recruiters. Regional recruiters regularly attend foster parent association meetings serving as a positive link between verbalized concerns and practice outcomes. It is frequently reported that foster/adoptive parents welcome the attendance of regional recruiters at their monthly association meetings because of the positive feedback and supportive interactions they provide. Foster and adoptive parents belonging to parish, regional, and statewide associations are routinely asked to participate in panel discussions that take place statewide as a part of the State's certification training venue. Potential applicants and staff maintain that foster/adoptive parent's moving accounts of their experiences as foster/adoptive parents have become the most coveted presentation on MAPP (Model Approach to Partnerships in Parenting) panel night. Regional recruiters also participate as team players in MAPP panel discussions. Regional recruiters additionally attend the first MAPP meeting in order to provide support to new potential applicants (foster/adoptive families).

Regional recruiters attend local foster/adoptive association meetings, participate on planning committees to plan and attend annual foster parent appreciation luncheons, and serve as liaisons in linking foster/adoptive parents to resources within their communities. The recruiter supervisor attended meetings hosted by the Louisiana Foster and Adoptive Parent Association, and was a part of the planning committee responsible for organizing the Louisiana Foster and Adoptive Parent Association Annual Conference. Regional recruiters played both supportive and active roles in the annual conference, as recruiters were called upon to assist with local accommodations, and served in providing a three-hour recruitment interactive workshop that included a power point presentation, current resource information, and an active engagement period. Recruiters also shared fliers and photos of children freed for adoption without identified placements and gained four potential families that expressed interest in these children.

Update FFY 2011: Regional recruiters attended monthly meetings with local foster parent associations statewide serving as liaisons to foster/adoptive parents. In a supportive role, regional recruiters employed active listening skills during association meetings and during home visits with foster/adoptive parents. Concerns, issues, and questions are taken back to foster care, adoption, and home development units as well as administration when applicable for solutions, support, answers and follow up purposes. Regional Recruiters visited the homes of more than 500 foster/adoptive families to play a supportive role in the retention process.

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. Regional Recruiters partnered with statewide associations to assist in recruiting for "hard to place," special needs youth. Statewide Recruiters shared fliers of youth that are 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.

The Department's Recruitment program actively participated in several Louisiana Foster and Adoptive Parent Association board meetings to support and provide information on departmental policy changes and updates. As the Louisiana Foster and Adoptive Parent Association's liaison, the Recruitment program manager occupied a board member seat, and participated in the planning, organizing, and implementation of the 2012 Annual Education Conference. This year marked the Association's 35th year in conference bookings, and many changes in the usual process of written plans, and departmental contacts took place causing the process to require more work than usual. At the conference, the

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Association offered an array of workshops that proved beneficial to both foster/adoptive parents and departmental staff. In an effort to evaluate the conference's effectiveness, surveys were completed after each workshop, and assessed. As a result, more than 95% of the 150 participants noted that the workshops presented material useful for the jobs they performed, provided new techniques, skills and approaches, and was overall enjoyable. Of the 17 workshops offered, "Recruitment and You" conducted by the Regional Recruiters had the most attendees. This is representative of the positive partnership that continues to strengthen between staff and foster parents through the department's recruitment program. The conference convened on Feb. 13th and concluded on Feb. 15th 2011.

Activities Planned FFY 2012: Regional Recruiters will continue to play a supportive role in the lives of foster/adoptive parents, and utilize their expertise in planning region specific recruitment strategies.

The Recruitment program will continue to participate in the planning, organizing, and implementation of the Annual Foster Parent Conference. Regional Recruiters will reconstruct new ideas for attracting foster/adoptive parents and staff as attendees to the recruitment workshop annually in large numbers.

Objective 6.2, Strategy 1 was deleted as it was duplicative.

Objective 6.3: Work with Prevent Child Abuse Louisiana (PCAL)

Strategy 1: Support annual Kids Are worth It Conference on Child Abuse and Neglect. (Ongoing)
Lead(s): Rhenda Hodnett

Strategy 2: Engage PCAL's assistance and support in Nurturing Parent Program, Safe Haven, media campaigns and community education. (Ongoing) Lead(s): Rhenda Hodnett

Update FFY 2010: Strategy 1: DCFS was on the planning committee for PCAL's annual "Kids Are worth It!" Conference on Child Abuse and Neglect. The conference is held annually and offers various training workshops regarding child abuse and neglect. The topics cater to various disciplines in the child welfare arena. The "Kids Are worth It!" Conference is the only primary prevention oriented conference in the state. The 24th Annual Conference was held March 1-3, 2010 at the Astor Crowne Plaza Hotel in New Orleans, LA. Attendees included social workers, child protection workers, law enforcement officials, day care workers, teachers and others who work with children desiring to learn the latest in child abuse and neglect prevention. DCFS staff attended the conference. DCFS remains on the planning committee.

The Child Abuse/Prevention Council consists of some key leaders/businesses to coordinate child abuse prevention information efforts between DCFS, PCAL and the Children's Trust Fund. Efforts have been underway to increase participation on the council; however the council is not holding on-going monthly prevention meetings at this time due to management changes.

Strategy 2: The Department works with PCAL on a number of different initiatives. They include the Nurturing Parent Program, Safe Haven, the annual "Kids are Worth It" Conference on Child Abuse and Neglect, media campaigns and community education. DCFS promotes supports and facilitates the efforts of PCAL in providing primary prevention through the Nurturing Parenting Program (NPP). PCAL provides additional training and other services to the Family Resource Centers which facilitate the NPP for DCFS consumers. The Department continues to provide information to communities statewide by distributing brochures. Throughout the State, DCFS partners with PCAL to conduct events during April

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Child Abuse Prevention month. Instead of the historical blue ribbon campaign, the Department has participated in a project in 2008, 2009 and again in 2010 to encourage community awareness by planting pinwheels throughout the State of Louisiana. Paper versions of the pinwheels were purchased and displayed in offices, until the pinwheels were delivered and planted around the State.

Each year the Department prints and distributes hundreds of its brochures on “Mandated Reporters of Child Abuse or Neglect” and “Understanding Child Protection in Louisiana.” The public, including school children working on school projects, frequently ask 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 them as they make presentations to community organizations. These materials are also distributed at state and national conferences such as the Prevent Child Abuse Louisiana (PCAL) Conference.

In February 2009, DCFS launched a Safe Haven Public Awareness Campaign to ensure newborn safety by providing information on legal custody relinquishment. Please see Safe Haven above for detailed information regarding this public awareness campaign.

Update FFY 2011: Strategy 1: The Department supported PCAL for its Kids Are worth It!" 25th Anniversary Conference held January 19-21, 2011 in New Orleans.

Strategy 2: Until November 2010, the Department maintained its contract with PCAL, to provide technical assistance to the Family Resource Centers (FRC) to ensure model fidelity to the Nurturing Parenting Program (NPP). At that time, the Department was notified that PCAL had become insolvent and would not be able to maintain it's agreed upon contracted deliverables. The contractor provided technical assistance up until that time and facilitated Nurturing Parenting Facilitators trainings in April (Alexandria, Louisiana) and May (Baton Rouge, Louisiana) of 2010. Twenty-four (24) FRC staff was trained as a result of these trainings. Then in early 2011, the PCAL board advised the Department of its intent to organize under the umbrella of another organization - perhaps Partnership for Children, Boys Town, or the Children Trust Fund and the Department reestablished the agreement with the board of the PCAL organization to continue the technical assistance to the FRC.

Activities Planned FFY 2012: Continue to provide the NPP and the technical assistance component through the FRCs in the upcoming fiscal year.

It is not clear if there will be a conference in the next fiscal year based on the current of status Prevent Child Abuse Louisiana's ability to re-emerge as a stand alone agency.

Regional Recruiters will join forces with Child Protection Investigators to present information to schools and communities via awareness events, TV appearances, local newspapers, and radio interviews. Data sharing and general information will be given to groups of school personnel, and community leaders covering a spectrum of faith-based connections to local organizations. Regional Recruiters will lead statewide staff by region in recruitment activities that promote Child Abuse Prevention Awareness in the month of April.

Goal 7: Departmental stakeholders are aware of and provide ongoing input into departmental activities.

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Objective 7.1: The DCFS Consumer and Community Stakeholder Committee provide information to stakeholders and solicit concerns from them.

Strategy 1: Hold meetings at regularly scheduled intervals and remind members of each meeting and provide minutes of meetings to those who were unable to attend. (Ongoing) Lead(s): Carmen Spooner and Dennis Dillon

Strategy 2: Concerns voiced by stakeholders are presented to departmental management so that concerns can be appropriately addressed. (Ongoing) Lead(s): Carmen Spooner and Dennis Dillon

Strategy 3: Explore barriers to participation by biological parents and youth, and develop mechanisms to overcome those barriers. (Ongoing) Lead(s): Carmen Spooner and Dennis Dillon

Update FFY 2010: The Consumer and Community Stakeholder Committee have 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 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.

Update FFY 2011: The Consumer and Community 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.

Activities Planned FFY 2012: Stakeholder Committee activities will continue as noted above.

Goal 8, Objective 8.1 and the related strategy has been removed.

COMMUNITY PARTNERSHIPS:

Goal 1: Work effectively with local businesses, churches, and civic organizations and media outlets.

Objective 1.1: Increase the pool of available foster and adoptive families.

Strategy 1: Regional Home Development Recruiters speak to churches and civic organizations to arouse interest of the members in becoming foster/adoptive families. (Ongoing) Lead(s): Karla Venkataraman

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Strategy 2: Regional Home Development Recruiters use local media outlets to spread the word that foster and adoptive homes are needed through public service announcements and human interest stories. (Ongoing) Lead(s): Karla Venkataraman

Update FFY 2010: Region specific monthly activities that regional recruiters implement have proven to be the driving force behind the increase in new foster/adoptive family certifications. To present, certifications are up by 6 families statewide. Regional Home Development Recruiters have become a verbal, visible entity within each region in regards to serving as the lead for specific children that are freed for adoption without an identified placement, and children/teens that need a connection or visiting resource to minimize the number of teens aging out of care without a “circle of support.” Children were featured in newspaper articles, on television including morning news shows, and public service announcements on cable access channels within their regions. These include “Home of My Own” in New Orleans and ArkLaTex Angel show in Shreveport.

Regional Home Development Recruiters have identified radio, newspaper and magazine resources that featured profiles on children in state’s care, freed for adoption without an identified placement. Teens have appeared in three minute digital stories, and radio interviews along with recruiters that gave potential applicants a peek into their personalities, hobbies, and wishes for permanency. Regional Home Development Recruiters spoke to church congregations on a quarterly basis and nurtured partnerships, received invites to special congregational events that promoted community recruitment, and was granted access to resources they created for children and teens in state’s care. Region specific information was always shared within the community at events and church services where regional home development recruiters took advantage of conducting group and one-on-one informational meetings.

Update FFY 2011: Regional Recruiters formed several partnerships with over 100 churches, community centers, local businesses, and organizations that have proved helpful in targeted recruitment efforts within each prospective region. In 2010, the GNO regional recruiter was successful in conducting a presentation that included information about our special/medical needs children in need of a “Forever Family” at Children’s Hospital in New Orleans. There were 50 medical professionals in attendance, and 10 of those in attendance expressed interest in learning more about the department’s foster/adopt program.

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 the Department’s recruitment efforts. The North American Council on Adoptable Children (NACAC) contacted the department to share recruitment methods employed 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.

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Activities Planned FFY 2012: Regional Recruiters will engage veteran foster/adoptive parents in recruitment efforts within each prospective region forming a Foster Parent Recruitment Team. This team will meet quarterly to plan recruitment activities throughout each region.

Regional Recruiters will strengthen its faith based outreach by making efforts to resurrect the “One Church, One Child” and “Each One, Reach One” campaigns to involve local churches and church organizations in sponsoring youth from residential facilities and youth identified as eligible for behavioral health services.

Regional Recruiters will connect with other Child Welfare agencies, and National and International adoption agencies to exchange recruitment ideas, plans, and efforts while learning new recruitment techniques other states are engaging in to increase permanency for older youth in foster care.

Objective 1.2 and related strategies have been deleted. For information on independent living please refer to the Chafee portion of this plan.

Goal 2: Departmental stakeholders are aware of and provide ongoing input into departmental activities.

Objective 2.1: The Regional CQI Committees provide information to stakeholders and solicit concerns from them.

Strategy 1: Hold meetings at regularly scheduled intervals remind members of each meeting and provide minutes of meetings to those who were unable to attend. (Ongoing) Lead(s): Jan Byland & Regional CQI Chairs

Strategy 2: Concerns voiced by stakeholders are presented to regional management and/or Statewide CQI Committee so that concerns can be appropriately addressed. (Ongoing) Lead(s): Jan Byland & Regional CQI Chairs

Strategy 3: Explore barriers to participation by biological parents and youth, and develop mechanisms to overcome those barriers. (Ongoing) Lead(s): Jan Byland & Regional CQI Chairs

Update FFY 2010: CQI team meetings have occurred at least quarterly. Some regional CQI meetings were postponed due to financial issues and a lack of funding for travel, however the regional CQI teams used various methods to continue holding meetings such as video and teleconference. Minutes are emailed to members who are unable to attend the meetings and several regions email minutes to all regional staff.

All regions utilize the results of customer satisfaction surveys to improve practice. Customer satisfaction surveys are given to all visitors who enter the office and any concerns noted are presented to regional management. All regions also have a separate consumer and community stakeholder committee or actively involved stakeholders on their regional CQI team. Stakeholders are encouraged to participate in the CQI team meetings and voice any concerns that they may have. Any concerns expressed are addressed by the regional administrator or sent to the state level CQI team for discussion.

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A planning meeting is scheduled for July 7, 2011 to discuss ways to improve the functioning of current CQI processes. One topic of discussion includes exploring barriers to participation by biological parents and youth, and to develop mechanisms to overcome those barriers.

Update FFY 2011: CQI team meetings have occurred at least quarterly. Some regional CQI meetings were postponed due to financial issues and a lack of funding for travel, however the regional CQI teams used various methods to continue holding meetings such as video and teleconference. Minutes are emailed to members who are unable to attend the meetings and several regions email minutes to all regional staff.

All regions utilize the results of customer satisfaction surveys to improve practice. Customer satisfaction surveys are given to all visitors who enter the office and any concerns noted are presented to regional management. All regions also have a separate consumer and community stakeholder committee or actively involved stakeholders on their regional CQI team. Stakeholders are encouraged to participate in the CQI team meetings and voice any concerns that they may have. Any concerns expressed are addressed by the regional administrator or sent to the state level CQI team for discussion.

A planning meeting was held July 7, 2010 to discuss ways to improve the functioning of current CQI processes. One topic of discussion included exploring barriers to participation by biological parents and youth, and to develop mechanisms to overcome those barriers.

Activities Planned FFY 2012: Regional CQI teams will continue to meet at least quarterly and utilize innovative ways to engage participation of staff through the use of conference calls and WebEx. Any concerns expressed during meetings or in the form of a CQI referral will be addressed locally by the management team or referred to the state level team for resolution.

The State level CQI team held a planning meeting on July 7, 2010 in order to focus on evaluating the current CQI process. Agenda topics included a discussion of strengths and areas needing improvement as identified during COA accreditation site visits and suggestions to improve these processes. Specific focus included strengthening the PCR process and utilization of data.

The State CQI team continues to receive annual turnover statistics and monitors outcomes of strategies and solutions implemented to reduce turnover. The Department continues to focus on improving the ability to obtain relevant valid and reliable data and reports to assist in improving the Department's performance.

CQI teams were identified as an important and integral part of the CFSR PIP process and will be instrumental in evaluating progress on any identified areas needing improvement. CQI teams will be utilized to assist with a quarterly case review process with feedback loops focused on state and regional performance; Assist with the design and implementation of a revised QA process to focus on quality of assessment and decision-making in CPI, FS, & FC.

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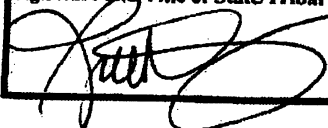
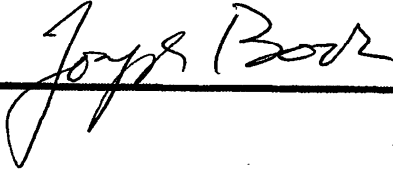
Section 4: Budget Information

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CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
Fiscal Year 2012, October 1, 2011 through September 30, 2012

1. State or Indian Tribal Organization (ITO): Louisiana		2. EIN: 1-72-600-0800-A1
3. Address: Department of Children and Family Services P. O. Box 3318 L.A. 70821		4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		4,709,651
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		470,965
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		
a) Total Family Preservation Services		7,967,817
b) Total Family Support Services		1,792,759
c) Total Time-Limited Family Reunification Services		1,792,759
d) Total Adoption Promotion and Support Services		1,792,758
e) Total for Other Service Related Activities (e.g. planning)		0
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		701,168
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		456,580
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		0
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ 0, PSSF \$ 0, and/or MCV(States only)\$ 0		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ 383,391, PSSF \$ 796,782, and/or MCV(States only)\$ 50,605		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		401,725
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		1,509,859
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		150,986
11. Estimated Education and Training Voucher (ETV) funds		503,485
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		436,661
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		146,338
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2012.		
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official
		

STATE OF LOUISIANA 2011 Annual Progress and Service Report

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services
State or Indian Tribal Organization (TTO) Louisiana

For FFY OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

SERVICES/ACTIVITIES	TITLE IV-B			CAPTA*	CFCAF	ETV	TITLE IV-E	STATE, LOCAL, & DONATED FUNDS	NUMBER TO BE SERVED		POPULATION TO BE SERVED	GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSP	(c) Subpart II- MCV*						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$915,778	\$1,792,739		\$120,518			\$2,281,689	\$1,500,185	70,541	23,278	Child Protection & Investigation and Family Services Care Review of Child/Neglect and ATR/Assessment	Statewide
2.) PROTECTIVE SERVICES	\$2,135,782			\$281,207			\$1,500,185		24,432		Valid Child Protection & Investigation, children served in foster care & family services	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)							\$639,154	\$639,154	20,691	11,975	All children who with goals of reunification Foster Children who were adopted or will be adopted	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES							\$639,154	\$639,154	6,124			Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		\$1,792,738						\$639,154	1,536			Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. phoning)												Statewide
7.) FOSTER CARE MAINTENANCE:												Statewide
(a) FOSTER FAMILY & RELATIVE FOSTER CARE		\$1,187,126						\$5,459,611	7,742		All children in foster care	Statewide
(b) GROUP/INST CARE								\$2,123,956	1,101			Statewide
8.) ADOPTION SUBSIDY PMTS.								\$4,602,349	60			Statewide
9.) GUARDIANSHIP ASSIST. PMTS.								\$4,602,349	60			Statewide
10.) INDEPENDENT LIVING SERVICES					\$1,509,859			\$619,343	1,710			Statewide
11.) EDUCATION AND TRAINING VOUCHERS						\$503,485		\$99,361	219		All Eligible	Statewide
12.) ADMINISTRATIVE COSTS	\$470,965	\$701,168					\$9,274,499					Statewide
13.) STAFF & EXTERNAL PARTNERS TRAINING		\$95,814					\$5,047,130	\$2,412,201				Statewide
14.) FOSTER PARENT RECRUITMENT & TRAINING												Statewide
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING												Statewide
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							\$4,000,000		26,863	20,047	All Eligible	Statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING							\$456,580					Statewide
18.) TOTAL	\$4,709,651	\$7,967,817	\$456,580	\$401,725	\$1,509,859	\$503,485	\$36,090,600	\$39,415,046	161,009	60,631	0	

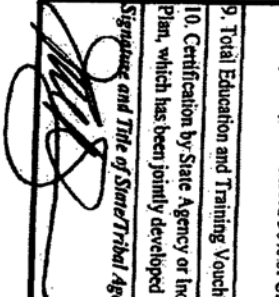
* States Only, Indian Tribes are not required to include information on these programs

STATE OF LOUISIANA
2011 Annual Progress and Service Report

CPS-101, Part II
U.S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through July 31, 2011

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Charfee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV):
Fiscal Year 2009: October 1, 2008 through September 30, 2009

1. State or Indian Tribal Organization (TTO): Louisiana		2. EIN: 1-72-600-0800-A1		3. Address: Department of Children and Family Services O. Box 3318 Baton Rouge, Louisiana 70821		P. Baton	
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision							
5. Total title IV-B, subpart 1 funds	Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served
				Individuals	Families		
a)	Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$4,726,683	\$4,726,683	30,407	5,098	Reports of Abuse/Neglect All Children in Foster Care	Statewide
6.	Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f)	\$472,668	\$472,668				
a)	Family Preservation Services	\$8,572,049	\$8,572,049	20,804	8,691		Statewide
b)	Family Support Services	\$1,917,461	\$1,917,461				
c)	Time-Limited Family Reunification Services	\$1,917,461	\$1,917,461				
d)	Adoption Promotion and Support Services	\$1,917,461	\$1,917,461				
e)	Other Service Related Activities (e.g. planning)	\$1,917,461	\$1,917,461				
f)	Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$0	\$0				
7.	Total Monthly Caseworker Visit Funds (STATE ONLY)	\$852,205	\$852,205				
a)	Administrative Costs (not to exceed 10% of MCV allotment)	\$253,023	\$253,023				
8.	Total Charfee Foster Care Independence Program (CFCIP) funds	\$25,802 \$0	\$25,802 \$0				
a)	Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$1,028,854	\$1,028,854				
9.	Total Education and Training Voucher (ETV) funds	\$150,986	\$150,986	310		All Eligible	Statewide
10.	Certification by State Agency or Indian Tribal Organization (TTO). The State agency or TTO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	\$480,778	\$480,778	219		All Eligible	Statewide
Signature and Title of State Tribal Agency Official		Date		Signature and Title of Central Office Official		Date	
		6/30/11		Joseph B. Boudin		11/2/11	

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2011 Annual Progress and Service Report

SF-269A: Financial Status-Short Form

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FINANCIAL STATUS REPORT
(Short Form)
Organization Information

1. Federal Agency and Org. Element to Which Report is Submitted OA/OFS/Division Of State Systems Policy		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 0901LA1400	
3. Recipient Organization			
Name LA - Louisiana		Title Secretary	
Address Line 1 Department of Social Services			
Address Line 2 Office of Management & Finance			
Address Line 3 P.O. Box 3318			
City Baton Rouge	State LA	Zip Code 70821	Zip Ext.
4. Employer Identification Number 1726000800A1	5. Recipient Account Number or Identifying Number	6. Final Report YES	7. Basis CASH
8a. Funding/Grant Period From: 10/01/2008	8b. To: 09/30/2010	9a. Period Covered by this report From: 10/01/2008	9b. To: 09/30/2009

Transaction Information

SECTION A: TRANSACTIONS	I. Previously Reported	II. This Period	III. Cumulative
10a. Total Outlays	\$0	\$6,302,244	\$6,302,244
10b. Recipient share of net outlays	\$0	\$1,575,561	\$1,575,561
10c. Federal share of outlays	\$0	\$4,726,683	\$4,726,683
10d. Total unliquidated obligations			\$0
10e. Recipient's share of unliquidated obligations			\$0
10f. Federal share of unliquidated obligations			\$0
10g. Total federal share			\$4,726,683
10h. Total federal funds authorized for this funding period			\$4,726,683
10i. Unobligated balance of federal funds (Line 10h minus line 10g)			\$0

Indirect Expense / Signature

11a. Indirect Expense Type of Rate Provisional Predetermined Final Fixed			
11b. Indirect Expense Rate 0.00%	11c. Indirect Expense Base \$0	11d. Indirect Expense Total Amount \$0	11e. Indirect Expense Federal Share \$0
12. Remarks Recipient excess expenditures (if any) - Recipient excess Obligations (if any) - Indirect Expense Rate - Other -			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Certification Name: Tammy L. Martin	Certification Title Accountant Manager II	Telephone Number (225) 342-4384 Ext.	
Signature 		Signature Date 10/30/2009	
Submit Date : 10/30/2009			

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7/97)
Prescribed by OMB Circulars A-102 and A-110

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FINANCIAL STATUS REPORT
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Organization Information

1. Federal Agency and Org. Element to Which Report is Submitted OA/OFS/Division Of State Systems Policy		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 0901LAFSS	
3. Recipient Organization			
Name LA - Louisiana		Title Secretary	
Address Line 1 Department of Social Services			
Address Line 2 Office of Management & Finance			
Address Line 3 P.O. Box 3927			
City Baton Rouge	State LA	Zip Code 70821	Zip Ext.
4. Employer Identification Number 1726000800A1	5. Recipient Account Number or Identifying Number	6. Final Report YES	7. Basis CASH
8a. Funding/Grant Period From: 10/01/2008	8b. To: 09/30/2010	9a. Period Covered by this report From: 10/01/2009	9b. To: 09/30/2010

Transaction Information

SECTION A: TRANSACTIONS	I. Previously Reported	II. This Period (FFP Rate of: 0.750000)	III. Cumulative
10a. Total Outlays	\$530,599	\$10,832,133	\$11,362,732
10b. Recipient share of net outlays	\$132,650	\$2,708,033	\$2,840,683
10c. Federal share of outlays	\$397,949	\$8,124,100	\$8,522,049
10d. Total unliquidated obligations			\$0
10e. Recipient's share of unliquidated obligations			\$0
10f. Federal share of unliquidated obligations			\$0
10g. Total federal share			\$8,522,049
10h. Total federal funds authorized for this funding period			\$8,522,049
10i. Unobligated balance of federal funds (Line 10h minus line 10g)			\$0

Indirect Expense / Signature

11a. Indirect Expense Type of Rate				
Provisional	Predetermined	Final	Fixed	
11b. Indirect Expense Rate 0.00%	11c. Indirect Expense Base \$0	11d. Indirect Expense Total Amount \$0	11e. Indirect Expense Federal Share \$0	
12. Remarks Recipient excess expenditures (if any) - Recipient excess Obligations (if any) - Indirect Expense Rate - Other -				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Certification Name: Tammy L. Martin	Certification Title Accountant Manager II	Telephone Number (225) 342- 4634 Ext.		
Signature 		Signature Date 11/30/2010		
Submit Date : 11/30/2010				

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7/97)
Prescribed by OMB Circulars A-102 and A-110

**STATE OF LOUISIANA
2011 Annual Progress and Service Report**

SF-269A: Financial Status-Short Form

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**FINANCIAL STATUS REPORT
(Short Form)
Organization Information**

1. Federal Agency and Org. Element to Which Report is Submitted OA/OFS/Division Of State Systems Policy		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 0901LA1420	
3. Recipient Organization			
Name LA - Louisiana		Title Secretary	
Address Line 1 Department of Social Services			
Address Line 2 Office of Management & Finance			
Address Line 3 P.O. Box 3318			
City Baton Rouge	State LA	Zip Code 70821	Zip Ext.
4. Employer Identification Number 1726000800A1	5. Recipient Account Number or Identifying Number	6. Final Report YES	7. Basis CASH
8a. Funding/Grant Period From: 10/01/2008	8b. To: 09/30/2010	9a. Period Covered by this report From: 10/01/2009	9b. To: 09/30/2010

Transaction Information

SECTION A: TRANSACTIONS	I. Previously Reported	II. This Period (FFP Rate of: 0.800000)	III. Cumulative
10a. Total Outlays	\$0	\$1,286,068	\$1,286,068
10b. Recipient share of net outlays	\$0	\$257,214	\$257,214
10c. Federal share of outlays	\$0	\$1,028,854	\$1,028,854
10d. Total unliquidated obligations			\$0
10e. Recipient's share of unliquidated obligations			\$0
10f. Federal share of unliquidated obligations			\$0
10g. Total federal share			\$1,028,854
10h. Total federal funds authorized for this funding period			\$1,429,741
10i. Unobligated balance of federal funds (Line 10h minus line 10g)			\$400,887

Indirect Expense / Signature

11a. Indirect Expense Type of Rate	Provisional	Predetermined	Final	Fixed
11b. Indirect Expense Rate 0.00%	11c. Indirect Expense Base \$0	11d. Indirect Expense Total Amount \$0		11e. Indirect Expense Federal Share \$0
12. Remarks Recipient excess expenditures (if any) - Recipient excess Obligations (if any) - Indirect Expense Rate - Other -				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Certification Name: Tammy L. Martin	Certification Title Accountant Manager II	Telephone Number (225) 342- 4634 Ext.		
Signature 		Signature Date 11/03/2010		
Submit Date : 11/03/2010				

NSN 7540-01-218-4387

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(Short Form)
Organization Information

1. Federal Agency and Org. Element to Which Report is Submitted OA/OFS/Division Of State Systems Policy		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 0901LACETV	
3. Recipient Organization			
Name LA - Louisiana		Title Secretary	
Address Line 1 Department of Social Services			
Address Line 2 Office of Management & Finance			
Address Line 3 P.O. Box 3927			
City Baton Rouge	State LA	Zip Code 70821	Zip Ext.
4. Employer Identification Number 1726000800A1	5. Recipient Account Number or Identifying Number	6. Final Report YES	7. Basis CASH
8a. Funding/Grant Period From: 10/01/2008	8b. To: 09/30/2010	9a. Period Covered by this report From: 10/01/2009	9b. To: 09/30/2010

Transaction Information

SECTION A: TRANSACTIONS	I. Previously Reported	II. This Period (FFP Rate of: 0.800000)	III. Cumulative
10a. Total Outlays	\$0	\$600,972	\$600,972
10b. Recipient share of net outlays	\$0	\$120,194	\$120,194
10c. Federal share of outlays	\$0	\$480,778	\$480,778
10d. Total unliquidated obligations			\$0
10e. Recipient's share of unliquidated obligations			\$0
10f. Federal share of unliquidated obligations			\$0
10g. Total federal share			\$480,778
10h. Total federal funds authorized for this funding period			\$480,778
10i. Unobligated balance of federal funds (Line 10h minus line 10g)			\$0

Indirect Expense / Signature

11a. Indirect Expense Type of Rate	Provisional	Predetermined	Final	Fixed
11b. Indirect Expense Rate 0.00%	11c. Indirect Expense Base \$0	11d. Indirect Expense Total Amount \$0		11e. Indirect Expense Federal Share \$0
12. Remarks Recipient excess expenditures (if any) - Recipient excess Obligations (if any) - Indirect Expense Rate - Other -				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Certification Name: Tammy L. Martin	Certification Title Accountant Manager II	Telephone Number (225) 342- 4634 Ext.		
Signature 		Signature Date 03/31/2011		
Submit Date : 03/31/2011				

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7/97)
Prescribed by OMB Circulars A-102 and A-110

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SECTION 5: Assurances:

Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-310
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs

State Plan Assurances

Governor's Assurance Statement for
the Child Abuse and Neglect State Plan

As Governor of the State of Louisiana, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect which includes:

1. coordination with the State plan under part B of title IV of the Social Security Act, to the maximum extent practicable (section 106(b)(2)(A) of CAPTA);
2. provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances (section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
3. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(B)(ii) of CAPTA);
4. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii) of CAPTA);
5. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(B)(iv) of CAPTA);
6. triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v) of CAPTA);
7. procedures for immediate steps to be taken to ensure and protect the safety of a victim of child abuse or neglect and of any other child under the same care who may also be in danger of child abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(B)(vi) of CAPTA);
8. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(B)(vii) of CAPTA);
9. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
 - a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 10 below;
 - c. child abuse citizen review panels;

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- d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(B)(viii) of CAPTA);
10. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from child abuse and neglect (section 106(b)(2)(B)(ix) of CAPTA);
 11. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(B)(x) of CAPTA);
 12. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse and neglect (section 106(b)(2)(B)(xi) of CAPTA);
 13. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(B)(xii) of CAPTA);
 14. provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
 - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(B)(xiii) of CAPTA);
 15. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(B)(xiv) of CAPTA);
 16. provisions, procedures, and mechanisms -
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding (section 106(b)(2)(B)(xv) of CAPTA);
 17. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;

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- d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;
 - e. to have committed sexual abuse against the surviving child or another child of such parent; or
 - f. to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi) of CAPTA);
- 18. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 17 above, conviction of any one of the felonies listed in number 17 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(B)(xvii) of CAPTA);
 - 19. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(B)(xviii) of CAPTA);
 - 20. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(B)(xix) of CAPTA);
 - 21. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(B)(xx) of CAPTA);
 - 22. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) (section 106(b)(2)(B)(xxi) of CAPTA);
 - 23. provisions and procedures for requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(B)(xxii) of CAPTA);

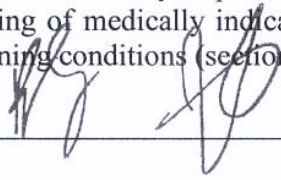
provisions for systems of technology that support the State child protective service system described in section 106(a) of CAPTA and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii) of CAPTA);

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25. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions); and
 - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions (section 106(b)(2)(C) of CAPTA).

I further give assurance that:

26. the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) of CAPTA (section 106(b)(2)(E) of CAPTA);
27. the programs and training conducted address the unique needs of unaccompanied homeless youth, including access to enrollment and support services and that such youth are eligible for under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) and meet the requirements of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.) (section 106(b)(2)(F) of CAPTA);
28. the State, in developing the State plan, has collaborated with community-based prevention agencies and with families affected by child abuse or neglect (section 106(b)(2)(G) of CAPTA); and
29. there is authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from infants with disabilities who have life-threatening conditions (section 113 of CAPTA).

Signature of Governor: _____


Date: 6.27.2011

Reviewed by: _____

(CB Regional Child Welfare Program Manager)

Dated: _____