



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

September 24, 2020

Mrs. Rhenda Hodnett, Ph.D.
Assistant Secretary
Division of Child Welfare
Louisiana Department of Child and Family Services
P.O. Box 3318
Baton Rouge, Louisiana 70802

Dear Assistant Secretary Hodnett:

Thank you for submitting Louisiana's Annual Progress and Services Report (APSR), including the annual report on the use of funds under the Child Abuse Prevention and Treatment Act, and the CFS-101 forms requesting funding for fiscal year (FY) 2021 to address the following programs:

- Title IV-B, subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, subpart 2 (MaryLee Allen Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant) of the Act;
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant;
- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program); 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 facilitates continued assessment, development, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state's strategic planning around use of federal funds with its work relating to the Child and Family Services Reviews and continuous program improvement activities.

Approval

The Children's Bureau (CB) has reviewed your APSR for FY 2021 and the annual report on the use of CAPTA funds and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2021 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee; and ETV programs. For the Chafee program, your state has elected to serve eligible youth up to age 23.

Counter-signed copies of the CFS-101 forms are enclosed for your records.

The Administration for Children and Families' Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information, which will be sent to the email address listed on the FY 2021 CFS-101s. Please note that OGM requires grantees to submit additional annual financial reports, using the form SF-425, according to the terms and conditions of the award.

Training Plan

This approval for the FY 2021 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee; and ETV programs does not release the state from ensuring that training costs included in the training plan and charged to title IV-E of the Act 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(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2020 caseworker visit data must be submitted to the Regional Office by December 15, 2020. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Janis Brown, Child Welfare Regional Program Manager in Region 6, at (214) 767-8466 or by e-mail at janis.brown@acf.hhs.gov. You also may contact Lara Phillips, Child and Family Program Specialist, at (214) 767-9380 or by e-mail at lara.phillips@acf.hhs.gov or Nanette Bishop, Child and Family Program Specialist, at (214) 767-5241 or by email at nanette.bishop@acf.hhs.gov.

Sincerely,



Jerry Milner
Associate Commissioner
Children's Bureau

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Janis Brown, Child Welfare Regional Program Manager; CB, Region 6; Dallas, TX
Lara Phillips, Child and Family Program Specialist; CB, Region 6; Dallas, TX
Nanette Bishop, Child and Family Program Specialist; CB, Region 6; Dallas, TX

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

**2020
Annual Progress and Services Report
(APSR)**

STATE OF LOUISIANA
2020 Annual Progress and Services Report

TABLE OF CONTENTS	
SECTION	PAGE
SECTION 1: COLLABORATION AND VISION	3
Introduction	3
Collaboration	3
Vision	22
SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES	23
Data Sources and Data Analysis	24
Systemic Factors	31
SECTION 3: PLAN OF ENACTING THE STATE’S VISION	87
Goals, Objectives, and Overall Strategy for Improvement	87
CFSR/PIP Goals	87
Update on Assessment of Outcomes/Plans for Improvement	91
Measures of Progress	99
Staff Training, Technical Assistance and Evaluation	101
Implementation Supports	104
SECTION 4: SERVICES CHILD AND FAMILY SERVICES CONTINUUM	105
Service Coordination	124
Service Description	125
Stephanie Tubbs Jones Child Welfare Services Program, Title IV-B, Sub-Part 1	126
Promoting Safe and Stable Families (PSSF), Title IV-B, Sub-Part II	134
Monthly Caseworker Visits	139
Additional Services	143
Adoption Savings	144
SECTION 5: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES	145
SECTION 6: JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD	149
Education and Training Vouchers	151
Collaboration with Tribes	158
SECTION 7: UPDATES ON TARGETED PLANS WITHIN THE 2020 – 2024 CFSP	158
Foster and Adoptive Parent Diligent Recruitment Plan	158
Health Care Oversight and Coordination Plan	168
Disaster Plan	177
Training Plan	177
Child Abuse Prevention and Treatment Act (CAPTA)	195
SECTION 8: COVID - 19 PANDEMIC STATE RESPONSE	240
APPENDICES	
APPENDIX A: DCFS ORGANIZATIONAL CHARTS	
APPENDIX B: TRAINING CHART	
APPENDIX C: BUDGET INFORMATION/SF 425 FORMS	
APPENDIX D: DISASTER PLANS	
APPENDIX E: ANNUAL REPORTING OF STATE EDUCATION AND TRAINING VOUCHERS	
APPENDIX F: CONTINUOUS QUALITY IMPROVEMENT PROCEDURES MANUAL	
APPENDIX G: COVID – 19 PANDEMIC STATE RESPONSE MEMORANDA	

STATE OF LOUISIANA
2020 Annual Progress and Services Report

SECTION 1 – COLLABORATION AND VISION:

A. INTRODUCTION: The Department of Children and Family Services (DCFS) is the state agency designated to administer and supervise the administration of child welfare services in Louisiana. DCFS provides comprehensive social services and child welfare programs:

- Centralized Intake (receipt of reports of child abuse and/or neglect),
- Child Protective Services,
- Family Services (in home preventive and preservation services),
- Foster Care,
- Services to Parents (for parents of children in Foster Care),
- Home Development (services to foster and adoptive parents including recruitment, certification and retention of foster/adoptive families),
- Adoption,
- Adoption Subsidy,
- Extended Adoption Subsidy,
- Adoption Petition,
- Guardianship Subsidy,
- Extended Guardianship Subsidy,
- Interstate Compact on the Placement of Children
- Kinship Navigator,
- Transitioning Youth/Independent Living,
- Extended Foster Care

The services are provided through administration of several federal programs and grants:

- Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1)
- Mary Lee Allen Promoting Safe and Stable Families (Title IV-B subpart 2)
- Title IV-E of the Social Security Act
- Chafee Foster Care Independence Program
- Education and Training Voucher Program
- Child Abuse Prevention and Treatment Act Grant (P.L. 104-235)

The organizational structure of DCFS includes an administrative office in Baton Rouge, 9 regional offices and 48 parish offices. Services are available in all 64 parishes of Louisiana, with some parish offices covering more than one parish.

B. COLLABORATION: DCFS remains committed to the involvement of stakeholders in the development and improvement of service delivery. To demonstrate this commitment, the department will continue to engage in collaborative processes, and some of the most significant stakeholders are as follows:

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

STATE OF LOUISIANA 2020 Annual Progress and Services Report

The Louisiana Court Improvement Project (CIP), DCFS and other key stakeholders have given priority to several concerns. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, juvenile courts and state and parish agencies is required to comply effectively with state and federal mandates. The CIP and the DCFS are working together to achieve the following objectives:

Enhance Collaboration: The Pelican State Center for Children and Families (Pelican Center) supports best practice and collaboration among stakeholders serving families and children. (Please refer to the training portion of this plan for additional information on the Pelican Center). The CIP, Court Appointed Special Advocates (CASA), alliance of state universities and DCFS have collaboratively developed a multi-disciplinary training academy that provides a vehicle for exchange of data, identification of challenges, recognition of promising practices, and strategies for statewide improvement. The annual “*Together We Can*” Conference and other multi-disciplinary and joint trainings provide interdisciplinary education and training

Increase Support for Children and Families: CIP and DCFS continue efforts to decrease the number of children experiencing repeat maltreatment; increase the number of children who have permanency and stability in their living situations; and improve engagement of the entire family, including extended family members, fictive kin and foster parents.

Provide High Quality Legal Processes: CIP and DCFS promote due process in legal proceedings; assure timely, thorough and complete court hearings; and improve judicial performance in courts hearing Child in Need of Care (CINC) hearings through the work of the CIP Judicial Fellow.

Improve Safety Decision-Making: CIP and DCFS will train relevant stakeholders on Louisiana’s Safety Decision Making (SDM) Model, and assess the degree to which an introduction to and training on the topic produces changes in CFSR Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate), and CFSR Item 3 (Risk and Safe Assessment and Management). Collaboration will occur between DCFS and the courts to make concerted efforts to assess and manage the risk and safety concerns that bring children to the attention of the DCFS.

CIP Update FFY 2020: Joint Continuous Quality Improvement (CQI) and CIP meetings were held on October 10, 2019 and March 26, 2020 concentrating on the PIP, CFSR data and the January 2020 Juvenile Judges Conference. Discussion with judges focused on revised safety decision-making measures. Alternatives to removal and court documents were discussed during a meeting on February 20, 2020.

CIP Activities Planned for FFY 2021: Collaborative efforts will continue between DCFS and CIP to improve decision making from a legal perspective:

Reduce foster care entries: ensure consistent use of all available legal options (court ordered safety plans, protective orders, informal or formal FINS, informal adjustment agreements, etc.) to manage safety and prevent children from entering foster care. A workgroup will assist with clarifying available options and ensuring a common understanding among DCFS staff and legal stakeholders. These efforts will include linking families with legal services to address legal challenges families may be experiencing apart from abuse and neglect.

Create court documents and bench cards that reinforce the DCFS assessment model to ensure sound and reasonable inquiries by judges and attorneys. Use existing CIP workgroups, comprised of legal stakeholders and DCFS staff, to develop templates, affidavits in support of Instanter orders, court reports and court orders that reflect core definitions and concepts of the Child Welfare

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Assessment and Decision Making (CWADM) model and incorporate identification of threats of danger, child vulnerabilities, and parental protective capacities.

Support use of newly created documents: CIP staff will collaborate with legal stakeholders to support consistent application of the newly developed affidavit forms, court reports, and orders. CIP staff will also add newly developed affidavit forms, court reports, and orders to the Louisiana Supreme Court website and other websites and resources judges utilize. Existing CIP workgroups will develop and implement judge's bench cards to reinforce safety and risk principles and supports to timely permanence.

Continue Collaboration: Joint CQI and CIP meetings are scheduled for June 25, 2020, September 24, 2020 and November 19, 2020.

Louisiana Department of Education (LDE) and DCFS collaborate on the following issues:

Improving educational outcomes for children in foster care through developing mechanisms for data sharing and local-level collaboration. LDE and DCFS have designated educational points of contact in each school district for improved communication with the local education authorities. These points of contact will continue to address issues specific to the individual school systems and children they serve.

Every Student Succeeds Act (ESSA): LDE and DCFS have done extensive work in developing mechanisms to track and match data to obtain a clearer picture of the educational status of children in foster care. The LDE and DCFS legal teams have been involved in implementation of ESSA to ensure compliance with state laws. Shared training for LDE and DCFS staff continue to be explored and provided as the opportunity arises.

Special Education Advisory Panel (SEAP): LDE and DCFS have gained greater understanding of needs of students eligible for special education through this collaborative effort. A DCFS Manager is an active participant in SEAP to support advocacy and change for children in Foster Care with special needs. SEAP has participants from other state agencies, community/advocacy organizations, families, and past recipients of services from the state's public school special education programs.

Childcare Services for DCFS Clients: Child Welfare (CW) staff work with LDE staff to access childcare services for DCFS clients through the Child Care Development Fund (CCDF) of the Child Care Block Grant (CCBG). The fund provides temporary protective care to children in Child Protective Services (CPS), Family Services (FS) and Service to Parents (SP) programs to prevent removal. It also provides childcare for children in foster care and non-custody children of minor children in foster care to promote placement stability. The partnership in provision of these services for child welfare clients will be an ongoing collaborative.

Early Child Care and Education Commission: DCFS Child Welfare participates in a multidisciplinary legislative commission facilitated by the Louisiana Department of Education. This commission is studying the services provided to children from birth to age three to improve the early development of children in Louisiana.

LDE Update FFY 2020: DCFS continues to work with LDE on education stability. DCFS and LDE met with the DCFS Covington region regarding resources and enrollment concerns for children in surrounding parishes. Livingston Parish is the only parish served and it refuses to enroll children from surrounding parishes. DCFS has also collaborated with LDE to provide services to children in foster care through the federally funded national initiative, "Louisiana Gaining Early

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Awareness and Readiness for Undergraduate Programs” (LA GEAR UP). This program, supported by the U.S. Department of Education, is operational in East Baton Rouge Parish. It provides grants to states or institutions of higher learning to create partnerships with high-poverty middle or high schools. DCFS and LDE have also collaborated to ensure children in foster care have access to the Jobs for America’s Graduates (JAG) program when appropriate.

LDE Activities Planned for FFY 2021: LDE and DCFS liaisons will continue to facilitate local meetings between the local education authorities and CW offices; work through challenges in serving children in foster care and develop resources to meet the unique needs of these children. Efforts will continue to refine the data tracking process and assess the educational performance and needs of children in foster care. DCFS will use the information to plan strategies to improve outcomes for children in foster care. DCFS will continue to conduct State Central Registry Child Abuse background clearances for childcare employees as requested by LDE.

Louisiana Department of Health (LDH) and DCFS collaborate on the following issues:

Medicaid Managed Care Plans: LDH and DCFS work together on contract development and amendments to hold the Medicaid managed care plans and their providers accountable for network sufficiency and positive outcomes for the medical, dental and behavioral health of children and families.

Building Bridges: LDH and DCFS continue to implement the Building Bridges approach in treatment and discharge planning for youth in residential care through weekly meetings to strategize for family finding and family engagement for youth in residential treatment.

Office of Citizens with Developmental Disabilities (OCDD) and Human Services Districts: LDH and DCFS staff coordinate at the state level and with local Human Services Districts to obtain services for developmentally/intellectually challenged children and youth.

Interagency Service Coordination Council (ISCC): LCH and DHH jointly participate in the ISCC, which provides a forum for collaborative service delivery for children and youth with developmental and/or intellectual challenges. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council (SICC) to support advocacy and change for children under the age of three receiving developmental services through the Early Steps Program.

LDH Update FFY 2020: DCFS in partnership with the Office of Behavioral Health completed a technical assistance program for two therapeutic group homes and two non-medical group homes with the objective of enhancing capacity to increase child-centered care. The goals for this outcome included reducing hospital admissions and reducing law enforcement intervention. This technical assistance was possible through a grant obtained by the Annie E. Casey Foundation (AECF).

LDH Activities Planned for FFY 2021: LDH and DCFS will continue efforts to establish managed care medical providers for children in foster care and development of electronic medical records through the managed care organization (MCO) for more effective medical care management. LDH and DCFS will hold joint staffings as needed for children in foster care with extreme circumstances to assure oversight and to assure safe, effective use of psychotropic medications for these children. LDH and DCFS will provide webinar trainings with assistance of a board certified child psychiatrist for foster care staff. Consideration of a tele-psychiatry program

STATE OF LOUISIANA 2020 Annual Progress and Services Report

for a complex cohort of children and adolescents in foster care to address consistency in medication and monitoring.

Comprehensive Addiction and Recovery Act of 2016 (CARA): Quarterly meetings are held with appropriate stakeholders in each region to monitor ongoing efforts and services for substance-exposed newborns, and to monitor compliance with the Plans of Safe Care (POSC). Systemic issues identified in regional meetings are addressed in state level meetings. This work will continue during the next few years.

CARA Update FFY 2020: DCFS staff met with federal partners in September 2018 for a comprehensive review of Louisiana's implementation and ongoing efforts regarding CARA. Regional meetings continued quarterly monitored by Child Welfare Consultants. Systemic issues identified at the regional level were elevated to the state level for consideration. A call with all regional CARA liaisons is held every six months for a progress report. Lake Charles region held a CARA summit in January 2020 (comparable to a public health fair attended by providers and stakeholders). A memorandum of understanding provided for a substance abuse counselor to be housed in the Covington Region Child Welfare beginning in March 2019; this relationship has continued under a contract since July 2019.

CARA Activities Planned for FFY 2021: DCFS will continue to participate on the Governor's Commission on Heroin and Opioid Prevention; monitor plans of safe care through the Regional Quarterly Stakeholder teams; and evaluate each region's need for an in-house substance abuse counselor to provide assessment and treatment referral services.

Heroin, Opioid Prevention and Education Council (HOPE): The state legislature established the HOPE Council to advise the Governor on the opioid epidemic. DCFS Child Welfare serves on HOPE. The HOPE Council developed a website that captures statewide data on the opioid epidemic and provides a comprehensive list of all related initiatives in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee.

HOPE Update FFY 2020: Within the last year, the HOPE Council continued to update the statewide website capturing data related to the opioid epidemic and a comprehensive listing of all opioid related initiatives. The council formed three sub-committees to focus on the areas of impact to the state. These committees include a Health Care Impact, Public Safety Impact, and Community Impact committee. Annually, a report is submitted to the legislature with recommendations to improve response to the epidemic.

HOPE Activities Planned for FFY 2021: The DCFS will continue all activities currently in place, and will continue to submit annual reports to the legislature with recommendations to improve responses to the opioid epidemic.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Office of Juvenile Justice (OJJ) and the DCFS collaborate as follows:

IV-E Eligibility: DCFS Foster Care, IV-E Eligibility and the Federal Benefits Programs work with OJJ to assure IV-E eligibility is determined accurately for children in the custody of the Department of Corrections. This work is ongoing.

Life Skills Training: Foster Care/Transitional Living Program staff and OJJ staff work together to assure eligible youth receive the life skills training needed to function independently as adults. The Department has worked to implement some of the recommendations from the Youth Aging out Task Force, which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center for DCFS and OJJ youth.

Interstate Compact: The OJJ Interstate Compact on Juveniles collaborates with DCFS to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana.

OJJ Updated FFY 2020: A training was held in December with the MOSS group. OJJ, LDH and DCFS topics included how to improve serving children with overlapping issues. Focus groups were held. DCFS and OJJ continue to collaborate regarding providing better wrap around services for families and identifying and providing services that are most appropriate to meet client needs.

OJJ Activities Planned for FFY 2021: Ongoing integrated case management collaboration for dually involved youth.

Federally Recognized Tribes and DCFS collaborate as follows:

Title IV-B and IV-E Eligibility: DCFS Foster Care and Federal Benefits Programs work with the federally recognized tribes in Louisiana to assure Title IV-B and Title IV-E eligibility is determined accurately for children served in Child Welfare programs within the tribes. This work is ongoing.

Life Skills Training: DCFS Transitioning Youth Program staff and tribal liaisons work together to assure eligible youth receive the life skills training needed to function independently as adults. The Department has worked to implement some of the recommendations from the Youth Aging out Task Force, which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center.

Please refer to Section 5: Consultation and Cooperation between States and Tribes for updates and activities planned.

Foster Parents and DCFS Collaborate as follows:

Quality Parenting Initiative (QPI): DCFS implemented QPI statewide as of May 2017. Partnerships Agreement Plans were developed. Foster parents and DCFS staff signed the agreements during FFY 2018 as evidence of commitment to QPI. Annual planning and performance documents include QPI expectations for DCFS staff at all levels.

Initial Client Services: DCFS has developed and implemented processes for initial client service provision such as Comfort Calls and Icebreaker Meetings to foster relationship development between birth parents and foster caregivers.

Foster Parent Support Organization: DCFS finalized the contract for the provider organization for the Foster Parent Support Organization and services began effective July 1, 2019.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Foster Parent and DCFS Collaboration Update FFY 2020: DCFS is fully committed to strengthening partnerships with families and stakeholders by working with them in a respectful, transparent manner. Relationships with foster caregivers is critical to meeting the needs of children in foster care. DCFS continued development of QPI to emphasize the importance of collaboration among DCFS, biological and foster parents. DCFS works diligently to engrain the QPI philosophy into the organizational culture and strives to provide all stakeholders an opportunity to provide feedback on an ongoing basis.

Foster Parent and the DCFS Collaboration Activities Planned for FFY 2021: DCFS is implementing quarterly email surveys of our stakeholders statewide. The purpose of this anonymous survey is to solicit feedback about the department's success in collaborating with others. Each quarter a specific stakeholder group (foster parents; biological parents; older youth in foster care; service providers, etc.) will be surveyed. Foster parents will be the first group of stakeholders surveyed.

Temporary Assistance to Needy Families (TANF) and Child Welfare Collaboration:

DCFS Family Support Division administers the TANF program in Louisiana. As two divisions within the same organization, collaboration between Child Welfare staff and TANF staff is frequent and ongoing. Collaboration between the two entities occurs in two significant areas:

Financial Assistance When Children are in the Home: DCFS Child Protective Services (CPS), Prevention/Family Services (FS) and Foster Care (FC) Program staff work with TANF staff to ensure Child Welfare clients have access to financial assistance programs administered by TANF including food and cash assistance.

Financial Assistance for Non-Certified Relative Caregivers: Foster Care staff frequently collaborate with TANF staff to assist non-certified relative caregivers of children in foster care access the Kinship Care Subsidy Program.

Substance Abuse Treatment: The Residential Care for Pregnant Women and Women with Dependent Children Program serves TANF-eligible women with dependent children currently using addictive substances or with a history of use and are at risk for relapse. This program provides assessment, individual, group and family counseling, trauma informed services, drug education, relapse prevention, case coordination and collateral consultations, as well as a continuum of evidenced-based curriculum designed to help get families back to their best individual level of functioning. It provides residential treatment services to women and their dependent children up to age 12. Services include assessment, individual, group and family counseling, trauma informed services, drug education, relapse prevention, case coordination and collateral consultations, as well as a continuum of evidenced-based curriculum designed to help families function at their highest level.

TANF Update FFY 2020: Child Welfare and TANF staff continued to collaborate.

Activities Planned for FFY 2021: Child Welfare staff will continue collaboration with TANF staff.

Citizen's Review Panels (CRP): For additional information on CRPs, please refer to the CAPTA portion of this plan.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Federal Partners: DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as support from the **Capacity Building Center for States**.

Update FFY 2020: DCFS continued collaboration with federal partners.

Activities Planned for FFY 2021: DCFS will continue collaboration with federal partners.

2. Private Not for Profit Organizations:

Casey Family Programs (CFP): DCFS collaborates with CFP for Judicial engagement and policy and practice improvements to support safety, permanency and well-being for children in their own homes or in foster care. Specific collaborative efforts undertaken with the support of CFP include judicial involvement, planning for implementation of My Community Cares, and development of a training curriculum for supervisors.

CFP Update FFY 2020: The Department continued collaboration and work on the 2020 Work Plan and Progress Report with Casey Family Programs.

Legal representation: DCFS met with CIP, Child Focus, and the American Bar Association (ABA) regarding implementation of interdisciplinary representation, including adding a parent mentor to the legal team in Rapides Parish.

Family Engagement: The Pelican Center for Children and Families hosted a listening circle with birth parents in Caddo parish.

My Community Cares (MCC): DCFS has collaborated with the Pelican Center, Community Build Ventures and CFP Technical Assistance to develop a plan to implement *MCC* in 2020. DCFS provided talking points to the Pelican Center, has met with juvenile court judges in Baton Rouge and with the Urban League of Louisiana to garner support for this initiative. The Pelican Center developed a toolkit called “How to Host a Community Conversation” for distribution to teams promoting *MCC*.

Supervisor Curriculum and Training: CFP provided technical assistance and consultation to operationalize the Principles of Practice, to support development of a curriculum for supervisor training. The team introduced the curriculum to staff in a kickoff meeting that provided an opportunity for staff to provide feedback. The team also consulted with Anthony Ellis, Baton Rouge Regional Administrator, to identify training needs of regional staff to support improve engagement with families.

CFP Activities Planned for FFY 2021: DCFS will continue collaboration and work on the 2020 Work Plan and Progress Report with CFP in the following areas:

- Strengthen legal representation for all parties involved in child welfare to assure fair outcomes;
- Engage First Lady on policies to reduce abuse and neglect and support permanency and well-being;
- Enhance capacity to prioritize and manage high impact strategies in one or more of Casey’s Five Outcome areas, the DCFS Program Improvement Plan and the Family First Prevention and Services Act (FFPSA) Implementation.
- Advance engagement efforts to initiate and accelerate community conversation and collaboration with the child welfare system and multiple stakeholders.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Inform and educate community members and leaders on addressing child and family needs to reduce child abuse and neglect safely.
- Continue support of Quality Parenting Initiative (QPI) integration into practice to improve foster care in Louisiana improving engagement between birth and foster parents.
- Professionalize the child welfare workforce by promote identifying best practices, training needs and key competencies (knowledge, skills and abilities) for front-line staff and supervisors.

Annie E. Casey Foundation (AECF): Focuses on strengthening families, building stronger communities and ensuring access to opportunity. AECF advances research and solutions to overcome the barriers to success, help communities demonstrate what works and influence decision makers to invest in strategies based on solid evidence. DCFS established five workgroups in collaboration with AECF:

- **The Family and Youth Voice and Involvement Workgroup** had three primary goals:
 - Evaluation of certified foster homes – This workgroup revised the certified foster homes evaluation document to allow birth parents and youth to provide information regarding Quality Parenting Initiative practices and the foster parent’s efforts to achieve the case plan goal. The workgroup submitted revision recommendations to the Home Development Unit for finalization.
 - Racial equity and inclusion - This workgroup reviewed and updated two foster care policies and two CPS polices to ensure consideration of racial equity and inclusion. DCFS staff continues to work with stakeholders and birth parents to ensure the policies consider racial equity and include QPI language. The workgroup identified needed changes plans to complete a thorough policy review.
 - Placement stability – This workgroup revised preservation staffing policy to include family and youth voice and involvement. The workgroup conducted a WebEx to introduce the changes to specialized youth workers and youth consultants. The group continues to monitor field staff’s ability to conduct preservation staffings and assure that child welfare consultants are available to lead or participate in preservation staffings. The group plans to develop a report identifying children and youth who experience three or more placements in a given month. The group continues to explore issues and develop strategies to reduce placement moves for youth in foster care.
- **Enhanced Use of Data (EUD) Workgroup** was responsible for identifying valid and reliable data sources to support outcomes-based performance management for older teens in foster care.
 - Data – The workgroup identified available data and areas where data was needed but unavailable. The workgroup collaborated with other workgroups to identify appropriate outcomes for measurement. The collaborating workgroups decided that the outcome reports should focus on how the children and youth are functioning rather than on compliance. The workgroup developed an outcome data report for teens that is to be reviewed and updated every six months. The workgroup circulated the report and finalization is expected soon.
 - Apply performance management principles to improve youth permanency – the workgroup analyzed data to determine where children and youth most frequently

STATE OF LOUISIANA

2020 Annual Progress and Services Report

get ‘stuck’ in foster care and prevent youth from aging out of foster care without a permanent home. The workgroup considered factors such as age, time in foster care, race, reason for foster care entry, etc.

The workgroup, with feedback from the Extended Foster Care (EFC) workgroup, used the data to identify the population of youth to be served by the new youth specialists under the EFC Program. The team developed individualized performance management reports for each workgroup. Workgroup leads provide information to AECF and the DCFS CW Data Unit. The data unit completes and distributes the reports monthly.

The goals of the workgroup have been met, but the workgroup is available to reconvene if necessary.

- **Extended Foster Care (EFC) Workgroup** is responsible for implementing the EFC statute (Act 400) which was signed into law on June 19, 2019. Achievements and activities are described below.
 - Participation - EFC staff are currently serving 144 youth (127 who have aged out of foster care and 17 youth aged 17.5 but not yet 18 in foster care).
 - Adult adoptions – The first 2 adult adoptions are underway and staff are receiving additional referrals.
 - Housing: DCFS has secured 25 housing vouchers from Louisiana Housing Corporation (LHC). DCFS and LCH have entered into memorandum of understanding regarding housing assistance for young adults, parents and families served by DCFS. A person involved in LCH negotiations left the department, causing a delay. To date, DCFS has made one housing referral and two others are pending. Policy is in draft and almost complete to provide the process to secure and approve Host Homes. DCFS continues to meet with multiple housing programs to develop housing resources throughout the state.
 - Staffing: DCFS has hired a WWK recruiter who began work in late September. A recommendation has been made for hiring for an administrative review position. DCFS has held interviews for a Child Welfare Services Assistant position and a Statewide Manager but recommendations have not yet been made. A new supervisor and worker have been hired in Shreveport to become the fifth team.
 - Management: The Youth Villages (YV) Lifeset model continues to be implemented and this supportive model has been well received by the staff and youth. The initial Program Model Review has been completed with favorable results. DCFS is developing the Program Improvement Plan.
 - Youth Advisory Board: The second Youth Advisory Board retreat was held in November and was successful. Work Plans were developed for the year. The Work Plans focus on strengthening and structuring the board, placement instability and legislative efforts. The board and DCFS collaborated to develop a Foster Youth Bill of Rights. AECF arranged for DCFS to get training from Jim Casey regarding group dynamics, ‘managing your own trauma’, and becoming a change leader.
 - Community Involvement: AECF also assisted with visual tools for the board, and helped develop a guide and training (ongoing) to share with community

STATE OF LOUISIANA 2020 Annual Progress and Services Report

organizations or groups that want to have a youth participate on boards or serve in other positions. The training teaches how community organizations can appropriately incorporate the youth's voice and necessary considerations.

- The **Families First Workgroup** collaborated with AECF to develop ways of preventing removal of children and reducing the inappropriate use of group care with a focus on requirements of the Family First Prevention Services Act.
 - Preventing removal – the workgroup studied how to identify the target for Family First Prevention Services based on review of data that informs the definition of candidacy, defining reasonable candidates, deciding what services will help keep families together and children out of foster care. The work centered on identifying evidence based services to prevent removal and understanding procedures for claiming Title IV-E and financial implications.
 - Group care – The Families First Act requires that group care be used only when the child or youth has a specific treatment need that families cannot meet. The residential workgroup developed a comparison of Non-medical group homes (NMGH) and Therapeutic group homes (TGH) with Qualified Residential Treatment (QRTP) Facilities that identified and analyzed data to understand the population of children in residential care and developed a fiscal analysis of the impact Title IV-E funding changes for group care.

- The **Management of Group Care Workgroup** disbanded in July 2019.

- The **Resource Development Workgroup** focused on AECF assistance to Home Development (HD) in the following areas:
 - Outsourcing duties - a work effort analysis was completed to determine which, if any, HD responsibilities could be considered for outsourcing so that HD staff would have additional time to focus on recruitment and retention.
 - Foster home needs – foster caregiver data of open homes, available placements, homes with no placement in 12 months, and placement needs in each region were provided to the regions. Regions did a clean up to determine actual needs for targeted recruitment.
 - Recruitment plans: AECF provided recruitment plan training to all HD staff across the state and assisted all of the regions in developing targeted recruitment plans. AECF is assisting HD in developing a recruitment program enlisting current foster caregivers to assist with recruitment.
 - Targeted recruitment: trained HD consultants in strategies to assist regions with targeted recruitment. AECF provided quarterly consultation to regions on targeted recruitment efforts.
 - Resources for teens: AECF assisted HD in developing a statewide resource listing for foster caregivers of teens, which was provided to all regions to share with caregivers.
 - Pre-service orientation: AECF began work to assist HD in revising pre-service orientation to focus more on needs of homes for teens.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Foster Parent Handbook: AECF is assisting HD in revising the Foster Parent Handbook.

AECF Update FFY 2020: Partnership continued with Annie E. Casey to improve services to youth in care.

AECF Activities Planned for FFY 2021: Continue collaboration with Annie E. Casey to establish best practice in working with youth to reach permanency and to transition safely from foster care.

- AECF will continue assisting HD in developing a statewide-targeted recruitment campaign for homes for teens and older youth scheduled to launch in the fall of 2020.
- Complete work assisting HD in revising pre-service orientation to focus more on needs of homes for teens. Anticipated date of completion is June 2020.

Quality Improvement Center for Workforce Development (QIC-WD):

QIC-WD selected DCFS for a five-year workforce development grant in 2017 to improve the child welfare workforce in Louisiana. The improvement efforts focus on recruiting and selecting applicants who possess the knowledge, skills and abilities needed by child welfare workers, and retaining qualified employees to assure quality service delivery and improved outcomes for children and families. The work continues with exploration and data collection. The QIC-WD leads a team to develop a plan of intervention.

QIC-WD Update FFY 2020:

DCFS Child Welfare began implementation of the Job Redesign with eight teams in Calcasieu, Lafayette and East Baton Rouge Parishes. The Job Redesign and Teaming changed the method for conducting Child Protection Services (CPS), Family Services (FS), Foster Care (FC) Services, and Services to Parents (SP) cases.

The new design consists of a Prevention Team for CPS and FS cases and a Permanency Team for FC and SP cases. The Prevention Team consists of one supervisor, three CPS and two FS case managers along with one Team Specialist, who acts as administrative support to the Prevention Team. The Team Specialist performs duties classified as administrative casework duties, while the other Prevention Team members focus on clinical casework, prevention and preservation of family teams. The Permanency Team is comprised of two teams of FC and SP workers who work in teams of one FC worker and one SP worker. These teams emphasize assessing and meeting the primary needs of parents and children.

The Implementation Team developed a detailed plan that included all aspects of implementing, training, evaluating and supporting the intervention. The first Prevention and Permanency Teams were implemented on June 10, 2019.

Significant findings or events during this reporting period: The implementation team held three kickoff meetings and three focus groups. The team also provided 14 training sessions, conducted one survey, developed an On-the-Job training manual for team specialists, conducted two time studies, and did video interviews with original prevention and permanency staff members to gather information for subsequent teams. The first time study revealed that Permanency Team

STATE OF LOUISIANA 2020 Annual Progress and Services Report

members were spending more time on administrative duties than on meaningful interventions with families. Results of the second time study are pending.

QIC-WD Activities Planned for FFY 2021: A Program Improvement Plan (PIP) extension request has been submitted regarding the following activities: Create court documents that reinforce the Department's assessment model; Utilize the existing Court Improvement Program (CIP) workgroups, comprised of legal stakeholders and DCFS staff, to develop templates, affidavits in support of Instantner orders, etc.; Add court forms/templates and instructions into DCFS policy; As policies/forms are modified, ensure communication of all changes and expectations related to such are communicated through DCFS monthly policy webinars that are held with all Child Welfare staff; DCFS Program staff to collaborate with Regional DCFS Attorneys to ensure consistent application of policy/form/court report changes; and, CIP staff to collaborate with legal stakeholders to support the latter. (See extension request for additional details.)

Braveheart Foundation by serving on the Board of Directors and meeting with the organization monthly. Braveheart is a Baton Rouge based organization that raises awareness of foster care by enlisting the assistance of many community organizations, church groups, businesses and individuals to develop Braveheart's plan for supporting children entering foster care. DCFS staff serve on the Board for Braveheart and meet with the foundation monthly.

Children entering care: Braveheart provides backpacks to local DCFS offices statewide for children entering care. The backpacks contain comfort items and some essentials.

Life books: Braveheart provides life books for children and youth in foster care.

Christmas gifts: Braveheart provides Christmas gifts that are meaningful to children and youth.

Older youth in foster care: Braveheart is working with DCFS to develop options for supporting work with older youth preparing for independence, and collecting items more specific for youth in need such as a microwave oven for a youth transitioning to college.

Braveheart Foundation Update FFY 2020: DCFS continued to meet monthly with the Braveheart Foundation; Braveheart continued to provide backpacks, life books and Christmas gifts for children in foster care. Braveheart took steps to assure that the items purchased for children in foster care were meaningful and specific to the individual child's desires and needs.

Braveheart Foundation Activities Planned for FFY 2021: Braveheart will work with DCFS to revamp life books so that the process of creating a life book is more therapeutic for the children and youth. Braveheart will work with Chase Bank to identify a program to serve our youth to promote and educate youth regarding financial stability.

Crossroads NOLA (New Orleans, LA) [Crossroads]. Crossroads is a faith-based organization affiliated with the Louisiana Baptist Association. The following collaborative activities are ongoing:

Training: Crossroads offers an annual statewide training for foster parents, community partners and DCFS staff through an Empowered to Connect Training simulcast. In partnership with the Louisiana Child Welfare Training Academy (CWTA), Crossroads was instrumental in the initiation, organization and dissemination of Trust Based Relational Intervention (TBRI) training.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Crossroads offers TBRI training around the state for foster caregivers, residential providers, DCFS staff, legal partners, and other stakeholders.

Foster Caregiver Support: Crossroads assists with a wide variety of recruitment, training and support efforts for foster/adoptive parents including orientation and support groups for foster caregivers.

Community Outreach: Crossroads works with the community to develop supports for foster caregivers, and is developing plans for outreach in the New Orleans area to support current caregivers and exploring other opportunities to be a community resource for families involved with the child welfare continuum of services.

Crossroads NOLA Update FFY 2020: Crossroads and Louisiana Baptist Children’s Home (LBCH) offered trainings to foster parents, community partners and DCFS staff statewide through an Empowered to Connect Training simulcast.

Crossroads in partnership with CWTA offered monthly TBRI training to foster parents, stakeholders, the legal system and DCFS staff. Crossroads has continued to assist DCFS with the recruitment, training and support of foster/adoptive parents. DCFS staff trained Crossroads to present “A Journey Home” pre-service training.

Crossroads NOLA Activities Planned for FFY 2021: DCFS will continue the partnership with Crossroads in recruitment, training and supportive services to foster parents in the Orleans and Covington regions. Crossroads plans to work with DCFS to implement pre-service training for foster families recruited by Crossroads. Crossroads will continue to provide TBRI training statewide.

Louisiana Baptist Children’s Home (LBCH). LBCH is a faith-based organization affiliated with the Louisiana Baptist Association. The following collaborative activities are ongoing:

Foster home development: LBCH recruits basic and specialized foster homes to meet the unique care needs of children in foster care for DCFS. LBCH also has a foster care community of individual foster homes in Monroe that provide placements for children in DCFS custody. LBCH is a licensed child-placing agency, and it licenses and maintains these foster homes. LBCH does training and licensing for both DCFS homes as well as private foster homes for the Baptist faith community.

Training: LBCH presents pre-service orientation for the families they recruit. LBCH and Crossroads NOLA offered training to foster parents, community partners and DCFS staff statewide through an Empowered to Connect Training simulcast.

Home Studies: LBCH completes home studies on the families they recruit, and DCFS makes the certification decision and certifies as appropriate for homes that are not in the LBCH licensed community.

Support to Foster Families: LBCH provides ongoing support to foster families through individual support and monthly support group meetings. LBCH also works with faith-based and community organizations throughout the state to develop support services for foster caregivers and children in foster care.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

LBCH Update FFY 2020: LBCH continued to recruit foster caregivers within the faith-based community, to offer supportive services to foster parents, and assist with the recruitment, retention and training of foster and adoptive parents.

LBCH Activities Planned for FFY 2021: DCFS will continue the partnership with LBCH for recruitment, retention, training and supportive services to foster parents

Empower 225 (Formerly known as Healing Place Serve of Baton Rouge). Empower 225 is a faith-based organization affiliated with Healing Place, a Baton Rouge non-denominational church. Healing Place Serve changed the name to Empower 225 and created a website <https://empower225.org>. The organization's mission is to empower youth in the capital region who are at-risk of homelessness and dependency to reach their highest potential through educational support, life-skills training (Empower 225 is an Independent Living contract provider), career preparedness, housing and mentorship. The following collaborative activities are ongoing:

Human trafficking: Empower 225 provides services to human tracking survivors and provides training to other organizations that provide services to human tracking survivors.

Leadership and life skills: The Empower 225 Leadership Academy has a goal of help youth have a career with a livable wage through job training and secondary education. It assists youth to achieve a high school diploma or equivalent. The academy teaches life skills to help youth succeed relationally and professionally.

Housing: Empower 225 provides housing for males age 16 to 21 who are at risk of homelessness through Anchor House, an eight bed family-style home.

Foster Care/Adoption Initiative: Empower 225 provides awareness and advocacy for youth in care and available for adoption. The organization recruits foster and adoptive parents through the traveling Louisiana Heart Gallery (LHG) display, a collection of pictures and information about youth available for adoption.

Training and support: Empower 225 provides training and support for foster caregivers and birth parents. DCFS has trained Empower 225 volunteers to present 'A Journey Home' pre-service training. The volunteers are working with DCFS to present pre-service training to the families they recruit.

Empower 225 Update FFY 2020: DCFS and Empower 225 continued the collaborative activities noted above.

Empower 225 Activities Planned for FFY 2021: Continue to collaborate with Empower 225 to provide service and support to children, families and DCFS staff.

(For additional information on Empower 225, please refer to the Program Evaluation section of this plan.)

Louisiana Foster and Adoptive Parent Association (LFAPA). Collaborative efforts with LFAPA include the following:

Supportive services to foster parents: LFAPA provides general support to foster parents through local associations and provides grants, scholarships and trainings for foster parents. The organization provides specific support to foster parents experiencing abuse or neglect allegation through the Louisiana Advocacy Support Team (LAST).

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Recruitment: LFAPA also assists in recruitment of new foster parents.

Final LFAPA Update FFY 2020:

DCFS has ended its contract with LFAPA, but LFAPA continued to provide support to local foster parent associations, as needed. LFAPA also continued to provide supportive services to foster parents who experienced an allegation of abuse/neglect until 2019 when the LAST line was discontinued due to budget constraints. LFAPA also participated in the 2019 Together We Can Conference

LFAPA/FCSO Activities Planned for FFY 2021: DCFS ended the contract with LFAPA and entered into a contract with the Louisiana Methodist Foster Care Services in October 2019 to provide, develop and oversee support services statewide through to DCFS foster caregivers through the Foster Care Support Organization (FCSO). FCSO will work with local foster caregiver support organizations, including local foster parent associations, faith-based organizations and non-profit groups to ensure that foster caregivers throughout the state receive the support they need. In areas of the state that do not have local support organizations, the state Foster Care Support Organization (FCSO). The FCSO will work with local organizations to establish or enhance monthly support groups for foster caregivers; develop and implement foster caregiver peer mentor programs; provide a website for foster caregivers to connect them to community resources; collaborate to create and implement a conflict resolution process for foster caregivers; assist with recruitment efforts of foster caregiver homes; provide guidance and support to local support organizations in meeting specific needs of foster caregivers; and work in conjunction with Louisiana Fosters to connect community partners and resources to children in need and the families that care for them.

James Samaritan (Formerly known as James Storehouse Louisiana) [JS], a non-profit organization in the Covington Region. It has been supporting the foster care system for eight years, and works with churches, volunteers, foster families, children in foster care and youth who have aged out of foster care. Collaboration between James Samaritan and DCFS includes the following areas:

Resources: JS provides appropriate beds to support placements of children in foster care and necessities for foster parents who lack financial resources.

Recreation: JS provides sports uniforms and fees so children in foster care can participate in extracurricular activities.

Transitioning youth: JS has implement Open Table, a relationship building program to transform how youth transition by helping them identify and achieve their goals.

Family visitation and event venue: JS has opened a Family Center to create a safe environment for family visits, parties and other events.

JS Update FFY 2020: James Samaritan recently created a community care portal that allows DCFS staff to submit a request for material goods and the request goes to all providers in the area who and allows providers to respond and assist with the request. The portal currently in pilot phase in some regions. JS also hosted several events for foster families such as a retreat for the youth leadership team, a fall festival, a respite event, a Thanksgiving feast, and a Christmas party. JS also expanded Open Table to create success and resources for youth in foster care or exiting foster care.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

JS Activities Planned for FFY 2021: DCFS will continue collaborating with JS to serve children, youth and families involved with the foster care system.

Louisiana Heart Gallery (LHG) and DCFS collaborate to recruit adoptive homes for children who available for adoption in Louisiana by providing professional portraits and videos. Children throughout the state attend events to have a portrait and video. The videos and portraits are placed on AdoptUSKids, DCFS, social media and LHG websites, and are featured on America's Kids Belong.

LHG has started 'Mom's Coffee Break' support groups in East Baton Rouge, Ascension and Livingston parishes.

LHG Update FFY 2020: DCFS adoption staff continued working with LHG to obtain professional photographs and videos of children in care who are free for adoption. The photos and videos are uploaded to the LHG website, which can be accessed through the AdoptUSKids website.

LHG Activities Planned for FFY 2021: DCFS will continue to collaborate with LHG to obtain professional photographs, videos and utilize the gallery as a recruitment tool.

One Heart NOLA (OHN), a faith-based, 501c3, non-profit organization serving the Greater New Orleans area. The OHN mission is to demonstrate the love of God by providing necessary resources to children and families in crisis. DCFS and OHN collaborate on the following projects:
Placements: OHN locates placement resources that allow siblings in foster care to remain together, and provides beds for children who need them.

Reunification: OHN provides necessities that might delay reunification without items provided by OHN.

Education: OHN assists with senior high school expenses, provides college scholarships and other support to help children in foster care graduate from high school and post-secondary education.

Foster Care Alumni: OHN provides financial assistance to youth from age 18 to 24 who have aged out of the foster care.

OHN Update FFY 2020: One Heart NOLA provided tuition for 100 teens and young adults (17-24 years old) who were in or had aged out of foster care the opportunity to attend Dave Ramsey's Financial Peace University at no cost. This training provides nine sessions of information on budgeting, managing money, avoiding debt, planning for future investments, retirement and other important lessons financial information for youth.

OHN Activities Planned for FFY 2021: DCFS will continue to collaborate with OHN to keep siblings together, provide necessities for to support reunification for families, offer college scholarships for youth cover senior high school expenses and assist children and families as needed.

www.AdoptUsKids.org website, which provides photo listing of children who are available for adoption and have no identified adoptive resource. The website also features certified adoptive

STATE OF LOUISIANA 2020 Annual Progress and Services Report

families. A contract with the Adoption Resource Exchange Network makes this website available. A program manager at the state level serves as liaison between families who have expressed interest in a child and the child's adoption worker.

AdoptUSKids Update FFY 2020: DCFS explored additional services available through AdoptUSKids and identified several services not in use: a Speakers Bureau to assist with recruitment and retention of foster families; localized infographics and public service announcements (PSAs); training and consultation for adoption and adoption subsidy workers.

AdoptUSKids Activities Planned for FFY 2021: Adoption staff will continue work with the Louisiana Heart Gallery to ensure that pictures are taken of all appropriate children and posted on the AdoptUSKids website; continued exploration of additional services available through the website; develop a plan for registering certified caregivers interested in adoption on the website; contact the website about PSAs to increase awareness of the need for families; formalize a plan with the website to develop a Louisiana Speaker's bureau to assist in recruitment of adoptive caregivers for sibling groups and older youth.

Louisiana Adoption Advisory Board (LAAB) is a long-time partner of DCFS in providing a mechanism for networking among professionals involved in various aspects of the adoption continuum.

LAAB Update FFY 2020: DCFS participated in LAAB's Annual Conference.

LAAB Activities Planned for FFY 2021: Continue to collaborate with DCFS in providing a mechanism for networking among professionals in various aspects of the adoption continuum.

Eckerd on implementation of the Eckerd Rapid Safety Feedback (ERSF) model to reduce the incidence of substantiated fatalities or near fatalities for children already known to DCFS (defined as having a prior report regardless of the final finding or service delivery within a 24-month period) through staffings on high risk CPS cases.

Eckerd Update for FFY 2020:

Framework: The Eckerd process is framed around a teamwork and mentoring approach of shared responsibility on critical cases.

Process: The ERSF uses predictive analytics to identify cases with a high likelihood of a poor outcome. An ERSF reviewer or Child Welfare Manager reviews identified cases.

Staffings: Cases staffed by a Child Welfare Manager follow the normal office procedures for staffing high-risk cases. ERSF staffings follow a quality assurance, proactive approach to discussion and assessing cases to address safety-related issues actively on the most "at risk" population.

Process: Eckerd continued to provide guidance and assistance, including site visits, data evaluation, observing and rating cases for review. Eckerd provided training to enhance the capacity of DCFS supervisors and managers in reviewing and staffing high-risk cases. In November 2019, Eckerd began providing in person training to CPS and FS supervisors and managers that focused on coaching in staffing process to help front line staff develop critical thinking and problem solving skills and identify action steps that could improve the safety of involved children.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Results: Only 13% (19 cases) of the Eckerd reviews resulted in subsequent investigation. Eckerd reviews ended in September 2019.

Eckerd-Like Activities Planned for FFY 2021: DCFS is identifying high risk CPS cases through the ACCESS system and managers are holding high risk staffings on identified cases.

Wendy's Wonderful Kids (WWK) of the Dave Thomas Foundation. WWK is a grant program funds specialized recruiters in each region to find child specific placements for hard-to-place populations of children.

WWK Update FFY 2020: Partnership continued with the Dave Thomas Foundation. As of December 2019, the specialized youth recruiter had matched two young adults with adoptive families.

WWK Activities Planned for FFY 2021: The WWK Program will continue to recruit in each region using all recruiters and the supervisor. WWK data and trends will continue to be analyzed to improve outcomes for children and youth. WWK recruiters will present their roles and responsibilities to staff in each region and collaborate with FC to identify needs for individualized trainings with FC Units. (Please see the Service Array and Foster Home Recruitment section for more detail.)

The stakeholders mentioned are only some of the core groups with whom DCFS regularly collaborates in serving the children and families touched by the department. Throughout the plan, you will find additional information regarding other key stakeholders such as the Family Resource Centers funded through the Promoting Safe and Stable Families Grant and the Independent Living Skills providers funded through the Chafee Grant. Collaboration with these stakeholders is discussed within areas of the plan focused on those grants.

Development of the 2020-2024 Child and Family Services Plan (CFSP): DCFS consulted with federal partners on the development of the CFSP and the Program Improvement Plan (PIP) for the state's Child and Family Services Review (CFSR). Consultation occurred during a site visit from March 26 through 28, 2019, a visit on May 17, 2019, and by phone calls and e-mail correspondence. During the consultations, DCFS provided information on the department's approach long term planning. The strategy involved continuing initiatives started as part of the state's PIP, available data resources through DCFS and stakeholders and incorporation of the child welfare principles of practice.

To prepare for this five year planning cycle, DCFS engaged various stakeholders such as Louisiana Court Improvement Project (CIP) and the Annie E. Casey Foundation in the development of the PIP and the CW principles of practice, which were used as the foundation of the five-year plan.

Through the state and regional levels of the CQI processes, various stakeholders are involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps. Stakeholder involvement occurs on an ongoing basis throughout the year through the CQI process; collaboration with the Family and Juvenile

STATE OF LOUISIANA

2020 Annual Progress and Services Report

Court Judges' Association; the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance and, the Pelican Center; and, work with the CIP.

The incorporation of the work completed through the PIP process, which involved many stakeholders, was core to CFSP development. The stakeholders involved in the PIP process were legal and judicial partners, the CIP, CASA, tribes, frontline workers, Community-Based Child Abuse Prevention agencies, Children's Justice Act grantees, service providers, faith-based partners, community organizations, representatives of state and local agencies, youth, foster caregivers, parents and other partners. The ongoing collaboration with these entities to implement the PIP and measure change in practice will continue in planning over the next five years and in monitoring the effectiveness of overall department progress in client service delivery.

CHILD WELFARE VISION STATEMENT:

The Division of Child Welfare within DCFS has many guiding principles, which influence the way Louisiana citizens are served. Provided below are the mission, vision and values statements guiding both DCFS overall and Child Welfare specifically. All of these principles are synthesized in the six Principles of Child Welfare Practice, which most directly influence the daily actions of Child Welfare staff. The prioritization of work efforts within the Child Welfare programs and management of staff activities is guided by the four Child Welfare Priorities. Additionally, both state and federal data are utilized in Child Welfare decision-making processes.

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

DCFS Vision: Safe and Thriving Families and Individuals.

DCFS Values:

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

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

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

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

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

STATE OF LOUISIANA

2020 Annual Progress and Services Report

Child Welfare Priorities:

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

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

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

The 2020-2024 CFSP was posted on the DCFS website after approval by the Administration for Children and Families/Children’s Bureau. The 2020 APSR will be posted on the DCFS website after approval by the Administration for Children and Families/Children’s Bureau.

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES:

The department has demonstrated the following seven federal outcome indicators are being positively impacted by implementation of the activities in the Louisiana PIP, which became effective May 31, 2019. The department has taken the action steps outlined in the plan based on an analysis of the data collected/received during the PIP process, Louisiana’s Data Profile reports provided by the Children’s Bureau, the CQI case review process, DCFS information system reports and stakeholder input.

RELATED FEDERAL OUTCOME MEASURES:

- **Safety Outcome 1:** Children are first and foremost, protected from abuse and neglect; and
- **Safety Outcome 2:** Children are safely maintained in their own homes whenever possible and appropriate.
- **Permanency Outcome 1:** Children have permanency and stability in their living situations.
- **Permanency Outcome 2:** The continuity of family relationships is preserved for children.
- **Well-being Outcome 1:** Families have enhanced capacity to provide for their children’s needs.
- **Well-being Outcome 2:** Children receive appropriate services to meet their educational needs.
- **Well-being Outcome 3:** Children receive adequate services to meet their physical and mental health needs.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

DATA SOURCES AND DATA ANALYSIS:

Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect.

Case Review Item 1: Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren), within time frames established by agency policies or state statutes:

Item 1	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	20	27	24	29	
Number of Total Applicable Cases	29	33	31	36	
Performance (%)	69.0% Baseline 80.0% (Goal)	81.8%	77.4%	80.6%	

Item 1 Progress: Louisiana improved performance of timeliness with at least one victim or caregiver on initiating investigations of Reports of Child Maltreatment and exceeded the PIP goal of 80% by 1.8% in reporting period one with 27 of the 33 applicable cases reviewed rated as a strength. The state experienced a decline in reporting period two of the targeted goal of 80% by - 2.58% indicates 24 of the 31 applicable cases reviewed rated a strength. The state experienced an increase in reporting period three and reached the targeted goal with 29 of the 36 applicable cases rated a strength.

Safety Outcome 2 – Children are safely maintained in their homes whenever possible.

Case Review Item 2: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

Item 2	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	3	8	13	16	
Number of Total Applicable Cases	37	37	41	38	
Performance (%)	8.1% Baseline 13.9% (Goal)	21.6%	31.7%	42.1%	

Item 2 Progress: Louisiana improved performance in providing services to the family to prevent children’s entry into foster care or re-entry after reunification and exceeded the PIP goal by 13.5% in reporting period one with eight out of the 37 applicable cases reviewed rated a strength. The state had continued progress with this item in reporting period two and reporting period three with a 10% increase from reporting period two with 13 of the 14 applicable cases reviewed rated a strength and, an additional 10.4% increase in reporting period three with 19 of the 38 cases rated a strength. Louisiana experienced an overall improvement of 28.2% from the target goal through reporting period three.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Case Review Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Item 3	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	9	9	26	27	
Number of Total Applicable Cases	65	65	72	72	
Performance (%)	13.8% Baseline 19.3% (Goal)	13.8%	36.1%	37.5%	

Item 3 Progress: Louisiana’s performance remained the same in making concerted efforts to assess and address the risk and safety concerns related to the child(ren) in their own homes or while in foster care in reporting period one. The state exceeded the PIP goal in reporting period two by 22.3% with 26 of the 72 applicable cases reviewed rated a strength. The state continued to exceed the baseline goal in reporting period three with a 23.7% increase and 27 of the 72 cases rating a strength.

Permanency Outcome 1-Children Have Permanency and Stability in their living situations.

Case Review Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

Item 4	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	35	29	34	31	
Number of Total Applicable Cases	40	40	44	43	
Performance (%)	87.5% Baseline 94.2% (Goal)	72.5%	77.3%	72.1%	

Item 4 Progress: The state has experienced fluctuations in progress with regard to ensuring the child in foster care is in a stable placement and any changes in the child’s placement were in the best interests of the child and consistent with achieving the child’s permanency goal. There was a 15% decrease from the baseline for reporting period one. Louisiana’s performance rating for the reporting period was 72.5% with 29 of the 70 applicable cases rating a strength. However, the state experienced a slight increase of 4.8% in reporting period two with 34 of the 44 applicable cases rating a strength (77.3%); but experienced a decline of 5.2% between reporting period two and three with 31 of the 43 cases rating a strength (72.1%). The gap between the baselines for the state through reporting period three is -15.4% from the baseline. The CQI team held discussions with field staff during regional exit meetings to obtain feedback regarding the challenges in this area of practice and ideas to improve performance.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Case Review Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Item 5	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	25	26	27	22	
Number of Total Applicable Cases	39	40	44	43	
Performance (%)	64.1% Baseline 73.9 (Goal)	65%	61.4%	51.2%	

Item 5 Progress: Louisiana had a slight increase of .09% from the baseline to reporting period one with establishing appropriate permanency goals for the child in a timely manner with 26 of the 40 applicable cases reviewed rated a strength. However, the state experienced an overall decline from the baseline goal of 12.9% through reporting period three. This item remains below the PIP goal. The CQI team held discussions with staff during regional exit meetings to obtain feedback with regard to challenges in this area of practice and ideas to improve performance.

Case Review Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Item 6	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	10	11	19	12	
Number of Total Applicable Cases	40	40	44	43	
Performance (%)	25% Baseline 33.8% (Goal)	27.5%	43.2%	27.9%	

Item 6 Progress: Louisiana has consistently exceeded the baseline with progress towards making concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child. There was an increase in reporting period two of 18.2% from the baseline; however, a decrease occurred in reporting period three with a difference of 2.9% from the baseline goal with a rating of 27.9%. The state has met the goal through reporting period two.

Permanency Outcome 2 – The continuity of the family relationships and connections is preserved for children.

Case Review Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 7	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	30	20	26	31	
Number of Total Applicable Cases	16	29	32	25	
Performance (%)	53.3% Baseline	68.9%	81.3%	80.7%	

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Item 7 Progress: Placement with Siblings – Louisiana scored 80.65% in efforts to ensure siblings in Foster Care are placed together through reporting period two. There were 19.35% cases with an area needing improvement. Among those cases receiving ANI ratings in reporting period two, 33% or 2 of the 6 cases were attributed to a lack of resources. In the remaining four cases, ANI trends were due to the Agency not making concerted efforts to search for placements willing to accept siblings (33%), and the Agency not making ongoing concerted efforts to explore whether sibling placements were an option when previous reasons existed for sibling separation (33%). In reporting period three there were six cases (19.6%) rated as Area Needing Improvement for this item. In all six cases, the Agency did not make concerted efforts to search for placements willing to accept siblings. In these cases, there was no valid reason for the child’s separation from the siblings.

Case Review Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

Item 8	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	13	11	20	12	
Number of Total Applicable Cases	38	34	37	30	
Performance (%)	34.2%	32.3%	54.1%	40.0%	

Item 8 Progress: Visiting with Parents and Siblings in foster care – Only 20 of the 37 applicable cases received a strength rating (54.05%) for reporting period two. There were 45.95% with an area needing improvement. In reporting period three 12 of the applicable cases received a strength rating (40%). The overall strength rating improved through reporting period three. The majority of the Item 8 ANI ratings in reporting period two can be attributed to the frequency of sibling visits as well as the frequency of parent child visits. In 53% of the 17 cases rated as an area needing improvement, the frequency of siblings visit as well as parent child visits was insufficient. The frequency of visits with mothers was insufficient in 59% (10) of cases with ANI ratings. The ANI ratings for this item in reporting period three are attributed to the frequency and quality of visits with parents and siblings. In regards to the frequency of visits, in 39% of the 18 cases the frequency of visits with mothers was not sufficient to maintain or promote the continuity of the relationship, while the frequency was not sufficient in 44 % of the fathers’ cases and 33% of sibling visits. The quality of visits in the 18 ANI cases was not sufficient in 39% of sibling visits, 27% of visits with mothers and 17 % for fathers.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Case Review Item 9: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

Item 9	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	23	26	27	27	
Number of Total Applicable Cases	39	39	42	41	
Performance (%)	59% Baseline	66.7%	64.3%	65.9%	

Item 9 Progress: Preserving connections – Louisiana made an effort to maintain the child’s connection with a strength rating of 65.85% for the applicable cases in reporting period three. There were 34.15% with an area needing improvement. The overall strength rating improved by 5.39%. During reporting period two, ANI ratings show that Louisiana did not make concerted efforts in this item with 14 of 15 cases (93%) being rated as areas needing improvement. In three of the 15 cases, sufficient inquiry to determine membership or eligibility in federally recognized tribes was not made when there was evidence of possible eligibility. In this item, 14 of 41 applicable cases were rated as Area Needing Improvement for 34.2 % in reporting period three. The ANI ratings in these cases can all be attributed to Louisiana not making concerted efforts to maintain children’s important connections.

Case Review Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Item 10	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	24	25	31	31	
Number of Total Applicable Cases	40	38	43	43	
Performance (%)	60% Baseline	65.8%	72.1%	72.1%	

Item 10 Progress: Relative Placement – Louisiana scored 72.09% for the applicable cases in its efforts to ensure children in foster care are placed with relatives in reporting period three. The state received a 27.91% in areas needing improvement. The overall strength rating improved by 12.09% for reporting period two. In the 12 cases rated as Area Needing Improvement, the majority of the ratings were due to a lack of efforts to evaluate maternal and paternal relatives. There were 9 instances where maternal relatives were identified but not evaluated and 10 instances in the 12 cases where paternal relatives were not evaluated. During reporting period three, 12 cases were rated as Area Needing Improvement. In 83.3% (10) of the 12 cases, children were not placed with relatives. There were eight instances where efforts were not made to identify, locate, inform and evaluate maternal relatives as potential placements and nine instances in regards to paternal relatives.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Case Review Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Item 11	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	10	14	17	11	
Number of Total Applicable Cases	33	33	29	23	
Performance (%)	30.3%	42.4%	58.6%	47.8%	

Item 11 Progress: Relationship of child in care with parents – Louisiana received a 47.83% strength rating for promoting and, maintaining the child and parent relationship in reporting period three. The state received 52.17% area needing improvement rating. Twelve cases were rated as Area Needing Improvement in reporting period two. In 11 of the 12 cases, sufficient efforts were not made to promote and maintain the child’s relationship with the mother. In regards to fathers, efforts were not made in seven of the 12 cases receiving ANI ratings. In this item, 12 of 23 applicable cases were rated as Area Needing Improvement for 52.2% in reporting period three. In 75% (9) of the 12 cases, sufficient efforts were not made to promote and maintain the child’s relationship with the mother while efforts were not sufficient with regard to fathers in 10 of the 12 cases.

Well-Being Outcome 1- Families have enhanced capacity to provide for their children’s needs.

Case Review Item 12: Did the agency make concerted efforts to assess the needs of and provide services for Child, Parents and Foster Parents?

Item 12	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	9	7	21	28	
Number of Total Applicable Cases	65	65	72	72	
Performance (%)	13.8% Baseline 19.3 (Goal)	10.8%	29.2%	38.9%	

Item 12 Progress: Louisiana made concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family. Although the state experienced slight decline of 3% in reporting period one; the state exceeded the PIP goal for this item by 15.4% in reporting period two with 21 of the 72 applicable cases and in reporting period three with 28 of the 72 applicable cases reviewed rated a strength. In addition, the state continued to exceed the PIP goal through reporting period three with an overall increase of 19.6% from the PIP goal.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Case Review Item 13: Did the agency determine whether concerted efforts were made to involve parents and children in the case planning process on an ongoing basis?

Item 13	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	10	8	22	27	
Number of Total Applicable Cases	61	63	69	67	
Performance (%)	16.4% Baseline 22.5% (Goal)	12.7%	31.9%	40.3%	

Item 13: Louisiana made concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Although there was a decrease from the baseline during reporting period one, the state experienced significant improvement in reporting period two and reporting period three. The state received an increase of 15.5% of the baseline (31.09%) in reporting period one and an increase of 23.9% of the baseline (40.3%) in reporting period three. The state exceed the PIP goal for this item.

Case Review Item 14: Were the frequency and quality of visits between the caseworkers and the child(ren) in the case sufficient to ensure safety, permanency, and well-being of the child(ren), and promote achievement of case goals?

Item 14	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	30	32	45	46	
Number of Total Applicable Cases	65	65	72	72	
Performance (%)	46.2% Baseline 54.1% (Goal)	49.2%	62.5%	63.9%	

Item 14: Caseworker visits with children in Louisiana rating experienced improvement in reporting period one by 3%. The trend continued in reporting period two with an increase of 16.3% of the baseline and in period 3 with an increase of 17.7%. The overall rating of 63.9% exceeds the PIP goal with 46 of the 72 applicable cases rated a strength.

Case Review Item 15: Were the frequency and the quality of visits between caseworkers and mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Item 15	Baseline	Reporting Period 1	Reporting Period 2	Reporting Period 3	Reporting Period 4
Data Period (insert date or range)	April 1, 2018-September 30, 2018	October 1, 2018-March 31, 2019	April 1, 2019-September 30, 2019	October 1, 2019 – March 31, 2020	
Number of Cases Rated as a Strength	9	9	15	19	
Number of Total Applicable Cases	56	62	61	60	
Performance (%)	16.1% Baseline 22.4% (Goal)	14.5%	24.6%	31.7%	

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Item 15: Louisiana exceeded the PIP goal for the frequency and quality of visits between caseworkers and the mothers and fathers of the child (ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. Although there was a slight decrease (1.6%) from the baseline to reporting period one, there was an increase of 10.1% during reporting period two and a 15.6% increase in reporting period three with an overall gain to exceed the PIP goal.

SYSTEMIC FACTORS:

INFORMATION SYSTEMS – DCFS utilizes a number of information systems to track data for Child Welfare (CW). The primary system of record is the Tracking, Information and Payment System (TIPS).

TIPS is an on-line, statewide interagency information management and payment system capable of tracking client information and generating payments on behalf of the Department’s clients and providers. The system tracks all placement services for foster children and tracks all supportive services paid for through the TIPS system. TIPS is used for maintaining a record of all foster child placements (regardless of the placement type) whether the placement resource receives payment through TIPS, through other sources such as Medicaid, or is a non-paid placement. TIPS does not track all services. Using TIPS, the Department is able to collect and report required data elements for federal reporting as well as for any ad hoc reporting needed. Louisiana is a state based CW system including information systems. The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined extraction process through the federal submission portals.

TIPS currently interfaces with other systems providing information on Medicaid Eligibility as well as Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. Additionally, for data sharing purposes, Memoranda of Understanding have been developed with LDE and LDH for data matching in relation to educational outcomes for children in foster care, and psychotropic medication monitoring of children in foster care. Using the identified interfaces and data sharing agreements, users are able to review and verify information to correct TIPS data when errors are discovered as well as collaborating to serve children and families more effectively.

A Comprehensive Enterprise Social Services System (ACCESS) was developed by DCFS as the statewide system for intake and investigation of all reports of suspected child abuse and neglect. This information management system contains Centralized Intake (CI) reports. The accepted reports are assigned to the Child Protection Services (CPS) program. All CPS investigative activities (interviews, staffings, collateral contacts, etc.) are documented in ACCESS. Specific data from ACCESS is migrated to the TIPS system for establishing related service records and for NCANDS reporting.

CAFÉ is the department’s Common Front End Access system is a unified portal for entry into case files related to all programs of the department. It allows for a comprehensive search of department

STATE OF LOUISIANA 2020 Annual Progress and Services Report

records to identify previous client records and prevent duplication of case numbers. Additionally, it can allow for verification of client demographic data such as birthdates, race, etc. There is capacity for client and provider information data-collection through separate portals of the system. Confidential information regarding program specific information is protected so that Family Support staff cannot view Child Welfare information.

Family Assessment Tracking System (FATS) is a smaller web-based system for developing family assessments, case plans and tracking caseworker visits in the Foster Care and Family Services programs. FATS is an electronic forms application. Assessment and case plan forms as well as documentation of case activities are completed in the FATS system. The documents have to be printed and placed in paper case records. FATS is not a database for long-term storage of information. The system is housed on an SQL server and is available to staff on the agency's intranet. Since the implementation of CAFÉ, staff can access FATS via the CAFÉ worker portal home page. There is no integration or sharing of data between the two systems. FATS has not historically been a reporting system; however, DCFS is able to provide the data essential for reporting compliance with the Federal Monthly Caseworker Visitation (MCV) report that is reported annually through a data extraction from the FATS system.

Structured Decision Making (SDM) is another smaller web-based system that provides electronic risk and reunification assessment forms. This system is hosted by the Children's Research Center on a yearly subscription basis. SDM is not integrated into CAFÉ but is accessible through a link on the worker portal home page.

Quality Assurance Tracking System (QATS) provides quality assurance tracking and reporting of specific case review instruments as part of the state's continuous quality improvement process.

ACF Children's Bureau Online Monitoring System (OMS) is a Web-based online application consisting of the Onsite Review Instrument and Instructions (OSRI), the Stakeholder Interview Guide, and reporting tools. It is used for both federal and state conducted case reviews.

Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics, location, and goals for youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not linked to any DCFS information system. Foster children in OJJ custody are given a TIPS number and integrated into the AFCARS reports through a data transfer from OJJ to DCFS.

DCFS contracted with a company called CITI in June 2019, to begin development of a CCWIS system, which will improve CW data collection and reporting capacity.

Information System Update FFY 2020: The Quality Assurance and Quality Control contract was executed April 16, 2019. Postlethwaite and Netterville (P&N) was selected as the QA/QC vendor.

The Design, Development, Implementation (DDI) contract was executed August 30, 2019 via Office of Technology Services (OTS). Creative Information Technology, Inc. (CITI) was selected as the DDI vendor. CITI's solution – based approach is a Commercial Off-the-Shelf Software

STATE OF LOUISIANA 2020 Annual Progress and Services Report

(COTS) solution called Unify. It was built on CITI's proprietary Eligibility Benefits Management System (EBMS) platform. The Unify system is a proprietary, licensed system that will be installed and configured within the State-owned and managed infrastructure and data centers. The CITI COTS Solution was found to be the most viable solution for the State by using existing, pre-configured components to provide a solid foundation upon which to build the Louisiana CCWIS.

CCWIS team members were officially on-boarded upon project kickoff on September 27, 2019. The CCWIS team is using Scrum as the tool to execute the agile methodology of the development project. Scrum allows the team to develop and release functional software within time-boxed phases called "sprints". Sprints are completed consecutively without intermediate gaps. The CCWIS project is working in consecutive sprints lasting two weeks each.

September 27, 2019 through December 17, 2019 was considered "Sprint 0": forming and norming teams, deploying proper equipment and hardware, completing team training, developing a system of record implementation, joint Project Management Office (PMO) project planning and coordination, drafting the Project Management Plan and Project Work Plan, among other activities. During this time, team members were provided with Scrum training in order to understand, embrace, and execute the agile methodology framework of the development project. Various trainings were provided to increase knowledge in the project's system of record, *Jira* usage according to the project team member's role.

The first CCWIS development sprint began on December 18, 2019. The team hosts (2) separate development teams. Each team works on one respective functional module of the Unify product. The first two modules under development are Intake and Investigations. Development teams began Sprint 12 in the development of these initial modules on May 18, 2020.

Along with the two Development teams currently developing these modules, several additional scrum teams are assigned to the CCWIS project working hand-in-hand towards the completion of this development project. The Data Integration team is responsible for evaluating, mapping, extracting, migrating, and cleansing data from legacy systems into the Unify platform. The Data Stewards team is responsible for monitoring, validating, and cleansing data. The Organized Chart Management (OCM) Training team is responsible for preparing training materials, demonstrations, and conducting training sessions associated with the implementation of the CCWIS system. The Change Champion team is responsible for user acceptance testing of the CCWIS application, reviewing and testing training materials, assisting the OCM Training team in conducting training sessions, and being the champion voices of change throughout the agency in their respective regions for the anticipated CCWIS system.

DCFS upgraded the technology system behind the CAFÉ Self-Service Portal for individuals applying for or receiving SNAP, LaCAP, FITAP, KCSP and Child Support benefits. The upgrade, became available at noon on Wednesday, February 26, 2020 and makes communicating with caseworkers easier, increases applicant and recipient access to information and improves overall service delivery. The public can now sign up to receive paperless notices about SNAP, FITAP and/or KCSP cases in the CAFÉ Self-Service Portal. The public can receive an email and/or text notification when a new notice is available in their CAFÉ Self-Service account. DCFS is moving all cases over to the new CAFÉ Self-Service Portal in phases. This process began on November

STATE OF LOUISIANA 2020 Annual Progress and Services Report

18, 2019, with a pilot period and will continue moving cases into the new system over the next few months until all clients are using the new system. DCFS made several improvements, including new security measures for the CAFÉ Self-Service Portal. To ensure that every CAFÉ account meets the minimum-security standards to protect information, all customers will have to create new CAFÉ accounts when they are directed to the new CAFÉ Self-Service Portal.

ACCESS 2.0, the system used by Centralized Intake and Child Protective Services, was implemented in August 2018. Although resolution of defects continues, improvements to ACCESS 2.0 are minimal due to pending implementation of a CCWIS solution.

Information System Activities Planned for 2021: DCFS has a vision to create a Comprehensive Child Welfare Information System (CCWIS) to modernize outdated legacy systems that currently support the child welfare programs. DCFS will work towards implementation of this system. The CCWIS is being called Unify, and it will serve as the integrated case management system for all child welfare programs. It will include the following modules: Administration, Intake, Investigation, Case Management (Foster Care, Family Services, Adoptions, Extended Foster Care, etc.), Eligibility and Financial, Provider Management, and Court Processing. Unify will provide child welfare staff with information to make informed decisions while being mobile, facilitate communication with courts and providers, and promote continuous quality improvement.

Unify will replace all Child Welfare Systems and tools including:

- Tracking Information and Payment System (TIPS)
- Louisiana Adoption Resource Exchange (LARE)
- ACCESS 2.0
- Family Assessment Tracking System (FATS)
- Interstate Compact for the Placement of Children (ICPC) Database
- Family Resource Center (FRC) Database
- National Youth in Transition Database (NYTD)
- Quality Assurance Tracking System (QATS)
- Trauma Based Health tool (TBH)
- Child Abuse Neglect System (CANS)

Benefits of Unify include:

- One integrated case management system – DCFS Child Welfare employees will use one integrated system, ensuring accuracy of records.
- Mobility – Offline system access and synchronization – DCFS Child Welfare employees will be able to access Unify offline, and data is automatically synced when the employee reconnects. It enables DCFS employees to provide more face time with clients and increase productivity.
- Case assessment and history are maintained in one repository.
- Court information and records will be documented throughout the Unify System based on the specific area that is being addressed.
- To reduce time and paperwork, DCFS child welfare employees may use the ‘Talk to Text’ feature to record, upload, and edit notes to reduce manual data entry.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Google Application Programming Interface (API) - DCFS child welfare employees will authenticate client addresses at intake. This will allow employees to schedule their workday by mapping addresses by group for more effective time management.
- Real-time Compliance Assessment - Data entered into Unify will be automatically reported to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). This will ensure data documentation is captured in real-time for assessment of compliance at the federal level.
- Elimination of Duplicate Client Entries – Unify will automatically flag duplicate client entries to eliminate multiple sources of fact and assist staff by merging duplicated client profiles to ensure case history is available for case decisions.
- Scalability – The new case management system is easily customized and upgraded to align with industry compliance changes.
- Provider Management – When managing cases within Unify, DCFS child welfare employees will be able to access forms required to request information from agency approved providers and view documents received from participating providers.

Unify will have innovational features to support the DCFS child welfare workforce with greater technological functionality and efficiency. All users will receive computer based, in-class training by role to effectively adopt and integrate Unify into their daily job functions. As part of training, users will receive workbooks, quick-reference guides, and user guides. The anticipated launch date of Unify is winter 2021.

DCFS is working with Tetras and Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to develop the National Electronic Interstate Compact Enterprise (NEICE) modular system for electronic transmission of Interstate Compact on the Placement of Children (ICPC) communications. The modular system is expected to be in place by September 2020 with the plan to adapt to the NEICE clearinghouse in the final stages of the Comprehensive Child Welfare Information System (CCWIS) implementation to ensure a single, integrated case management system.

CASE REVIEW SYSTEM

Written Case Plan: The foster care worker and the family must initiate a case plan for each child in DCFS custody by at least the thirtieth day after foster care entry. The initial case plan must be finalized within 45 days of the date the child was placed in the custody of DCFS. The worker and family must review and update the case plan at a minimum of every 6 months from the date of

STATE OF LOUISIANA 2020 Annual Progress and Services Report

foster care entry. The worker and family may review and update the case plan more frequently if necessary to meet the needs of the child and family.

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

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

DCFS uses data from the Continuous Quality Improvement (CQI) case review process to determine if case plans are developed for all children in care and if they were developed jointly with the child's parents. Through QPI, DCFS has established a core philosophy of ensuring quality parenting for the children served. This includes the relationships with stakeholders, work with the legal system, support and development of foster caretakers, and building partnership through our teaming process.

CQI reviewers conduct consultations with workers and supervisors on every CQI review held. An individual report of each CQI review is prepared prior to a consultation (consultations may be held face to face, by telephone conference or by other technology such as ZOOM or SKYPE). The individual report summarizes the areas of "strength" and "needing improvement" based on the case review. CQI reviewers use the information to provide mentoring on best practice, discuss missing documentation, and conduct policy review or provide policy clarification.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

The assessment processes used by the department for identifying client needs and the skill of staff in managing the teaming process with families through better engagement are core areas of focus in the state's Program Improvement Plan which will improve the case review system process.

Written Case Plan Update FFY 2020: In March 2020, DCFS required that managers in Foster Care and Family Services participate in the initial Family Team Meeting (FTM) on all cases. The managers are required to complete a case review instrument prior to the FTM capturing key tasks in the case required prior to the FTM. The second evaluation required by the manager takes place during or after the initial FTM. This evaluation captures the quality of engagement with the team. The results of the case review and the evaluation of the FTM are entered into an electronic database so that results can be compiled. The results will be used to identify high performance areas and areas that need improvement.

NOTE: *This process was delayed due to COVID-19. See COVID-19 Plan section of this document.*

Written Case Plan Activities Planned FFY 2021: DCFS will continue developing written case plans through worker preparation with parents, children, foster caretakers and other stakeholders who come together as a team in Family Team Meetings (FTMs).

Continuous Quality Improvement (CQI) reviewers will continue to conduct consultations with workers and supervisors on every CQI review held. An individual report of each CQI review will be prepared prior to a consultation (or phone conference). The individual report will summarize the areas of "strength" and "needing improvement" based on the case review. CQI reviewers will continue to use the information to provide mentoring on best practice, discuss missing documentation, and conduct policy review or provide policy clarification.

Manager reviews and participation in the initial team meetings will allow for identification of challenges to the process early in the case. This will support staff development efforts and client engagement efforts. Early recognition and changes in work processes will enable DCFS to serve clients more effectively.

Periodic Reviews: In compliance with Louisiana law, DCFS has policies and procedures in place to ensure each child receives a case review hearing by the court every six months. DCFS staff must provide the court a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to each case review hearing. DCFS staff is required to notify the child's foster caretakers of the case review hearings held by the court and the right of the foster caretaker to be heard. All other involved parties are notified of case review hearings by the court.

Completion of case plan review meetings and court case review-hearings must be documented in the case events of TIPS. Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor.

A sample of case plans are reviewed by CQI staff every six months. Part of this process involves determining the number of court case review-hearings occurring timely and noting these hearings as an administrative review in the database. If a court case review hearing did not occur timely during the six-month timeframe, an administrative review is scheduled according to an established protocol within the region to ensure compliance.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

If the safeguards for judicial review fail to ensure a periodic review of every child's case, the Administrative Reviews (AR) process provides monthly compliance reports that are issued to field staff and monitored by CQI staff.

In the AR process, first line supervisors in the field are required to capture the following information through TIPS reviews/and or case record reviews:

- Review of and updates to the TIPS case event 3130 for all cases in which the judicial review is held every six months;
- The number of instances in which the TIPS 3130 case event was not updated for the month under review, by child name;
- The number of internal ARs (by family) which are due for the month (because a judicial review was not held within the Period under Review; and,
- The number of internal ARs (by family) which were needed for the month but were not held by conclusion of the month.
- The number of DCFS case plan review meetings that were due for the month. The number is reported by family in Foster Care cases and by child in Adoption cases. Adoption cases are counted by child because parental rights have been terminated and children freed for Adoption are tracked as their own family in TIPS;
- The number of DCFS case plan review meetings not held by the close of the month in which the meeting was due;
- Review of and updates to the TIPS case events 3100 and 3110 to assure and document initial and ongoing case planning meeting completion.

Cases for which judicial reviews were due but not held (for various reasons such as court continuances) are reviewed through the AR process. Field supervisors have the responsibility of ensuring a judicial review or an AR occurs on each case before the deadline. When the judicial review is held, information is updated in the TIPS case events. If a judicial review is not scheduled by the court to be held timely, it is the responsibility of field staff to work with the court to get the review scheduled and completed before the end of the month it is due. When it is not possible to schedule or hold the judicial review timely, it is the responsibility of the field supervisor to get the case assigned for an internal AR.

Monthly reports are sent to Area Directors (AD) and Regional Administrators (RA) on cases where an AR was held as required and required but not held timely. Efforts to improve outcomes in this area will be coordinated on a regional basis with the AD and/or RA for the regions.

Periodic Reviews Update FFY 2020: Continued periodic reviews as stated above. Comprehensive Child Welfare Information System (CCWIS) development will also ensure improvement in tracking of the periodic reviews.

Periodic Reviews Activities Planned FFY 2021: Continue periodic reviews as stated above. Continued CCWIS development.

Permanency Hearings: Louisiana law requires that each child in foster care have a permanency hearing by the court every 12 months. It is common in Louisiana courts to use the periodic review

STATE OF LOUISIANA 2020 Annual Progress and Services Report

hearing and permanency hearings interchangeably or a combination of both hearings. DCFS policy requires an initial permanency staffing within nine months of foster care entry. This staffing assesses the potential for the family to achieve reunification within 12 months. The staffing also identifies unaddressed needs of the family, determine any compelling reasons for not pursuing termination when the child has been in foster care 12 months, and/or determining steps necessary to pursue termination at the permanency hearing when the child has been in foster care for 12 months. After an initial permanency staffing has been held, each case staffing held every three months thereafter serves as an ongoing assessment of the appropriateness of the child's permanency plan. Permanency hearings continue to be held every 12 months from the date the child entered foster care until permanency is achieved. These permanency hearings are held in conjunction with the case review hearings that are held at 6-month intervals. DCFS staff providing provides the court a report with the DCFS recommendations for permanency for the child. The court report summarizes progress in the case and is submitted to the court along with an updated written case plan a minimum of 10 working days prior to the permanency and case review hearing. DCFS staff is required to notify the child's foster caretakers of the permanency hearings and case review hearings and their right to be heard at those hearings. All other involved parties are notified of permanency and case review hearings by the court.

CQI is responsible for collecting and distributing data to regions. CQI supports the regions in providing technical assistance and training on the AR process. Regional management is responsible for using the tools provided by CQI to ensure timely completion and TIPS documentation of case activities. TIPS case events are required for all court hearings.

Permanency Hearing Update FFY 2020: DCFS continued Permanency Hearing process improvement in collaboration with the Pelican Center, legal stakeholders and BGC staff. Comprehensive Child Welfare Information System (CCWIS) development will ensure improvement in tracking of the permanency hearings.

Permanency Hearing Activities Planned FFY 2021: DCFS will continue Permanency Hearing process improvement as described above and continued CCWIS development.

One of the Program Improvement Plan (PIP) deliverables for the Quality Legal Representation Strategy is to create court documents that reinforce the Department's assessment model and that accurately reflect state and federal laws, DCFS policy and best practices. The Department is using the existing Court Improvement Program workgroups, comprised of legal stakeholders and DCFS staff to develop templates for court orders and court reports (among other documents). These templates will include those used for Permanency Hearings. As part of this deliverable, DCFS is revising the Juvenile Judges Bench Book. The Bench Book will provide important guidance to judges related to both Permanency Hearings and notification issues.

Termination of Parental Rights: DCFS has multiple processes and safeguards in place to ensure the timely filing of termination of parental rights (TPR) proceedings in accordance with federal requirements. DCFS policy requires a permanency staffing within nine months of foster care entry. The purpose of the staffing is to ensure everything is in place to proceed with TPR if appropriate at the 12-month permanency hearing. When the decision is made to proceed with termination, a TPR packet is prepared and submitted to staff attorneys. The staff attorney assigned

STATE OF LOUISIANA 2020 Annual Progress and Services Report

to the case has 30 days from receipt of the TPR packet to file the petition for termination. After the petition is filed, TPR proceedings follow the court process, which is guided by the Louisiana Children's Code legal requirements.

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed. This data is shared with the Executive Management Team and Regional Administrators to assist in decision-making regarding improving permanency outcomes.

The TPR data reports and CQI case review reports are shared with the Court Improvement Program (CIP). In the CIP CQI process, this data has been used in discussions on court timeliness measures. DCFS and CIP sharing data and collaborating between the organizations' CQI committees has strengthened the case review system monitoring the functionality of TPR filings.

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

TPR Update FFY 2020: There continues to be difficulty getting TPR dates. Staff continue to work with the court system to expedite and make this process more efficient for families and children.

TPR Activities Planned FFY 2021: DCFS will continue TPR scheduling efforts. Staff will continue to work with the court system to expedite and make this process more efficient for families and children.

Notice of Hearings and Reviews to Caregivers: The federal compliance portion of the case plan document in FATS captures the date written notification was provided to foster caretakers informing them of the date, time, location of hearings and their right to attend and be heard. The worker also records notification of hearings to the foster caretakers. This documentation is in a narrative format with no capacity for rolling up the data. DCFS is working to develop a case event in TIPS to allow the capacity to roll up data on whether notification of the foster caretakers and their right to be heard occurred in each case due for case review each month, regardless of whether it is an initial or ongoing case review. It will be possible to develop a report to display in WEBFOCUS regarding the percentages of cases where this occurred by region to allow field staff managers to plan for improvement on a regular basis. It will be possible to monitor from a state level to initiate higher level planning for improvement.

CQI staff review a sample of case plans every six months. This process includes consideration of fulfillment of all federal case planning requirements, including notification of foster caretakers regarding any review or hearing held with respect to the child and their right to be heard. CQI and program staff will work together to assess how efforts can be coordinated to develop informative data and improve outcomes.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

The form 98A form includes a statement for the caseworker to read to the caregiver at placement notifying the caregiver of the right to receive notice, be present, and provide information at hearings. The caregiver must initial the form in the designated space acknowledging they were provided this notice. A copy of the form is filed in the case record. DCFS policy also states the child's assigned CASA worker shall be notified and given the opportunity to participate in the DCFS Administrative Reviews to review the case plan document and consider the appropriateness of planning for safety, permanency, and well-being of the child.

Notice of Hearings and Reviews to Caregivers Update FFY 2020: DCFS continued to provide notice of hearings and reviews to caregivers.

Notice of Hearings and Reviews to Caregivers Activities Planned FFY 2021: DCFS will continue to provide notice of hearings and reviews to caregivers.

Judges will make findings in the court orders about notice to caregivers. The Continued Custody Hearing Order template that has been developed requires the Judge to make a finding of whether the foster parents, relatives or others providing care for the children are present, whether notice of the hearing and right to attend and be heard was given by DCFS, and whether diligent efforts were made by DCFS to locate and notify the caregiver.

A Quality Legal Representation Strategy deliverable due in Quarter 6 of the PIP is to create a model "Care and Treatment" report for foster parents, relatives, or pre-adoptive parents caring for a child to exercise their legal right to be heard and provide relevant information as to the services the child is receiving. In addition, DCFS will develop a procedure for caregivers to submit reports and for DCFS to track in the CCWIS system whether notice and the opportunity to be heard was given and right was exercised.

Strengths and Concerns: DCFS policy requires, for any child who is a member of or eligible for membership in a Native American tribe, that the tribe must be consulted in relation to placement of the child for adoption and tribal members considered as adoption resources. Case planning for children in foster care typically involves multiple stakeholders such as legal system partners, advocates, and service providers to effectively plan for service delivery meeting the unique needs of each child and family. DCFS collaborates with the Office of Juvenile Justice to provide an Integrated Case Planning process for both our Foster Care and In-home Services cases when youth are dually involved with both departments. DCFS continues to participate in the Coordinated System of Care (CSoC). The CSoC involves collaboration among systems in family planning to address the behavioral health care needs of the child receiving this level of services. Activities to improve services include development of a model court report format, provision of legal representation for families from the beginning of child welfare involvement and more efforts at community engagement in the development of the service array for families.

QUALITY ASSURANCE (QA) SYSTEM

Strengths: A notable strength is that the DCFS Secretary and Executive Management Team fully endorse and support the Continuous Quality Improvement (CQI) process. CQI is committed to assuring the validity and inter-rater reliability of case reviews. Another effort to improve validity

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and reliability of case reviews is the second and third level review process. This, combined with ongoing training, serves to improve the validity and reliability of case reviews. The establishment of bi-directional feedback is vital in any CQI process to ensure everyone who supports children and families is treated as an important partner (*CW Principles of Practice*).

Areas Needing Attention: Areas requiring attention include maintaining and providing enhancement of the QA/CQI system to support progress, and assisting the Department in the development, implementation and monitoring of its program improvement efforts.

Updated Assessment: The DCFS QA/CQI System continues to operate in all jurisdictions of the state. The system is based on the CQI functional components as outlined in ACYF-CB-IM-12-07 issued on August 27, 2012. (*Refer to CW CQI Manual, 1.4 Foundational Administrative Structure, p. 4-5*)

CQI staff are housed in all nine regions of the state to provide local support to field staff regarding consultation on practice in addition to completing case reviews. The CQI Team is divided into three clusters, which correspond with the geographical regions of the state. The northern cluster includes three regions: Shreveport, Alexandria and Monroe. The central cluster includes the regions of Lake Charles, Lafayette and Baton Rouge. The regions of Covington, Orleans and Thibodaux comprise the southern cluster.

The CQI Team is comprised of 3 managers and 19 case review staff who hold various roles within the CQI process. Most CQI staff have experience in multiple Child Welfare programs and field experience, front line supervisory and/or managerial experience. A CQI manager provides CQI oversight in each of the three clusters.

Managers, online training resources, and Department Program staff who orient staff when there are role adjustments provide training for case reviewers. Ongoing trainings, conference calls, and webinars will be held with the entire CQI team to discuss CQI matters, case review items and standards, and provide training on changes to state and federal policy and procedures. In-person statewide trainings are held at least once annually for all involved in case reviews to review the CQI review process through a mock case review and discussion of Onsite Review Instrument (OSRI) guidelines and to review any updates to either.

Quality Assurance (QA) staff, CQI managers, and second level staff meet quarterly to review the QA processes and case review standards. Case review items and mock cases are reviewed and discussed to provide guidance and instruction to improve inter-rater reliability. Information is passed on to reviewers. In addition, QA staff, CQI managers, and second level staff meet by phone bi-weekly to discuss any case review items or needs, and debrief case review and process specifics. (*Refer to CW CQI Manual, 1.6 CQI Training Requirements, p. 5-6, para. 3-4 for additional details*).

Louisiana continues to conduct its own Child and Family Services Review (CFSR) and uses the same sampling plan and case review process outlined for Round 3 to report ongoing progress on the Program Improvement Plan (PIP). Such reviews are aligned with the ongoing statewide CQI monitoring approach. The State intends to use a 6-month review period with a minimum number

STATE OF LOUISIANA 2020 Annual Progress and Services Report

of 65 cases reviewed: 40 out-of-home cases and 25 in-home services cases. The state will use a statewide simple random fixed sample to select the 65 cases. Reviewers will conduct review cases and interviews across the state simultaneously based on the statewide random sample with no stratification. Reviewers will cross-regions as necessary to control for the randomness of the sample.

The State is divided into nine regions: Orleans, Baton Rouge, Covington, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe. The sampling frame includes all geographic areas of the state and is representative of the child welfare population served and the major metropolitan area identified as New Orleans. The expected number and percent of cases to be included for the major metropolitan area is seven cases (10%) of the sample. (*Refer to CW CQI Manual, Appendix A: Child Welfare CQI Sampling Plan, p.34-39*).

The CQI team uses the Onsite Review Instrument (OSRI) to conduct CFSR case reviews during a 6-month reporting period, aligned with the FFY timeframes. Louisiana inputs data regarding the OSRI into the Online Monitoring System (OMS). In addition to using the OSRI, Louisiana has implemented all five case related interviews to include the child, parent, caregiver, caseworker or supervisor, and service provider.

The CQI Team completes Child and Family Service Reviews (CFSR) bi-annually from October 1 through March 30 and then from April 1 through September 30. Review periods are identified as RP1 and RP2 for each federal fiscal year. Louisiana accomplishes case reviews with a team approach and by using the model for reviews within the CFSR Procedures Manual at <https://training.cfsrportal.org/resources/3105>.

The entire Case Review process and CFSR Process Guide can be found in the Child Welfare CQI Manual. (*Refer to CW CQI Manual, Section 2.4 Child and Family Services Reviews, p. 9-17*)

Feedback loops have been established at all levels to disseminate data and information. At the conclusion of the case review process, reviewers hold individual CQI exit meetings with managers, supervisors and caseworkers for every participating case in the CFSR review and the targeted reviews. The case reviewer discusses the purpose of each item of the OSRI, rating results and recommendations on how to strengthen practice. The goal of the meetings is to educate staff on how the rating results are linked to their individual casework, and can result in an overall improvement in practice.

DCFS continues to communicate information to internal and external stakeholders through a well-established State Level CQI Committee that meets quarterly. The committee includes DCFS staff from all levels, court representatives, a tribal representative, CASA, foster parents and youth.

In addition, the CQI Team continues to conduct regional exit meetings to present data results from case reviews. The CQI Regional Case Review Exit meetings are incorporated into the Regional CQI Committee meetings (formerly regional PQI meetings). Regional case review exits are conducted during the April and October meetings. The CQI case-review team members along with the regional committee leader and co-leader are responsible for attending subcommittee meetings

STATE OF LOUISIANA 2020 Annual Progress and Services Report

to interpret data and to monitor the subcommittee's progress in using data for problem solving and developing solutions.

Data is reported bi-annually to the statewide leadership team and stakeholders. Discussions are held with regard to the statewide findings, issues/concerns or best practice in specific regions, regional trends and aligning plans for improvement in the regions with the state's overall success metrics.

The CFSR Round 3 Review was held in Louisiana from April 1, 2018 through September 30, 2018. Louisiana, in consultation with the Children's Bureau, elected to conduct a State led review. The results determined that Louisiana did not pass any of the outcomes or associated items. The following outcomes were targeted for improvement through a Program Improvement Plan (PIP): Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1 and Well-Being Outcome 1. To develop the improvement plan, Louisiana participated in a PIP development pilot led by the Children's Bureau and the Capacity Building Centers for States and Courts. During a four-day planning session held March 25 through 28, 2019, a group of 68 individuals including representatives from DCFS, DCFS CQI, Louisiana Department of Health, service providers, individual court systems, parents, foster parents, relative caregivers, and youth reviewed the results of the CFSR outcomes, examined root causes, conducted data analysis and developed a theory of change and logic model. The entire planning session was rooted in the principals of the CQI process and allowed those who participated to learn the effectiveness of problem exploration, root cause analysis and bi-directional feedback loops. This collaboration resulted in the development of a program improvement plan including five cross cutting themes: safety and assessment, engagement, workforce development, service array and quality legal representation. Louisiana's PIP was submitted for approval on April 11, 2019 and was given final approval on May 31, 2019.

Planned Enhancements for FFY 2020-2024: DCFS will take measures to sustain its ability to conduct state lead case reviews by continuing to enhance interrater reliability among reviewers, build capacity in team members to serve in QA roles which will allow flexibility in case assignment, and by developing workgroups to explore and recommend improvements to the overall case review process.

The CQI Team will have a strong presence in the implementation and monitoring of the PIP. In addition to conducting case reviews, CQI team members will participate in work groups to assist in the development of surveys and targeted review instruments that will assist the Department in measuring progress in the five cross cutting themes. CQI will play a vital role in assisting the Department in establishing and maintaining bi-directional feedback loops which will be used to disseminate information to internal and external stakeholders regarding the Department's progress in achieving the goals of the PIP.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

YEARS 1-5: FFY 2020 - 2024 Action Steps	
<p>Maintain and enhance the QA/CQI system.</p>	<ul style="list-style-type: none"> • Maintain Louisiana CQI foundational structure by: <ul style="list-style-type: none"> ○ Continuing the use of a CQI team to complete case reviews. ○ Continuing a case review process that meets all requirements as set forth by the Children’s Bureau. ○ Continuing the use of state and regional level CQI committee. • Maintain a quality, data collection system that meets all requirements for the case review process. • Continue on an ongoing basis to enhance interrater reliability in the case review process through mock exercises, trainings and biweekly support calls. • Continue to provide analysis and dissemination of quality data through: <ul style="list-style-type: none"> ○ Providing data presentations and holding discussions during state level and regional CQI meetings ○ Continuing to conduct consultations with workers and supervisors on cases immediately following the case review process ○ Exploring and creating opportunity to create bi-directional feedback loops in an effort to facilitate open communication. ○ Maintain bi-directional feedback loops that have been established through meetings with internal and external stakeholders ○ Continue to provide aggregate data to internal and external stakeholders upon request. • Continue to promote the use of data in meetings and presentations to encourage discussions and solicit feedback from stakeholders to be used in efforts to improve practice and outcomes. • Monitor the CQI process in Louisiana and make any changes necessary to maintain the integrity of the process.
<p>Assist in the development, implementation and monitoring of program improvement efforts.</p>	<ul style="list-style-type: none"> • Assist the department in the development, implementation and monitoring of its Program Improvement Plan (PIP) to ensure bi-directional feedback loops are included that will allow for the dissemination of information to internal and external stakeholders. • Assist in the development of Ad hoc/targeted case review processes, surveys and work groups for

STATE OF LOUISIANA
2020 Annual Progress and Services Report

	<p>interventions outlined in the DCFS Program Improvement Plan (PIP).</p> <ul style="list-style-type: none"> • Assist in the development of data reports for interventions outlined in the DCFS PIP that can be used by DCFS, internal and external stakeholders to assist in decision-making. • Monitor ad hoc/targeted reviews to assist programs in obtaining additional data to be used for problem exploration. • Assist the Court Improvement Program (CIP) in operationalizing the CQI process in interventions outlined in the DCFS PIP.
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QA/CQI Update FFY 2020: DCFS continues to maintain a CQI foundational structure that includes a case review process with secondary oversight by the Children’s Bureau. The Online Management System (OMS) is utilized to conduct cases reviews and ensure the process meets requirements set forth by the Children’s Bureau. The efforts to enhance interrater reliability among reviewers and build capacity in team members continue by conducting quarterly CQI meetings and mock case reviews. In addition, the CQI team continues to conduct bi-weekly support calls with all CQI team members to share general information regarding case reviews and new policies and procedures as well as holds bi-weekly meetings with its Quality Assurance Team. Bi-weekly meetings provide an opportunity to conduct interrater reliability activities to ensure consistency in case reviews.

The analysis and dissemination of quality data continued during state and regional CQI meetings, through worker and supervisor consultations immediately following case reviews, and through bi-directional feedback loops established through meetings with internal and external stakeholders. Although DCFS has continued its efforts to maintain previously established bi-directional feedback loops, efforts will continue in the upcoming years to solicit additional external stakeholders for established loops as well as inclusion in new feedback loops.

The DCFS CQI Team has assisted the department in the development, implementation and monitoring of its Program Improvement Plan. The agency collaborates with the Capacity Building Center, Court Improvement Project/Pelican Center to monitor program improvement efforts. In addition, feedback loops from staff, youth and stakeholders are utilized to ensure information is obtained and disseminated internally and externally. The CQI Team has assisted in the development of targeted case reviews and surveys for sections of the PIP. Data collected will be used to determine the effectiveness of tasks and strategies that have been or will be implemented through the improvement plan.

Louisiana has met the PIP goal of developing workgroups for Louisiana’s identified interventions outlined in the PIP (Quality Assessments, Workforce Development, Engagement, Service Array and Quality Legal Representation). The task was completed by the November 2019 goal date. The workgroups continue to meet to assist in developing processes, interventions and data reports to assist with the internal and external decision making for DCFS. In addition, data collection from

STATE OF LOUISIANA 2020 Annual Progress and Services Report

the case review process continues to be used to assist in exploring areas needing improvement and operationalizing the CQI process in interventions outlined in the PIP.

The DCFS CQI Team has developed a number of internal workgroups that inform the PIP work groups, monitor functions of the CQI unit and determine any needed improvements. The workgroups and their purpose are as follows:

- CQI Exit Meetings: To review the procedures for conducting exit meetings with assigned case workers and supervisors at the completion a CFSR cases review. To explore ways to strengthen the feedback loop regarding case practice along with promoting quality casework.
- CQI Manual: To review all sections of the current CQI manual and determine possible addendums to the manual to be revised at the conclusion of the current PIP.
- CQI Regional Exit Meetings: To explore ways to strengthen the bi annual CQI Regional exit meetings where data and practice trends from CFSR case reviews and targeted case reviews are disseminated to field staff and regional external stakeholder
- CQI Reviewer Support Calls: To review the structure of bi weekly support calls and explore ways to ensure the continuation of good interrater reliability discussions and exercises.
- Data: To review data from CFSR cases reviews, lead discussions regarding data during bi-weekly QA/Support calls and disseminate data upon request from various agency programs.
- Engagement: To support the PIP Engagement workgroups through participation and providing feedback from engagement surveys conducted by Case Reviewers. To explore ways to improve engagement with field staff in an effort to improve feedback loops.
- Policy: To review new and updated agency policies regarding practice changes. To conduct policy presentations with the CQI Team.
- Safety Assessment: To support the PIP Assessment workgroup through participation and the development of the new PIP safety assessment. To serve as a liaison with the PIP Assessment workgroup and the CQI Team in an effort to ensure the CQI Team is knowledgeable of all portions of the initiative and in preparation of conducting safety assessment targeted case reviews.
- Service Array: To support the PIP Service Array, *My Community Cares* projects in the four pilot parishes. To serve as internal stakeholders during community meetings by attending meetings, conducting surveys, providing CFSR data presentations and to develop and maintain the feedback loop with external stakeholders. To assist the Court Improvement Program in the development of tools to measure the effectiveness of the *My Community Cares* projects in each region.
- Supervisor Consultation: To review the current consultation modules used by CQI consultants in the Supervisor Consultation program. To rewrite all modules to reflect implementation of PIP strategies, CFSR data trends and policy changes when appropriate.

The groups with consideration for completion of task/actions and next steps determines the frequency of CQI workgroup meetings.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

QA/CQI Activities Planned FFY 2021: DCFS will continue efforts to enhance the QA/CQI system and further assist in the development, implementation and monitoring of the program improvement process. DCFS CQI workgroups will continue to share information, monitor the functions of the CQI unit and to provide feedback regarding areas needing improvement. CQI will continue to be an instrumental part of the PIP process in assisting with the development of processes, interventions and data reports to assist in the DCFS decision making.

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

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

- 223 new staff who confirmed the training provided them with knowledge and skills needed to meet their responsibilities
- Participation in the Program Improvement Plan development and implementation, resulting in several additional training programs developed including Child Welfare Assessment and Decision Making and Engagement.
- The LCWTA initiated a restructuring process to improve the ability of the training academy to meet the growing needs of the child welfare system and to ensure the resources are in place to achieve the overall strategic plan goals. This restructuring included revising job descriptions and adding new personnel, including a Digital Media Manager, a Learning and Instructional Development Specialist, a Learning Analytics and CQI Manager; and, an Associate Director of Learning and Development.
- The LCWTA and DCFS entered into a partnership with the Center for Adoption and Support (C.A.S.E.) and the Children’s Bureau to be a part of The National Adoption Competency Mental Health Training Initiative (NTI). This partnership will enable child welfare staff to participate in a state of the art, web-based adoption training program. The training includes eight interactive learning modules and additional modules for supervisors. The initiative was designed to enhance the worker’s skills in trauma informed care, addressing behavioral and mental health needs of children in care, ability to promote stability and permanency for children and increasing understanding of the complexities of adoption, kinship care arrangements and guardianships. The LCWTA worked with NTI to get the training modules formatted to

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- fit with the academy's Learning Management System (LMS) so that workers can register, take pre/post test and be tracked through the system.
- The Pelican Center Board of Directors and Community Partners participated in a three-day training "Undoing Racism/Community Organizing" an international training facilitated by the People's Institute for Survival and Beyond. This workshop helped the participants develop a common definition of racism and an understanding of its different forms: individual, institutional, linguistic and cultural, all with an intent of informing the board leaders and community partners of our obligation and opportunity to create an "anti-racist" child welfare system.
 - Post-"Undoing Racism", the Pelican Center Training and Education Committee and LCWTA have developed training curricula around topics of disproportional minority representation in child welfare, culturally affirming care of foster children, cultural consciousness and more.
 - The Pelican Center and DCFS under the Program Improvement Plan have created *My Community Cares* programs in each of the four pilot parishes. This program is grassroots and community-based. Community leaders partner with service providers, members of the judiciary, business community leaders, etc. to help respond to the needs of the families in the zip codes where the child welfare data is most problematic. The response and engagement from the members of each *My Community Cares* team has been encouraging, as they have been empowered to become part of the solution building that our children and families need.

Initial Staff Training: All New DCFS Child Welfare employees are required to complete 64 hours of training in the first year. All New DCFS Child Welfare employees are assigned to New Child Welfare Worker Orientation (NCWWO) Cohorts upon notice of hire from the Human Resources section prior to the assignment of cases. Between July 1, 2018 and June 30, 2019, 223 new workers went through the New Child Welfare Worker Orientation.

The following is a list of some training sessions that will be provided to new staff members:

- **New Child Welfare Worker Orientation:** a multi-week training provided ten times per year. This training provides new child welfare staff with foundational knowledge and skills needed for effective child welfare practice across multiple program areas, and includes program specific training to assist in preparing new staff for their daily tasks and duties.
- **Legal Training for New CW Staff:** a six-hour training provided three times a year.
- **Centralized Intake New Worker:** a three-day training provided once per year.
- **Courtroom Simulation Training for New Staff:** a one-day training provided once per year.
- **Trauma Informed Care for New Staff:** a two-day training provided four times per year.
- **Title IV-E Stipend Support Groups and Professional Development:** Training conducted 12 times per year.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The following table shows the number of cohorts that attended the New Worker Orientation and enrollment throughout the three weeks of training:

New Child Welfare Worker Orientation Training:									
Group/ Session	Week 1			Week 2			Week 3		
	DCFS	IVE ^a	Total	DCFS	IVE ^a	Total	DCFS	PT ^b	Total
2018-06	18	0	18	20	0	20	17	2	19
2018-07	15	0	15	15	0	15	16	0	16
2018-08	9	0	9	9	0	9	9	4	13
2018-09	9	10	19	9	2	11	8	1	9
2018-10	14	11	25	13	0	13	15	0	15
2018-11	19	0	19	21	0	21	17	7	24
2018-12	11	0	11	11	0	11	11	2	13
2019-01	17	5	22	18	3	21	19	4	23
2019-02	7	2	9	8	5	13	7	3	10
2019-03	24	2	26	25	0	25	26	7	33
2019-04	20	0	20	21	0	21	18	6	24
Totals (N=223)^c	163	30	193	170	10	180	163	36	199

Note. Only participants that completed the whole week of training are included.

^a IVE: Title IV-E Stipend students.

^b PT: DCFS Staff that are transferring programs. Only required to take three days of week three's training.

^c Totals (N=223): The number of unique participants that completed at least one week of training.

In collaboration with the LCWTA, DCFS staff gathered training evaluations from new worker participants in “New Child Welfare Worker Training,” “Legal Training for New Child Welfare Staff,” “Courtroom Simulation Training for New CW Staff,” and “Title IV-E Stipend Support Group and Professional Development.” Initial staff completed 600 training evaluations. The evaluation results are provided in the table below.

New Child Welfare (CW) Worker Orientation Training Evaluations:							
Training	Total Trainings	Total Participants	Total Evaluations Completed	Question 1 ^a	Question 2 ^b	Questions 3 ^c	Question 4 ^d
New CW Worker Orientation:							
Week 1	11	193	180	98% (92%, 6%)	98% (91%, 7%)	98% (93%, 5%)	98% (88%, 10%)
Week 2	11	180	143	99% (93%, 6%)	99% (90%, 8%)	99% (92%, 6%)	99% (92%, 8%)
Week 3	11	199	116	99% (93%, 6%)	98% (92%, 6%)	100% (94%, 6%)	100% (91%, 9%)
Subtotal	33	572	439	99% (92%, 6%)	98% (91%, 7%)	99% (93%, 6%)	98% (90%, 9%)
New CW Legal Training	7	129	114	99% (82%,18%)	99% (82%,17%)	98% (82%,17%)	100% (82%,18%)
Courtroom Stimulation Training	1	12	12	100% (100%,0%)	100% (100%,0%)	100% (100%,0%)	100% (100%,0%)
Title IV-E Stipend Support Group	12	168	35*	100% (94%,6%)	100% (94%,6%)	97% (91%,6%)	94% (83%,11%)
Totals	53	859	600	99% (91%,8%)	99% (90%,9%)	99% (91%,8%)	99% (88%,11%)

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Note: Participants answered questions 1-4 on a 5-point Likert scale (e.g. Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree). The table reflects the percent participants agreed (combining Strongly Agree and Agree) with the question while the numbers in parenthesis break down that percent into its components (Strongly Agree and Agree respectively). Some trainings used a different evaluation with different verbiage, excluding them from this table. Below are the questions asked:

**Not all trainings distributed evaluations.*

a. Question 1: "I felt like the trainer(s) encouraged me to related course content to real life situations and/or practice."

b. Question 2: "I felt the training materials and the in-class activities were helpful to building knowledge and skills in this topic."

c. Question 3: "In my opinion children and families will benefit from knowledge and skills participants gained during this training."

d. Question 4: "In my opinion the content of this training provided me with knowledge and skills I need for my role."

Ongoing Staff Training: All DCFS CW employees are required to complete 20 hours of in-service training annually. In-service training hours are documented within a state fiscal year, which runs July 1, 2018 through June 30, 2019. One thousand one hundred nine (1109) staff continued with their in-service training; 88% (974) of them completed the mandated in-service training hours while the remaining 12% (135) did not due to resignations and/or untimely completion of activities.

The following is a list of some of the training sessions available to Child Welfare staff members to fulfill the ongoing training requirements:

1. **Supervisor Certification Program:** a 12-month training and professional development certificate program consisting of six, two-day training sessions along with one-on-one supervisory coaching and supervisory support groups.
2. **Infant Mental Health:** a series of five one-day trainings.
3. **Supervisor Support Group:** a one-day training session.
4. **Lunch and Learn:** a one-hour web-based training with sessions offered monthly. Topics cover a wide array of practice issues such as domestic violence, human trafficking, etc.
5. **Adult Mental Health and Disorders:** a one-day training session.
6. **Child Welfare Worker Safety:** a one-day training session.
7. **Children's Mental Health and Childhood Disorders:** a one-day training session.
8. **CPS Supervisory Guidance to Case Sufficiency:** a one-day training session.
9. **Designing and Delivering Training to Achieve Desired Outcomes Using Engaging and Interactive Strategies:** a one-day training session.
10. **Domestic Violence Dynamics:** a one-day training session.
11. **Empowered to Connect Simulcast:** a one-day training session.
12. **Motivational Interviewing Training:** a seven-day training series.
13. **Screening and Selection Process DCFS - Coaches:** a one-day training session.
14. **Self-care for Social Workers:** a one-day training session.
15. **Supervising and Managing the Integration of Trauma-Informed Approaches into Child Welfare:** a one-day training session.
16. **Trauma Behavioral Health Screening Training:** a one-day training session.
17. **Trust Based Relational Intervention:** a one-day training session.
18. **Working with LGBTQ children, youth and families:** a one-day training session.
19. **Workshop on Self-care (self-care and resilience):** a one-day training session.
20. **Understanding Girls:** a two-day training session.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The Louisiana Child Welfare Training Academy LMS hosted 15 categories for online trainings with 39 different topics to support the ongoing training development of Foster Parents, CASA, DCFS staff, Community Partners, Students, Mandated Reporters and University Alliance members. The training categories offered are listed in the charts below and are geared towards addressing the specific needs of DCFS Child Welfare.

The following table displays the accumulated training hours earned by each DCFS region.

Statewide Child Welfare Staff's Completion Rates of Required Training SFY 2019:							
Region Name	Total # Staff	Met Required Hours	Met Over Half Required Hours	Met Over One Fourth Required Hours	Met Less Than One Fourth Required Hours	No Hours Obtained	
New Orleans	99	89% (88)	5% (5)	2% (2)	4% (4)	0% (0)	
Baton Rouge	79	100% (79)	0% (0)	0% (0)	0% (0)	0% (0)	
Covington	152	75% (114)	20% (30)	3% (5)	1% (1)	1% (2)	
Thibodaux	84	82% (69)	14% (12)	0% (0)	2% (2)	1% (1)	
Lafayette	145	81% (117)	14% (20)	3% (5)	1% (2)	1% (1)	
Lake Charles	84	94% (79)	6% (5)	0% (0)	0% (0)	0% (0)	
Alexandria	92	71% (65)	25% (23)	1% (1)	3% (3)	0% (0)	
Shreveport	117	95% (111)	4% (5)	0% (0)	0% (0)	1% (1)	
Monroe	94	95% (89)	3% (3)	2% (2)	0% (0)	0% (0)	
State Office	81	100% (81)	0% (0)	0% (0)	0% (0)	0% (0)	
Centralized Intake	54	100% (54)	0% (0)	0% (0)	0% (0)	0% (0)	
CQI	28	100% (28)	0% (0)	0% (0)	0% (0)	0% (0)	
Total	1109	88% (974)	9% (103)	1% (15)	1% (12)	0% (5)	

Note: Some included staff members may have resigned or completed their trainings after the cutoff date. This could account for the inflation in training hour requirement incompletions.

The table below provides information regarding evaluations completed for on-going training.

DCFS Staff Evaluations for Ongoing Training Provided for SFY 2019:							
Training	Total Trainings	Total Participants	Total Evaluations Completed	Question 1 ^a	Question 2 ^b	Question 3 ^c	Question 4 ^d
An Introduction to TIPS	1	10	3	100% (33%, 67%)	67% (67%, 0%)	100% (33%, 67%)	67% (67%, 0%)
Courtroom Do's and Don'ts	3	62	73	99% (88%, 11%)	95% (86%, 8%)	100% (90%, 10%)	99% (89%, 10%)
CPS Specialize Training	1	12	11	100% (100%, 0%)	100% (100%, 0%)	100% (100%, 0%)	100% (100%, 0%)
Designing and Delivering Trainings	2	25	25	100% (97%, 3%)	100% (93%, 7%)	93% (83%, 10%)	100% (97%, 3%)

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Domestic Violence	7	166	123	100% (93%, 7%)	100% (93%, 7%)	100% (93%, 7%)	100% (91%, 9%)
Facts to share/Mock trial	3	89	70	97% (84%, 13%)	94% (83%, 11%)	97% (86%, 11%)	97% (84%, 13%)
Failure to Thrive	3	64	51	96% (88%, 8%)	96% (88%, 8%)	98% (88%, 10%)	98% (90%, 8%)
FATS Instructional Training	1	9	3	100% (33%, 67%)	100% (67%, 33%)	100% (33%, 67%)	100% (67%, 33%)
Infant Mental Health	6	127	117	99% (82%, 17%)	97% (79%, 19%)	99% (85%, 14%)	99% (85%, 14%)
Introduction to ACCESS 2.0	1	8	3	100% (33%, 67%)	67% (67%, 0%)	67% (33%, 33%)	67% (33%, 33%)
Physical Indicators of Child Maltreatment	12	214	33	100% (97%, 3%)	100% (97%, 3%)	100% (97%, 3%)	100% (97%, 3%)
Prevention Training	3	44	41	95% (78%, 17%)	93% (71%, 22%)	95% (68%, 27%)	90% (66%, 24%)
Separation and Placement	11	285	222	100% (91%, 9%)	98% (88%, 10%)	100% (93%, 7%)	99% (88%, 10%)
Substance Use 101	1	12	7	100% (71%, 29%)	100% (71%, 29%)	100% (71%, 29%)	100% (71%, 29%)
Integration of Trauma-Informed Approaches	1	38	36	100% (83%, 17%)	100% (78%, 22%)	100% (89%, 11%)	100% (78%, 22%)
Supervisor Certification	8	246	199	99% (89%, 10%)	99% (89%, 11%)	99% (92%, 7%)	99% (92%, 7%)
Supervisor Support Group	11	90	83	99% (93%, 6%)	100% (93%, 7%)	100% (92%, 8%)	100% (95%, 5%)
The First Year in the life of a Child in DCFS Custody	3	73	89	97% (90%, 7%)	97% (85%, 11%)	96% (83%, 12%)	98% (87%, 11%)
Trauma Informed Care	5	61	50	100% (90%, 10%)	100% (86%, 14%)	96% (84%, 12%)	96% (86%, 10%)
Understanding Girls	6	210	159	97% (81%, 17%)	96% (76%, 20%)	97% (79%, 19%)	94% (78%, 16%)
Totals	93	1835	139	99% (88%, 11%)	98% (86%, 12%)	99% (88%, 11%)	98% (87%, 11%)

Note. Participants answered questions 1-4 on a 5-point Likert scale (e.g. Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree). The table reflects the percent participants agreed (combining Strongly Agree and Agree) with the question while the numbers in parenthesis break down that percent into its components (Strongly Agree and Agree respectively). Some trainings used a different evaluation with different verbiage, excluding them from this table. Below are the questions asked:

a. Question 1: "I felt like the trainer(s) encouraged me to related course content to real life situations and/or practice."

b. Question 2: "I felt the training materials and the in-class activities were helpful to building knowledge and skills in this topic."

c. Question 3: "In my opinion children and families will benefit from knowledge and skills participants gained during this training."

d. Question 4: "In my opinion the content of this training provided me with knowledge and skills I need for my role."

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Community Partner Trainings: LCWTA is a partnership between DCFS, the Pelican Center for Children and Families, and the University Alliance comprised of seven university partners within the public schools of Social Work in Louisiana. The University Alliance members include Southeastern Louisiana University (lead), Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University, and the University of Louisiana at Monroe.

Through this partnership, the Pelican Center has been able to act as coordinator in providing multi-disciplinary educational training for child welfare legal stakeholders as well as DCFS staff and partners. During the FFY 2019, the Pelican Center conducted 16 in-person trainings. Five hundred forty-five (545) participants completed the trainings with 278 registered as DCFS staff.

The following is a table of the training sessions provided to legal stakeholders as well as current DCFS staff members for SFY 2019:

Training Session for SFY 2019:							
Training	Total Trainings	Total Participants (DCFS Staff)	Total Evaluations Completed	Question 1 ^a	Question 2 ^b	Question 3 ^c	Question 4 ^d
Child Welfare Basics	5	204 (96)	190	92% (68%, 25%)	86% (62%, 25%)	95% (72%, 23%)	89% (67%, 22%)
Cultural Consciousness	4	108 (56)	104	100% (93%, 7%)	99% (92%, 7%)	100% (92%, 8%)	100% (89%, 11%)
Mosaic Dimension 2.0	4	108 (53)	84	100% (93%, 7%)	99% (92%, 7%)	100% (93%, 7%)	98% (87%, 11%)
Safety Decision Making	3	125 (73)	117	90% (57%, 32%)	86% (53%, 33%)	98% (70%, 28%)	94% (62%, 32%)
Total	16	542 (278)	435	94% (75%, 19%)	91% (71%, 20%)	98% (79%, 18%)	94% (74%, 20%)

Note. Participants answered questions 1-4 on a 5-point Likert scale (e.g. Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree). The table reflects the percent participants agreed (combining Strongly Agree and Agree) with the question while the numbers in parenthesis break down that percent into its components (Strongly Agree and Agree respectively). Below are the questions asked:

^aQuestion 1: "I felt like the trainer(s) encouraged me to related course content to real life situations and/or practice."

^bQuestion 2: "I felt the training materials and the in-class activities were helpful to building knowledge and skills in this topic."

^cQuestion 3: "In my opinion children and families will benefit from knowledge and skills participants gained during this training."

^dQuestion 4: "In my opinion the content of this training provided me with knowledge and skills I need for my role."

Together We Can Conference SFY 2019 Update: The 2018 Together We Can conference marked the 16th year of this annual event. The goal for the 2018 conference was to achieve 600 registrations and we reached 113% of the target by enrolling 678 participants. The attendees included a diverse representation of child welfare staff and stakeholders. CASA represented 26%

STATE OF LOUISIANA 2020 Annual Progress and Services Report

of those attending; DCFS staff represented 20%; Legal Stakeholders accounted for 12% while the remaining 41% were composed of different classifications and categories.

During the Together We Can Conference 2018 there were 61 plenary sessions and workshops conducted with a total of 71 faculty members covering topics that addressed issues that were relevant at the national and state level such as: “Motivational Interviewing,” “Father Engagement,” “Painless Parenting,” “Self Care and Adaptive Coping,” and “Working with Youth on the Autism Spectrum.”

The Pelican Center staff gathered training evaluations from 61 sessions and workshops given throughout the conference. The survey consisted of six items. Five of the items queried participants on their agreement to statements using a five-point Likert scale while one question was open ended. Participants completed 3,771 surveys and the results of relevant survey items indicate that:

- 89% (61%, 28%) of the participants agreed that the topic was informative and valuable (Strongly Agreed and Agreed combined and Strongly Agreed, Agreed respectively).
- 90% (65%, 25%) of the participants agreed that the topic contributed to the whole conference (Strongly Agreed and Agreed combined and Strongly Agreed, Agreed respectively).

Legal Trainings: The following is a list of the training sessions provided to legal stakeholders as well as current DCFS staff members between July 1, 2018 and June 30, 2019:

- APLA - Pause Before You Choose
- Changing the Paradigm Through Multi-Systemic Collaboration
- Child Abuse and Neglect = Trauma
- Child Welfare Law Core Training: Child Development Issues Basics of Child Abuse and Neglect
- Child Welfare Law Core Training: Federal and State Legislation
- Child Welfare Law Institute on Serving Older Youth - Part 1
- Child Welfare Law Institute on Serving Older Youth - Part 2
- Child Welfare Law Institute on Serving Older Youth - Part 3
- Child Welfare Research & Evaluation
- Concurrent Planning for Foster Children is Everyone's Job
- Current Issues Within ICWA
- Decision Making Tools for Child Welfare and the Courtroom
- Do No Harm - Part 1
- Do No Harm - Part 2
- Do No Harm - Part 3
- Do No Harm - Part 4
- Educational Advocacy: Benchmark Conferences
- Educational Advocacy: Discipline in Louisiana Schools
- Educational Advocacy: Resources at the Department of Education
- Educational Advocacy: Special Education Laws & Rights
- Fatherhood Engagement
- Focus on Family Engagement

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Healing the Child in Juvenile Court: The Science - Part 1
- Healing the Child in Juvenile Court: The Science -Part 2
- Healing the Child in Juvenile Court: The Science - Part 3
- Human Trafficking of Juveniles - Realities and Myths
- Judicial Expectations on Competency
- Legacy of Reform Court Oversight of Child Welfare
- Louisiana Parents' Attorneys Role in CINC Cases -Part 1
- Louisiana Parents' Attorneys Role in CINC Cases - Part 2
- Managing Secondary Traumatic Stress
- Permanency Options - Part 1
- Permanency Options - Part 2
- Preparing for and Testifying in Court as an Expert Witness
- The Adoptions and Safe Families Act - Part 1
- The Adoptions and Safe Families Act - Part 2
- Understanding The Standards/Ethics of Attorneys and Social Workers
- Unto a Third Generation: A Call to End Child Abuse Within 20 Years
- Working with Child Sexual Assault Victims with Disabilities

The Pelican Center has collaborated with other community stakeholders to act as coordinator in providing multi-disciplinary educational and/or specified trainings for child welfare legal stakeholders as well as DCFS staff and other partners. During federal fiscal year 2019, the Pelican Center collaborated with other community stakeholder agencies to conduct more than nine in-person trainings. Three hundred eighty-seven (387) participants completed the trainings of which 107 participants earned continuing legal education credit and 328 earned continuing education units. Two hundred seventy-eight (278) registered as DCFS Staff. The following trainings were provided:

- **Relationships and Intimacy: Preventing Exploitation Information for People with Developmental Disabilities:** six in person trainings throughout the state. One hundred twenty-eight (128) participants completed the training with two participants earning continuing legal education credit, and 126 earning continuing education units.
- **Louisiana Public Defender Board, Juvenile Defender Training:** one annual in-person training. A total of 78 CINC parents' attorneys completed the training with all 78 participants earning continuing legal education credit.
- **Louisiana Juvenile and Family Court Judges:** a joint executive training with members of the Department of Children and Families with 21 participants earning continuing legal education credit.
- **Louisiana Juvenile and Family Court Judges Commission:** a biannual joint executive training with members of the Department of Children and Families with 45 participants earning continuing legal education credit.
- **Complex Trauma Conference:** a multi-disciplinary daylong conference with 159 participants with six earning continuing legal education credit and 124 earning continuing education units.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The Pelican Center supported the Program Improvement Plan Quality Legal Representation goal by sponsoring subject matter experts to serve as conference and/or workshop presenters at Legal Stakeholder annual, biannual and quarterly training events. Further, the Pelican Center continues to support and promote the capacity of our individual legal practitioners by sponsoring registration and attendance at annual national conferences. During the state fiscal year 2019, the Pelican Center sponsored workshops or participants at the following conferences:

- **Louisiana District Attorney’s Association, Fall Seminar:** a workshop presentation on Cultural Consciousness. One hundred eighty-six (186) prosecutors attended this conference.
- **Louisiana City, Family & Juvenile Judges Seminar:** sponsored a conference presenter on Safety Decision Making at this annual Louisiana Judicial College training. Eighty-eight (88) Louisiana judges of the City, Family and Juvenile courts attended this seminar.
- **ABA National Conference on Parent Representation:** sponsored seven CINC Public Defenders’ registrations and attendance at the American Bar Association (ABA) Conference on Parent Representation in Virginia.
- **NACC 41st National Child Welfare Juvenile Justice and Family Law Conference:** seven children’s attorney’s registration and attendance at the National Association of Counsel for Children Conference in Texas.

Foster and Adoptive Parent Training: New foster and adoptive parents must complete pre-service training to become certified. Regular foster parents complete “A Journey Home Pre-Service” consisting of eight three-hour sessions and child specific (kinship) families complete “A Journey Home Kinship Pre-Service” consisting of four three-hour sessions. The training model was developed specifically for Louisiana through collaboration with The Annie E. Casey Foundation and Texas Christian University Child Development Center; it incorporates components of Quality Parenting and Trust-Based Relationship Interventions (TBRI). The Journey Home Precertification training was developed and implemented in 2017. For SFY 2019, 751 regular foster homes were certified and completed 30 hours of pre-service training (24 classroom hours and six hours homework) and 776 child specific or kinship homes were certified and completed 12 classroom hours. One-thousand five-hundred twenty-seven (1527) new certifications were awarded in the SFY19; 49% were provided to Foster Homes and the remaining 51% were provided to Child Specific Homes.

The following table shows a breakdown of the Foster Homes and Child Specific Homes by region that were certified throughout SFY 2019:

SFY 2019 New Certifications:					
Region	Foster Homes	% of Foster Homes	Child Specific Homes	% CS Homes	Total
New Orleans	35	65%	19	35%	54
Baton Rouge	65	66%	34	34%	99
Covington	184	41%	263	59%	447
Thibodaux	45	31%	98	69%	143
Lafayette	54	56%	42	44%	96
Lake Charles	38	51%	37	49%	75
Alexandria	43	46%	50	54%	93

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Shreveport	168	56%	131	44%	229
Monroe	119	54%	102	46%	221
Total	751	49%	776	51%	1527

Certified foster/adoptive parents are required to complete 15 hours of training per year to maintain certification. Per licensing regulations, foster families are required to have 15 training hours by June 30 of each year. For state fiscal year 2018/2019, the DCFS Secretary granted waivers for families that did not have training hours by June 30, 2019, to obtain the required 15 training hours before July 31, 2019, or their homes would be closed. In all nine regions, all foster families had the required 15 training hours before July 31, 2019, or their homes were closed before July 31, 2019.

The following is a table of evaluations regarding some of the training sessions provided to foster/adoptive parents and staff between July 1, 2018 and June 30, 2019:

Foster Parent Ongoing Training Evaluations SFY 2019:							
Training	Total Trainings	Total Participants	Total Evaluations Completed	Question 1 ^a	Question 2 ^b	Question 3 ^c	Question 4 ^d
Foster Parent Grief	8	87	59	95% (73%, 22%)	93% (66%, 27%)	95% (71%, 24%)	93% (66%, 27%)
Providing Culturally Affirming Care	13	128	87	100% (80%, 20%)	100% (78%, 22%)	99% (80%, 18%)	98% (78%, 20%)
Understanding and Managing Behavior	4	40	30	100% (73%, 27%)	97% (67%, 30%)	100% (73%, 27%)	100% (60%, 40%)
Totals	25	255	176	98% (77%, 22%)	97% (72%, 25%)	98% (76%, 22%)	97% (71%, 26%)

Note. Participants answered questions 1-4 on a 5-point Likert scale (e.g. Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree). The table reflects the percent participants agreed (combining Strongly Agree and Agree) with the statement while the numbers in parenthesis break down that percentage into its components (Strongly Agree and Agree respectively).

a. Question 1: "I felt like the trainer(s) encouraged me to related course content to real life situations and/or practice."

b. Question 2: "I felt the training materials and the in-class activities were helpful to building knowledge and skills in this topic."

c. Question 3: "In my opinion children and families will benefit from knowledge and skills participants gained during this training."

d. Question 4: "In my opinion the content of this training provided me with knowledge and skills I need for my role."

Online Training: The LCWTA LMS captured 4,546 new users that registered through the LCWTA eLearning Management System. A variety of CASA, Community Partners, IV-E Students, Louisiana DCFS staff, Louisiana Foster/Adoptive parents, Mandatory Reporters, University Alliance Members and students were identified as active users. The following table below shows a breakdown of the classification listed on the LCWTA eLearning site.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

LCWTA LMS Users:			
Classifications	New Users	Active Users	Total Users
CASA	32	11	54
Community Partners	251	145	326
IV-E Student	33	11	44
Louisiana DCFS Staff	1613	378	1616
Louisiana Foster/ Adoptive Parent	2131	2437	3740
Mandatory Reporters	336	241	366
University Alliance Members	3	1	10
Student	147	131	164
Total	4546	3355	6320

Note. ^aActive Users: Was defined as users who completed at least one online course.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The following table shows a breakdown of the courses provided online through the LCWTA eLearning site, the training hours that each course participant earned and the number of users that self-enrolled and completed each course.

Moodle Training x Course x Classification:							
Category	Training	Hours	Participants	Participant (Hours Awarded)			Total Hours Awarded
				Louisiana Foster/Adoptive Parent	Louisiana DCFS Staff	Community Partners	
A Journey Home	Module 1	1	992	971 (971)	21 (21)	0 (0)	992
	Module 2	1	524	513 (513)	11 (11)	0 (0)	524
	Module 3	1	444	435 (435)	9 (9)	0 (0)	444
	Module 4	1	385	377 (377)	8 (8)	0 (0)	385
	Module 5	1	328	322 (322)	6 (6)	0 (0)	328
Affects of Fostering	Implicit Bias	1.5	516	516 (774)	0 (0)	0 (0)	774
	Removed	0.5	476	475 (237.5)	0 (0)	1 (1)	238
Culture	Culture Clash	1.5	424	399 (598.5)	25 (37.5)	0 (0)	636
Domestic Violence	Domestic Violence and Child Welfare	3	63	0 (0)	63 (189)	0 (0)	189
General Trainings	Connected Child	3	438	410 (1230)	28 (84)	0 (0)	1314
	Maximizing Adolescence	1.5	590	535 (802.5)	55 (82.5)	0 (0)	885
	Social Work Ethics	3	37	0 (0)	37 (111)	0 (0)	111
	The Developmental Disabilities Service System	1	437	395 (395)	41 (41)	1 (1)	437
LGBTQ	LGBTQ: Opening Doors	1	392	323 (323)	64 (64)	5 (5)	392
	Working With LGBTQ Youth	1.5	279	245 (367.5)	32 (48)	2 (2.5)	418.5
Mandatory	CPR Refresher	0.5	1204	1203 (601.5)	0 (0)	1 (1)	602
	Human Trafficking	0.75	996	872 (654)	54 (40.5)	70 (68)	747
	Mandatory Reporter Training	1.5	1137	631 (946.5)	47 (70.5)	459 (688.5)	1705.5
	Medication Management	0.5	1514	1514 (757)	0 (0)	0 (0)	757
QPI	Icebreakers	0.5	553	531 (265.5)	22 (11)	0 (0)	276.5
	Parent Perspective	1.75	605	571 (999.25)	34 (59.5)	0 (0)	1058.75
	QPI National Conference	1.5	811	762 (1143)	49 (73.5)	0 (0)	1216.5
Safety	Infant Safety	0.5	534	488 (244)	46 (23)	0 (0)	267
Specific Needs	Helping the Bullied	0.5	594	594 (297)	0 (0)	0 (0)	297
	Understanding Girls: Attachment	1	371	371 (371)	0 (0)	0 (0)	371
	Understanding Girls: Girls and Emotion	1	160	160 (160)	0 (0)	0 (0)	160
	Understanding Girls: Impact to the Caregiver	1	108	108 (108)	0 (0)	0 (0)	108
	Understanding Girls: Relational Aggression	1	86	86 (86)	0 (0)	0 (0)	86
	Understanding Girls: Sexuality	1	61	61 (61)	0 (0)	0 (0)	61

Note. Some discrepancy in classification participation can be the result of some courses not being available to all classifications.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Child Placing Agencies/Residential Facility Trainings: DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. DCFS Licensing verifies that all licensing requirements, including required training, are met during on-site licensing inspections. During SFY ending June 30, 2019, 14 out of 23 Residential Homes and 13 out of 15 Child Placing Agencies were without training deficiencies following any of their inspections (148 and 60 respectively). All Child Placing Agency Staff completed their requirements within the allotted period. Two of the Residential Homes were not able to complete their requirements within the period. One, the Christopher Youth Center, had staff who required training on their last inspection of the fiscal year (June 24, 2019) and a follow up inspection, to confirm compliance, could not be completed before the end of the reporting period (6 days). The other facility, the Harmony Center, had two staff members who were unable to complete their training prior to the beginning of the new fiscal year (July 1, 2019).

The following table summarizes the Child Placing Agencies, site inspections; dates of first and last inspections, training requirements, and the date when all staff training deficiencies were cleared as reported by DCFS Licensing:

SFY 2018-2019 CHILD PLACING AGENCY					
Facility Name	Number of Inspections SFY 2019 and Date Range	Orientation Training Deficiencies	Annual Training Deficiencies	CPR/FS Training Deficiencies	Date Training Deficiencies Cleared
Raintree Family Foster Care	3 (8/18-5/19)				
Gulf Coast Social Services	4 (8/18-6/19)				
Volunteers of America, GBR Client Placing Foster Care / Treatment Foster Care	5 (7/18- 2/19)				
Cane River Children's Services Child Placing Programs	9 (7/18- 6/19)		All Staff		3/25/2019
Nora's House	3 (7/18-12/18)				
Gulf Coast Social Services	3 (7/18-5/19)				
Gulf Coast Social Services	5 (8/18-6/19)				
Therapeutic Family Services, Catholic Charities Archdiocese of New Orleans	4 (9/18-1/19)				
Methodist Foster Care - Monroe	6 (9/18-5/19)				
Methodist Foster Care - Lafayette	5 (7/18-12/18)				
The Kennedy Center of Louisiana, Inc.	6 (7/18-2/19)	3			2/25/2019
Choices Coordinated Care Solutions, Inc.	2 (9/18-5/19)				

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Youth Oasis	2 (11/18-1/19)				
Methodist Foster Care - Covington	2 (3/19-6/19)				
LL Brandon Transitional Home	1 (4/18-4/19)				
Positive Family Support Systems*	N/A				
National Youth Advocate Program*	N/A				
Methodist Foster Care – Alexandria*	N/A				
Totals	60	3			

Note: An empty cell, under Training Deficiencies, references a lack of deficiencies when inspected (i.e. all staff completed their Orientation trainings at the time of each inspection).

Number of Inspections and Date Range^a: Date range in parenthesis is referencing the month and year of the first and last inspection during the 18-19 fiscal year (m/yy).

Date Deficiencies Cleared^b: The date used references when all staff were cleared. Some staff completed their trainings before the mentioned date. respectively).

***These agencies were not licensed during the time frame (licensed effectively on 8/19, 9/19, and 11/19, from top to bottom, respectively).*

The following table summarizes the Residential Homes, site inspections, dates of first and last inspections, training requirements, and the date when all staff training deficiencies were cleared as reported by DCFS Licensing:

SFY 2018- 2019 RESIDENTIAL HOME INSPECTIONS					
Facility Name	Date Range and #of Inspections SFY 2019 and	Orientation Training Deficiencies	Annual Training Deficiencies	CPR/FS Training Deficiencies	Date Training Deficiencies Cleared
Behrman Treatment Family Home	9 (7/18 - 5/19)				
Boys Town Louisiana - Bienville Family Home	10 (7/18 - 6/19)				
Boys Town Louisiana - City Park Family Home	7 (7/18 - 4/19)			2	8/15/2018
Boys Town Louisiana - Magazine Family Home	8 (7/18 - 4/19)			2	8/17/2018
Cane River Children's Services, Inc.	7 (7/18 - 6/19)		14	3	3/12/2019
Christopher Youth Center	7 (7/18 - 5/19)		4		Incomplete
Community Receiving Home Inc. dba Renaissance	6 (7/18 - 4/19)				
Harbor House ETC - Emergency Shelter for Children	8 (7/18 - 5/19)				
Harmony Center, Inc. - A.B. Horn Group Home	9 (7/18 - 4/19)		8	1	5/9/2019 6 staff completed
Harmony Center, Inc. - Harmony III Group Home	9 (7/18 - 4/19)				
Jesse Dotey Youth Development Center	7 (9/18 - 6/19)			1	5/28/2018
Lafourche Parish Juvenile Justice Facility	4 (7/18 - 4/19)				
Lighthouse Child Residential Center	7 (8/18 - 6/19)				
Lighthouse Ranch for Boys	5 (9/18 - 5/19)				
Louis Children's Crisis Center	5 (7/18 - 3/19)				
MacDonell United Methodist Children's Services, Inc.	2 (9/18 - 2/19)				

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Metanoia Manor	4 (10/18 - 6/19)				
Options for Independence - Hooper Dorm	6 (8/18 - 5/19)				
Raintree House	6 (8/18 - 4/19)			1	1/23/2019
The Agape House	4 (10/18 - 5/19)				
The Agape House II	5 (7/18 - 5/19)				
The Louis Children's Crisis Center - Midland	6 (7/18 - 4/19)		12		5/30/2019
Ware Youth Center Shelter	8 (7/18 - 5/19)		25	1	
Totals	148		63	10	

Note: An empty cell, under Training Deficiencies, references a lack of deficiencies when inspected (i.e. all staff completed their Orientation trainings at the time of each inspection).

Number of Inspections and Date Range^a: Date range in parenthesis is referencing the month and year of the first and last inspection during the 18-19 fiscal year (m/yy).

Date Deficiencies Cleared^b: The date used references when all staff were cleared. Some staff completed their trainings before the mentioned date. respectively).

University Alliance: The University Alliance, in partnership with the LCWTA, the Pelican Center and DCFS, has greatly expanded its capacity to carry out the mission of supporting a competent, stable workforce as it relates to recruitment, retention, learning, and infrastructure. The Alliance has made key personnel investments. In January of 2019, Northwestern State University, the lead partner University, hired Andrew Fultz, MSW, LCSW as the Louisiana Title IV-E Child Welfare Program Manager. Andrew was hired to work on behalf of the Alliance to lead in fulfilling the goals and mission of the Alliance. He was quickly brought onto the LCWTA Steering Committee and has worked diligently with the support and assistance of Alliance members to develop several workforce development initiatives. In July of 2019, the Alliance further made investments in statewide personnel in the development of a Project Operations Coordinator position. Jennifer Luna, MPA was hired to ensure that statewide projects continued and advanced as the Scholars Program continued to evolve. Since that time, several major projects have moved forward.

- The Scholars program has gathered and completed initial analysis of data on Child Welfare Scholars from the last 10 years to inform recruitment and retention efforts. They are examining data to inform the goal of developing targeted scholar positions for key regions and parishes. With the assistance of University Alliance statewide staff and DCFS Human Resource partners, the first validated and dynamic data set pertaining to stipend recipients was developed and set up for bi-weekly updates. This has allowed statewide staff the ability to begin data analysis of the effectiveness of the Scholars program.
- Louisiana continues to utilize a competency-based screening and selection process to select Title IVE Child Welfare Scholars and new child welfare employees. Scholars for 2020-2021 will be asked to confirm they are able to perform the essential duties of the child welfare specialist position.
- Stipend amounts were increased to more competitive in recruiting high quality candidates.
- Universities expanded their recruitment efforts and a number of the universities are experiencing significant expansion of interest by students in the Child Welfare Scholars program.
- Several universities have developed dedicated Child Welfare Scholar rooms to advance the learning and professional development of Title IVE Child Welfare Scholars.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Work has begun to realign university child-welfare course offerings for greater continuity and development of the Louisiana Child Welfare workforce.
- The scholars program continues to support and refine the Child Welfare Employee MSW Educational Support Program. Since its initiation in 2017, nine employees have obtained their MSW's through the program.
- The Alliance has continued to support staff attaining advanced social work licensure.
- DCFS staff facilitated greater participation of employees in Title IV-E Child Welfare Scholar (aka Stipend) Support Groups. Participants report finding great value in the groups and often seek to participate beyond their first three years of employment.
- Alliance staff initiated Child Welfare Scholar Community of Practice groups in spring 2020, using Zoom and Microsoft Teams to connect child welfare scholars across the state in shared learning and support, particularly in response to the COVID-19 stay at home orders.
- Grambling State University developed an advanced supervisor's certificate program that is scheduled for implementation in fall 2020.
- Southern University of New Orleans is developing an Intra-professional Certificate Program to support effective practice with children and families across multiple disciplines.
- Northwestern State University is expanding its research capacity by collaborating with DCFS for the distribution and analysis of statewide surveys. Three initial surveys were conducted and findings were disseminated through technical reports. Due to the increase in the partnership, NSU will hire a Research Coordinator to help carry out research and evaluation projects throughout the state.

SERVICE ARRAY – The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) program provides an array of services. These services assess the strengths and needs of children and families, determine other service needs, and address the needs of families as well as the individual children to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The state's CW service continuum/service array includes:

- Centralized Intake (CI) for intake, screening and referral;
- Child Protective Services (CPS) for the assessment of reports of abuse/neglect;
- Family Services (FS) for in-home services when it is safe for a child to remain in the home;
- Foster Care (FC), Services to Parents (SP), Kinship Care (KC), Guardianship Subsidy, Chafee Independent Living Services, Adoption (AD), Education Training Vouchers and Extended Foster Care for out-of-home services;
- Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents;
- Day Care (DC) services are provided in collaboration with LDE:
 - To prevent removal and provide for the safety of children served in the CPS and FS cases as well as children remaining in the home with the parents in SP cases where at least one child has entered foster care; and,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- To stabilize placements of children in foster home settings as well as ensuring children of minor parents who are in foster care have the care needed while the minor parents achieve educational goals and seek normalcy.
- Interstate Compact on the Placement of Children (ICPC) for cross-jurisdictional placement services to children in out-of-home placements or being adopted; and,
- Residential and Behavioral Health Care for children who are unable to live in family/home-based settings.

Services are provided in all political jurisdictions throughout the state encompassing 64 parishes divided into nine regions. DCFS has CW offices located in 48 parishes statewide. Individuals who live in parishes where there is no CW parish office are served in their parishes of residence by DCFS staff housed in neighboring parishes. If travel for other services is required, DCFS provides transportation as resources allow.

The service array is provided through a number of specialized services and collaboration with community partners. Some examples include:

- A contract with the Language Line to serve clients with limited English proficiency;
- A drug screening contract allowing for a variety of screening options as needed to identify drug usage by parents;
- Paternity testing contracts utilizing labs across the state to identify fathers;
- Partnership with the Louisiana State Police to provide national, fingerprint based criminal background clearances on children's caregivers and staff.

Additional information on other specialized services is provided in the sections on CPS, Prevention and Intervention, and Chafee within this plan.

Preventive services are provided to families through the DCFS Family Services (FS) program. The philosophy is each child should remain in his or her own home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of the children from their families by identifying challenges to parental protective capacities, assisting families in improving parental protective capacity, and preventing the breakup of families when a child can be cared for safely in the home. FS workers complete a comprehensive assessment of the family identifying the unique needs, strengths and protective capacities of the family.

Foster care is a planned, goal-directed protective service for children and their parents who must live apart because of child abuse, neglect, or special family circumstances necessitating out-of-home care. Foster care services are intended to be an interim process to provide care for a child until he is reunited with his family or until another permanent living situation is provided. The department provides services to parents whose children are in foster care in order to enhance their parental protective capacities and remove the safety threats that resulted in the children's removal from the home. This portion of the foster care program is referred to as the Services to Parents (SP) program. The department assists families in the SP program through teaming to develop a network of support through extended family, friends, and their community to sustain family

STATE OF LOUISIANA 2020 Annual Progress and Services Report

functioning once reunification is achieved. If unable to achieve reunification, the program serves families by maintaining connections with the child until another permanency goal is achieved.

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

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

The Extended Foster Care Program (EFC) seeks to provide young adults with individualized and age-appropriate support needed to successfully transition to adulthood. EFC provides an age-appropriate program that is distinct from the services provided to youth under age 18 and acknowledges that young people in EFC are adults.

The EFC Program includes placement, services, and case management allowing young adults to experience age-appropriate freedom and independence while continuing to receive guidance and support. As young adults are supported in developing the skills and competencies needed to enter adulthood, they will be supported in achieving permanency and solidifying their supportive connections with family and adults. The program seeks to be flexible and responsive to the needs of young adults so they receive the support needed to thrive as they enter adulthood.

The eligibility criteria for EFC is below:

- Adjudicated as a Child in Need of Care (CINC)
- Aged out of foster care on 18th birthday
- Currently 18-21 years old.
- Meets one of the following:
 - Enrolled in a secondary educational program or program leading to an equivalent credential
 - Enrolled in an institution providing postsecondary or vocational education
 - Participating in a program or activity designed to promote employment or remove barriers to employment
 - Employed at least eighty hours per month
 - Incapable of educational/employment activities due to a medical condition

Extended Guardianship Subsidies and Extended Adoption Subsidies may be offered to the caregivers of youth who enter a guardianship arrangement or are adopted between ages 16 and 18

STATE OF LOUISIANA 2020 Annual Progress and Services Report

from foster care who were eligible and began receiving the Guardianship Subsidy or Adoption Subsidy at the time of the guardianship arrangement or adoption. The extended subsidies may be provided to the youth's guardian or adoptive parent, if they continue to provide financial support to the youth, and continue to provide for the ongoing care of the youth up to the youth's 21st birthday. For families to receive the extended subsidies their youth must meet the same criteria as youth eligible for the EFC program.

Primary services for FS and SP clients are provided through the Family Resource Centers (FRC). These services include parenting classes, visit coaching and family skill building. Homebuilders is an Intensive Home Based Service (IHBS) provided to some clients which offers child safety, placement and prevention services. This includes intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of the families. These services are provided to the highest risk families where children are at risk of out of home placement; or, families where reunification efforts are underway and the services are needed to support the safe transition home of the children. IHBS services are provided through the Medicaid health plans in collaboration with LDH. Referrals must be made by mental health providers, OJJ or DCFS indicating the services are needed to facilitate reunification of the child with the parent or to prevent out of home care of a child through hospitalization, detention or foster care.

Medical, dental and behavioral health care services are provided through DCFS and LDH collaboration to children and youth in FC, AD, and EFC, primarily through Medicaid and the LDH contracted Managed Care Organizations. A few children have private healthcare coverage, and non-Medicaid covered services are provided through DCFS allocated State General Funds to meet the care needs of the children and youth.

DCFS CW individualizes the service array through an assessment process initiated when the department first becomes involved with children, youth and families. This assessment process is ongoing throughout the life of a case. In the upcoming 2020-2024 plan years, DCFS will be collaborating with stakeholders, including the Capacity Building Center for States, to analyze all the assessment processes utilized by the department. The goals of this analysis include:

- ensuring statewide consistency in use of assessment processes;
- synchronizing the assessment processes for cohesion in service delivery across programs;
- building transparency in the service relationship with families;
- improving decision making regarding appropriateness of services in meeting client needs;
- partnering more effectively with court systems in guiding families to the best permanency solutions for their unique situation.

DCFS intends to build a Louisiana Assessment model that will be implemented in all CW programs to measure and evaluate the impact on service delivery with changes to the model as needed to improve effectiveness.

DCFS and the Louisiana Department of Education (LDE) have worked together statewide to implement the federal Every Student Succeeds Act (ESSA) requirements. Both departments have developed liaisons to manage communications more effectively to assist children in achieving improved educational outcomes. These efforts and partnerships will continue to ensure children in

STATE OF LOUISIANA 2020 Annual Progress and Services Report

foster care have coordinated service delivery between DCFS and their school system to maximize access to appropriate educational services.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child's Medicaid provider. The LDH, Medicaid managed care programs establish a medical home for all children receiving Medicaid including children in foster care. This ensures coordinated medical care and better access to medical records. The primary care physician is able to monitor the child's developmental needs as well. Through collaboration with LDH and the Office of Citizen's with Disabilities (OCDD), Early Steps screenings are provided to identify early signs of developmental delays and establish appropriate services.

DCFS has specific policy to provide practice guidelines on assessing and working with Substance Exposed Newborns (SEN) and their families. The policy provides guidance on conducting a thorough assessment of the infant, caregivers and the environment in order to determine what services, if any, are appropriate for the family.

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

Two infant teams in the Orleans region provide infant mental health services. (For additional information on the Infant teams, please refer to the Promoting Safe and Stable Families [PSSF] section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or prenatal exposure to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessment, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment is used to assess the caregiver-child relationship, develop a plan of intervention and work with the caregiver and child to improve the caregiving relationship.

DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents.

Among the DCFS certified foster/adoptive family homes, there are specialized family homes which are required to meet or exceed the Department's minimum requirements for family foster homes. They are required to possess or develop skills and abilities, which enable them to provide specialized care to a specific category of children. Because of the specialized services required by

STATE OF LOUISIANA 2020 Annual Progress and Services Report

some children, foster/adoptive parents are required to adhere to certain restrictions regarding the age range, number, and extent of the special needs of the children placed in the home. Except for homes certified to provide care for large sibling groups, specialized family foster homes typically have a maximum capacity of four children. Specialized foster parents certified to provide care for children with medical problems, handicapping conditions and/or developmental disabilities are certified for a minimum capacity of two children and a maximum capacity of four (age range can vary). Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

The department's *A Journey Home* pre-certification training contains a child development component which focuses on separation and attachment, stages of development, impact of placement on children's growth and development; behaviors exhibited by abused/neglected children, discipline and behavior management. The DCFS foster parent handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child, starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five years.

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in FC to require particular consideration in cases involving children ages five and under to insure the young child's developmental level is reviewed, appropriate services are provided, level of risk is thoroughly assessed, and appropriateness of concurrent planning.

The utilization of Teaming enables case managers and other team members to engage children, youth and parents/caretakers in the assessment and case planning process. Engagement of the family or youth is the most fundamental element of this process and it is critical to support change and achieve case plan goals. The DCFS Teaming approach is a collaboration of the case manager and youth/family team in understanding their situation, recognizing strengths, identifying challenges, making decisions, setting goals and achieving desired outcomes. The parents/youth and their team determine the following for each case plan goal:

- Who will assist the parent(s)/youth;
- What actions are necessary;
- Initiation and completion timeframes for actions;
- How specific care needs of each child will be fulfilled in foster care.

Teaming practice for engagement and case planning with parent(s)/youth is a statewide practice. It is required throughout policy from initiation of casework to closure for every child in foster care. In the upcoming plan period, DCFS will be focusing on building the skill level of staff in Teaming with families, as well as expanding the policy requirements to ensure it is used in all Family Services cases as well as Foster Care. This area of work is part of the department PIP efforts to improve engagement of clients and community partners in achieving the case goals of families. Once the efforts in the two-year PIP are finalized, DCFS will continue to monitor Teaming practice through the CQI process and data review from the CCWIS system, which is expected to be in place within the same timeframe.

STATE OF LOUISIANA

2020 Annual Progress and Services Report

An adequate network of behavioral health services and supports is a critical component of the work, which will be occurring in the development of the service array during the next five years. This will be necessary to address the needs of children and their families to provide safe and nurturing home environments to maintain children safely with their parents. DCFS will continue to work closely with the LDH, which maintains responsibility and oversight of the network of behavioral health providers serving the state's Medicaid population. Network development is a recurring topic for ongoing discussion at monthly interdepartmental meetings between DCFS, LDH and the managed care health plans. Discussions focus on identifying barriers to and opportunities for improvement or other needed adjustments.

The department utilizes a variety of congregate care settings and treatment foster homes through private child placing agencies to provide services to children who have a history of and/or current patterns of emotional, behavioral, adjustment problems, family disturbance and may have serious physical and medical conditions. DCFS seeks to utilize programs highly specialized for child treatment, crisis intervention and stabilization. These children often have a history of chronic patterns of aggressiveness and violence against others, delinquency, self-injurious behaviors, non-compliance and depression. Most have experienced multiple unsuccessful out of home placements and may have histories of substance abuse, psychiatric hospitalizations, homicidal and /or suicidal ideation and features of psychosis. They may have cognitive impairments or physical disabilities such as seizure disorder, diabetes, or communicable diseases.

DCFS moved to a two-tiered rate scheme to allow providers to tailor supervision and resources to ensure the safety and well-being of children in Child Residential Care and Therapeutic Foster Care. Children who present with greater needs for supervision and behavior management are referred for care at these levels. Examples of these needs include, but are not limited to, children and youth who present with acute behavioral health challenges, developmental or medical condition(s); aggression towards peers; aggression towards authority; property destruction; elopement risk; tendency to self-harm when unsupervised; actively or history of being sexually aggressive; involvement in human trafficking; and, criminal activity. Providers use the rate adjustment to accommodate adjustments to their staffing and training structures, and to ensure appropriate care for youth with greater needs.

Additionally, DCFS is working with AECF to modify the decision-making processes surrounding congregate care utilization. There have been extensive staffing changes and policy development regarding assessment of each child's network of connections and placement options considering the child's current functioning. It is a stratified process, which is expected to decrease the number of children in congregate care settings, and decrease the number of days spent in congregate care settings when these settings are used to meet a treatment need for a child. As this new process is implemented in the upcoming SFY, there will be evaluative processes put in place to measure the effectiveness of the changes. This evaluative process will be used to guide changes as needed to improve service delivery to children and youth.

DCFS conducts monthly scheduled psychopharmacology consultations with OBH representatives, a Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being outside of recommended psychotropic medication parameters. This service is provided to meet the individualized needs of children in foster care, statewide. The service provides for the oversight

STATE OF LOUISIANA

2020 Annual Progress and Services Report

and safe, effective use of psychotropic medications by children in state custody. The service is accessible statewide by phone. Services address individual situations of the referred children. These services are planned for continuation into the new CFSP period.

DCFS has numerous methods to obtain stakeholder feedback and participation in the development and delivery of the service array. These efforts are accomplished in part through the DCFS external advisory board, the DCFS internal advisory committee and the CW CQI process.

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

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

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

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

DCFS will continue to collaborate with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana.

The Dave Thomas Foundation for Adoption awards Wendy's Wonderful Kids (WWK) Child Focused Recruitment Program grants to public and private adoption agencies to hire adoption professionals who implement proactive, child-focused recruitment programs targeted exclusively on moving America's longest-waiting children from foster care into adoptive families. Currently, DCFS has eight full-time recruiters and one supervisor managing all nine regions of the state. Recruiters are allowed to recruit for children with the goal of Another Planned Permanent Living Arrangement (APPLA). This program is targeting increasing adoptions for hard to place children

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and youth. The model provides for this service to be available to all children in custody, throughout the state. The child focused recruitment model allows for individualizing the child's specific needs to locate a permanent caregiver for the child.

Louisiana Kinship Navigator Program (LA-KNP): In October 2018, Louisiana DCFS was awarded an initial grant from the Administration for Children and Families to develop a Kinship Navigator Program. This grant has been renewed for continued activities into 2020. DCFS is working with stakeholders to develop a sustainable service network to support kinship caregivers. The overarching goal of a kinship navigator program includes assisting kinship caregivers in learning about, finding and using programs and services to meet the needs of the children in their care. It is intended to support accessing services for their own needs and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

To inform the development of our kinship navigator program, a steering committee comprised of DCFS staff, kinship caregivers and other community stakeholders was created. To guide development work, focus groups were held across the state and surveys administered to identify the specific needs and experiences of relative caregivers as well as gather demographic data on the families providing care to relative children.

The greatest needs identified through these processes by kinship caregivers included financial assistance, expedited foster home certification for families with children in state custody, child care assistance (for those with preschool children), assistance in addressing behavioral or mental health needs of the child, access to legal information, and parenting education/child development information. Based upon these findings, the department has prioritized development of the following services and supports to kinship families, which will be underway in the upcoming CFSP plan period:

- 1) Collaborating with LA Methodist Children's Home, a licensed child-placing agency to train, assess, and expedite certifications of kinship families providing care to children in state custody. As families reported certification timeframes of several weeks to several months during the focus group meetings, this expedited process seeks to complete family certifications within 45 days and provide 90-days of support after initial certification. This strategy will ensure kinship families receive necessary initial training and information soon after placement of the children in their home, as well as, financial assistance through foster care board payments.
- 2) Addressing the cited issue and need for legal information by kinship caregivers, the Pelican Center for Children and Families and DCFS will conduct research and develop legal resource information guides, fact sheets, and a legal training curriculum to be available to kinship caregivers regardless of their involvement or connection to DCFS.
- 3) Developing updated Kinship Caregiver Information Guides. This provides kinship caregivers with basic information on kinship care; available federal and state financial resources for which they may be eligible; and, directs them on how to access local community resources for information or assistance.
- 4) Collaborating with LA 211 to determine services available to expedite access to needed information by kinship caregivers.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- 5) Securing access to national kinship-care resource material and information through the KINCARE Today magazine to provide this information to kinship families and DCFS staff and family resource centers assisting those families.
- 6) Updating the DCFS website to provide additional kinship information to assist families while further exploration of a stand-alone Kinship Navigator website takes place.

LA-KNP Update FFY 2020: There have been three new documents created by DCFS regarding the Kinship Navigator. There are now two brochures and one booklet, which highlight general facts regarding different types of custody, legal services and custodial information for relative foster parents and kinship caregivers. This information includes, but is not limited to, how to obtain birth certificates, mental health for a child who is not biologically the caregiver's child and how to enroll a child in school. The following resources have been created through the LA-KNP and are accessible through www.dcf.la.gov.

- Louisiana Kinship Navigator: Legal and Custodial Information Guide or Legal Fact Sheets
- Kinship Care Brochure
- Relative Foster Care Brochure
- Statewide Legal Resource Listing
- Regional Kinship Resources
- Legal Information Training through the Louisiana Child Welfare Training Academy (LCWTA) www.lcwta.org

Moreover, another resource available that continues to be utilized is the 2-1-1 toll free access number, which provides kinship caregivers information regarding resources in their communities to assist them and their families in providing care to relative children residing in their home.

LA-KNP Activities Planned FFY 2021: The Kinship Navigator Program will continue to serve as an information and referral network for kinship caregivers who are providing full time care to children other than their own. The Kinship Navigator Program will continue to expand services and resources and invite community partners, faith based organizations, and other community organizations to collaborate and provide supports to kinship families. Beginning in April 2020, 2-1-1 will serve as the statewide toll free number at which relative caregivers can request information or resources to assist their family.

AGENCY RESPONSIVENESS TO THE COMMUNITY –

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: In implementing the provisions of Louisiana's Child and Family Services Plan (CFSP) and developing related annual reports, DCFS CW engages in ongoing consultation with the state's four federally recognized Native American tribes, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies. The major concerns of these representatives are reflected in the goals, objectives, and annual updates of the CFSP. The department works closely with management staff, front-line staff and community partners to ensure goals from the CFSP are met. Concerns regarding performance measures and issues brought forth at both the statewide and regional level are addressed in the Improvement CQI meetings or other regularly scheduled meetings. Departmental staff, community partners, and stakeholders work to improve service delivery by assessing current processes to determine the root

STATE OF LOUISIANA 2020 Annual Progress and Services Report

causes of areas requiring improvement. The achievement of safety, permanency, and well-being is a primary consideration in ongoing efforts to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state. Though not a comprehensive list, the partnerships detailed below represent efforts to be responsive to the community.

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

Louisiana Elite Advocacy Force (LEAF) (Formally known as LYLAC): DCFS staff facilitates the LEAF, which is comprised of youth in care working toward independent living, and youth who have aged out of foster care. Through ongoing quarterly statewide LEAF meetings, communication is maintained and feedback is obtained from the youth. Regional LEAF meetings are held at least monthly.

Open Table: The department implemented a mentorship model, “Open Table”, which offers a long-term relationship and guidance from community based volunteers interested in working with the youth aging out of foster care. Initially, there were two tables serving youth in Monroe and two in Baton Rouge. Currently, there are five tables serving youth in the Shreveport/Alexandria/Monroe regions, and four tables serving youth in the Covington/Orleans/Thibodaux regions. Further development of this program in other communities is planned in the upcoming CFSP timeframe.

Juvenile Courts: The working relationship between the department and juvenile courts continues to vary by region. An enormous cooperative effort among local courts, juvenile courts and state and parish agencies is required to comply with state and federal mandates. The department’s management level staff maintains ongoing communication and/or collaboration with the juvenile court judges. Some of the judges from the Louisiana Family and Juvenile Court Association meet quarterly with the DCFS Secretary and CW Assistant and Deputy CW Assistant Secretary. The judges set the agenda for the meetings. The program improvement activities and challenges from judges and DCFS are discussed.

Citizen Review Panels (CRP): Louisiana has three Citizen Review Panels (CRP). The goal of each panel is to provide an opportunity for citizens to promote positive change for the safety and well-being of children. The panels meet, on a minimum, quarterly to discuss specific

STATE OF LOUISIANA 2020 Annual Progress and Services Report

policies/procedures and in some instances, specific cases. The panels prepare an annual report, which is submitted within the state's APSR.

University Alliance: The DCFS collaborates with public universities' Schools of Social Work through an alliance of Louisiana universities. The members of the alliance include Southeastern Louisiana University (lead), Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University Baton Rouge and University of Louisiana at Monroe. The University Alliance collaborates with DCFS through the Louisiana Child Welfare Training Academy (LCWTA), as well as the Pelican Center of the CIP to provide training opportunities for DCFS staff, federally recognized tribes and other partners. These community stakeholders work to achieve the following:

- Improving the quality of court hearings to ensure children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings;
- Improving safety decision-making across systems by educating and training stakeholders on the principles of advanced safety decision-making;
- Developing policy to support DCFS CW employees pursuing a Master of Social Work degree;
- Standardizing procedures for recruitment/selection of Title IV-E CW stipend recipients.

Faith-Based Community Collaboration:

The department works with the faith based community in a variety of ways:

- Recruiting families willing to foster and adopt;
- Retaining and supporting certified foster/adoptive families; and
- Creating an atmosphere of shared responsibility resulting in, overall, improved child well-being outcomes for children and youth in the foster care system.

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

Crossroads NOLA is a faith-based organization affiliated with the Louisiana Baptist Association. This organization continuously works to help the department bring an awareness of foster care and adoption to the community. They have provided recruitment, training and support services to foster parents in Orleans and Covington regions. Crossroads NOLA helps DCFS partner with Texas Christian University (TCU) Institute of Child Development to provide Trauma and Trust Based Relationship Intervention (TBRI) training.

Healing Place (HP) Serve of Baton Rouge, now known as Empower 225, is a faith-based organization affiliated with Healing Place Church. They collaborate on various projects, such as human trafficking, transitional living for youth aging out of foster care, homeless youth and foster parent recruitment/support. Empower 225 assists with photographing children awaiting adoption and maintaining a statewide Louisiana Heart Gallery (LHG). Children are videoed by America's Kids Belong (AKB) in partnership with the LHG. The videos are posted on AdoptUsKids, DCFS

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and LHG's websites. Empower 225 hosts the Statewide Adoption Exchange meeting. The exchange meeting allows Adoption and Home Development staff (statewide) an opportunity to meet in one place to present certified families and children awaiting adoption in hopes of making potential matches.

Louisiana Methodist Children's Services collaborates in a variety of work efforts with the department, including but not limited to: a Psychiatric Residential Treatment Facility; a Treatment Foster Care program; Chafee Foster Care Independence Program services in four regions; and, development of the Foster Parent Support Organization.

Agency Responsiveness to the Community Update FFY 2020: DCFS is fully committed to strengthening partnerships with families and stakeholders. DCFS remains committed to working with our partners in a respectful, transparent manner. Our relationship with foster caregivers is especially critical to meeting the needs of children in state custody. The department implemented the Quality Parenting Initiative (QPI), which emphasizes collaboration between the department, biological parents and foster parents to best meet the needs of children while they are in foster care.

LYLAC changed the group's name this year to Louisiana Elite Advocacy Force (LEAF). LEAF restructured, elected new officers and created new bylaws this past year. DCFS supports the LEAF youth advisory board by connecting with them a minimum of monthly. The contact often occurs more often as there are multiple sub-committee meetings held during the month in addition to continued conversation over the GroupMe app, which DCFS started to use this year with the board to increase communication. DCFS assists the board in planning monthly board calls, and quarterly leadership retreats, board workday meetings and board lunch meetings. In total, the board meets face to face each month in one of the formats listed in addition to having monthly calls. The board elected officers this year and has worked in partnership with Youth Era for coaching and curriculum building and Annie E. Casey for support regarding youth voice and inclusion. The board, in partnership and with the support of DCFS, has developed three committees for their continued work. The Policy Committee developed a Foster Youth Bill of Rights this year for inclusion in the law that is being carried by Senator Barrow. The session has been delayed, but the bill was filed. The group continues to work on developing a Capitol Day for youth during the legislative session as a multi-year goal. The second committee developed focuses on state board structure, roles, rules, processes, recruitment, and training. This group has accomplished a great deal of work in this area including completely re-vamping the board structure, processes, and plan for support and sustainability. The third committee has focused on placement stability for youth in care. They have planned their work for the next couple of years to address youth voice in placement, youth inclusion in foster parent training and development, and a match process for youth being placed in foster homes. DCFS has supported the board this year in developing logo and continues to support them in developing their website and material as they grow. The board has been connected to multiple community partners that support their leadership and advocacy.

For updates on the Citizens Review Panel, please refer to the CAPTA portion of the plan.

For updates on the University Alliance, please refer to the Systemic Factors/Training portion of the plan.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Agency Responsiveness to the Community Activities Planned for FFY 2021: DCFS will continue to collaborate with stakeholders noted above and throughout this plan to achieve safety, permanency, and well-being for children and families and for the Department to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state.

LEAF will continue to meet monthly through their multiple meetings. LEAF will plan a foster youth day at the capitol for upcoming sessions.

For activities planned on the Citizens Review Panel, please refer to the CAPTA portion of the plan.

For activities planned on the University Alliance, please refer to the Systemic Factors/Training portion of the plan.

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

Child Death Review Panels Update FFY 2020: The DCFS continues to have a strong partnership with the Louisiana Child Death Review Panel, which allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana Department of Health, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:

- Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
- Quarterly state level Child Death Review Panel meetings to review systemic issues and develop strategies to prevent and reduce child fatalities;
- Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions;
- Passage of legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized DCFS to have access to all information/documents in the possession of the Child Death Review Panel.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Child Death Review Panels Activities Planned for FFY 2021: Louisiana plans to continue to strengthen its collaboration and data sharing agreement with Child Death Review Panels, and to ensure child abuse/neglect cases are reported to DCFS to improve outcomes for children and families.

The department's establishment of partnerships such as outreach to the faith-based community and other partners is vital to accomplishing the mission of the Child Welfare programs. The inclusion of foster/adoptive parents, former foster youth, community partners and the pursuit of birth parent participation in DCFS efforts at improvement are vital to service coordination, delivery, and success measurements supported by community feedback. The department recognizes this network of partnerships enhances existing strengths and core values and fills gaps that would exist without this community collaboration. Working together is integral to achieving improved outcomes for children, youth and families. DCFS partners are crucial to building capacity and gaining access to resources within the local communities, which will sustain families when DCFS is no longer involved. Teaming to create community partnerships maximizes limited fiscal and human resources for serving children, youth and families.

FOSTER & ADOPTIVE PARENT LICENSING, RECRUITMENT & RETENTION –

Certification: DCFS Child Welfare Home Development (HD) Program is responsible for recruiting, certifying and re-certifying foster and adoptive family homes to meet the placement needs of children in the Louisiana foster care (FC) system. These homes are required to meet the department's prescribed minimum licensing standards for the health, safety and well-being of children in foster care and children who are available for adoption. Families are dually certified to foster and adopt. The certification process includes a home study, pre-service training and mutual assessment. The re-certification process involves assessing whether the home continues to meet licensing standards, providing support to the family, and addressing any identified issues or concerns. Families are re-certified annually or every three years. There are various types of family homes; each requiring a particular level of expertise and skill necessary to meet the care needs of the child placed in the home.

Information about certification is available on the DCFS website to assist interested individuals in determining whether becoming a certified foster/adoptive family is appropriate for them. Individuals who are interested in becoming certified can complete an intake inquiry on-line and submit it via a designated provider portal. Applicants can submit the foster/adoptive parent application via CAFÉ, and foster/adoptive families can update their profiles (address, phone/cell number, email address, etc.).

Home Development is in the process of revising the Foster Parent Handbook with the assistance of AECF to incorporate QPI principles and other information related to recent programmatic changes such as the Extended Foster Care program.

The DCFS uses the Louisiana Adoption Resource Exchange (LARE) subsystem of the Tracking, Information and Payment System (TIPS) to maintain foster/adoptive parent certification data such as date of inquiry, orientation, application, clearances, training sessions, certification, closure,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

capacity, age range of children served by the home. In addition to the information tracked in LARE, each region submits a monthly regional statistics log to state office. The log captures number of newly certified foster/adoptive families, number of closures, total number of available homes, number newly certified child specific homes, number of closures, total number of child specific families; and combined total number of foster/adoptive and child specific families. The information from the statistics log is summarized in a statewide internal tracking document. This tracking document provides a means to compare regional data and assist in determining how the regions are progressing toward increasing the overall number of certified families and meeting regional recruitment/retention goals. All of this information recording, tracking, and reporting information will be included in the CCWIS system.

Regional HD recruitment/retention plans include an annual needs assessment (demographics and placement needs of children within the region), goals/objectives, method of recruitment (general, targeted, child specific), orientation/pre-service training schedule, and the recruitment budget. The region's annual plan is used to review and/or monitor the following:

- Identified placement needs;
- Types of available homes;
- Strategies for increasing the number and types of foster/adoptive families; and,
- Results/outcomes.

One of the overarching and consistent goals of the HD program is to have a continuous increase in the overall number of certified foster/adoptive families. In an effort to meet this goal, there is a targeted goal of a 2% statewide increase of families annually.

Recruitment: Recruitment is a joint departmental and community effort. The HD staff is responsible for taking the lead in recruitment related activities. There are three types of recruitment methods: general, targeted and child-specific. General recruitment is designed to educate the community about the purpose, goal, policies/practices of the agency regarding foster care/adoption; the types of homes needed to provide temporary/permanent placements for children in care; and certification requirements. Targeted recruitment is a community-based approach to seek out potential foster/adoptive families reflecting the ethnic and racial diversity of the children in need of foster/adoptive homes. Child specific recruitment is used to bring about awareness within the community about the placement needs of a specific child and/or sibling group who are available for adoption but have no identified adoptive resource. Child focused recruitment is the recruitment method used by the Wendy's Wonderful Kids (WWK) recruiters. In child-focused recruitment, the recruiters build relationships with the child and the child's network in order to find a "forever-family" best fitting the child's needs. Recruitment plays a vital role in the achievement of permanency for children awaiting adoption. The regions throughout the state do general recruitment through community events based on a review of AFCARS data. HD staff will develop a plan to review AFCARS data quarterly to assist the regions in developing recruitment plans targeting the foster parents needed to care for the children/youth in care in that area.

Retention: Retention is another important aspect of the certification/re-certification process. The retention of certified foster/adoptive families involves two processes: working with foster/adoptive parents as partners in permanency planning; and, providing families with identified support services. HD staff conduct support visits in the homes of certified foster/adoptive parents. Other

STATE OF LOUISIANA 2020 Annual Progress and Services Report

methods utilized to retain foster/adoptive families include: annual selection of a foster/adoptive parent(s) of the year; foster parent appreciation month; meetings between executive management and foster parent associations; participation of foster parents in trainings offered by LCWTA; provision of support services through the Louisiana Foster Parent Support Organization; and, encouraging foster/adoptive parents' participation in the CQI process. Louisiana's goal is to engage and strengthen support of foster families in an effort to improve the retention of foster/adoptive homes.

DCFS in partnership with the LCWTA developed training specifically for foster parents based on data collected in a survey conducted by Dr. Cori Hebert of LSU. A three-year plan was created which will be provided for all foster parents. In the first year, all current foster parents have to complete the one day of *A Journey Home* training (an overview of the new foster parent pre-service curriculum), three hours of cultural competence training and two hours of Foster Parent's Roles and Responsibilities training. In the second year, foster parents take three hours of training on Trust Based Relational Intervention (TBRI), three hours of training on Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ) individuals, two hours of QPI and three hours of Working with Substance Addicted Parents. In the third year, foster parents take at least three trainings from the listed topics, such as Substance Exposed Newborns (SEN), Juvenile Trafficking, Understanding Girls, LGBTQ-Advanced, Foster Parent Grief and Resilience, and Mental Health. All foster parents are asked to complete evaluations of trainings so DCFS and LCWTA can understand what other training opportunities are needed and the effectiveness of the current trainings.

The LCWTA is currently working with QPI National to develop a contract so all DCFS foster parents and staff will have the ability to view trainings offered through QPI's "Just in Time" training library. "Just in Time" offers multiple online training on different child welfare topics.

Standards Applied Equitably: DCFS policy ensures foster/adoptive applicants meet prescribed minimum standards for the safety, health and well-being of children entering foster care and adoption. In cases where families do not meet a particular licensing or agency requirement, the home may be certified with a licensing waiver or policy exception under specific circumstances (as outlined in departmental policy). The waiver requests were for the following requirements: marital status, age, medical, case clearance (valid), fingerprints, criminal, bedroom space, and safety fire inspection.

QPI has been implemented in each region of the state. To date, the regions have developed committees to develop trainings for foster parents around court processes; judges in two jurisdictions are holding informational meetings with staff to increase partnership between the court and staff. In one court jurisdiction, a judge created a form for foster parents to fill out so they could update the court about the child and the case without having to be present. All regions have implemented a practice referred to as "Comfort Calls" by which calls are being made to birth parents when a child is initially placed into a foster home at the time of removal. All parishes have also implemented Icebreakers. These are meetings between the birth parent, foster parent, worker and child (if appropriate). They are three to seven days after a child is placed in a foster home. The purpose of the meeting is to discuss the child and their needs. With both Comfort Calls and Icebreakers the department will be working in the upcoming year to develop more consistent

STATE OF LOUISIANA 2020 Annual Progress and Services Report

practice across regions, and improve the quality and integration of these practices into the work with children and families.

Additionally, HD has been involved in the Child Placing Agency Licensing Workgroup to revise licensing regulations. The workgroup is looking at modifying some of the regulations. HD is working with AECF to generate new ideas and develop a strategic plan for development of more foster/adoptive home resources.

Requirements for Criminal Background Checks: The regional HD Units ensure criminal background clearances (CBC) are conducted on individuals interested in providing care and supervision of children placed in state custody. CBCs are conducted on all household members 18 years and older. This is a safety requirement for all certified homes. Children are not placed in homes or kept in situations where a positive criminal clearance cannot be achieved for their caregiver for certified homes. If criminal clearances cannot be positively updated for existing certified homes, the homes are closed.

The HD section in State Office completes a regular review of Home Development records. These quarterly reviews are reported every six months. Records for review are randomly selected and five records are reviewed for each region, totaling 45 records reviewed statewide each quarter. Items in the review instrument address CBCs and State Central Registry (SCR) case clearances.

DCFS policy was updated to be in accordance with R.S.15:587. Policy now states “A national criminal record clearance shall be requested from the Louisiana State Police by DCFS Child Welfare on any foster and adoptive parent applicant and adult member of foster and adoptive parent households; parents whose children have been removed from their custody; parents or caregivers involved in investigations of abuse or neglect; potential caregivers of a child who is either in the custody of the department, is the subject of an investigation of abuse or neglect, or is or has been receiving services through the office of children and family services; potential employees of the department whose duties include the investigation of child abuse or neglect, the supervisory or disciplinary authority over children, direct care of a child, or performance of licensing surveys; and individuals employed directly or indirectly by institutions or facilities providing, or with the potential of providing care and supervision to any child or youth in the custody or under the supervision of the Department. DCFS will complete these national criminal background clearances on the above noted individuals and for OJJ contracted childcare institution staff as well as DCFS contracted childcare institution staff through fingerprint based scans using LIVE SCAN equipment located in DCFS offices around the state.”

Diligent Recruitment of Foster and Adoptive Homes: DCFS regional HD units develop and implement annual regional, written recruitment/retention plans according to the Department’s recruitment and retention plan policy guide. The regionally proposed plans are approved by the Area Directors and forwarded to the state office HD Section. Louisiana uses the Developing Recruitment Plans Toolkit from the National Resource Center for Diligent Recruitment. This has improved the needs assessments used to determine the demographics, needs, and placement requirements for the children in each parish and expanded it to include comparison of the data regarding current certified foster parents. A comparison of the children in care to the certified foster families allows for a much more accurate view of the specific types and locations of homes

STATE OF LOUISIANA 2020 Annual Progress and Services Report

needed. The plans include goals and objectives in recruitment of additional resource families for targeted areas of need, retaining and supporting currently licensed families, and responding to and retaining prospective resource families during the inquiry to licensing phase of the process. The plans detail methods of recruitment, in addition to action steps, periods, persons responsible, and outcomes. Each specific recruitment method identified in the regional plans is linked to the data regarding children in foster care and certified foster parents. These plans are reviewed quarterly along with updated data to determine continued accuracy.

DCFS collaborates with the faith-based community to assist in the recruitment of foster parents who believe in the QPI philosophy. DCFS has included in the updated recruitment plans for many regions to utilize their current foster parents as recruitment resources by having them co-train and speak in the pre-service training classes and orientations. The foster parents chosen to speak are those accepting or having experiences with the group of children recruitment is needed for within the area.

Through expansion of the WWK program, the State now has a recruiter for every region. The recruiters target recruitment efforts for children with the goal of Another Planned Permanent Living Arrangement (APPLA). The goal of this work is an increase in adoptions for hard to place children and youth.

DCFS now provides a two-tier rate adjustment for Therapeutic Foster Homes. This initially served as a mechanism for more adequate reimbursement of foster caregivers for the level of care necessary to meet the needs of the department's most medically, developmentally and/or behaviorally challenged children. A recruitment tool was developed regarding specialized homes for specific populations of children requiring specialized care. Efforts are underway by DCFS to recruit additional TFC homes to serve children who have development delays, have been involved in sex trafficking, identify as LGBTQ, have serious conduct/behavioral issues, are older youth, and youth who have a history of sexual aggression.

DCFS has established a statewide **Foster Care Support Organization (FCSO)**. This organization oversees foster care support in all nine regions. The scope of work includes the state FCSO working with already established local and regional foster and kinship care support organizations to develop services that are more comprehensive or working with community partners to establish foster and kinship-care support organizations in areas where there currently are no support organizations. Services will include monthly support groups for foster and kinship families; quarterly social events for children in foster care and the foster caregivers; developing and presenting in-service training for foster and kinship caregivers; developing a peer mentor program for foster and kinship caregivers; establishing a statewide communication system to disseminate support and training information to foster and kinship caregivers including a monthly or quarterly newsletter, and a website listing available resources; developing a conflict resolution process for foster and kinship caregivers; and, assisting DCFS with recruitment efforts for additional foster families.

Child Specific Recruitment: The WWK model focuses on child specific recruitment for older youth and/or children who have been available for adoption more than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of

STATE OF LOUISIANA 2020 Annual Progress and Services Report

legal availability for adoption do not have an identified adoptive resource. The recruiters work in collaboration with DCFS adoption staff, the identified child and the child's foster parents and any other person significant in the child's life.

DCFS collaborates with the Louisiana Heart Gallery (LHG) to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. They photograph and video children who are freed for adoption. The photographs are displayed at events throughout the state and the videos of the children are shown at the adoption session of the foster parent pre-service training, as well as at different events throughout the state.

Louisiana Fosters: This is a statewide network created by the state's First Lady in partnership with DCFS. It links government, faith, nonprofit, business and service communities in support of foster parents and children. The website is www.LouisianaFosters.la.gov. The state and community resources that support children in foster care and the families caring for them, are maintained on the website and the DCFS liaison ensures accuracy of available resources through ongoing contact with regional DCFS staff and community partners. Resources include an organization that meets immediate needs of foster parents and the children they serve such as donations of furniture or school supplies, as well as providing funding for children to participate in extracurricular activities as a part of normalcy. Organizations can provide support services such as tutoring for a child or training in a pertinent area for foster parents, etc. The website connects to the DCFS website for information on fostering and adopting a child. The First Lady hosts an event each year where organizations and community members are invited to the Governor's mansion in an effort to recruit additional support services for children and families. Louisiana Fosters plans to support a new initiative this year to develop more foster caregivers for teens. The goal of Louisiana Fosters is to develop a resource network across the state to provide the kinds of supports foster parents need to ensure stability and services for the children and youth in their care.

Cross-Jurisdictional Resources for Permanent Placements: Louisiana has put in place a process for the effective use of cross-jurisdictional resources to facilitate timely placement for waiting children. The ICPC database is used to track overdue home studies, and colleagues in other compact offices are cooperative when inquiries are made regarding pending studies. However, there are concerns about delays in achieving permanency for children with cross-jurisdictional resources. Some contributing factors include staff retention, training of new staff, high caseloads, licensure of relatives by some states and a low priority assigned to interstate home studies. A strategy to minimize delays in placement is implementation of the National Electronic Interstate Compact Enterprise (NEICE), which would streamline and enhance the ICPC business process by electronically exchanging data and documents from one state's jurisdiction to another. To minimize placement delays with parents, a provision in Regulation 2, "Public Court Jurisdiction Cases" adopted by AAICPC allows the court to place children with the non-offending parent and terminate jurisdiction without invoking the compact. Another strategy for minimizing delays in permanency can include expanding the use of "purchase of service" contracts for home study completion across state lines. Privately licensed agencies typically have lower caseloads than public state agencies, and require a shorter timeframe to complete home studies.

Diligent Recruitment of Foster and Adoptive Homes Update FFY 2020: DCFS regional HD units use regional data to develop recruitment and retention plans tailored to fit the region's need

STATE OF LOUISIANA 2020 Annual Progress and Services Report

for specific types of foster/adoptive homes. The each region and each HD worker have a specific recruitment plan. The HD Consultant for their region, Dr. Denise Goodman of AECF, the regional CW manager for HD and the Area Director review the completed recruitment plans.

DCFS collaborated with Empower 225 to recruit and train foster parents in the faith based setting. DCFS began collaborating with Methodist Foster Care, a faith-based private provider, to establish a statewide Foster Care Support Organization (FCSO). Three FCSO Ambassadors serve the needs of each tri-region providing foster care support in all nine regions.

Through the Families First Act, DCFS has been able to provide more resources for child specific homes. DCFS entered a contract for Methodist Foster Care to assist with Kinship Caregiver Home Studies. This effort was to reduce the high number of kinship families waiting for certification. Methodist Children's Home assessed 87 Kinship Caregiver Homes throughout the state from April through September 2019 and 49 homes were certified. A new contract began on November 1, 2019 and will end on October 31, 2020.

Louisiana Fosters created the initiative *One Church One Child*, which is a statewide call to Louisiana's faith-based community to recruit and support families within their congregations to foster a child in state's custody.

Due to new licensing requirements, a waiver for bedroom space is no longer required for relative families to be certified. The HD section in State Office continued conducting quarterly reviews of HD records. Five Home Development cases from each region are reviewed quarterly with the reviews focusing on safety and adherence of the homes with policy and licensing regulations. Reviews include: one home certified in the last six months, two homes certified 1-3 years, one home certified more than three years, and one home closed within the last 90 days. Upon completion of the reviews, exit interviews are held with the regional Home Development Supervisors to share preliminary results of the reviews so that corrective action plans can be implemented if needed or to address any concerns or issues. The HD consultants then complete formal reports indicating areas of compliance and/or non-compliance. A phone conference is held with the HD Supervisor, HD Manager and the Area Director to share results of the reports and to address areas that may need improving as well as areas of exemplary compliance.

Diligent Recruitment of Foster and Adoptive Homes Activities Planned FFY 2021: DCFS will continue to collaborate with Dr. Denise Goodman through 2021 regarding child-specific recruitment and retention plans tailored to fit the region's need for certain types of foster/adoptive homes. DCFS will continue to collaborate with Empower 225, Crossroads NOLA and Louisiana Baptist Children's Home to recruit and train foster parents in faith based settings. DCFS will continue to collaborate with the Foster Care Support Organization (FCSO) to serve the needs of each tri-region and oversee foster care support in all nine regions. DCFS continues collaboration with 211 to provide a one-stop resource line for Kinship Caregivers.

The HD section in State Office will continue efforts in revising the Foster Parent Handbook including QPI, EFC and new licensing standards. The HD section will continue revisions in Home Development policy located in Power DMS to include new licensing standards and all new initiatives of the Department.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

DCFS will continue collaborating with the Louisiana Child Welfare Training Academy (LCWTA) to make updates to the three-year training plan for foster parents as new licensing requirements for training were issued in January 2020. The HD section in State Office will continue conducting quarterly reviews of HD records.

Overview and Assessment of Recruitment and Retention: Data and Tracking of Recruitment and Retention: The average number of certified foster homes in Louisiana will continue to be monitored and the data will continue to be tracked as it has been in the past (2014- 2018). For FFY 2014-2018 DCFS a goal of 2% was set to increase the number of new foster homes annually. This goal of a 2% increase over the previous year’s actual performance will continue through 2024.

FC/AD & HD Outcome Measures	Baseline (FFY 2018 data)	Year 1 – (FFY 2019 data)	Year 2 – (FFY 2020 data)	Year 3 – (FFY 2021 data)	Year 4 – (FFY 2022 data)	Year 5 – (FFY 2023 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	*863 total	IG: 880 AP: 862	IG: AP:	IG: AP:	IG: AP:	IG: AP:

*Data Source WebFocus

Annually, each of the nine regions developed targeted recruitment plans based on regional data of their current foster families and numbers and ages of children in care. While families were being certified, it was noted not all regions had the numbers and types of families to meet the needs of the children and youth in their regions. Most regions had an abundance of homes for children ages 0-5 and all regions were lacking homes for children ages 13-17. In the fall of 2018, the Annie E. Casey (AEC) Foundation began work with DCFS to review certified homes and increase targeted recruitment efforts across the state. In January 2019, each region completed a utilization review of all certified homes. The regions considered age ranges, family skills, had the families been active within the past 12 months, and the number of actual placements available. A review of the results revealed youth ages 12-17 comprised over 21% of the foster care population but only 5% of foster homes were certified to care for this age range. Sixty-one percent (61%) of foster families would accept only a child under five, while only 53% of our children are in that age range. More than 1545 African-American children/youth were in care with only 904 foster homes willing to accept an African American child or teen. One hundred fifty-nine (159) foster homes had not received a placement in over a year. In efforts to increase the types of homes needed to meet the specific needs of children and youth in care, all Home Development staff are being trained by an AECF consultant renowned in targeted recruitment efforts during the fall of 2019. Monthly phone calls with the AECF consultant to review progress will be held throughout the following calendar year with a goal of 15 % annual increase in the numbers of homes needed to meet the true population of children and youth in care.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Over the past five years, there has been an increase in the number of certified kinship families. Currently, 40 % of certified families are kinship families. In recognizing the importance of family connections, DCFS has prioritized these certifications and is working to increase support of kinship families by collaborating with a private agency to assist with certification and support of these families.

Other efforts of improving recruitment and retention of foster families include contracting with a private agency to develop and implement a statewide foster caregiver support organization. This contract is anticipated to begin in October 2019. This organization is tasked with developing and ensuring viable local support organizations will be available in all areas of the state by the end of calendar year 2020. The local support organizations will provide training, monthly support groups, quarterly family activities and peer-to-peer foster caregiver mentor programs for new foster caregivers or other foster caregivers needing extra support.

Data and Tracking of Recruitment and Retention Update FFY 2020: State Office HD has continued to work with the regional HD units in efforts to improve recruitment and retention. Monthly phone calls were held with the regions to monitor progress and quarterly phone calls were held with the AECF consultant.

In order to improve timeliness of permanency for children placed with relative or fictive kin caregivers and to increase the IV-E saturation rate, each region is sent a monthly report of all children placed in non-certified homes in the region. The report includes the age of the child, length of time in foster care and the length of time in the current placement. The regions are required to provide updates on progress toward certifying the caregivers. Data is then calculated on a regional and statewide basis. This monitoring also identifies caregivers whose homes have been certified but TIPS/LARE has not been updated. The table below provides an example of feedback to the regions.

Baton Rouge – Otherwise Eligible April 2020				Baton Rouge Region – Not Otherwise Eligible April 2020			
Certified	1	37	2.7%	Certified	7	28	25%
Child Moved/Moving	3	37	8.11%	Child Moved/Moving	0	28	0%
HD Closed	0	37	0%	HD Closed	0	28	0%
No Update	2	37	5.41%	Incorrect Worker Location	0	28	0%
Not Referred	22	37	59.46%	No Update	2	28	7.14%
Referred	9	37	24.32%	Not Referred	13	28	46.43%
Total	37	37	100%	Referred	6	28	21.43%
				Total	28	28	100%

Data and Tracking of Recruitment and Retention Activities Planned FFY 2021: State Office Home Development (HD) will continue to work with the regional HD units in efforts of improving recruitment and retention efforts. Monthly phone calls will continue to be held with the regions to monitor progress and quarterly phone calls will continue to be held with the AECF consultant.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

SECTION 3: PLANS FOR ENACTING THE STATE’S VISION:

GOALS, OBJECTIVES, AND OVERALL STRATEGY FOR IMPROVEMENT

The goals for accomplishing the DCFS vision during the five-year period 2020-2024 are organized according to the way DCFS has been addressing the themes through the state’s CFSR PIP. The noted problems in each area of the state’s PIP were the priority concerns and were the focus in developing the goals shown below.

Goal 1: Quality Assessment

Develop a unified assessment and decision-making model for DCFS, emphasizing family engagement, in order to improve child safety, reduce repeat maltreatment, ensure appropriate services, and achieve timely permanency for children. This goal was established to provide an assessment approach and corresponding terminology, emphasizing family engagement to be more reliable, cohesive, and easily understood by all stakeholders.

Objectives/Strategies to achieve goal:

Workers will become more confident and competent in their ability to gather pertinent information, assess safety threats with consideration to parental protective capacity, risk of repeat maltreatment, and family strengths and needs. Assessments will lead to more accurate and consistent decisions regarding which children can be served safely in their homes, and which children must be temporarily removed for their protection. Case plans will be more focused on the vital services most likely to reduce threats and enhance protective capacities.

Attorneys and judges will receive sufficient case information and agency identification of safety threats and assessment of parental protective capacity so that fewer removals will occur. Assessments and services will improve and permanency for children will be achieved sooner. The workforce will be positively impacted because of a greater sense of competence in the day-to-day work with families, and ultimately, experiencing more positive outcomes for children and families overall.

Goal 2: Workforce Development

Through the Louisiana Child Welfare Workforce, enhance performance and practices to improve safety, permanency and well-being outcomes. This goal was selected because the pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory knowledge and skills.

Objectives/Strategies to achieve goal:

The Quality Improvement Center’s Workforce Development Project will implement Job Redesign and Teaming as an experimental design to improve Child and Family Outcomes. The job redesign included a comprehensive job analysis and process mapping to determine which tasks needed to be retained by the child welfare worker and which tasks could be assigned to a newly created professional position (Child Welfare Team Specialist, [CWTS]). The CWTS will work in close partnership with the child welfare worker, assuming those duties generally categorized as administrative, so the child welfare worker will be able to focus on more clinical tasks. The Teaming concept encompasses the Prevention and Permanency units collectively working to meet the needs of children and families.

The Child Welfare Job Redesign along with the implementation of the Teaming approach will result in casework supporting client needs with available resources. The job redesign includes a specific focus on distinguishing between clinical and case management duties as opposed to

STATE OF LOUISIANA 2020 Annual Progress and Services Report

clerical and administrative duties to make better use of staffs' skills. Child Welfare Supervisors and Caseworkers:

- Will have a manageable amount of work
- Be better able to focus on the tasks for their job level; and
- Their duties will better match their interests, knowledge, skills and abilities.

The Louisiana Child Welfare Department will incorporate a practice of increased quality visits with parents, children and families encompassing an ongoing assessment of safety in the care setting, parent protective capacities, child well-being and optimal permanency outcomes. Child Welfare staff and supervisors will have increased capacities in assessing parents/caretakers, children and families for safety, well-being and conditions for return. A tool will be devised to include essential Child and Family Services Review outcomes as a guide to improved practice. Child Welfare staff will be trained to utilize this tool in practice and to document information to coincide with CFSR requirements. This practice will improve the quality of visits, thereby improving child and family outcomes. The practice will be implemented in the three QIC-Workforce Development implementation parishes, monitored for performance improvement, then trained across the entire department of Child Welfare.

Goal 3: Engagement

Treat families and caregivers as important partners in case planning and service delivery so timely permanency is achieved and the well-being of children is ensured. Engagement in the Child Welfare system should begin at the first contact with a family. Group consensus in initial contact with families and caregivers is critical in building strong partnerships. The CW system must explore its attitudes, beliefs and biases when working with parents, children/youth, foster parents and relatives. This includes the examination of Systems Biases, which takes into account how policies and practices influence those biases.

Objectives/Strategies to achieve goal:

The Child Welfare system (Child welfare, Attorneys, Judges, etc.) will adopt practices and values indicating awareness of trauma, ACES and cultural biases so that:

- Families will be valued as partners and foster care viewed as a temporary service to families
- There will be early and ongoing engagement of parents and youth
- There will be improved case plans, courts orders, and visitation (quality and frequency)
- There will be long-term improvements in permanency measures, due process for families and community view of the CW system.

Engagement practice goals:

A. Early in new cases

- Positive "first system contacts" for parents and youth
- Identification of all parents
- Foster parent partnerships with parents to minimize trauma
- Early parent-child visitation
- Assessments will be fair and accurate, and
- All parties participate in case plan development

STATE OF LOUISIANA 2020 Annual Progress and Services Report

B. Ongoing

- Parent or youth will be involved in all relevant conversations and their voice will be valued
- Foster parent will be a partner to parent and case manager
- Case plans will be clear and will recommend individualized services, and
- Team assists with barriers to accessing services.

Goal 4: Service Array

Build the capacity of DCFS, legal stakeholders, and local communities to provide a comprehensive array of services and effective delivery of services which strengthens protective capacities of families to prevent maltreatment, repeat maltreatment and entry into care, shortens foster care stays, reduces trauma and placement disruptions and more restrictive placements, and supports the safety, stability, and self-sufficiency of Louisiana families and children. This goal was select to result in a decrease in incidents of maltreatment, repeat maltreatment, entry into care, placement disruptions, fewer restrictive placements, and separation of children ages birth to 18 from their families due to abuse/neglect. Additionally, the duration of time in care to permanency for children experiencing removal will decrease.

Objectives/Strategies to achieve goal:

The Court Improvement Program (CIP), legal stakeholders, and DCFS will collaborate with judicial leadership in four pilot sites. These sites include Caddo, Rapides, Livingston, and East Baton Rouge parish. These pilot sites will build the capacities of local communities by collaborating to provide a comprehensive array of services and a strategy for effective delivery of services. This will create a parish-wide organizational structure to gather data and information on available services, make referrals, connect families to services, and make needs and opportunities known. This initiative will include developing a replicable and evolving model of multi-generational care for service array work and delivery across the state that will include services not traditionally thought to fall within the child-welfare service array (i.e., mental health services, transportation, and ancillary legal matters). This will assist with preventative services possibly resulting in precluding the need for traditional child welfare services.

The CIP, legal stakeholders, and DCFS will take this a step further and organize a state-level leadership committee where parishes can share systemic barriers and state-level leadership can advocate for solutions. To equip caregivers and service providers to provide trauma informed care and evidence based services that address the adverse emotional, behavioral, and attachment issues arising from maltreatment or from removal of children from their homes, the state level leadership committee will pursue partnerships. These partnerships will support the successful implementation of the service array strategies, build the capacity of the pilot sites to promote trauma informed parenting, care, and treatment, and develop new opportunities for training.

Partnerships will include publications and communications of existing services, trainings, and resources as well as coordination with the following: Casey Family Programs, the Louisiana Department of Education, Social Justice Equity, Office of Behavioral Health, Work Force Development, Chamber of Commerce, Louisiana Department of Health, Center for Evidence to Practice, Office of Public Health, Louisiana Association of United Ways (2-1-1 Louisiana),

STATE OF LOUISIANA 2020 Annual Progress and Services Report

emergency responders, Children’s Trust Fund, Crossroads NOLA, CASA, Louisiana Supreme Court-Division of Children and Families, Empower 225, Louisiana Child Welfare Training Academy, Civil Rights Section of DCFS, Kinship Navigator Program, U.S. Department of Health and Human Services (“HHS”) Office for Civil Rights (“OCR”), U.S. Department of Justice (“DOJ”), church and faith-based organizations, Louisiana Bar Association, Louisiana Law Institute, Louisiana Bar Association, legal service entities, Child Advocacy Program, Louisiana law schools, local bar associations, Children’s Code Committee, and others to further develop and support the service array strategic plan, fill gaps in services, identify a services and needs online management portal, and support coordination of service communications and referrals within the pilot parishes.

This strategy will continue post-PIP as the CIP, legal stakeholders, and the department partner together to implement, administer, and expand the evidence- based service array and delivery through the Families First Prevention and Services Act and collaborations across state-level systems and within local communities.

Goal 5: Quality Legal Representation

Fewer children will enter foster care, and for those who do enter foster care, a higher rate will reach permanency within 12 months. The rationale for selecting this goal is to develop and implement a high-quality multidisciplinary legal representation model.

Objectives/Strategies to achieve goal:

- Parent’s and children’s attorneys in the pilot parishes, Caddo, Livingston, East Baton Rouge and Rapides, will receive training on improving the quality of legal representation to more effectively advocate for their clients in court and out of court.
- Attorneys in the pilot parishes will have enhanced knowledge and skills to represent their clients in child welfare proceedings.
- Attorneys in the pilot parishes will be appointed at the earliest possible time and be present at the continued custody hearing to represent and advocate for clients.
- Fewer court delays will occur in the pilot parishes due to lack of parties and/or counsel at the continued custody hearing.
- Parents and children, and their attorneys, in the pilot parishes (resources permitting) will have access to enhanced legal representation, e.g., parent partners and social workers, and resources to resolve the case before a petition is filed with the court.
- Parents at risk of having their children removed from their home will have access to timely legal aid and social service assistance to remediate the threats and avoid the child’s removal from the home by resolving ancillary exacerbating issues.
- Parents and children with enhanced legal representation will receive greater access to supportive services and parenting time to facilitate timely reunification.
- Parents and children with enhanced legal representation will experience greater support and are more likely to engage in the reunification plan and the court process.
- Judges will have sufficient information after diligent inquiry to determine whether the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home, and after removal to make it possible for the child to return home.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Fewer children will enter foster care, and for those entering foster care, a higher rate will reach permanency within 12 months.

Objectives: The objectives for each goal are shown above beneath the applicable goal.

UPDATE ON ASSESSMENT OF OUTCOMES/PLANS FOR IMPROVEMENT:

On an ongoing basis, departmental staff reviews outcomes using various sources of data to assess performance on the achievement of federal outcome measures. In the following pages, the Department of Children and Family Services (DCFS) has provided available data for federal fiscal years 2019 (and in some instances previous years) from the Louisiana Data Profile, from CQI case review data, DCFS dashboard and Web focus reports, stakeholder input and LaPAS measures which are provided to the Louisiana Legislature.

QUALITY ASSESSMENT: Louisiana DCFS sought assistance from the Capacity Building Center to support efforts in creating a comprehensive Child Welfare Assessment and Decision Making (CWADM) model. Through this collaborative effort, a CWADM workgroup formed, inclusive of stakeholders and DCFS staff from all levels. The workgroup-analyzed feedback from the original PIP meeting, all existing assessment and decision-making tools utilized by DCFS staff, and policies associated with existing practice. Analysis of each tool included identifying strengths, gaps, training needs and connectivity of each tool to one another. The result, a comprehensive model that is a hybrid approach threading assessments and decision making throughout all child welfare programs in a streamlined manner. The model focuses on building a culture around safety in all program areas, with an emphasis on the three core principles of identifying threats of danger, child vulnerability, and caretaker protective capacities.

Key changes in practice to implement the CWADM model include consolidating the two safety assessments into one comprehensive safety assessment incorporating three safety principles and assists efforts in differentiating safety and risk. Furthermore, aligning areas of assessment in Child Protective Services, Family Services, and Foster Care with the core safety principles to reinforce the vision of safety focused assessments and case plans developed to address threats of danger and building protective capacities. Moreover, enhancing risk assessments, to emphasize the effectiveness of assessing and addressing risk to reduce repeat maltreatment and aligning the safety analysis component with our revised safety assessment model. The Transfer Staffing form used by all programs has been modified to ensure consistency in information gathering. Child Welfare Assessment and Decision Making (CWADM) Model weekly meetings continue to be held as DCFS continues implementation. Wording and definitions discussed within these meetings are updated as needed. Practice Champions have been identified in each region of the State and an introduction video was completed to be utilized during training/overview of the new Safety Assessment tool. Introductions have started with Practice Champions statewide.

Quality Assessment Activities Planned for FFY 2021: DCFS plans to continue efforts to ingrain principles of the Child Welfare Assessment and Decision Making model into daily case practice. Model components will be incorporated into New Worker training, and on-going training will be offered to support the model. DCFS and CIP will partner to offer training to stakeholders that incorporate model principles into the curriculum. CQI, Program staff, and Regional Program Specialists will implement case reviews using an instrument designed to evaluate consistency of

STATE OF LOUISIANA 2020 Annual Progress and Services Report

case practice with the model. Feedback from case reviews will be used to address trends with particular geographic and programmatic areas, including the need for additional training, or modification of the model. Regional Program Specialists will also provide case consultations related to application of the model.

ENGAGEMENT OF YOUTH, CAREGIVERS AND OTHER SYSTEM PARTNERS: DCFS is fully committed to strengthening partnerships with families and stakeholders. DCFS remains dedicated to working with our partners in a respectful, transparent manner. Our relationship with foster caregivers is especially critical to meeting the needs of children in state custody. The department implemented the Quality Parenting Initiative (QPI), which emphasizes collaboration between the department, biological parents and foster parents to best meet the needs of children while they are in foster care. As we work to engrain the “QPI philosophy” throughout our Agency culture, we want to provide stakeholders with an opportunity to provide feedback to the department on an ongoing basis.

Policy revisions have been made regarding expectations of Initial Calls, Icebreakers, and transition plans on all cases. These same quality practices are being incorporated into relative foster care policy. Monthly QPI regional/state/Youth Leadership Council (YLC) calls are being held to discuss progress, identify and address barriers to implementation of QPI practices in each region. Regions continue to track calls, icebreaker meetings and transition planning to increase birth family and caregiver engagement. A State QPI meeting was held on November 20, 2019 to review progress made in implementation, highlight activities within each region, including barriers and strategies to address the barriers, with a featured speaker to discuss needs of foster caregivers in QPI. CCWIS staff were invited to gather relevant information for incorporation into their work.

A workgroup was developed including all levels of staff to develop survey tools to elicit feedback from families to assist with ensuring a culture of “Respectful Accountability”. The workgroup is receiving assistance and guidance from Andrew Fultz, LCSW, with the Department of Social Work at Northwestern State University of Louisiana. Mr. Fultz has expert knowledge regarding the development of survey tools, including how to make the sample statistically significant. Mr. Fultz participated within the workgroups. Mr. Fultz continues to provide guidance for this process.

The Extended Foster Care Program continues to be defined. We are working with Plummer Youth Promise Organization, and with Annie E. Casey Foundation (AECF) assistance to develop the program. A meeting was held on December 4, 2019 to look at some promising prevention models that Delaware is utilizing that might be a good fit for DCFS. The Delaware model targets older youth. Prevention Specialists have begun to train staff in Family Search and Engagement skills in an effort to locate family and kinship networks that could prevent placement of children in Foster Care. They have been participating in pre/post removal staffings; however, staff appear to engage them more in Preservation Staffings. DCFS is redefining the process and focusing on the front end with these efforts. Trends in this area appear to be that the Preservation Staffings are being utilized by staff as a last result and too late to preserve placement.

Engagement of Youth, Caregivers and Other System Partners Activities Planned for FFY 2021: DCFS staff will meet with Plummer to review promising prevention models; educate staff on the role of the Prevention Specialists and how/when to utilize their expertise; and have the

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Specialists increase “hands on involvement” in cases where they can assist staff to maintain youth in family/kinship networks, i.e., identify/access services, such as Wrap-a-round, Family Functional Therapy (FFT), and Multi Systemic Therapy (MST).

DCFS is implementing a process of quarterly surveys of our stakeholders, via email, on a statewide basis. Each quarter a specific stakeholder group (foster parents; biological parents; older youth in foster care; service providers, etc.) will be surveyed. The purpose of this anonymous survey is to solicit feedback about the department’s level of collaboration with others. The first group of stakeholders will be foster parents.

A second area that was implemented starting in March 2020 is the requirement that managers in Foster Care and Family Services participate in the initial Family Team Meeting (FTM) on all cases. The managers are required to complete a case review instrument prior to the FTM that captures key tasks in the case that are required prior to the FTM. The second evaluation required by the manager takes place during or after the initial FTM. This evaluation captures the quality of engagement with the team. The results of the case review and the evaluation of the FTM are entered into an electronic database so results can be compiled. The results will be utilized to recognize the areas where we are performing well and identify areas where improvement is needed.

Online training on engagement in the FTM process was available prior to implementation in March 2020. The training outlined the new procedures and walked staff through the review tools. Once all required staff completed the training, the manager reviews/evaluations began.

WORKFORCE DEVELOPMENT: The Job-Redesign has been implemented in each of the three pilot parishes (East Baton Rouge, Lafayette, and Calcasieu Parishes). The DCFS Engagement Workgroup held an initial planning meeting on July 23, 2019 to discuss the training curriculum. The team has completed the final drafts of the client visitation forms to ensure the forms align with CFSR documentation and promote critical thinking by users. The following activities occurred:

June 28 - July 2, 2019 *Vision and Voices Tour*: Discussed the vision of the job redesign of each program. Discussed its structure. Heard from staff about what is working and a general climate needs exploration;

July 8-19, 2019 *QIC WD Staff Time Studies*: Initial Time Studies were completed by the Initial Implementation members over a ten-day period, documenting the full course of their work days;

August 9-20, 2019 *Readiness Surveys* were issued to all initial implementation staff members. This survey assessed their readiness for change in comparison to their thoughts and feelings expressed in initial Readiness Surveys taken in December 2017;

August 28, 2019 *Kick-Off with Field Staff, Supervisors, Managers, Area Directors, Trainers and Implementation team*: The opening kickoff meeting for all members of the second rollout implementation-team for the Workforce Development Project;

September 18, 2019 *Focus Group sessions with Initial Implementation Staff*: Conducted a focus group meeting in State Office with staff from all positions and programs currently involved in the initial implementation;

September 18, 2019 *Video Interviews with Initial Implementation Staff*: Conducted video interviews with staff from all positions and programs in the current implementation to use in a national compilation for the QIC-WD;

STATE OF LOUISIANA
2020 Annual Progress and Services Report

September 23-24 2019 *Second Rollout Teaming Unit Supervisors and Managers Training*: "It's a Wonderful Team," was an interactive training where attendees received individual style assessments and enjoyed engaging interactive presentations to prepare for the new QIC Workforce Development job redesign project; and,

September 30 - October 11, 2019 *QIC WD Staff Time Studies*: This study is being used to collect time data daily for a two-week period, to record the time spent on various tasks using a daily log sheet.

Workforce Development Activities Planned for FFY 2021:

The following key activities are on track for completion:

- Implementation of the Job Redesign and Teaming Structure;
- Develop an Implementation Team;
- Hire an onboarding Team Specialist;
- Team Building Trainings for management, supervisors, caseworkers and specialists;
- Provide Prevention and Permanency Team unit trainings;
- Implement the new practice in three pilot parishes;
- Support the implementation/practice through community of practice meetings;
- Monitor and evaluate practice, culture and climate, stress assessment, etc.;
- Develop practice guidance on conducting quality visits w/children and parents; and,
- Study and design the most effective method of utilizing WAEs; Redesign the program for all new supervisors.

SERVICE ARRAY: The *My Community Cares* (MCC) initiative has launched in the four pilot Parishes (East Baton Rouge Parish, Livingston Parish, Caddo Parish, and Rapides Parish). The Pelican Center and DCFS continue to collaborate with child welfare stakeholders and community partners in each pilot parish to implement MCC. The MCC Parish Steering Committees consists of the MCC State Coordinator, Pelican Center staff, at least one juvenile judge, the MCC Parish Coordinator, and two to three representatives for DCFS who meet monthly and discuss the overall implementation strategies of MCC. MCC Parish Anchor Teams have been established in each parish. These teams consist of the MCC Parish Steering Committee and DCFS, judges, FINS, CINC attorneys, service providers, non-profits, churches/faith-based organizations, CASA, local government, schools, businesses, youth and parents with lived experience with child welfare, foster parents, and residents from each priority neighborhood. The MCC Parish Anchor Teams plan and convene the MCC Parish Wide Update Meetings every quarter. The goal of MCC is to enhance coordination and collaboration, identify social determinants and root causes of abuse and neglect in the areas, capture services and provide a collaborative resource platform and engage the area community members in neighborhood efforts. All four pilot parishes have hosted at least four parish-wide meetings.

DCFS created geo-maps that identified the ten (10) zip codes across all four (4) pilot parishes with the highest number of removals and valid investigations in the parish. DCFS and the Pelican Center then created geo-maps that identified the neighborhoods within those zip codes with the most removals and valid investigations. DCFS has reviewed cases in each of those zip codes to capture the 3-5 reasons children have been removed in those areas. A root cause analysis was conducted in each pilot parish, and social determinants of abuse and neglect in the priority neighborhoods

STATE OF LOUISIANA 2020 Annual Progress and Services Report

were identified. Strategy teams were formed around the results of this analysis. DCFS and the Pelican Center are collecting information on all of the current service providers in each parish and have started to conduct a service array assessment to create a service array continuum, from prevention to permanency, and to identify gaps in services. DCFS and the Pelican Center have conducted 186 needs assessments across all four (4) pilot parishes. They will continue to conduct them over the next year in each of our priority neighborhoods to identify needs for services, resources, and trainings. DCFS and the Pelican Center started building teams in priority neighborhoods that consist of community members. The goal is to allow community members to share their needs and to be an active partner and voice in improving service array and preventing child abuse and neglect in their community.

The consistent barriers identified to date in each parish are as follows:

- Hesitant to seek services for fear of being reported for abuse or neglect.
- Services provided in each parish are unknown by stakeholder and community members.
- Service providers lack the time or capacity to provide needed services.
- Service providers and community partners are disjointed and working in silos.
- No comprehensive centralized information-sharing platform housing all community resources.
- No mechanism for tracking the success of referrals, or addressing the true needs of families.
- Need for collaborative care coordination between service providers, stakeholders, and agencies to bridge communication and create a centralized hub to connect families to supports.
- Lack of emotional and physical support by community members to safely parent their children.

DCFS and the Pelican Center have continued to develop strategies in the area of creating a collaborative communication, referral, and tracking process in each pilot parish between service providers, DCFS, and legal stakeholders to increase the quality, appropriateness, and accessibility of services. DCFS and the Pelican Center have identified several opportunities to collaborate and coordinate communication, referrals, and tracking of cases in each of the pilot parishes. James Samaritan, which is a Louisiana non-profit, is funding and hosting a platform called “Meet the Need”. This platform will allow services providers, including DCFS, to post a physical need on the online platform that will immediately be sent to all users on the platform who will have the opportunity to respond to the needs. James Samaritan and the Pelican Center will initially get as many individuals on the platform so that there are users that can meet needs once service providers are set up for use. The Pelican Center is funding and hosting a platform called My Community Cares Connection Portal. This platform will allow DCFS and the Pelican Center to conduct service array assessments, organize parish and neighborhood teams, post community announcements, events, and meetings, house an internal and external services/resource directory, and allow service providers to share information and allows DCFS and legal staff, etc., to make and track referrals. The Pelican Center will enter into MOU’s with community partners, our lead coordinating entities in each pilot parish, and Louisiana 2-1-1 to ensure successful implementation and on-going use of the platform and continue to establish long-term funding of the platform.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Service Array Activities Planned for FFY 2021:

- Identify and convene a “*My Community Cares*” State Level Workgroup representing multiple disciplines and systems to meet bi-annually and provide collaboration, communication, and support at the state level to strengthen the capacity of the work in the parishes and address statewide systemic challenges and gaps in services and supports.
- Obtain input from foster youth, biological parents, foster parents in those neighborhoods/ areas regarding concerns and barriers they had to needed services and supports.
- Identify a lead entity in each of the 3-5 areas of priority in the parish to convene community meetings/block parties/service fairs in those areas to lead the Neighborhood Team.
- Identify 3-5 neighborhoods/areas with the most removals in each parish and build neighborhood teams to meet consistently to identify gaps in trainings, resources, and services, discuss opportunities to partner, and move action plans forward.
- Help pilot sites map out a service array continuum of service providers in each parish, including critical information needed to determine availability, accessibility, and appropriateness of the services as service-array assessment service results are collected.
- Create an annual assessment to obtain community partners’ and service providers’ input on gaps in services, resources, trainings, and effectiveness of communications (i.e. social network surveys).
- Develop a coordinated process for efficient communication and referral between DCFS, legal stakeholders, CASA, service providers, and community partners to connect families with quality services, which are linked to enhancing parental protective capacities, timely referrals, and providing effective supports.
- DCFS will place one (1) substance abuse counselor onsite at the DCFS office in each of the four (4) pilot parishes who can administer the substance abuse assessment, make referrals for needed treatment, communicate and collaborate with the court and other service providers, and follow up with the success of services.
- Draft proposed DCFS policy and procedures as applicable and encourage local court rules to align with the quality-service delivery process and online platform.
- Collaborate with the Department of Health, Center for Evidence of Practice, and Office of Public Health to strengthen referrals and access to services and supports to fill identified gaps.
- Through the Kinship Navigator Program partnership, PIP collaborators will work with legal stakeholders to develop a legal services network to connect relative or kinship caregivers to legal services and resources.
- Collaborate with legal partners to develop a prevention strategy to provide ancillary legal services to parents and children.
- Create a toolkit for all parishes statewide to use to establish a pilot site and a catalog of prevention services, strategies, and capacity building mechanisms.
- Create a model “Care and Treatment” report for foster parents, relatives, or pre-adoptive parents caring for a child to exercise their legal right to be heard and provide relevant information as to the services the child is receiving.
- Develop a procedure for foster parents, relatives, or pre-adoptive parents caring for a child to submit reports on the status of the child and for DCFS to track in the CCWIS system whether notice and opportunity to be heard in the court proceedings was given and whether their right to be heard was exercised or not.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Draft proposed DCFS policy and procedures as applicable for "Care and Treatment" report.
- Collaborate with the Capacity Building Center for Courts and Casey Family Programs to identify and implement experiential training for DCFS Child Welfare staff that emphasizes empathy for families and youth as well as their understanding of caseworker and foster parent roles.
- Collaborate with Casey Family Programs to host the “Cost of Poverty Experiences” (“COPE”) training in each of the four pilot parishes to DCFS staff, legal stakeholders, and service providers.
- Explore strategies to address the impact implicit bias, poverty biases, racial disparity, and disproportionality has on service array and delivery in each community.
- The CIP will pursue grants and partnerships with the Louisiana Children’s Trust Fund (LCTF), Casey Family Programs (CFP), and others to hire, through a contract with the CIP, a statewide “My Community Cares” Project Coordinator to manage the initiative, support a lead coordinating entity in each parish, and fund or host the online platform.
- Evaluate current budgets, funding, and partnerships to increase prevention services and supports.
- Collaborate with the Civil Rights Section of DCFS, U.S. Department of Health and Human Services, and Office for Civil Rights, and the U.S. Department of Justice to develop a strategic plan to fill gaps in services in pilot parishes that raise civil rights issue. Educate on extent of civil rights violations in context of child welfare and procedure to prevent and/or resolve civil rights violations.
- Collaborate with Crossroads NOLA and the Louisiana Child Welfare Training Academy to develop a Trauma Based Relational Intervention (“TBRI”) strategy to build capacity of pilot parishes to provide trauma informed services and supports.
- Identify and convene a “My Community Cares” State Level Workgroup representing multiple disciplines and systems to meet bi-annually and provide collaboration, communication, and support at the state level to strengthen the capacity of parishes and address statewide systemic challenges and gaps in services and supports.
- Identify and invest resources in a lead coordinating entity in each pilot parish to fulfill the administrative role of the initiative and to build neighborhood teams.
- Strategize with the DCFS CQI Unit on how to operationalize an on-going CQI structure in each pilot parish that allows DCFS and/or the courts to track whether services required in the case plan were actually accessible and connected to parental protective capacities identified as insufficient.
- Select and/or create a substance abuse assessment to conduct on parents at each DCFS office in the four (4) pilot parishes.
- Develop a process for the administration of the substance abuse assessments and referrals to service providers.
- Through the Kinship Navigator Program partnership, PIP collaborators will work with legal stakeholders to develop a legal services network to connect kinship caregivers to legal services and resources.

QUALITY LEGAL REPRESENTATION: The Pelican Center, who administers the Louisiana Court Improvement Program (CIP) on behalf of the Louisiana Supreme Court, has collected information on various parent representation models, received input and approval from the Public

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Defender Offices on the model, and identified attributes of a high quality multi-disciplinary parent representation model. They are now working on implementation of this model in one or more courts. A representative with the Center for Policy Research is evaluating the multi-disciplinary parent representation program currently in operation in Orleans Parish. The Center for Policy Research is reviewing 100 pre-model files and 100 files with the model in place. They will then submit a full analysis of the effectiveness of the Orleans Parish model. The Pelican Center worked with a variety of legal system child-welfare stakeholders across the state to develop high-quality legal representation competencies for DCFS Attorneys, Children's Attorneys, District Attorneys, and Parent's Attorneys involved in Child Welfare cases. A training plan was developed based on the indicated competencies.

The Pelican Center developed a strategic plan for ensuring that children's and parents attorneys will inform the court of their clients' wishes at every hearing. They developed a strategic plan for ensuring that children's attorneys will inform their clients of their right to attend court hearings and facilitate their attendance in accordance with Louisiana law. This strategic plan encompasses the implementation of the legal representation competencies and training plan the Pelican Center developed data collection and reporting, the juvenile judges' bench book, court document templates, court observations, and the implementation of parent and children's attorney standards. The Louisiana Supreme Court, the Indigent Defender's Board (IDB), Southeast Louisiana Legal Services (SLLS), Mental Health Advocacy Services (MHAS), Acadiana Legal Services (Acadiana), DCFS Attorneys, District Attorneys, and the American Bar Association Center on Children and the Law are all partnering with the Pelican Center to implement.

Quality Legal Representation Activities Planned For FFY 2021:

- Develop a strategy to implement the pre-removal process to prevent children from entering foster care.
- Develop a strategy to implement the post-petition process to support timely reunification.
- Explore implementation and/or implement the high-quality parent and child representation model in one or more of the identified courts.
- Draft proposed DCFS policies and court rules as needed to support the implementation of the model in each pilot parish and, if found to be feasible, statewide.
- Secure funding to implement and sustain the high-quality multidisciplinary representation programs.
- Create a budget to support the high-quality multidisciplinary representation program in each identified court.
- Amend the Title IV-E State Plan to claim federal funding for the parent and children attorney fees in child protective proceedings, if necessary.
- Explore funding opportunities to implement the program in the identified pilot courts; potential services include local grant funding and/or CIP funds.
- Create a Memorandums of Understanding (MOU) between DCFS and the CIP to allow for IV-E reimbursement for legal representation.
- Submit IV-E reimbursement for legal representation costs in pilot courts.
- Implement training program.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Identify collateral supports in the identified courts in the pilot parishes for parent attorneys to access and determine how the supports will be accessed (social worker, investigator, parent partner, etc).
- Research and develop a process to access funding in the identified courts in the pilot parishes to provide the collateral support.
- Implement the process for parent attorneys to begin using the collateral supports in the identified courts in the pilot parishes.
- Select a court or courts to implement a high-quality multidisciplinary pre-removal representation program, in one or more of the pilot parishes, (based on the organizational structure, judicial and agency leadership, sufficient legal counsel, percentage of families eligible for Title IV-E funds, and other factors). DCFS will refer certain cases where children are at risk of removal to the program, where appropriate, to prevent children from entering foster care.
- Select a court or courts to implement a high-quality multidisciplinary post-removal representation program, in one or more of the pilot parishes, (based on organizational structure, judicial and agency leadership, sufficient legal counsel, current timeliness, and percentage of families eligible for Title IV-E funds).
- Create a contract or MOU between the pilot parishes and attorneys that requires parent and children’s attorneys to adhere to specific performance standards.
- Establish a procedure with the courts and DCFS to ensure parents’ and children’s attorneys are able to appear at the continued custody hearing absent good cause and that the same attorney will continue throughout the proceedings.
- Establish a procedure with the courts and DCFS to ensure parents’ and children’s attorneys will participate in out-of-court meetings including Family Team Meetings and making sure attendance is documented and tracked and preparing children and parents in advance for court appearances.

MEASURES OF PROGRESS FOR GOALS FOR FFY 2020:

CFSR Items Requiring Measurement	Item Description	Number of applicable cases²	PIP Baseline³	RP 1 2019 PUR 10/17	RP1 2020 PUR 10/18	PIP Goal⁵
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment (case review)	29	69.0%	81.8%	80.6%	80.0%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	37	8.1%	17.7%	42.1%	13.9%
Item 3	Risk and Safety Assessment and Management	65	13.8%	13.9%	37.5%	19.3%
Item 4	Stability of Foster Care Placement	40	87.5%	72.5%	72.1%	94.2%
Item 5	Permanency Goal for Child	39	64.1%	65.0%	51.2%	73.9%

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	40	25.0%	27.5%	27.9%	33.8%
Item 12	Needs and Services of Child, Parents, and Foster Parents	65	13.8%	10.7%	38.9%	19.3%
Item 13	Child and Family Involvement in Case Planning	61	16.4%	12.7%	40.3%	22.5%
Item 14	Caseworker Visits With Child	65	46.2%	49.2%	63.9%	54.1%
Item 15	Caseworker Visits With Parents	56	16.1%	14.5%	31.7%	22.4%

Explanatory Data Notes:

¹**Z-values:** Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error. See footnote 6 for z-value information for states using an aggregate data measure for Item 1.

²**Minimum Number of Applicable Cases:** Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³**Baseline:** Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

⁴**Baseline Sampling Error:** Represents the margin of error that arises in a data collection process because of using a sample rather than the entire universe of cases.

⁵**Goal:** Calculated by adding the sampling error to the baseline percentage. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. For improvement goals above 90%, if the state is able to sustain performance above the baseline for three consecutive quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.

Approach to Measurement: Louisiana intends to use Method #1 in Technical Bulletin #9, Retrospective measurement method using the state conducted case review results for the baseline period. The State conducted its own Child and Family Services Review (CFSR) and used the same sampling plan and case review process outlined for Round 3 to report ongoing progress in the Program Improvement Plan (PIP). The State will use CFSR onsite review findings as baselines. Such reviews are aligned with the ongoing statewide CQI monitoring approach. The State intends to use a six-month review period.

Data Collection Instrument: The CFSR Onsite Review Instrument (OSRI) will be used to determine compliance. Data will be collected using the OSRI in the Online Monitoring System (OMS).

Measurement Locations/Sites: Statewide random sample (no stratification)

Case Review Schedule: Louisiana plans to review the minimum number of 65 cases during the six-month case review period: 40 out-of-home cases and 25 in-home services cases. The state will use a statewide simple random fixed sample to select the 65 cases. The state has reviewers in all of its regions who will review cases and conduct interviews across the state simultaneously based on the statewide random sample. Reviewers will cross-regions as necessary to control for the randomness of the sample.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The State is divided into nine regions: Orleans, Baton Rouge, Covington, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe. The sampling frame includes all geographic areas of the state and is representative of the child welfare population served and the major metropolitan area identified as New Orleans. The expected number and percent of cases to be included for the major metropolitan area is seven cases (10%) of the sample. **Refer to the Louisiana DCFS CQI Procedures Manual for additional details.*

Sampling Methodology: The proposed sampling methodology follows a 6-month cycle. This is consistent with the current ongoing case review process being conducted in Louisiana. In Home Services, cases have an additional 45-day parameter. **Refer to the Louisiana DCFS CQI Procedures Manual for additional details.*

Review Period	Sampling Period	Period Under Review
October 2018- March 2019	October 1, 2017 – March 31, 2018 (Out of Home) October 1, 2017 – May 15, 2018 (In-Home)	October 1, 2017 - Date of Review
April 2019- September 2019	April 1, 2018 – September 30, 2018 (Out of Home) April 1, 2018 – November 14, 2018 (In-Home)	April 1, 2018 – Date of Review

Minimum Applicable Case Counts: The State has implemented a process to monitor the applicable case counts four times throughout the six-month review period to ensure the minimum number of applicable cases are reviewed. A monitoring instrument was developed and will alert managers if additional cases need to be added at different stages throughout the review period. Additional cases will be added to ensure minimum applicable case counts are met.

Case Review Processes: **The Louisiana DCFS CQI Procedures Manual has additional details.*

Stakeholder Participation: The DCFS engaged various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders included social service directors from federally recognized tribes, the consumer and community stakeholder group and the state level CQI team. Feedback from the regional CQI quarterly case review exit-interviews was used to inform this process, as were other collaborative efforts. Other stakeholders include: law enforcement, Judges, Attorneys, CASA, health and mental health professionals, parents and representatives of parent groups, former victims of abuse and neglect, and individuals who work with individuals with disabilities and homeless children, CIP, etc.

STAFF TRAINING, TECHNICAL ASSISTANCE AND EVALUATION:

Staff Training: See the Staff and Provider Training portion of the CFSP within the **Systemic Factors Section**.

Technical Assistance & Evaluation: Training and technical assistance provided to the regions will include: Policy development; On-site training; Distance learning opportunities [pre-service and in-service]; Pilot programs; Program specific training; Practice evaluation; Training identified

STATE OF LOUISIANA

2020 Annual Progress and Services Report

through surveys and needs assessments; Case staffings; Facilitated meetings; Supervision and case management in regions with critical shortages of staff due to high turnover; Modeling; Coaching; and, Mentoring of field staff and supervisors statewide. The Department of Children and Family Services (DCFS) executive management and Child Welfare (CW) executive management conducts meetings with field staff at least once per quarter to discuss performance, workforce development and other identified concerns.

All staff training; internal and external technical assistance; and evaluation activities support the strategies and key activities listed in the state's Program Improvement Plan (PIP). This work effort builds upon activities which are being implemented by the Department to positively influence safety, permanency and well-being outcomes for the children and families served. Louisiana recognizes true system improvement and reform can only be accomplished and sustained through a holistic approach where all programs interconnect to support accountability measures and practice outcomes aligned with our Child Welfare Principles of Practice.

Louisiana Child Welfare programs adopted a shared accountability structure. In this structure all programs fully invested in the development, training, implementation, supports, monitoring, evaluation, and outcome measures.

The practice reforms prompted by the PIP will support improved child welfare practices far beyond the PIP's requirements. One strategy and key activity supported by technical assistance from the national Quality Improvement Center for Workforce Development is an evidence based research project testing new ways to improve child welfare practice. The project activities support employee satisfaction, improved practice outcomes and employee retention. The project works in coordination with all nine regions of child welfare, three serving as the experimental groups and six serving as the control groups.

The Department simultaneously embraces the opportunity to improve family engagement and conduct quality assessments of safety at every family encounter. The quality assessment practice was renamed the "Child Welfare Assessment and Decision Making" (CWADM) model. This CWADM model was strategically designed as a comprehensive assessment process, utilized in all programs to include Child Protective Services (CPS), Family Services (FS), Foster Care (FC) and Adoptions (AD). The CWADM model has four continuous areas of focus: child safety threat, child vulnerability, caretaker protective capacities and conditions for case closure. In addition to the CWADM model, engagement with families, youth and caregivers through the Quality Parenting Initiative (QPI) is supported in alignment with the Department's values and monitored throughout the span of a case.

To achieve optimal outcomes, the department devised a robust and holistic training approach consisting of supports from the Louisiana Child Welfare Training Academy (LCWTA), Regional Program Specialists (RPS), CPS, FS, FC and AD Program Management/Consultants, Continuous Quality Improvement (CQI) and Field Practice Management staff for support in training, development, implementation, ongoing provisions and monitoring. All child welfare program staff

STATE OF LOUISIANA 2020 Annual Progress and Services Report

are being trained on the CWADM model, engagement practice and will participate in the “Quality Contacts with Families” training under development.

The Department has adopted shared accountability in monitoring all practice implementation changes. Field Managers will conduct “engagement” case record reviews and family engagement observations to assess staff practice. Supervisors will conduct youth, parent and stakeholder surveys to assess effectiveness of staff practice. RPS staff will conduct CWADM model case consultations to provide focused mentoring and technical assistance to field staff. RPS team members, program consultants and CQI staff will conduct detailed “CWADM model” case record reviews. To further promote the holistic approach to practice improvement, the department implemented a feedback loop which encompasses all program leads, regional administrators, program managers, workforce development staff, the RPS team, the CQI team and LCWTA representation. All observations, case consultations, and case record reviews will be rolled up for a quarterly, joint program planning meeting. This will be the centralized opportunity to summarize practice, analyze data, identify areas needing improvement and strategize an action plan for necessary changes. The joint program planning meetings will continue quarterly. In addition to the quarterly meetings, the CQI program will conduct semi-annual field meetings for all field staff to share performance and practice strengths, as well as, areas needing improvement. The ongoing monitoring, support and development of practice will continue in partnership with field supervisors, managers, RPS team members and program consultants along with workforce development staff and program management.

Internally, and through partnerships between DCFS, universities, the Pelican Center for Children and Families, and other stakeholders, Louisiana has focused improvement and evaluation efforts on five strategies with related activities detailed in Louisiana's CFSR PIP. The PIP was developed with extensive input from diverse stakeholders within Louisiana as well as national experts who were involved in defining theories of change consistent with assessed needs and available, child welfare, evidence based practices. Activities to support the five strategies including training, coaching, mentoring, and related evaluation were identified and are being implemented. On-going learning and development programs including new worker, new supervisor, and simulation practice integrate and reinforce assessment, engagement, and supervisory knowledge, skills, and competencies which have been identified as priorities. Learning and development in specialized areas including QPI and trauma informed practice are part of the priorities.

Louisiana continues to expand capacity for robust evaluation, including embedding evaluation activities in PIP activities using surveys, case reviews, on-going data analysis, community review and feedback, and regional and state level analysis. Louisiana has a team of university and DCFS leaders participating in the Evidence Building Academy to strengthen capacity to implement and evaluate evidence informed strategies at the practice and systems' levels. The LCWTA/University Alliance has prioritized staff investments in learning analytics/CQI and evaluation to provide greater understanding of the impact of learning and development and related workforce recruitment and retention strategies.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

IMPLEMENTATION SUPPORTS:

Additional details related to the implementation supports listed below are included throughout this plan.

1. CW staff will continue in work with Casey Family Programs and AECF to achieve change in the areas of focus outlined in the Collaboration section of this plan.
2. CW management work with Youth Villages for changes to the Teaming process to develop workforce skills to engage families, youth and stakeholders in the case planning process.
3. Program staff work with regional staff statewide on the implementation of pilot programs and practice changes to achieve the objectives outlined above regarding the CFSP goals.
4. Louisiana Child Welfare Training Academy (LCWTA) – Child welfare staff will continue to work closely with the LCWTA (which is a collaborative effort with the Court Improvement Project, Pelican Center and the Universities Alliance) to ensure staff receive the most appropriate and effective training. This will include the development of supervisory and management mentoring skills and planning to support ongoing knowledge and skill development for staff on-the-job.
5. The DCFS Child Welfare System Development Project is moving forward to achieve the complete replacement of the CW legacy mainframe systems, which includes CAFÉ, ACCESS, FATS, QATS, and TIPS and works to develop a Comprehensive Child Welfare Information System (CCWIS). This team, made up of CW staff, continues to work closely with other staff in the fulfillment of this work.
6. CQI Process – The data obtained and utilized in the PQI/CQI case review process, and provided to regional staff via exit interviews is critical to measuring success. The CQI process allows for solicitation of and provision of information and data on department progress in achieving department goals from/to stakeholders.
7. Federal Partnership - DCFS relies on the support and expertise of the Dallas regional Children’s Bureau staff in all CW program planning efforts and practice changes. This partnership is critical in providing guidance in aligning Child Welfare funding streams where common threads exist and where work efforts can be merged to maximize accomplishment of department goals.
8. The Department will be working with the Child Welfare Capacity Building Center for States and the Capacity Building Center for Courts for technical assistance to improve practice in efforts to achieve the department goals outlined in the CFSP and the PIP.
9. DCFS will continue collaboration on workforce development with the QIC-WD.
10. DCFS will continue governmental and private partnerships developed through years of collaboration, DCFS Internal and External Advisory Committees, Louisiana Fosters, and PIP development to maintain a robust focus on family engagement with stakeholder ownership and investment in teaming to achieve better outcomes for the children and families served through the Child Welfare continuum.
11. Collaboration with the Children’s Justice Act and Children’s Trust Fund will remain vital to coordinated work efforts in serving Louisiana’s children and families and building or maintaining critical partnerships in this work.
12. Continued development of Kinship Navigator Services to ensure kinship caregivers of children have access to the resources they require to care for their family children will support the long-term safety, permanency and well-being of children.
13. Ongoing work with contract providers through the Family Resource Centers funded by the PSSF funds and the Chafee Foster Care Independence Program providers funded by Chafee

STATE OF LOUISIANA 2020 Annual Progress and Services Report

funds will be focused on revamping contract terms and the service array provided through those providers to align with department goals as well as implementation of the federal Families First legislation in Louisiana.

14. Ensuring implementation of the Extended Foster Care program, the Extended Guardianship Subsidy program and the Extended Adoption Subsidy program will provide supports to older youth exiting foster care to ensure their safety, permanency, and well-being as well as promoting success in adulthood, which should support safety, permanency and the well-being of their own children.
15. The Department will continue the New Hire Screening and Selection Process to develop a more stable and committed team of Child Welfare professionals.

Additional Supports: Training and technical assistance are provided to regions and parishes as well as other local or regional entities on an ongoing basis throughout the state. State office staff works with regional and parish staff as well as other state and community partners on the services and issues affecting Child Welfare service delivery. Some work is highlighted below and discussion in more detail can be found throughout this plan.

- Collaboration with Community Partners
- Tribal Coordination and Collaboration
- Wendy's Wonderful Kids (Dave Thomas Foundation)
- The Child Welfare training partnership with the Pelican Center (Court Improvement Project) and the University Alliance (includes state universities with IV-E programs)
- Agency Responsiveness to the Community
- The Diligent Recruitment & Retention Plan
- CQI state and regional level processes
- Chafee Foster Care Independence Program Providers
- Family Resource Centers
- Casey Family Programs
- Annie E. Casey Foundation
- Youth Villages
- Open Table
- Louisiana Fosters

Timeline for Implementation: The majority of the work efforts outlined for enacting the State's vision in the 2020-2024 CFSP will follow the timeline established through the PIP, and have already been initiated. Through PIP reporting and APSR reporting, updates will be provided on progress. After the timeframe for the PIP is achieved, the department will continue efforts to ensure sustainability of change through ongoing evaluation, monitoring and continued staff skill building to fully integrate the practice developments long-term. This will include identification of challenges and barriers, which may necessitate re-evaluation of the PIP and CFSP for changes due to unforeseen problems, funding, collaboration difficulties, governmental developments, etc.

SECTION 4: SERVICES - CHILD AND FAMILY SERVICES CONTINUUM

A.) Centralized Intake (CI) Program: Provides a centralized child abuse reporting hotline telephone service. The Department contracts with a vendor, Young Williams, to enable provision

STATE OF LOUISIANA 2020 Annual Progress and Services Report

of this service. The Department provides a toll-free, statewide child abuse reporting hotline number and the child abuse/neglect calls are answered 24/7 by Centralized Intake (CI) teleworkers. The DCFS call center provides 24/7 back-up services for the child abuse reporting hotline. The Department strives to have 90% of calls go directly to an intake worker; however, if a worker is not available to answer the call, a callback option is given to the caller and they will not lose their place in the queue. The intake worker places a return call once the person who used the callback option is reached in the queue.

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 refer a case for CPS. (For additional information on Centralized Intake (CI), please refer to the CAPTA portion of this plan.)

Centralized Intake Update FFY 2020: The activities planned for FFY 2019 were continued. These activities included a focus on accommodating the increase in online mandated electronic reports of abuse and/or neglect. The unit restructured the workflow of the current workforce to meet timeliness goals of answering calls and online mandated portal intakes entry this FFY. The restructuring had to balance “peak time call volume” with entering the portals. There are challenges as the on-line reporters often need follow up calls to get vital additional information needed to make good decisions. This can increase the time of entry thus reducing the number of available staff for calls.

Due to budgeting restraints, no permanent staff could be reallocated during this reporting period, FFY 2020. However, 11 “When Actually Employed” (WAE) intake workers (former DCFS staff) could be allocated as a temporary measure until the budget allows the addition of permanent staff.

Quality customer service in collection of information was a focus. Actions established were the continued review by a third party State Office Child Welfare Consultant who reviews 20 received calls per month. The focus of the reviews include professionalism, courtesy, gathering sufficient information, interaction skills and accuracy of information documented in the written report. Reviews completed are sent to Management who provide a feedback loop to supervisors to use the reviews with individual staff in their direct supervision at monthly unit meetings and individual conferences.

In addition to this process, supervisors are required to complete five call reviews and review the five intakes of those calls. These reviews result in completion of two instruments that evaluate the accuracy of the report and the transferring of information from the call into written form. These completed instruments are sent to the Management team. Assigned Managers are expected to include these reviews as part of their conferences with supervisors.

Centralized Intake Managers daily manage an inquiry mailbox to review inquiries received from the field regarding specific intakes. These reviews are manually rolled into a spreadsheet and used to identify trends for the unit that is used for training and QA purposes.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Centralized Intake Activities Planned for FFY 2021: The strategic plan regarding improving intake calls includes improving the speed to answer (ASA) and calls answered directly by the intake worker. The “Speed to Answer” goal has been set at four minutes or less. The calls answered directly by the intake worker has been set at 85%. Two goals set by the unit is improvement in quality assurance and training curriculum evaluation and improvement. The unit plans to re-evaluate the QA process and update it to include a more consistent feedback loop for transfer of learning and competency building by the individual intake worker, the supervisor, and the overall unit. Training curriculum development will include an annual training component for continued learning of the current workforce and entry-level training upon a new hire to the hotline unit.

B.) Child Protective Services (CPS): CPS is a legally mandated, specialized social service for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include: an assessment to determine if the child(ren) have 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 harm, an assessment of future risk of possible harm, provision of emergency services as needed, participation in court hearings, and timely referral to other programs and/or community service providers in order to protect the child(ren) or otherwise serve the families.

CPS Update FFY 2020: Policies were updated in regards to the Child Welfare Assessment and Decision Making Model (CWADM). As part of our federal program improvement plan, the CWADM was developed and being implemented by the department to identify abuse and neglect, along with the needs and strengths of children and families, so that the best decisions are made with and for families. The model streamlined our safety assessment processes into one Safety Assessment that is used by all primary programs, which assesses all three core components of safety, including threat of danger, child vulnerability and caretaker protective capacities. Implementation of the model included retraining staff on assessing safety and risk, all geared to enhance CPS worker’ competency level to assess and identify safety and risk, implement an appropriate safety plan when needed, and ensure the services offered to children and families address their needs to enhance protective capacities.

Activities planned to further enhance safety and risk assessments and decision-making consistent with the CWADM include initiating a case review process and case consultation that reinforces the core safety and risk principles, provides direct feedback to staff, and identifies systemic issues to inform training and further changes needed to enhance practice.

CPS Activities Planned for FFY 2021: DCFS is committed to improving the assessment and decision making around risk and safety. As part of our federal program improvement plan, the Child Welfare Assessment and Decision Making Model(CWADM) was developed and is being implemented by the department to identify abuse and neglect, along with the needs and strengths of children and families, so that the best decisions are made with and for families. The model streamlined our safety assessment processes into one Safety Assessment that is used by all primary programs, which assesses all three-core components of safety, including threats of danger, child vulnerability and caretaker protective capacities. Implementation of the model included retraining staff on assessing safety and risk, all geared to enhance CPS worker’ competency level to assess and

STATE OF LOUISIANA 2020 Annual Progress and Services Report

identify safety and risk, implement an appropriate safety plan when needed, and ensure the services offered to children and families address their needs to enhance protective capacities.

Activities planned to enhance safety and risk assessments and decision-making consistent with the CWADM include initiating a case review process and case consultation that reinforces the core safety and risk principles, provides direct feedback to staff, and identifies systemic issues to inform training and further changes needed to enhance practice.

C. State Central Registry (SCR): DCFS conducts State Central Registry (SCR) clearances on individuals as dictated by law. The State provides individuals with the right to appeal child abuse and neglect validity findings. The following services are provided through this program:

1. Tiered Validity System – Each valid allegation will be assigned to a specific Tier, which will determine whether the incident/perpetrator is placed on the State Central Registry or the state repository of abuse/neglect investigations, and for how long the incident/perpetrator will remain on the SCR.
2. Due Process – All individuals who were/are found to be a perpetrator of a valid allegation of abuse/neglect have the ability to appeal their finding to the Division of Administrative Law if their appeal rights have not been exhausted. This is handled through the **Protective Services Review Team (PSRT)**.

SCR Update FFY 2020: DCFS continues to conduct State Central Registry (SCR) clearances on individuals as dictated by law. In 2018, the Tiered Validity System was implemented and remains. Each valid allegation is assigned to a specific tier, which determines whether the incident/perpetrator is placed on the State Central Registry or the State Repository of abuse/neglect investigations, and for how long the incident/perpetrator will remain on the SCR. The State continues to provide individuals the right to appeal valid findings of child abuse or neglect if their appeal rights have not been exhausted.

SCR Activities Planned for FFY 2021: DCFS will continue to conduct State Central Registry (SCR) clearances on individuals as dictated by law. The department will continue to assign each valid allegation to a specific tier, which will determine whether the incident/perpetrator is placed on the State Central Registry or the State Repository of abuse/neglect investigations. This also determines how long the incident/perpetrator will remain on the SCR. Individuals will continue to be provided the right to appeal valid findings of child abuse or neglect if their appeal rights have not been exhausted. Additionally, DCFS expanded the provision of SCR checks in accordance with Families First Act requirements.

The Protective Services Review Team (PSRT), is the department’s “Due Process” unit – This unit works closely with the Division of Administrative Law to offer “due process” to individuals with valid findings of abuse and/or neglect. One group, which has developed a working relationship in this area, is the Department of Education to ensure that each owner, operator, employee, prospective employee, and/or volunteer in an Early Learning Center receives a State Central Registry Clearance and due process if they were identified as a perpetrator of abuse and/or neglect on the State Central Registry.

STATE OF LOUISIANA

2020 Annual Progress and Services Report

DCFS enhanced due process regarding CPS valid investigative findings on August 1, 2018. Any individual who is found to be a valid perpetrator of abuse and/or neglect can request an Administrative Appeal through the Division of Administrative Law. These individuals are afforded the right to a fair hearing if their appeal rights have not exhausted. Since October 1, 2018, the Division of Administrative Law has received 941 appeals from valid perpetrators of abuse or neglect. The DCFS Protective Services Review Team (PSRT), is a state level working group, which reviews the CPS investigation case decision on certain cases in which a child abuse and/or neglect clearance is completed and a valid finding is determined. PSRT will provide a departmental decision regarding the validity decision, prior to the notification to the individual of their appeal right and the release of the SCR clearance information. The PSRT conducts administrative reviews on investigations, utilizing a standardized instrument, to determine if the validity decision and tier level determination meet policy requirements or if the validity decision, allegation, and/or tier level needs to be changed. The Louisiana Children's Code, definitions of Abuse and Neglect, as well as other DCFS Policy are the guides that is used to maintain or change validity decisions and/or tier levels.

DCFS maintains the confidentiality of investigative information, and only releases information as allowed by law. After the completion of a PSRT review, via clearance, the client will receive written notice of their appeal rights for any prior investigations in which they were identified as a perpetrator of a valid appealable finding. In most cases, such as requests for DCFS clearances for employment purposes, volunteer purposes, and foster care/adoptive placement, DCFS will not release the name of the perpetrator of a valid case of child abuse and/or neglect, until the individuals administrative appeal rights have been exhausted. It is the policy of the Department of Children and Family Services (DCFS) to allow all individuals the right to appeal their valid child abuse or neglect finding to an impartial decision maker, and this is done through the Division of Administrative Law (DAL). An individual does not have to request a Protective Services Review as these reviews are completed in some instances via a clearance process before the client is made aware of their administrative appeal rights; however, a client must request an appeal through (DAL) if they would like their case to be reviewed by a DAL Judge. It should be noted that an individuals are placed on the State Central Registry (SCR) or State Repository (Repository) as a result of a valid child abuse and/or neglect investigation, after the exhaustion of an individual's due process rights.

It is the policy of the Department of Children and Family Services (DCFS) to have a Tiered Validity System that determines an individual's placement on the State Central Registry (SCR) as a result of a valid child abuse and/or neglect investigation. The tiered system also determines the length of time an individual remains on the SCR, and how long the information within the investigative record will be maintained in the State Repository (Repository).

The Tiered Validity System is a mechanism to assign each valid allegation to a particular tier, based on the degree of severity of the allegation. Each valid perpetrator of abuse and/or neglect will have a tier assignment for each investigation. When there are multiple valid allegations that are assigned to different tier levels, the highest tier level will be used for the SCR and State Repository. When the PSRT completes a review the tier level is reviewed to ensure that the tier level that is assigned to the allegation is appropriate and is not placing the client is a tier that is higher or lower than the policy requirement as this could affect ones employability.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Please note the charts below differentiate the number of Protective Services Reviews (PSR) that were completed by the PSRT, and the number of Appeals that were received by the Division of Administrative Law. Many clients do not complete the administrative appeals process once a PSR has been completed despite the fact that they are made aware of the administrative appeals process.

Appeals Requested to the Division of Administrative Law (DAL) from 10/1/2018 to 3/31/2020:	
Worker Region	Total
CW Region 1 Greater New Orleans	175
CW Region 2 Baton Rouge	91
CW Region 3 Covington	179
CW Region 4 Thibodaux	91
CW Region 5 Lafayette	115
CW Region 6 Lake Charles	52
CW Region 7 Alexandria	77
CW Region 8 Shreveport	101
CW Region 9 Monroe	60
Statewide Total	941

Disposition of Appeals Requested to the Division of Administrative Law (DAL) during FFY 2019						
Worker Region	DCFS Decision Maintained	DCFS Decision Overturned	Case Dismissed by Court	Case Dismissed by Client	Pending Decision at end of FFY	Total
CW Region 1 Greater New Orleans	75	40	1	6	9	131
CW Region 2 Baton Rouge	48	17	1	5	2	73
CW Region 3 Covington	76	39	1	2	6	124
CW Region 4 Thibodaux	37	17	0	6	5	65
CW Region 5 Lafayette	52	21	1	14	7	95
CW Region 6 Lake Charles	17	8	0	7	4	36
CW Region 7 Alexandria	29	21	0	3	3	56
CW Region 8 Shreveport	39	22	1	7	6	75
CW Region 9 Monroe	18	10	6	5	1	40
Statewide Total	391	195	11	55	43	695

PSRT Case Reviews Created FFY 2019				
<i>(Note: PSRT reviews occur prior to DAL appeal hearings and prior to release of SCR or Repository Child Abuse Clearance results. PSRT reviews occur on both new and old cases.)</i>				
Worker Region	Valid Finding Maintained	Valid Finding Overturned	Pending	Total
CW Region 1 Greater New Orleans	226	122	2	350
CW Region 2 Baton Rouge	165	45	25	235

STATE OF LOUISIANA
2020 Annual Progress and Services Report

CW Region 3 Covington	257	110	15	382
CW Region 4 Thibodaux	134	32	9	175
CW Region 5 Lafayette	175	43	6	224
CW Region 6 Lake Charles	104	91	16	211
CW Region 7 Alexandria	153	60	0	213
CW Region 8 Shreveport	224	75	21	320
CW Region 9 Monroe	94	64	18	176
Other	3	0	0	3
Statewide Total	1,535	642	112	2,289

D. Family Services (FS) Program: Provides services 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 provided while the child remains in the home. The families are encouraged to voluntarily partner with the department to improve caretaker protective capacities and reduce risk of future maltreatment to their children. However, in some instances, the department does seek court intervention to gain family cooperation. In these situations, court involvement is needed in order to encourage compliance with the case plan and recommended services by the caretaker and prevent further child abuse or neglect from occurring. Services are provided on a statewide basis. Workers conduct comprehensive family assessments with families struggling to overcome critical issues related to safety or risk.

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

FS Update FFY 2020: When children are residing in the home, the FS worker shall assess the caretaker’s ability to provide care for the child. This assessment should include making any needed referrals such as kinship care, community based medical/educational/behavioral services when needed, and referral for custody or other legal services, where applicable.

The Family Services referral staffing shall occur within five days of determination that a transfer is needed from CPS to FS. This determination is made when a safety plan is implemented, when the SDM determination indicates a referral is warranted, or a supervisory decision is made that a referral is appropriate.

The worker shall have at least weekly contact (phone or in-person) with the identified safety monitor when there is a safety plan in place. Contacts with the safety monitor shall include determination of the safety monitor’s continued ability and/or willingness to complete the tasks identified within the safety plan. Any concerns or threats of danger identified through the contacts with the safety monitor shall be staffed with the supervisor.

Due to the Child Welfare Assessment and Decision Making Model, FS workers will be required to complete the program’s Form 5 Safety Assessment every 90 days, prior to case closure and

STATE OF LOUISIANA 2020 Annual Progress and Services Report

anytime a threat of danger arises. Family Team Meetings (FTM) will be held with the family and their support network. FS managers will sit in on initial FTMs to observe engagement, to determine if clients are empowered, and to ensure the case plan addresses the family's needs.

FS Activities Planned for FFY 2021: FS Program Consultants will continue staff development efforts, including consultation and training, focused on the following:

- Child Welfare Assessment and Decision Making Model;
- Assessment of Family Functioning;
- Case Planning with Child and Family;
- Trust- Based Relational Intervention (TBRI);
- Trauma Behavioral Health (TBH) Screens;
- Structured Decision Making (SDM) tools;
- Quality and timely engagement of clients served;
- Family Search and engagement efforts in addition to Kinship Navigator services;
- Monitor and support FRC staff and incorporate Quality Parenting Practice principles into CW practice;
- FS Consultants will offer assistance and guidance to FRC staff and DCFS local office staff providing support services for families with concerns due to child maltreatment; and,
- FS Consultants will support staff in an effort to incorporate TBH screening and assessment into practices and treatment.

The DCFS Regional CARA Liaisons will continue efforts to engage key stakeholders, such as staff of the Office of Public Health, Office of Behavioral Health, local hospital staff, Kid-Med, Early Steps, Coroner's Office, Law Enforcement, local governing entities and other community providers of substance use treatment, community agencies and organizations offering services to substance exposed newborns. The collaboration between DCFS and stakeholders will continue to focus on the provision of services for newborns prenatally exposed to substances. DCFS will continue to have quarterly CARA meetings held in each region; and, these meetings will include the aforementioned stakeholders.

E. Foster Care (FC) Program: Foster Care (FC) services include substitute, temporary care (e.g., foster family home, residential care, kinship care or youth living independently), and are utilized when the child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with departmental staff and parents toward the achievement of 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. If return home is not in the child's best interests' services are provided to achieve an alternative permanent family setting for the child. Case management services include 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 ongoing communication and placement consideration for the child prior to considering other placement options. Throughout the time a child remains in foster care the child is provided an array of services to ensure well-being, such as basic daily care, medical assessment and care, educational/

STATE OF LOUISIANA 2020 Annual Progress and Services Report

developmental assessment and care, trauma/mental health/behavioral/emotional assessment and care, contact/communication with family and other important connections, etc.

FC Update FFY 2020: The Program Transfer Staffing form was revised to reinforce the CWADM process and include prompts for discussion around the three safety principles. The Foster Care case plans were revised to clearly identify the conditions for return and diminished protective capacities on which the case plan is to be focused. The Structured Decision Making (SDM) tool was updated to reflect the CWADM process. The Form 5 (Safety Assessment) replaced the Present and Impending Danger Safety Assessment and will be utilized in the Foster Care program as the official safety assessment tool. The structure of the Form 5 was revised to be more streamlined in an effort to promote better decision-making. A comprehensive safety assessment is required as a part of the Risk Reunification Safety Review.

Policy changes were made to update:

- The steps in ongoing case planning to include: Review and assess condition for return to determine if conditions/behaviors have been met and the child can safely return to the parent's custody;
- DCFS case plan requirements: Documentation of conditions for return describing what behavior changes are required in order to safely return child(ren) to their parent's care; and
- Purpose of first family case planning meeting: To state the conditions for return.

FC Activities Planned for FFY 2021: Foster Care (FC) will continue services including substitute, and temporary care (e.g., foster family home, residential care, kinship care or youth living independently). FC will continue utilizing services to care for the child and address parental or caregiver's needs 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. Since the implementation of QPI (Quality Parenting Initiative), the department continues to build upon efforts in supporting quality parenting and strengthening families. Comfort calls are to be held upon initial placement of a child in foster care, regardless of care setting. The purpose is to provide information to the birth parent as to the child's safety, to introduce the foster family or caregiver providing care to the child, and to facilitate the exchange of information about the child from the birth parent to the foster caregiver. Through this exchange of information, the goal is to reduce trauma to the child by the provision of more informed, quality care to meet the child's needs. To be most effective, these calls shall be made within 1 – 2 hours of the arrival to the foster care setting, but if circumstances prevent holding the call at that time, they shall be held within 24 hours.

Additionally, Comfort Calls are to be held with subsequent moves or care setting changes for the child. The calls should be held between the new caregiver and birthparent and depending upon length of time in prior care setting, the previous caregiver.

Ice Breaker meetings are critical for the exchange of information about the child from the birth parent to the foster caregiver and as such are to be held within 3 – 5 days of a child entering foster care. The meetings shall include birth parent(s), foster caregiver(s), the child and foster care worker. The purpose of the meeting is to exchange information about the child known exclusively by the birthparent or previous caregiver, to support better quality care of the child and to better

STATE OF LOUISIANA 2020 Annual Progress and Services Report

meet the child's needs. An additional goal of the meeting is to facilitate the development of the relationship between the birth parent and foster caregiver.

In an effort to improve engagement and enhance practice within Family Team Meetings (FTM) with parents, youth and stakeholders, Child Welfare Managers are participating in all initial FTMs held in the Foster Care program. In addition to participation in the FTM, Managers are required to complete a Case Review Instrument and FTM Manager Evaluation Instrument at the time of the initial FTM.

The Manager will complete the first tool, Case Review Instrument, prior to the initial FTM which is designed to ensure that services/assessments provided prior to the FTM are completed accurately and considered during case plan development. The second tool, FTM Manager Evaluation Instrument, is completed at the conclusion of the initial FTM. The Manager participates in the initial FTM as a silent observer of the process and ensures that goals identified in the FTM consider risk and safety and are linked to assessments conducted prior to the FTM.

In light of the public health crisis related to COVID 19, we learned that it is critical for our children and youth in foster care to be able to maintain consistent contact with their families, siblings, and other support people in their lives. It is also imperative that the DCFS case manager, the child's attorney, the court and CASA, if applicable, maintain consistent contact with the children and youth. Communication is also critical to ensuring the safety, permanency and well-being of children and youth who have been removed from their homes and placed into foster care. Prolonged absences or breaks in communication with the children and families we work with, place children's safety and well-being in jeopardy and may lead to unnecessarily long stays in foster care. As such, the department was able to provide a device to those foster parents, youth and families we serve who did not have access to a device with virtual communication capabilities.

As we move forward, the department is exploring the possibility of providing youth, of a pre-determined age, with a device upon entering care. Again, we learned that it is critical for our children and youth in foster care to be able to maintain consistent contact with their families, siblings, and other support people in their lives.

Another method to ensure the department remains dedicated to working with our partners in a respectful, transparent manner which ultimately results in better engagement and positive outcomes for our children and families, is by providing our partners with an opportunity to provide feedback to the department on an ongoing basis.

We have implemented a process of surveying of our families, youth and foster caregivers. The purpose of this anonymous survey is to solicit feedback about the department's level of collaboration with others, as well as our level of engagement and responsiveness. The survey being used is the General Engagement Survey.

Extended Foster Care (EFC) Program: Extends foster care services to youth. Criteria for program services are: Adjudicated as a Child in Need of Care (CINC); Aged out of foster care on 18th birthday; Currently 18-21 years old. The youth has to meet one of the following: Enrolled in a secondary educational program or program leading to equivalent credential; Enrolled in an

STATE OF LOUISIANA 2020 Annual Progress and Services Report

institution that provides postsecondary or vocational education; Participating in a program or activity designed to promote employment or remove barriers to employment; Employed at least eighty hours per month; or, Incapable of above educational or employment activities due to a medical condition.

EFC is a voluntary program and youth must sign a voluntary agreement to participate. Youth in EFC are no longer in the custody of DCFS. Youth in EFC are participating with an extension of foster care services. They retain all of their adult rights. DCFS will be utilizing the evidence-based YVLifeSet model through Youth Villages as the case management model for EFC. This model is proven to have improved outcomes for youth. All current Foster Care, care-setting types will be available to EFC youth. Each care setting will be making a decision as to accepting/keeping EFC youth. DCFS will be developing additional placement types available only to EFC youth to include additional transitional living facilities and housing options, host family homes, and supervised independent living situations.

EFC Update FFY 2020: As the Extended Foster Care Program (EFC) is new to the State of Louisiana, data was collected by calendar year (CY 2019) this past year and data reflects 176 young adults were assisted through this program. As the state continues to build on the EFC program, data collection will be reported in Federal Fiscal Year (FFY) increments for the next reporting period. As the new state law was passed increasing, the age range of young adults in the EFC program, additional workers and a statewide Manager were added to the program. Between July 2019 and December 2019, the number of young adults served through EFC tripled. EFC implemented the Youth Villages Program. EFC has developed additional types of placements including host homes. In September 2019, EFC started piloting the Wendy's Wonderful Kids (WWK) recruiter program specifically for ages 18-21 in the Covington Region. EFC is in the process of increasing the stipend to youth to be more adequate to meet their needs as independent adults. EFC is developing a more robust administrative review model that will include a partnership with stakeholders including Court Appointed Special Advocates (CASA) and Independent Living providers and staff along with the young adult's support team. A peer support staff will be assigned to assist in administrative reviews. This staff will mentor these young adults in the administrative review process.

Policy was updated to reflect:

- Court notification and holding a hearing prior to the youth's 18th birthday: Following the 17½ year-old youth's expressed interest to participate in or decline EFC services, six months prior to their 18th birthday.
- Court notifications and orders after a young adult's 18th birthday: When a young adult signs the EFC Voluntary Placement Agreement after their 18th birthday, and when entering EFC, the assigned EFC caseworker completes an EFC Determination Court Report within 30 days of the VPA signature, that contains the following:
- The EFC Determination Court Report, EFC Voluntary Placement Agreement, and the EFC Best Interest Determination order shall be sent to the court that had juvenile jurisdiction over the case within 30 days of the VPA being signed.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

EFC Activities Planned for FFY 2021: EFC will continue to assess the need for and develop additional types of placements for young adults. EFC will evaluate the Wendy's Wonderful Kids (WWK) specialized recruiter program for ages 18-21 piloted in Covington Region and determine how to move forward in making this a statewide effort. EFC will continue the administrative review model development and assess the partnerships with stakeholders with plans to increase knowledge and variety of stakeholders supporting this area of work.

F. Services to Parents (SP) Program: The SP program provides services to parents in families where at least one child has entered the foster care system with the goal of supporting the family in maintaining connections to the child while in foster care and collaborating to achieve reunification with the child. When it is not possible for the family to improve parental protective capacities and remove or diminish the safety threats to the child, the department strives to continue teaming with the family to promote the achievement of permanency for the child through other options and preserve connections to the greatest degree possible.

SP Update FFY 2020: The Department provided services to parents whose children are in foster care in order to enhance their caretaker protective capacities and remove the safety threats that resulted in the children's removal from the home. DCFS assisted families in developing a network of support through extended family, friends, and community to sustain family functioning. Please refer to the FC Update section for information concerning a number of services provided to parents whose children are in foster care as we continue to support and strengthen families in their efforts to be reunified with their children.

SP Activities Planned FFY 2021: Continue providing services to parents in families where at least one child has entered the foster care system with the goal of supporting the family in maintaining connections to the child while in foster care and collaborating to achieve reunification with the child. Please refer to the FC Update section for information concerning a number of services provided to parents whose children are in foster care as we continue to support and strengthen families in their efforts to be reunified with their children.

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

STATE OF LOUISIANA 2020 Annual Progress and Services Report

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

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

- **Louisiana Voluntary Registry:** Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The registry is maintained and operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request, which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted 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 provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys' no longer in operation transferring their records to DCFS, as mandated by Louisiana law.
- **Adoption File Room:** Louisiana maintains a centralized adoption file room located in the DCFS headquarters building in Baton Rouge. The AD staff is responsible for maintaining and processing the confidential adoption petition records of every adoption confected 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. Authorized Adoption Section staff to provide information as allowed by law to members of the adoption triad access the records frequently. However, records are only released by court order and no adoption record is ever destroyed.

Adoption Update FFY 2020: The Children's Bureau launched the 2019 Adoption Call to Action initiative to bring together Child Welfare professionals and stakeholders to respond to the urgent need to achieve permanency for our children and youth "waiting for adoption" in foster care. We have strategized to end this waiting period and reduce our number of waiting children as quickly as possible by identifying and overcoming barriers that unnecessarily keep children and youth waiting longer for permanency than should be necessary.

DCFS has 339 children that are freed for adoption and either have an identified resource but are waiting for the Adoption Agreement Form (427-B) to be signed, or DCFS is actively recruiting a permanent resource for them. Monthly calls are held with each Region to discuss any possible

STATE OF LOUISIANA
2020 Annual Progress and Services Report

delays in the foster family signing the Adoption Agreement Form (427-B) and how program staff may assist.

Of the 424 adoptions finalized in this current FFY, 10/01/2019 – 05/13/2020, 40.3% (171) were finalized within the Adoption and Safe Families Act (ASFA) guidelines, meaning the children achieved permanency within 24 months of entering care.

Description:	05/13/2020	12/12/2019	9/30/2019
# of Children AD AVL: These children are free for adoption and either have no adoptive placement identified or are in an adoptive placement but no 427-B agreement has been signed.	339	414	492
# of Children AD APL: These children are free for adoption and are in an adoptive placement.	196	162	158
# of Children in FC with goal of ADP: Goal of ADP are children in foster care who have a goal of adoption. These children may or may not have a TPR filed.	622	643	722

Note: Waiting population defined by the Children’s Bureau includes all children with a case plan goal of adoption and/or whose parental rights have been terminated.

The above information is regarding current numbers and a brief synopsis of our efforts thus far regarding the 2020 Adoption Call to Action work. DCFS is excited about the progress made as we continue to build upon our efforts to reduce the barriers and delays for waiting children in order to achieve permanency timely.

DCFS has 196 children freed for adoption and they have an identified permanent resource. The foster parents have signed the Adoption Agreement Form (427-B) and the finalization date has been scheduled or is being scheduled with the courts.

DCFS has 622 children that are open in Foster Care and have the goal of Adoption, but the parental rights have not been terminated or, as in a few situations, the child is freed for adoption and the worker is in the process of transferring the case to the adoption unit.

DCFS collaborated with our Data Unit to enhance and expand the state’s tracking system to monitor children that have the goal of adoption and those freed for adoption. With the available enhanced data, monthly calls are scheduled with the nine regional adoption units to discuss barriers, identify solutions, and determine trends statewide, regionally, and by parish. DCFS continues working to enhance efforts in processes that will reduce the time towards permanency for those children without an identified adoptive resource.

DCFS monitors all pending cases of children freed and placed with an out-of-state adoptive home through Interstate Compact on the Placement of Children (ICPC). Some of the internal barriers identified thus far are additional training opportunities for staff to ensure the correct types of home studies requested and when, submitting complete referrals, placements occurring prior to receiving an approved home study, the time to receive the decision from the receiving state, and for various reasons, non-compliance by the adoptive resource. Through the monthly staffing of each child’s

STATE OF LOUISIANA 2020 Annual Progress and Services Report

case, staff are able to collaborate and identify solutions to eliminate the barriers, thus decreasing the time involved in the overall process.

Edna Davis-Brown, Implementation Specialist for the National Training Initiative (NTI) spoke at our annual Statewide Centralized Exchange Meeting/Training held in Baton Rouge, Louisiana Thursday, March 12, 2020 to introduce the launch of the Adoption Competency training in Louisiana. There were over 75 attendees present.

A Louisiana Service Plan through AdoptUsKids was approved. Louisiana is collaborating with AdoptUsKids to develop a Speaker's Bureau to assist in the recruitment and retention of foster/adoptive families who support permanency plans such as reunification and adoption for older youth, sibling groups, and medically fragile children/youth. Our initial plan includes developing our Speaker's Bureau with at least nine families, while continually making plans for growth. DCFS is collaborating with AdoptUSKids to identify and localize public service announcements developed by AdoptUSKids, which will send a strong message to our citizens of the need for more families available to meet the permanency needs of our older youth.

In Louisiana, we are exploring the options of utilizing the RAVE system through our Department as an additional outreach to educate and share information on the recruitment needs of the children and youth we serve with currently certified foster caregivers. This mechanism allows us to send information to foster caregivers often and quickly.

We continue to ensure that the information and photographs representing our waiting children on the AdoptUsKids website is updated. America's Kids Belong has generously collaborated with the department to provide professional photographers and videographers for these children. Additionally, staff are continuing to develop their skills to access the full array of helpful tools within AdoptUsKids.

Adoption Activities Planned FFY 2021:

- Accountability to achieve timely permanency and reduce time for waiting children.
 - Continue monthly staffings with field, reviewing data trends, progress and areas needing continued improvement.
 - Assess usefulness of how data is compiled and rolled out.
 - Assess additional training needs for AD staff.
 - Provided training to Foster Care Staff by AD Consultants on steps to take in order to achieve timely transfer of case when child is freed for adoption (medical records, birth certificate, etc.).
 - Provide input to CCWIS development on necessary processes to monitor movement and timeliness of case activities.
 - Collaborate with the Bureau of General Council (BGC) to identify delays within their scope of work, such as the filing of TPR petitions timely.
 - Submit updated policy revisions for review to be incorporated within the department's policy.
- Community awareness of need for timely permanency.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Collaborate with Home Development to develop a plan for certified caregivers who are interested in adopting becoming registered on AdoptUsKids.
- Initiate discussion with Managed Care providers to assess their ability to support NTI Adoption Training for the mental health providers in their network.
- Identify Mental Health providers with a specialty in adoption issues for pre and post adoptive services.
- Collaborate with DCFS Communications Unit to develop a plan to have public service announcements aired in communities throughout the state, emphasizing need adoptive families for older youth and sibling groups.
- Staff awareness of need for timely permanency.
 - Assess need for NTI Adoption Competency Training for other program staff, to include FC, HD and Bureau of General Counsel.
 - Wendy's Wonderful Kids Recruiters present their roles and responsibilities to each region and collaborate with Foster Care (FC) staff for the need to individualize trainings with FC Units.
 - Ongoing discussions with regions regarding trends with ASFA delays; and delays in continued court hearings. Strategize ways BGC can assist
- Research Pennsylvania's effort to improve court collaboration.
- Research surrounding a smoother process to reinstate parental rights when appropriate.
- Identify duplicated processes within the program.

H. Adoption Subsidy (AS) Program: Post-adoption services in Louisiana are offered principally through the AS and Medical Assistance Program (Medicaid), which are federally and state funded. AS services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 18. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a major component of the Adoption Subsidy Program, which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Adoption and medical assistance (Medicaid) are the primary issues driving the need for interstate collaboration in interstate adoptions. All families who adopt may apply for an adoption subsidy irrespective of the type of adoption. Many private and child placing 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 AS assistance.

- **Extended Adoption Subsidy (EAS) Program:** The EAS program is available to those children receiving an adoption subsidy whose adoptive family wishes to continue receiving subsidy services after the child reaches age 18. To be eligible for EAS the youth had to be adopted from foster care after the age of 16, but prior to age 18; and, the child must meet the same criteria as required for participation in the state's EFC program.

Update FFY 2020: The Adoption Subsidy (AS) and Extended Adoption Subsidy (EAS) programs continue to provide support for youth and young adults. Twelve young adults were assisted through

STATE OF LOUISIANA 2020 Annual Progress and Services Report

the EAS FFY 2020 and the Adoption Subsidy Program assisted 8,112 people in FFY 2020. The department continued to assist with adult adoptions. Anyone at any age can be adopted in the State of Louisiana. Many young adults who spend time in foster care miss a permanent legal connection with a caring adult. However, there are many different circumstances in which a young adult may choose to be adopted by a caretaker or a permanent connection. If a young adult and a family decide to move forward with an adoption, the department can assist in costs associated with the adoption. Parental rights of the birth parents do not have to be terminated and consent is not needed therefore the adoption process is not complicated and there are no timeframes that need to be met. If a young adult is adopted, they will continue to participate in the extended foster care program and receive the appropriate services until they turn 21 years of age. A pilot program in EFC with Wendy's Wonderful Kids began in October 2019. The pilot was initiated in Covington Region as that region has the largest population of young adults in the program. The purpose of the program is to build connections and eventually permanency for young adults who do not have stable permanent connections in their lives. To date the program has served six young adults and there is one adoption pending.

Activities Planned for FFY 2021: The Adoption Subsidy (AS) and Extended Adoption Subsidy (EAS) programs will continue to provide support for youth and young adults. The department will continue to assist with adult adoptions.

I. Adoption Petition (AP) Program: DCFS reviews 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 adoptions of children by unrelated persons. DCFS investigates, upon order of the court, all proposed adoptive situations (legal availability and physical/emotional condition of the child, fitness of the petitioners and conditions of the home) to determine the best interests of the child. The Department submits a confidential report of its findings to the court and assists the family with obtaining the revised birth certificate after the adoption. A copy of each adoption petition record is maintained in the adoption file room.

AP Update FFY 2020: The aforementioned activities and service will continue throughout the fiscal year.

AP Activities Planned FFY 2021: There is no change in any of the aforementioned information. All current services will continue.

J. Guardianship Subsidy (GS) Program: The GS program serves the guardians of children who entered a guardianship arrangement from foster care to provide supportive services for the care of the child to maintain the guardianship situation. Guardianship subsidy services may include an ongoing maintenance subsidy, special board subsidy for special care requirements provided by the guardians; special services subsidy to meet special needs of the child; and ongoing medical coverage through Medicaid.

- **Extended Guardianship Subsidy (EGS) Program:** The EGS program is available to those children receiving a guardianship subsidy whose guardians wish to continue receiving subsidy services after the child reaches age 18. To be eligible for EGS the

STATE OF LOUISIANA
2020 Annual Progress and Services Report

youth had to enter a guardianship arrangement from foster care after the age of 16, but prior to age 18; and, the child must meet the same criteria as required for participation in the state's EFC program. Additionally, the Guardianship family must retain financial responsibility for the care of the young adult as established through quarterly eligibility redetermination. The Guardian of a youth may only continue receiving the Extended Guardianship Subsidy up through the youth's 21st birthday as long as the youth continues to meet eligibility requirements.

GS Update FFY 2020: From October 2019 to May 2020, one young adult who was eligible to receive an extended guardianship subsidy applied for the service. DCFS provides the EGS for one young adult. Most of the young adults no longer remain in the care their guardian making them ineligible. There were 368 children receiving the guardianship subsidy services and three Extended Foster Care youth receiving the guardianship subsidy services from 10/01/2019 – 5/31/2020. There were 371 recipients.

GS Activities Planned for FFY 2021: Continue to provide services to those meeting eligibility and requesting services.

K. Home Development (HD) Program: services include recruitment, certification, retention and support to DCFS foster and adoptive families and private foster care providers. Additional information concerning HD is found in the Foster and Adoptive Parent Diligent Recruitment Plan.

HD Update FFY 2020: To assure all prospective foster/adoptive parents have access to the date, location and times of orientation and pre-service training in any region of the state, the DCFS website was updated to show a monthly calendar of all orientations and pre-service trainings for the month. Each region submitted a listing of the region's scheduled orientations and pre-service training for calendar year 2020. The information was posted on the DCFS website for community access. The calendar is updated by state office HD Consultants.

DCFS updated Administrative Policy 1-1000, Criminal Record Clearances to include the arrest and criminal offenses that apply to foster/adoptive caregivers, relatives and other caregivers if five or more years have elapsed between the date of proposed placement and the date of successful completion of any sentence deferred adjudication, or period of probation or parole.

DCFS HD participated in a workgroup with Extended Foster Care (EFC) staff and community partners to develop the criteria for host family homes for EFC youth. Home Development will approve host families not known to a young adult. Extended Foster Care will approve families known by the young adult. Host families will receive an orientation and six hours of online training that focus on working with young adults and TBRI.

DCFS Home Development Policy 9-210, Qualifications of the Foster and Adoptive Parents was revised to remove the maximum age of 65 to reflect the new licensing standards regarding age requirements for foster/adoptive caregivers.

HD implemented a HD Supervisor Advisory Committee to seek ways of improving work processes as well as work morale. The HD Supervisor Advisory Committee consists of four Home

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Development Supervisors, three Child Welfare Consultants and one Child Welfare Manager. The committee is in the process of identifying foster parents and foster care supervisors or workers to provide input and learn of changes in the HD program. The committee is scheduled to meet quarterly.

HD continues to have monthly HD supervisor calls, which allows HD supervisors to hear updates to policy, timelines for completing work activities and discuss new initiatives.

HD Activities Planned FFY 2021: Home Development is reviewing all Home Development policies and procedures to ensure policy and procedures are aligned with Model Home Licensing Regulations and to ensure policy aligns with other DCFS programs. Home Development has continued to work with the EFC Workgroup to develop policies and procedures for host families for young adults participating in the Extended Foster Care program. This work will continue.

HD will continue to update orientation and training for host homes. HD will collaborate with EFC workers to find out if host families need additional training and obtain feedback about the current online trainings.

L. Behavioral Health and Residential Services Program: This program contracts with and manages placements for children in Foster Care with behavioral health issues, extreme care needs or other challenging placement needs. Services include assessment to ensure appropriateness of care setting selection; monitoring of placement caregivers to ensure adequacy of treatment and other behavior management protocols in meeting child needs; and, advocating for or developing care settings when there are no available options to meet the child's needs. This program works closely with the LDH and managed care organization health plans to serve our most high-needs children.

Behavioral Health and Residential Services Program Update FFY 2020: Louisiana DCFS collaborated with the Anne E. Casey Foundation to implement a utilization management strategy for child residential care facilities in order to reduce congregate care utilization; increase children and youth in family care settings; and to identify gaps in services. Staff in the behavioral health and residential unit received education to enhance knowledge and skills in permanency values, permanency strategies and family search and engagement in order to influence and promote these value and strategies within child welfare and to defer the use of congregate settings. Congregate care utilization was reduced by 31.5 percent from 175 youth, to 120. Concurrent to the efforts to decrease use of congregate care, we worked with providers to enhance recruitment of therapeutic group homes for cohorts of children for whom it is very difficult to achieve family-case care. The use of therapeutic foster care increased by 3.8 percent at the end of FFY 2019 from 185, to 192.

FFY 2021 Quarter 1 and Quarter 2: Louisiana child welfare has continued the robust utilization management strategy for congregate care throughout the first 2 quarters of FFY 2021. The use of congregate care did continue a steady decrease, reaching a low of 106 children in congregate care in February 2020, thereby achieving a decrease of 39.5 percent in congregate care utilization from 175 to 106. Therapeutic foster care continued to increase throughout this time as well, culminating in a total increase of 13.5 percent from 185 to 210. The impact of the COVID-9 crisis is still yet

STATE OF LOUISIANA 2020 Annual Progress and Services Report

to be determined. Beginning in March 2020 there was an increase in the number of entries into child residential facilities, because families were wary of allowing children and youth into their homes. It is unknown if this will be an enduring situation, and DCFS will continue to monitor for trends and to seek solutions.

Behavioral Health and Residential Services Program Activities Planned for FFY 2021:

- Amend utilization management strategy to allow a two week assessment period admit of a child to a child residential facility, in order to identify more precise discharge dispositions.
- Develop utilization monitoring and management strategies to hasten and to make more precise the transition of youth from in-patient and residential treatment settings.
- Collaborate with the Office of Behavioral Health and other behavioral health stakeholders to enhance residential behavioral health care for youth in Louisiana.

M. Interstate Compact on the Placement of Children (ICPC) Program: ICPC coordinates services with other states for out-of-state placements of children in foster care with non-custodial parents, relatives, foster parents, permanent adoptive homes and residential care providers when it is either in the child's best interests for achieving permanency or no other appropriate resource is available to meet a child's treatment needs within the state.

Update FFY 2020: ICPC revised policy to allow for supervision in Louisiana of EFC placements from other states, and incorporated the requirements for requesting ongoing case management services and support to youth from Louisiana who are in the Louisiana EFC program but residing in another state. The requests, both from the sending and receiving perspective are incumbent upon availability of state programming, staff resources and services. Louisiana ICPC also received a federal grant for NEICE implementation. The NEICE modular system will be installed and ready for use in transmission and receipt of ICPC documents by the end of FFY 2020. This technological advance is expected to improve timeliness in serving children through the ICPC process.

Activities Planned for FFY 2021: Continue coordinating services with other states for children in foster care placed across state lines. Monitoring and improvement of ICPC processes as NEICE implementation continues. Ongoing coordination with the CCWIS team to ensure incorporation of the NEICE Clearinghouse into the development of the system.

Formalize the ICPC tracking process to identify all pending cases of children freed and placed in an out-of-state adoptive home. Develop a format to identify barriers to achieving timely permanence, and develop a plan of action for identified barrier(s).

SERVICE COORDINATION

The coordination of service delivery through the DCFS CW programs with participants, including other government agencies, private partners, community organizations, other stakeholders, and the clients is discussed throughout this plan. The utilization of other federally funded programs such as TANF, CCDF, Medicaid, SNAP, etc., is presented in the initial section on *Collaboration*. Involvement of Community Based Child Abuse Prevention, the Children's Justice Act, and the

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Court Improvement Project are presented in the initial section on *Collaboration*, and in other locations within the plan as appropriate.

Additional coordination of services related to a prevention vision will occur through the efforts of the **Families First Act Prevention (FFAP) Workgroup**. DCFS and the Anne E. Casey Foundation formed a steering committee and workgroup. The overview of the workgroup's goals is to: 1.) Analyze data to determine current prevention expenditures, and 2.) Identify the prevention service array and payment gaps, which can be filled with FFA Prevention options. The initial meeting was held on 2/12/2019. The group met on 04/08/2019, and 05/13/2019. There were consultation calls held with Child Focus on 3/21/19 and 4/3/19. Meetings have continue on the second Monday of each month on an ongoing basis. Child Focus consultation is providing workgroup guidance and a framework for goals.

FFPSA Update FFY 2020: The Families First Prevention and Services Act (FFPSA) Workgroup continues to meet to assess the implications of the prevention funding and service array gaps. Based on the state data information obtained, neglect is the primary reason children enter foster care. Neglect due to parental substance abuse is a significant issue that contributes to children entering foster care. Caddo, Rapides, East Baton Rouge, and Livingston Parishes are the parishes where PIP service array efforts are being made to reduce removal from the home and decrease out of home placement timeframes. Based on the work group analysis, in some areas there is a lack of knowledge concerning preventive services available. Transportation, access to substance abuse and mental health treatment, and medical care are identified issues. DCFS is working to place substance abuse counselors in the aforementioned local offices to assist with the prevalence of substance abuse in the parishes attributing to out of home placements. DCFS has placed a substance abuse counselor in three Child Welfare offices within Covington Region providing substance abuse assessments and referrals for treatment.

FFPSA Activities Planned for FFY 2021: DCFS is working to determine the best use of the Families First Transition Act funding allocated to the state. The agency is interpreting the provisions for the IV-E funding and evaluating the Clearinghouse programs identified to determine which programs will reduce out of home placement of children. The evaluation for the Families First Prevention Services Act and Family First Transition Act will include analysis of current services being providing, funding sources, and outcome data. Determination of the Candidacy definition in addition to identification of evidenced-based programs considering the target population are planned activities in the development of the FFPSA plan. DCFS will incorporate policy, programming, and continuous quality improvement and evaluation as part of the prevention plan development. The Healthy Families America, home visitor program is one program being considered for implementation.

SERVICE DESCRIPTION

The following is an assessment of gaps in the current provisions of services through the Child Welfare programs of the department:

STATE OF LOUISIANA
2020 Annual Progress and Services Report

1. Services are needed in order to prevent future maltreatment, such as, mental health treatment, substance abuse treatment, and home based skill building. In some situations, these services are delayed or service provision is incongruent with the reason for Agency involvement. DCFS has redefined the assessment of safety and risk process in an attempt to assure services needed to prevent future maltreatment are provided to families. As part of our current Program Improvement Plan, we have also begun extensive assessment of the services provided to families in the community, in order to determine individual needs as it relates to preserving family units. Children ages 0-5, including substance exposed or affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. The department continues to see a rise in the number of Substance Exposed Newborns (SEN). Policies, practices, and legislation have been developed to address the issues, but ongoing work is needed. DCFS will continue to monitor the occurrence of SEN reports, and consider possible collaborations to address the issues.
2. Children ages 0-5, including substance exposed or affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. The department continues to see a rise in the number of Substance Exposed Newborns (SEN). Policies, practices, and legislation have been developed to address the issues, but ongoing work is needed. DCFS will continue to monitor occurrence of SEN reports, and possible collaborations to address the issues.
3. DCFS will focus more attention on developing services to children age five and under. The department needs to reduce the length of time children under age five are without a permanent family.
4. The department will collaborate with the Court Improvement Program and Pelican Center in assessing effectiveness of the Family Preservation courts in assuring permanency for children; in effectively sustaining parental custody of children during parent substance use treatment; and, in preventing repeat maltreatment of children.
5. Safety focused practice is key to assessing the safety of children in families and the referral to services when needed. State and regional implementation plans will continue to target specific improvements in staff diligence regarding the sufficiency of information collection, the recognition of danger and the development of safety plans. State and regional staff will provide additional support and training to reinforce and extend field staff expertise in safety and risk assessment practice. Competency assessment and evaluations will be conducted to determine additional training and support needed for field staff. Consultations will continue to be available to field staff to further knowledge and development of skills.

These areas as well as the gaps in practice identified through the PIP assessment and development continue to be a focus for improvements in CW practice through the 2020-2024 timeframe.

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

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 OF LOUISIANA
2020 Annual Progress and Services Report

state assures that funding for this service will not exceed the 2005 expenditure levels. DCFS budget and fiscal staff confirm that none of these funds were used for child care or adoption assistance payments in FFY 2018 or FFY 2019.

Services Specific to Use of Funds: Child welfare service components of the DCFS are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 48 parish offices. Service components include Centralized Intake (CI), Child Protective Services (CPS), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD).

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

- A. Services for Children Adopted from Other Countries
- B. Services to Children under the age of five
- C. Efforts to Track and Prevent Child Maltreatment

The department continues to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS Child Welfare practice principles will guide the service delivery process as well as continuous quality improvement efforts. The department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

A. Services For Children Adopted From Other Countries:

- **Activities to support the families of children adopted from other countries:** Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program, which assists families to record adoptions in Louisiana, and then obtain a revised birth certificate. Regional Family Resource Centers (FRC) provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post-adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody experiencing adoption disruption and/or dissolution Louisiana provides ongoing foster care services, to include board rate, independent living skills development, educational support services, medical assistance, psychological support, and clothing replacement services.

Inter-Country Adoption Data:	
Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
2018-19	26
2019-20	
2020-21	

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Inter-Country Adoption Data:	
Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
2021-22	
2022-23	
TOTAL	

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

- **Activities Planned for FFY 2020-2024 to support children adopted from other countries, including the provision of adoption and post-adoption supports:** Quarterly review of adoption dissolution reports will be conducted to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

Services for Children Adopted from other Countries Update FFY 2020: Quarterly review of adoption dissolution reports were conducted to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

Services for Children Adopted from other Countries Activities Planned for FFY 2021: Continue conducting quarterly reviews of adoption dissolution reports to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services, if needed.

B. Services to Children under the Age of 5:

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

How developmental needs of children under age five are addressed: Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child's Medicaid provider. Through collaboration with LDH, Medicaid program, the Healthy LA managed care programs establish a medical home for all children receiving Medicaid, which includes children in foster care, so a primary care physician will be able to monitor the child's developmental needs. Through collaboration with the LDH, Office of Citizens with Developmental Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services. Finally, through interdepartmental collaboration with the Child

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Care Assistance Program, childcare services are offered to children in foster care to address developmental and socialization needs.

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

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

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

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

Training is being provided with Tulane Infant Mental Health statewide to staff and caregivers on planning transitions when infants and young children move to a different placement including reunification, adoption or different foster home placements. Transitions, particularly with infants and very young children must be carefully planned and take into consideration the attachment and development of the child and transitioning the child in a way which minimizes trauma and supports healthy attachments as the child moves to a different caregiver setting.

Foster parent pre-service training *A Journey Home* is devoted to childhood development with a focus on early childhood development. Two additional sessions in pre-service training are focused on understanding infant and childhood trauma and helping infants and children heal from trauma and how to support healthy attachments.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Activities Planned for FFYs 2020-2024:

Implement Planful Transitions policy, incorporating Regional Program Specialist support to field staff throughout the state to help in transitions for children ages 0-6 whether into care, from care setting to care setting or out of care.

- Expedite foster family adoptions for young children when in the best interests of the child once termination occurs to insure timely permanency;
- Continue focus on early identification of relatives and notification of child involvement in foster care;
- Use family teaming to build team of supportive individuals for the family to improve achievement of case plan goals; and,
- Assess safety of child and parental protective capacities more frequently to achieve enhanced parental functioning to meet the safety needs of the child as soon as feasible.

Services to Children under the Age of 5 Update FFY 2020: Continued efforts noted above.

Services to Children under the Age of 5 Activities Planned for FFY 2021: Continue efforts noted above.

Efforts To Track and Prevent Child Maltreatment Deaths:

DCFS will compile, complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on deaths from the relevant organizations in the state.

DCFS will develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts.

Louisiana utilizes multiple sources of information in investigating child fatalities that informs NCANDS reporting. For all allegations of Death and/or Life Threatening Injuries, Louisiana requires the additional allegation that caused the death or injury, which improves accuracy in reporting. The following are existing processes in place to track child maltreatment deaths:

- Law Enforcement agreements are in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, agreements of their working relationship and sharing of information.
- All child fatalities require a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision-making. Child Death Review Panel members, Law Enforcement, Coroners, and other service providers are encouraged to participate in MDT's on cases where they are involved.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- A strong partnership with the Louisiana Child Death Review Panel has been established with the agency, which allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician.

Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:

- Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
- Quarterly state level Child Death Review Panel meetings to review systemic issues and develop strategies to reduce fatalities;
- Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions; and,
- Passage of state legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized DCFS to have access to any and all information/documents in the possession of the Child Death Review Panel Fatality data is tracked and monitored at the DCFS State Office Executive Management level.
- Monthly fatality meetings are held with the DCFS Secretary, Deputy Secretary, Child Welfare Assistant Secretary, the Bureau of General Counsel, Child Protective Services' program staff, and regional management. During these meetings, each child maltreatment fatality is reviewed and assistance is offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report; and
- The DCFS Child Welfare Division contains a Data Analytics Unit. This unit tracks all fatality data and compiles an on-going report containing all legislatively required data.

Efforts to Track and Prevent Child Maltreatment Deaths Update FFY 2020:

Processes DCFS has in place to track, report, and prevent child maltreatment deaths:

- For all allegations of Death and/or Life Threatening Injuries, Louisiana continued to require an additional allegation regarding causes of the death or injury, which improves accuracy in NCANDS reporting.
- Law Enforcement agreements continue to be in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, details regarding their working relationship and sharing of information in these situations.
- The agency continued to require all child fatalities have a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision-making. Child

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Death Review Panel members, Law Enforcement, Coroners, and other service providers are encouraged to participate in MDT's on cases where they are involved.

- The agency continued to have a strong partnership with the Louisiana Child Death Review Panel, which allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana Department of Health, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:
 - Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
 - Quarterly state level Child Death Review Panel meetings to review systemic issues and develop strategies to prevent and reduce fatalities;
 - Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions.
- Fatality data was tracked and monitored at the DCFS State Office Executive Management level. Monthly fatality meetings were held with the DCFS Secretary, Deputy Secretary, Child Welfare Assistant Secretary, the Bureau of General Counsel, Child Protective Services' program staff, and regional management. During these meetings, each child maltreatment fatality was reviewed and assistance offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report. Some of these cases required an internal DCFS Case Crisis Review. The purposes of the Case Crisis Review is to learn more about child deaths and specific case crises in Louisiana, and to continually monitor the department's policies and practice in order to help prevent future child abuse/neglect fatalities whenever possible; and,
- The DCFS Child Welfare Division Data Analytics Unit continued to track all fatality data and compiled an on-going report with all legislatively required data.

Efforts to Track and Prevent Child Maltreatment Deaths Activities Planned for FFY 2021:

DCFS will continue to compile, complete, and accurately report information on child maltreatment deaths to NCANDS. DCFS will continue gathering relevant information on children's deaths from relevant organizations within the state. DCFS will continue to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts. DCFS will continue to collaborate and support partner services to prevent child maltreatment deaths through the following

DCFS holds Manager High Risk Staffings to ensure a higher-level involvement in cases with the greatest risk of poor safety outcomes including cases with the likelihood of becoming a fatality/near fatality. The purpose of the Manager High Risk Staffings is to reinforce accurate

STATE OF LOUISIANA 2020 Annual Progress and Services Report

application of safety and risk assessment practice, assure that appropriate safety actions have been taken when needed, and assists workers and supervisors with decision-making.

Cases meeting the following criteria are identified as high risk:

- Level 1 investigation with a victim under the age of 5;
- Investigations with a victim under the age of 5, if there are 2 or more investigations within a six-month period;
- Level 1 investigation with victims over the age of 5 if the allegation category is physical abuse;
- Investigations in families that have a second substance exposed newborn;
- Investigations with victims under the age of 10 with previous FS or FC involvement within the last 24 months;
- or Investigations in families with a prior substantiated fatality

DCFS has statewide public awareness campaigns for both Safe Sleep and Safe Haven. The campaigns have included but not limited to: public service announcements, social media releases, billboards, newspaper articles, brochures, posters, and decals. The agency aims to continue to boost awareness and understanding by increasing exposure through communication channels and working with agency partners to identify new messaging opportunities.

The Louisiana Children's Trust Fund (LCTF) provides annual grant awards to aid in the prevention efforts to protect children, strengthen family well-being, and educate the public about children's safety. From 2018-2019, LCTF awarded 46 prevention grants to 37 agencies totaling \$783,000.

Louisiana Department of Health receives a Core Violence and Injury Prevention Grant. The grant funds essential state core infrastructure, capacity development and limited implementation efforts for injury and violence prevention. Some target areas include motor vehicle crash, traumatic brain injury, intimate partner violence and sexual violence, and child abuse and neglect prevention. Main activities include surveillance of all injuries, data linkages and analytics, promotion of evidence-based primary prevention policies and practices, coordination of injury prevention partners and alignment efforts, and limited funding support for partner efforts.

The Nurse-Family Partnership (NFP) program through Louisiana Department of Health provides nurse home visitation services to low income, first-time mothers. Nurses begin home visits early in the mother's pregnancy and continue visitation until the child's second birthday. Nurses provide support, education and counseling on health, behavioral and self-sufficiency issues. NFP plays a key role in providing much needed preventative care for children and families.

KidLine is an anonymous, toll free, statewide telephone service that is available 24 hours offering crisis intervention, parenting support, and referrals to community resources.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II:

DCFS utilizes these funds for family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

State and local share spending for Title IV-B, Subpart 2 for FFY 2018 (for comparison with the 1992 base year amount of \$2,772,015) indicates \$8,094,421 was spent, \$6,070,816 of which was federal funds and \$2,023,605 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2019 (for comparison with the 1992 base year amount) indicates \$8,392,492 was spent, \$6,294,369 of which was federal funds and \$2,098,123 was state general funds and in-kind funds.

The department assures no more than 10% of these funds are used for administrative costs and significant portions of expenditures are made in the four areas below:

- Family Prevention and Support Services (FPSS) – 23% of funds
- Family Preservation (FP) – 23% of funds
- Time Limited Reunification Services (TLR) – 23% of funds
- Adoption Promotion and Support Services (APSS) – 22% of funds

(Note: This comes to 101%, but the totals are based on rounding up of numbers, which causes the slight discrepancy.)

Services provided in Louisiana with Promoting Safe and Stable Families (PSSF) funds include A) Family Resource Centers, and B) Infant Teams.

Family Resources Center (FRC) services provided by the centers address FPSS, FP, TLR, and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are ten Child Welfare FRCs contracted to provide services. The current FRCs are listed below:

- 1.) Discovery FRC-Southeastern University, Baton Rouge Region
- 2.) Renew Family Resource Project-Southeastern University, Covington Region
- 3.) Nicholls State University Family Service Center, Thibodaux Region
- 4.) The Extra Mile, Lafayette Region
- 5.) Educational and Treatment Council, Inc., Lake Charles Region
- 6.) Volunteers of America-North Louisiana, Alexandria Region
- 7.) Community Support Program-Portals, Shreveport Region
- 8.) Project Celebration, Shreveport Region
- 9.) Tulane Parenting Education Program, Orleans Region
- 10.) Children's Coalition of Northeast Louisiana, Monroe Region

Each FRC provides services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from DCFS for families involved with the Department due to neglect and abuse of a child. FRCs provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a three-year contract.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Parent Education: Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer:

- The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children;
- The Nurturing Parenting Program for parents of children ages 5-11;
- The Nurturing Parenting Program for parents and their adolescents;
- Systematic Training for Effective Parenting, (STEP), including Effective Black Parenting

Visit Coaching: Primarily targeting children in foster care, but this service benefits in-home families as well. Visit coaching helps the parent take charge of their visits (contacts/interactions with their children) and demonstrate more responsiveness to the needs of their children. For families in the Nurturing Parenting Program (NPP) program, the “family time” component can be expanded to accommodate visit coaching and often serves as the parent’s visit.

Family Skills Building: The Family Skills Building (FSB) service provided through the Family Resource Centers provides customized support, mentoring, and guidance in the areas of identified needs, which are not readily addressed by other services. FSB targets areas of family skills identified as areas of concern or problems 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.

Decision-making process for Family Support Services – The Family Resource Centers (FRC) were selected as providers through the Request for Proposals (RFP) process. DCFS placed ads requesting interested parties submit proposals. After the closing date, the proposals were reviewed and the agencies/organizations demonstrating the most qualifications, which aligned with DCFS standards, were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Family Resource Centers are located in one central location within the region, however, many have satellite locations allowing them to have a more visible presence and afford greater convenience to the clients.

Population Served – The Family Resource Centers (FRC) provide services to families referred by the Department and the Office of Juvenile Justice Family in Need of Services (FINS) Program. DCFS refers families with children ages 0-17 who are receiving services from the agency due to abuse or neglect. DCFS can refer families to an FRC involved with CPS, FS, FC, and Adoptions programs. Foster and adoptive parents are able to self-refer when there is a need for services to enhance their parenting skills or stabilize placements. There is emphasis placed on referrals for children ages 0-5, which have been identified as being at greatest risk for abuse and neglect. The Nurturing Parenting Program has a specialized curriculum to work with children and families in each age group.

Gaps in Services – Considering current capacity building efforts of the Louisiana Family Resource Center Network, the department’s plan is to address existing gaps in services through

STATE OF LOUISIANA 2020 Annual Progress and Services Report

networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the capacity building processes.

Program staff along with the FRC Network met the goal of developing service guidelines for each of the core services provided by the resource centers. Program staff and regional liaisons will monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines.

The Tulane Parenting Education Program has continued to provide consultation resources to FRCs across the state. These consultations have occurred twice per month as set in the initial goal. Consultation services included on-going training, in addition to support and guidance to FRC staff in implementing parenting programs for clients, including Visit Coaching.

Activities Planned for FFY 2020-2024: DCFS Program staff will support the efforts of the FRC's staff statewide to expand the service array to include the following:

- Additional evidence-based parent education programs and support services;
- Efforts toward prevention of domestic violence;
- Services for families of substance exposed newborns;
- Support services for families involved in substance use and/or behavioral health treatment;
- Improved data collection and continued focus on quality and outcome measures;
- Workgroups including staff from DCFS and FRCs will continue actions to enhance practice and service delivery.
- Skill development workshops will continue, as well as, FRC consultation with clinical staff of the Tulane Parent Education Program (T-PEP).
- The department will continue efforts with the FRCs to increase the number of referrals by 10% to ultimately improve staff referrals by 35% over the next three years and expand services being provided by the Family Resource Centers.
- Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services will be provided at the FRCs.

DCFS contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the Child Welfare FRCs. DCFS will be issuing a "Request For Proposals", (RFP) for services to be provided by the Family Resource Centers based on evaluation of services and the needs of our families.

The Extra Mile FRC in Lafayette implemented the Parent Partner program in 2013. They plan to use their expertise to assist other FRCs in adding a Parent Partner program to their service array by October 2020.

The Parent Partner program employs parents who have successfully navigated the child welfare system. These parents want to support other parents, who may need assistance in understanding agency policies, procedures, forms, meetings, case plans, hearings, services, etc. These Parent Partners are in a unique position to share their personal experience and give guidance,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

understanding, hope, realistic advice and advocacy to parents currently involved with the agency. In addition, they form a critical link between the DCFS worker, other professionals, and the family.

Service/Program Description Update FFY 2020: The FRCs provided services to parishes in their geographic area allowing service provision throughout the state. The FRCs received referrals from DCFS for families involved with the department due to neglect and abuse of a child. FRCs provided Parent Education, Visit Coaching and Family Skills Building.

Service/Program Description Activities Planned for FFY 2021:

- Continue efforts with the FRC's and DCFS regional liaisons to increase the number of referrals by 10% in FFY 2021 to ultimately improve staff referrals and expand services being provided by the FRCs.
- FRCs will continue using the Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) to support service provision in their geographical areas.
- DCFS contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the FRCs.
- The DCFS will be issuing a "Request For Proposals", (RFP) for services to be provided by the Family Resource Centers based on evaluation of services and the needs of our families.

B. Service/Program Description - Infant Team Services address Family Preservation and Support Services (FPSS), Family Planning (FP), Tonic Labyrinthine Reflex (TLR) services. Two-infant teams in the state provide infant mental health services. 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 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 completes an interaction assessment and parent perception interview. Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to 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.

Decision-making process for Infant Team Services – 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. With ever increasing numbers of SEN, this service is seen as core to encouraging bonding with very young children and their parents to prevent child maltreatment, support families, preserve the family unit, and when unable to safely preserve the family unit strive for timely reunification of these very young children with their parents.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Population Served – Children age 0-60 months who have experienced maltreatment in their families are the target population. There are two infant teams in the state. The team in New Orleans receives referrals from the 0-3 court team 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 Permanency Infant and Preschool Program (PIPP), colloquially referred to as the “LSU Infant Team” in Orleans Parish, expanded its services to the Covington region by providing two clinicians to travel to this office one day/week to service families from this region. The clinicians will attempt to work with as many families as is feasible, but likely will be available to treat 8-12 families at any point in time.

The Tulane Infant Team receives referrals for children 0-5 who enter foster care in Jefferson Parish and serve children from St. Bernard, Orleans and Plaquemines parishes. 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.

Gaps in Services – Most children and families in the state 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 of other areas of the state may access minimal specialized infant mental health services through the Early Childhood Supports and Services program. However, the majority are not receiving any specialized assessment and treatment services since infant teams are only located in the southern part of the state. Services to infants and children continue to be available through the Child Welfare Family Resource Centers, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the Louisiana Department of Health. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

Infant Team Activities Planned FFY 2020-2024: Infant Team services will continue to be provided through the teams currently providing services in the Orleans Region with some efforts being made at penetration into the Covington and Thibodaux Regions. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers. The goal is to increase communications between both providers who are providing services to the department’s families as well as increase the number of children being served. In March 2019, the DCFS and the Louisiana State University Health Sciences Center (LSUHSC) entered into a Memorandum of Understanding (MOU) to assist DCFS by determining the effectiveness of LSU Infant Team. An LSUHSC clinician will utilize data from the Infant Team program participation to cross-reference with DCFS TIPS data to investigate, among other things, the level of effectiveness of the intervention, the factors related to positive outcomes for both the children and their caregivers, and if the children they have worked with re-entered foster care. The Tulane Infant Team will continue to provide monthly reports from consultants detailing documentation of consultation calls, site visits and progress or barriers to implemented services. The standardized reports include a review and receipt of all content (curriculums, attendance logs and developed tools, etc.) for the required workshop delivered to FRC and DCFS staff; DCFS participation in monthly consultation calls with the FRCs and the lead consultant; and a review of all invoiced expenses for continuity of contract specifications. As it relates to Medicaid funded services, for LSUHSC Infant Team cases, if families want to continue receiving services once their DCFS case is closed, they can go to LSUHSC’s outpatient clinic, which accepts

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Medicaid. Families are seen as regular outpatients and sign the consent forms as the guardian of the children.

In an effort to increase communication and penetration into the number of children and families served, the LSUHSC Infant Team plans to share evaluation results with the Tulane Infant Team, as well as other collaborating agencies and courts around the country to learn more about the most effective aspects of the program as well as areas that need improvement. After reviewing the clients' and agency staff perspectives, public agency partners will be contacted in order to disseminate clinic-based replications of this early mental health intervention model with other centers with similar needs. Already, numerous individuals from throughout the country have come to observe the Orleans Parish Infant Team to learn how they can implement a similar program in their community and have had Orleans Parish Infant Team individuals come to assist them in establishing an effective court team treating the youngest children in foster care. Tulane's Infant Team will continue to provide on-going training, support, and guidance to Family Resource Center staff (worker and supervisor) in implementing the Visit Coaching Model. Ultimately, Tulane's Infant Team will continue to assist parents with children in foster care to achieve beneficial and productive visits leading to improved family reunification outcomes.

Service/Program Description Update FFY 2020/Activities Planned FFY 2020: Infant Teams in the Orleans Region will continue to provide infant mental health services to identified families. The infant mental health comprehensive assessments include intake assessment, psychosocial assessment of the caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations to assess the status of the caregiver-child relationship. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers in the state to increase communications between both providers who are providing services to the department's families as well as increase the number of children being served. The LSUHSC Infant Team plans to share evaluation results with the Tulane Infant Team in an effort to increase dissemination of services to children and families. The LSUHSC will also collaborate with other agencies and courts around the country to learn more about the most effective aspects of Infant Teams, as well as areas that need improvement.

MONTHLY CASEWORKER VISITS (MCV): DCFS will work to ensure by FFY 2024 and thereafter, caseworkers have consistently visited at least 95% of the children in the custody of the state monthly with 50% of these visits taking place in the child's home. Departmental policy already requires caseworker visits occur every month in the residence of the child and allows a supervisor to temporarily assign another worker when the officially assigned worker is out of the office for an extended period. If this type of reassignment occurs, it is documented in the case documentation.

Use of Monthly Caseworker Visit Funds:

- Travel and associated costs to support caseworker visits.
- Support core competencies by teaching caseworkers the skills required to conduct quality visits, which focus on engagement and emphasize the need for seeing each child monthly.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Stress the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, in foster care program supervisory mentoring, in on-going training on risk and safety assessments, as well as integrating the importance of family engagement, appropriate assessment of family functioning, and targeted case planning in these efforts.
- Ongoing implementation of the training program for new child welfare workers. The new workers remain in trainee status for a six-month period after employment and are trained using a competency-based training model, which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Provide field staff encrypted laptops with air cards to support a mobile workforce.
- Continue implementation of a teleworker plan to increase staff mobility, improve casework and retain staff.
- Develop strategies for staff to manage the workload effectively in a climate of staff reductions as well demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. In addition, the Department will continue examination of trends in performance indicators in the context of human resources data (staff on board, FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).
- Support technology modernization efforts in developing a CCWIS system.

DCFS will continue to utilize the FATS system to provide the required data regarding monthly caseworker visits until the CCWIS system is completed. Data is extracted from the Tracking, Information and Payment System (TIPS) for state identification numbers (TIPS ID) and foster care entry and exit dates of all children served in foster care from October 1 through September 30 each FFY. The entry and exit dates are concatenated where each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs are matched against case notes in FATS to extract all face-to-face visits with each child made by an assigned caseworker or supervisor. If multiple visits occur in the same month, only one visit is counted. If any of the qualifying visits is made in the child's residence, the month is included in the numerator for visits occurring in the child's place of residence.

This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care.

The table below tracks the annual progress of 95% of children in foster care being visited by their worker each month with 50% of the visits taking place in the child's residence.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
	2018	95%	95.46%	50%
2019	95%	96.61%	50%	96.97%
2020	95%		50%	
2022	95%		50%	
2023	95%		50%	
2024	95%		50%	

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Activities Planned for FFY 2020-2024: In order to continuously monitor and improve compliance with monthly caseworker visits, the DCFS will do the following:

- 1) Continue monthly Performance Measures Consultant teleconferences to review regional performance in completion of caseworker visits in the child's residence.
- 2) CW Data unit provides percentage of visits held with children monthly to the Foster Care Program unit and Regional Performance Measures Consultants.
- 3) All regions require caseworker visits with children to be completed by the end of the month. A few of those regions have required caseworkers visits with children to be completed by the fifteenth (15th) of each month instead of the end of the month, to allow the worker additional time if an emergent situation occurs. The manager has to monitor unachieved visits and ensure the worker completes the visit.
- 4) DCFS Data unit developed a dashboard report to reflect daily for workers statewide the status of all caseworker visits for ease in ongoing monitoring of compliance.

OJJ provides data annually for their foster care population and merges this data with the DCFS data to provide the complete caseworker visit report for all children in foster care in Louisiana.

Monthly Caseworker Visit Update FFY 2020: DCFS continues to monitor monthly caseworker visits and encourage timeliness. t

Monthly Caseworker Visit Activities Planned FFY 2021: DCFS will continue to monitor monthly caseworker visits and encourage timeliness. Policy will be updated as needed. The children's safety will be assessed during each home visit. If the child is unsafe, the Foster Care (FC) caseworker shall consult with their supervisor immediately to determine if a safety plan is feasible or if the child should be removed. The FC caseworker will document and file the Form 5, Safety Assessment and any safety plans in the case record within 24 hours of implementation.

Office of Juvenile Justice (OJJ) Sampling Methodology: OJJ utilizes the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

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

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Data Utilized for Computation and Verification:

- The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application supporting data from Lotus Notes and DB2.
- Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care, and which months were not full months in care. The extraction criteria identified the months containing a recorded face-to-face visit and the months not reflecting a face-to-face visit.
- The data file generated by the OJJ SAS data warehouse was merged with the data file from DCFS. The merged file was then analyzed by DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits occurring in the child's residence.
- Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were conducted to verify the accuracy of the extraction logic.
- Data submitted to the Department included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.
- The DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services, Administration for Children & Families from the combined DCFS and OJJ data sets.

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

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

DCFS Sampling Methodology: DCFS has uses the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

- All children under age 18 in foster care for at least one full calendar month during the FFY were included in the population.
- A child with more than one foster care episode during the 12-month period is considered one child.
- Children placed in an out-of-state foster care placement were included in the data reporting population of the state with placement and care responsibility for the children.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- If a state considers children who have returned home for a trial home visit to be in foster care, then the children were included in the population.
- Children who had run away from a foster care placement were included in the population for as long as the child remained in the state’s placement and care.
- Children in foster care covered by a Title IV-E agreement between the state Title IV-E agency and an Indian Tribe

FFY	# of Children Served in FC at Least 1 Full Month FFY 2014 (unduplicated)	# of Full Months in Care	# of Full Months in Care with Face to Face Visit by Assigned Worker	# of Qualifying Visit Months with a Visit in the Child’s residence	% of Full Months in Care with Face to Face Visits	% of Qualifying Visits occurring in the Child’s Residence
2018	6,782	50,293	48,008	46,708	95.46%	97.29%
2019	6,165	47,611	45,999	44,603	96.91%	96.97%
2020						
2021						
2022						
2023						

❖ *Data to be extracted from Web Focus Developer Studio*

ADDITIONAL SERVICES:

A. Child Welfare Waiver Demonstration Activities:

Louisiana is not participating in any demonstration waivers at this time.

B. Adoption and Legal Guardianship Incentive Payments:

In the past state fiscal year the department has utilized Adoption and Legal Guardianship Incentive payments to provide for our Quality Parenting Initiative work, a portion of our Wendy’s Wonderful Kids Recruitment work, and the adoption celebration event to honor the families adopting children over the course of the year.

Services the state expects to provide to children and families using Adoption & Legal Guardianship Incentive funds, if additional funds are available as we continue to utilize funds for existing purposes: DCFS anticipates utilizing any additional adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services, will include, but not be limited to the following: media, contract assistance for timely completion of home studies for families interested in adoption, a child specific recruiter, and statewide match exchanges.

Should there be additional funds because of the changes to how adoption incentive funds are disbursed by the ACF, the department will assess the feasibility of increasing the number of days for post adoption respite beyond the current 25-day limit allowed in the adoption subsidy policy.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The department will assess the feasibility of covering therapeutic services for those families ineligible to receive services through the Louisiana Behavioral Health Partnership.

Additionally, the Guardianship Subsidy program will be assessed for areas which would benefit from additional supports to guardians in stabilizing guardianship settings and sustaining those care settings for the children.

The state’s plan to ensure timely expenditure of the funds within the 36 month expenditure period: To ensure timely expenditure of the funds DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditure usage; identify costs of additional services; and, coordinate with the department’s budget section to ensure funds are appropriately utilized and expended within the allocated timeframe.

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child (age 9 and older)	Amount Awarded
FFY 2018	912	904	226	\$1,980,351
FFY 2019	895	887	200	\$1,806,747
FFY 2020				
FFY 2021				
FFY 2022				
FFY 2023				

Data extracted on 02/17/2020 from WebFocus Developer Studio.

ADOPTION SAVINGS:

A. Methodology for calculating and reporting annual adoption savings: Louisiana uses the Children’s Bureau method with actual amounts. Identification of actual amounts will not differ in any manner from the procedures used in the prior FFY.

B. How adoption savings are spent: These funds are used for subsidized maintenance costs for otherwise Title IV-E ineligible children in provision of Adoption and Guardianship subsidies.

C. Services state expects to provide children and families with adoption savings, 2020 – 2024:

The department intends to continue using the funds as they have been used in the past. Additionally the department is considering the following options for funding utilization:

- Support groups for adoptive parents.
- Start with experienced foster parents as mentors to do preventive support with potential foster/adoptive parents and relative caretakers from the very first placement and as needed along the way to help them be aware of and cope with the issues that arise immediately.
- Look at paying experienced foster parents an hourly salary to be their mentor, i.e. understanding the importance of adoption over guardianship placement, overcoming struggles/barriers to finalize an adoption, working through adoptive and guardianship crisis situations to prevent disruption, etc. It was suggested DCFS consider using one experienced foster parent to mentor other foster parents in each region, including relative and fictive kin caretakers.
- Funding for crises to prevent disruption.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- D. Estimated timetable for spending unused savings calculated for previous years:** All funds are being used at this time, nor are there typically unused funds.
- E. Challenges in accessing and spending funds:** There are no identified challenges in accessing and spending the funds.
- F. If needed, complete and attach Attachment E:** Louisiana has not changed the adoption savings methodology since 2015, and thus the Attachment E is not needed.

SECTION 5: CONSULTATION & COORDINATION BETWEEN STATES & 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. Lonnie Martin is the chief and Karen Matthews is the Director of Health and Human Services. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-7000. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Stickey is the Chairman and Rayne Langley is the Social Services Director. The mailing address is P.O. Box 967, Elton, LA 70532, and the telephone number is (337) 584-1433. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Earl Joey Barbry is the chairperson and Evelyn Cass is the Social Services Coordinator. The mailing address is P.O. Box 331, Marksville, LA 71351, and the telephone number is (318) 253-9767. 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. Christine Norris is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

Collaboration Activities: Annual meetings between federal, state and tribal partners are generally held to discuss collaboration, planning and service delivery between the state and the tribes. The meetings prove beneficial in improving service delivery to tribal families and children. Chafee Independent Living providers in regions where the tribes are located make ongoing outreach efforts to the tribes. Formal and informal working agreements with the Native American tribes are in place with local DCFS offices and state office staff facilitates quarterly teleconferences with all federally recognized tribes.

DCFS continues efforts to invite all tribal representatives to each quarterly PQI/CQI Stakeholder Subcommittee meetings. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional PQI/CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica-Biloxi and Jena Band of Choctaw Tribes). To date, the Chitimacha Tribe Social Services Director has been the only participant in the statewide PQI Stakeholder Committee.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Plans, Reports and Reviews: DCFS provided tribes with an outline for the new Child and Family Services Plan (CFSP) and goals and action steps to obtain feedback for planning for the next five years at the annual tribal meeting.

Ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by DCFS. The department will resume site visits with tribes. The DCFS will conduct the conference calls and encourage tribal participation through meeting reminders and requests for agenda items, which are important to tribes as well as coordinate the site visits.

Rights of Tribes to Operate a Title IV-E Program: DCFS is 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 requesting the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independence Program on behalf of Native American children, and to provide access to Title IV-E administration, training and data collection resources.

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

Notifications to Indian Parents and Tribes: DCFS policy requires staff identify children who are Native American or eligible for tribal membership. The Child Protection Services (CPS) data system, A Comprehensive Enterprise Social Services System (ACCESS 2.0) intake screen captures information regarding Native American status, and inquiries continue throughout the life of the case, with Tracking, Information and Payment System (TIPS) data and/or ACCESS 2.0 being updated accordingly. Upon identification of a child served by DCFS and affiliated with a federally recognized Native American tribe, the tribe is notified. DCFS encourages identification of Native American children early in the child welfare process and stresses open communication with the family and the tribe throughout the family's involvement with the department.

The department does not currently capture data within any of our data systems on the notification to tribes when a Native American child becomes involved in the child welfare system. DCFS captures this information on the case transfer staffing form when cases move from one Child Welfare program to another, but this is not an electronic process where data can be easily collected. The state hopes to achieve enhanced data tracking capacity in this area in the future if a Comprehensive Child Welfare Information System (CCWIS) system is developed.

DCFS is able to provide data on removals among this population. The table below reflects the total number of Native American Indian children who were alleged victims and victims who were removed because of validated abuse/neglect.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

FFY	Total Alleged Child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2018 Baseline	26,672	71	0.27%	9,589	27	0.28%
2019	30,505	27	0.09%	8,252	7	0.08%
2020						
2021						
2022						
2023						
2024						

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

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

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2018 Baseline	4	6	10
2019	4	1	5
2020			
2021			
2022			
2023			
2024			

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

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 meeting the specific ethnic and cultural needs of the child.

Services to Facilitate Reunification: DCFS policy recognizes the need for services to facilitate reunification with their Native American families, when safe and appropriate. Policy addresses Native American children in Foster Care and the need to involve tribes and parents in the FTM process and court proceedings to facilitate the reunification process.

Family Preservation: Services are sought to prevent the breakup of Native American families. The DCFS is working toward building a continuum of services focusing 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 affects the ability to provide services to tribal families and all other families who reside in rural areas.

Tribal Jurisdiction: Policy recognizes the rights of tribal courts and their jurisdiction. Policy has been updated to reflect the process of transferring jurisdiction to a tribal agency, if requested. Tribal courts usually allow the local courts to proceed, but would prefer complete details in an

STATE OF LOUISIANA 2020 Annual Progress and Services Report

informed decision making process. It is hoped through ongoing participation of tribal representatives on regional PQI/CQI teams and on the statewide stakeholder committee, these types of issues can be discussed and resolved in a satisfactory manner for all parties and in the best interests of the children and families served.

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

Plans for Tribal Collaboration for FFY 2020-2024 CFSP: The state level Foster Care Unit will do the following:

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

Tribal Collaboration Update FFY 2020:

- Staff maintained quarterly contact by phone and email with the tribes to keep them aware of any procedural and policy changes within the department.
- As training opportunities become available, this information is provided to tribes; a monthly training calendar is provided to tribes from the LCWTA. The Chitimacha tribe has often utilized these training opportunities for their staff and provided feedback.
- The tribes have determined the local working agreements continue to be up to date and they decided to wait until next FFY to update the agreements. Local working agreements continue to be in place with field staff, through contact with the Area Directors. Copies of these agreements are maintained at headquarters.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- DCFS planned to meet with the federally recognized tribes in April 2020 to discuss IV-E updates; however, due to COVID-19 and the “Stay-at-home” order DCFS was not able to meet with the federally recognized tribes.
- The Extended Foster Care unit met with the Jena Band of Choctaw Indians in February 2020 to explain the new program and services offered.

Tribal Collaboration Activities Planned for FFY 2021:

- Encourage tribes to revise local working agreements to ensure the procedures are meeting their needs and in the tribal child’s best interest;
- Determine if the department has any certified foster families with tribal affiliation to a federally recognized tribe and prepare these families to be tribal homes for tribal children entering foster care;
- Assist and encourage the tribes to recruit tribal foster parents for tribal children entering foster care;
- Contact tribes to request guidance in policy and procedural changes related to tribal children; and
- Keep tribes aware of upcoming DCFS training opportunities.

SECTION 6: JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - CFCIP):

Agency Administering Chafee: The Department of Children and Family Services (DCFS) is the state department administering the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Program. DCFS state-office staff members meet onsite with Chafee providers and the contract distributor of the ETVs at least quarterly. They complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit. Staff attend Chafee independent living skills training classes offered by the providers to monitor youth participation and course content, as well as reviewing youth CFCIP service records to ensure individual assessment and service planning. Staff review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

Description of Program Design and Delivery: DCFS intends to strengthen services provided through the Chafee program by providing transitional services and Independent Living Skills (ILS) to prepare youth for transition into adulthood. DCFS is enhancing service array by providing in depth instruction within the home setting and classroom training to improve life skills for children ages 14-21. These services are being shifted from classroom ILS preparation to in-home skill assessment and learning/planning for 16-17 year olds. Youth Engagement Programs are being rolled out in each Region in addition to social skill building for ages 14-21. Case management services for those not in EFC are currently offered to youth ages 18-21. An expansion of services will be added to include services through age 23 beginning July 2020. To assist in improving services to youth, Permanency Consultants and Specialized Youth Workers (SYW)

STATE OF LOUISIANA 2020 Annual Progress and Services Report

provide case consultation, on-site coaching and training to assist caseworkers and supervisors in working youth towards permanency prior to exiting foster care. In addition, assistance is provided with community outreach to inform stakeholders of program improvements. The enhancements are geared towards increasing engagement of youth in FTM's, collaboration with community stakeholders and enhancing the skills of DCFS child welfare workforce when working with young adults to include coaching in family search and engagement. DCFS expanded work with the Youth Advisory Board to help them restructure and plan initiatives throughout the year.

The programs are designed according to Positive Youth Development principles to achieve the purposes of the CFCIP and ETV programs. Consideration of adolescent brain development has been utilized in stratifying the curricula provided to youth through the CFCIP providers as well as in experiential learning opportunities provided to the youth. The CFCIP providers are moving toward a model of working with youth, which will be even more conducive to serving the developmental stages, and learning styles of youth as all learning activities are going to be individually targeted and tailored to each youth with the youth's input in designing the services the youth will receive. There will continue to be social activities hosted by the CFCIP providers to bring together the youth for peer-to-peer relationship development. Additionally, all youth will be provided a mentor to support relationship building and development of connections.

Service delivery for youth is provided by the youth's caregivers, DCFS workers and by contracted CFCIP provider agencies. **Four agencies** comprise the CFCIP providers statewide in nine regions. **Goodwill of North Louisiana** provides services in Shreveport, and Alexandria Regions. **Louisiana United Methodist Children and Family Services** serves the Monroe, Lake Charles, Lafayette and Covington Regions. **Goodwill Southeast Louisiana** serves New Orleans and Thibodaux Regions. **Empower225** serves the Baton Rouge Region. The **ETV provider** for the state is the **Louisiana Office of Student Financial Assistance (LOSFA)**. This state agency is located in Baton Rouge, but works collaboratively with the financial assistance offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development. The **National Youth in Transition Database (NYTD)** is the database used by the state of Louisiana to report demographics regarding youth in foster care (sex, race, ethnicity, date of birth and foster care status) and outcomes of youth involved in the Foster Care and EFC programs. For additional information regarding data collection, please see page 85 of plan.

Serving Youth across the State: The LOSFA has done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates an interest in a program, which has not previously been available or utilized. Their educational institutions refer the youth to LOSFA for ETV applications and approvals. Youth are encouraged to explore available resources through the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. DCFS has a youth link on the Department's internet site, which is disseminated routinely to youth to provide them information on education and other services to support the transition to adulthood. This link is www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

STATE OF LOUISIANA

2020 Annual Progress and Services Report

Prior to age 18, a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility serves each youth. (Tribal Social Service workers serving youth in tribal foster care with the four federally recognized tribes within Louisiana may make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state/tribal custody after age 14. The CFCIP provider may serve youth enrolled in CFCIP services up to age 23, as needed. Youth are informed of the ETV program by their DCFS caseworkers and by CFCIP providers. By completing the Free Application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Education Training Vouchers

Youth are eligible to receive an ETV if the youth are currently under the age of 26 and meet one of the following criteria:

- Exited foster care from DCFS or a federally recognized tribe at age 18 or OJJ custody between ages 18 and 21;
- If the youth exited foster care from DCFS custody after age 16, but prior to age 18 to an adoption or guardianship arrangement;
- If the youth exited foster care after the age of 14, but prior to age 18 to another permanency option (ex: reunification, custody to a relative, etc.)

(Louisiana extends ETV services to youth from other states/tribes meeting the same criteria who live in Louisiana and are not receiving ETVs from their own state/tribe.)

Starting in 2018 there has been a five-year limit on ETV funds and eligibility.

ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs are eligible for ETVs. Satisfactory progress toward degree completion is required in order to maintain eligibility.

DCFS offers CFCIP and ETV services to all youth meeting the criteria above.

Youth receiving an ETV are required to apply for all financial aid and scholarships for which they might qualify. Periodic review of the youth's progress will continue to occur to assure the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to LOSFA, and/or a DCFS program consultant so the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

In order for a student to be considered for many of the federal and state aid programs, they must complete the Free Application for Federal Student Aid or FAFSA. The postsecondary school uses the information from the FAFSA to determine eligibility for those programs. A student cannot receive any financial aid that exceeds the cost of attendance.

Cost of attendance varies from school to school. The elements of cost of attendance include tuition, books, room and board, miscellaneous expenses, transportation, and childcare (if the student has a dependent). Students in off-campus housing have a higher cost than those living in the dorm or those who live at home. The formula for federal and state aid is:

Cost of attendance/COA minus expected family contribution/EFC (derived from info on the FAFSA) equals financial need.

Cost of Attendance (COA) – Expected Family Contribution (EFC) = Financial Need

Schools are required to use the formula above and cannot receive aid in excess of the cost of attendance.

Five groups of youth continue to be eligible for CFCIP services after they leave foster care:

1. Youth in the Extended Foster Care Program.
2. Youth who left foster care for adoption or guardianship after age 16 but prior to age 18 are informed by their worker of their continued eligibility for CFCIP services up to age 23, and are potentially eligible for ETV services, when the youth leaves foster care.
3. 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.
4. Youth who have aged out of foster care and make a plan to continue educational and vocational pursuits with the assistance of the ETV program.
5. Youth who have completed the life skills training program with a CFCIP provider may always return to the provider for additional assistance as resources allow.

Please note that the current DCFS Chafee services are available to age 21. DCFS will change to the Independent Living (IL) providers serving young adults to age 23 starting July 2020. Young adults 18-23 will be able to receive case management to include emergency assistance funds and coaching in IL skill building. They will have the opportunity to be involved in youth engagement activities and programs, skill specific educational classes, and included in social activities.

NYTD data is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Elite Advocacy Force (LEAF) and with the CFCIP providers. During these discussions, staff reiterate the importance of this information in assessing service delivery and improving work with youth. The CFCIP providers assist in surveying “NYTD follow-up youth”. DCFS implements an ongoing plan for the CFCIP providers to stay in contact with the sampled “NYTD follow-up youth” and with the baseline youth as they enter the population. The plan ensures CFCIP providers will have contact with each of these youth a minimum of every 60 days. It requires the providers send the youth a birthday and Christmas card to sustain the relationship and remind youth of the availability of the CFCIP providers as a connection and resource for services.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

DCFS does not have the ability to compare NYTD data by region to determine if services vary by location. The Independent Living contract service providers provide a consistent service array across the state. Each of their programs provide the same menu of services, same assessment, and same delivery technique of services. They will be using the same curriculum for independent living skill development within the next few years. Over the next two years, DCFS will be working with the local communities to build additional services in an adequate and functioning service array statewide.

DCFS is developing a CCWIS system that will allow for the increased accuracy of data collection for NYTD data elements. This will allow NYTD services data to be pulled from the data system regarding services received. We are working to develop a report in the interim that can compare the AFCARS and NYTD data. The baseline surveys will continue to be collected by the Independent Living contract providers. They make direct contact with young adults to facilitate the completion of baseline surveys. We will be strengthening our plan to share NYTD data with an increased number of stakeholders and youth to improve program development and change. This will include training youth to share the data with other youth.

Collaboration with Tribes: In all discussions with the tribes, they have requested information on Chafee services available. Due to the small number of youth they serve, they have stated their interest in obtaining services through our contract providers when needed. The State Office team makes contact with each tribe quarterly by phone and email and then makes in-person visits annually. In addition, each year the Independent Living contract providers must meet with each tribe to discuss services available within their programs and how services are accessed. To date none of our federally recognized tribes has requested any Chafee or ETV services for any of their youth.

Collaboration with other Private and Public Agencies: 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 in the custody of OJJ or the federal tribes who need a permanent connection (integrated case management), youth who have left foster care for adoption or guardianship, and youth who have aged out of foster care. Foster youth have been invited to participate in Program Improvement Plan (PIP) development, APSR review and development, policy development review and comment, and legislative testimony to support the Extended Foster Care program. Youth have presented at local and national conferences, completed legislative internships, and served with CFCIP providers in program development.

DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve as provide more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises. CFCIP providers collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Volunteers of America, National Park Services, IRS,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

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.

The Louisiana Coalition of Independent Living Skills Providers, composed of DCFS program staff and representatives of each CFCIP provider, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 - DCFS continues to collaborate with several transitional living providers across the state providing housing and other services to runaway homeless youth and former foster care youth. DCFS collaborates with additional transitional living providers to provide transitional living services to youth ages 16 and 17 who are currently in foster care through contractual agreements.

Louisiana Elite Advocacy Force (LEAF) State Board: DCFS collaborates with the CFCIP providers to facilitate and host quarterly development meetings for the LEAF state board 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 collaborate with any programs devoted exclusively to abstinence. CFCIP providers do have access, to materials from a national, evidence-based *Choosing the Best* curricula, which was a state, supported abstinence program provided by the Louisiana Youth for Excellence, Office of the Governor. Now CFCIP providers are focusing on integrating the *LOVE 146, Not Another Number* curricula into their independent living skills development offerings.

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 if they have no suitable living arrangement once they reach age 18. DCFS and CFCIP staff collaborate with the Louisiana Emergency Solutions Grant program and Homeless Prevention and Rapid Re-housing program to provide short and medium term housing and utility assistance to youth exiting the foster care system.

Programs for Disabled Youth: DCFS refers youth with special needs for employment to Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through

STATE OF LOUISIANA 2020 Annual Progress and Services Report

challenges in serving this population of youth. DCFS serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana. DCFS staff and CFCIP providers are able to support disabled youth through referrals for Social Security Benefits, Louisiana Housing Commission managed Permanent Supportive Housing, Louisiana Rehabilitative Services, and Louisiana Workforce Commission job search and job-skill development services.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enrolled and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. Job Corps and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development. Additionally, many middle and secondary schools in Louisiana now offer Jobs for America's Graduates (JAG) programs, which may be an option for some DCFS youth in pursuing a vocational/career path while in these school programs as opposed to the traditional course selection.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the LDE, OCDD, Louisiana Department of Health (LDH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Mental Health and Substance Abuse Services for Youth: Health services for children and youth enrolled in Medicaid are managed through five managed care organizations (MCO) in Louisiana. Youth exiting foster care at age 18 retain their Medicaid coverage through age 26.

Youth exiting foster care receive assistance from DCFS caseworkers and CFCIP providers in making necessary linkages to other service or economic support programs through LDE and DCFS when needed. Examples would include Child Care Assistance for any children of the youth from LDE and food stamps (SNAP benefits) from DCFS.

Determining Eligibility for Benefits and Services: The state's criteria for objectively determining eligibility for benefits and services under the CFCIP and ETV programs is described above in the other portions of the John H. Chafee Foster Care Program section of this plan.

Cooperation in National Evaluations: The DCFS Independent Living/Transitional Services Program Coordinator, LaToya Saulsby, (225) 342-3936, latoya.saulsby.dcf@la.gov, participates in quarterly conference calls coordinated by ACF Region VI. Through this process, the Coordinator is able to share developments in the Louisiana Chafee program with other state coordinators and learn about development in their state programs. This continuous shared learning opportunity allows for ongoing evaluation of the Louisiana program in comparison to these other programs. CFCIP providers often attend several National Conferences including Daniel Memorial

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and Pathways to Independence to assess the latest research and programs offered in other areas of the country for adaptations to the Louisiana CFCIP programs. Currently, DCFS is working with AEFCF to assess the effectiveness of the CFCIP service array for improvements.

Chafee Training Activities Planned FFY 2020-2024: DCFS will continue to meet the needs of youth by providing training based on the individual needs of the young adult. Expansion for youth services will be incorporated for young adults' ages 18-23 beginning in July 2020. Specifics regarding each are discussed in Description of Programs section.

DCFS will continue educating providers and youth regarding the availability and changes in service array for young adults by providing training to each DCFS region, ILS providers and Youth Advisory Boards throughout the state by June 30, 2020.

DCFS will work with the CCWIS team over the next five years to ensure capability to provide relevant data elements from NYTD that incorporates data that includes the services received and other sources of information that addresses how services vary by region.

Chafee Training Update FFY 2020: Louisiana Office of Student Financial Assistance (LOSFA) currently supports over 70 schools in Louisiana, 6th-12th grade. Free Application for Federal Student Aid (FAFSA) captures 12th graders who self-identify as foster youth. This information is used in LOSFA's text message system to connect them with the Chafee voucher program and the postsecondary institution they are planning on attending. LOSFA is currently in the process of looking at outcomes from data such as: do the students go to college and did they complete school? At present, the data does not capture proprietary schools and graduation data. The Gear Up program supports any postsecondary education. Gear Up engages young students by bringing in a mentor and friend that helps coach them through emotions, academic support and conflicts at home. In partnership with 15 school districts, LA GEAR UP aims to increase the number of low-income students who are prepared to enter and succeed in postsecondary education.

DCFS sent LOSFA a list of the foster youth who are located in the pilot region of East Baton Rouge. LOSFA sent a list of their schools in East Baton Rouge and information on the *Gear Up* program to DCFS. LOSFA hosted a webinar to help train caseworkers and other staff members in DCFS on the *Gear Up* program. DCFS hosted a training on working with foster youth on Wednesday, February 19, 2020.

In addition to changing the age of Independent Living (IL) Contractor service provision regarding case management to age 23, the IL contracts are changing to include the provision of in home IL skill building for youth ages 18-21 that are enrolled in EFC but are not participating in the YV Lifeset program.

The ETV Coordinator and IL Lead for Louisiana has been changed to LaToya Saulsby. She began to sit in on federal calls and participate in leading the IL Coalition meetings held in Louisiana.

DCFS has been engaged with Youth Era in offering coaching services to Peer Support Staff (staff employed by IL contractors who had Foster Care experience) within the IL Contracts and to their

STATE OF LOUISIANA 2020 Annual Progress and Services Report

supervisors. This is being done to assist them in supporting their roles and ensuring both the peer support young adult and the supervisor understand challenges, needs, and coping for all.

DCFS has been working with Youth Era (YE) to develop a peer support-training curriculum to support staff with foster care experience as they begin working in the child welfare field. YE is a non-profit that has been operating since 2009 with the mission to empower young people and create breakthroughs within the dedicated systems that serve them. YE provides a diverse array of innovative programs and services to youth (ages 14-25) that respond to disparities, promote health equity, and facilitate successful transitions to adulthood. The curriculum will focus on supervisor guidance for those supervising peer support youth. Once this curriculum is developed, there will be train the trainer sessions to train DCFS staff and peer support staff to train the curriculum ongoing. Finally, after developed, the curriculum will be shared with the LCWTA to determine sustainability.

DCFS continues to work with Specialized Youth Worker (SYW) staff and other DCFS staff to move toward permanency for youth in foster care. Youth consultants continue to consult on SYW cases and 17-year-old cases to ensure positive outcomes and ensure the continued work toward permanency using family search and engagement, permanency readiness, and youth guided team meetings.

DCFS is currently working with Annie E. Casey Foundation to identify a resource guide and training for organizations asking for a youth to participate in their workgroups and organization guidance to ensure proper youth voice is obtained in asking for a youth's participation and that they understand guidelines for asking a youth to participate. We want to ensure that youth participating in these types of activities have the best experience and that their voice is heard and used rather than just being asked to sit in meetings. Annie E. Casey Foundation continues to support DCFS in assisting with Youth Board Visuals.

Activities Planned for FFY 2021: DCFS will roll out the use of the Peer Support curriculum during the next fiscal year. This will include continued training plans for the curriculum and ongoing plans for additional uses of the curriculum. DCFS plans to implement a Youth Ambassador position to work through a contractor and work in partnership with DCFS State Office Transitioning Youth staff, Peer Support staff, and the State Youth Board, including legislative activities. This Youth Ambassador will continue coaching for peer support staff. DCFS will be working to ensure the appropriate training regarding coaching is obtained for this individual. The Youth Ambassador will be a young adult who aged out of foster care in Louisiana. DCFS will continue to search for a new IL curriculum to replace the one currently being used. A new RFP will be started to plan for a new contract process for IL contracts. Continued support and growth of the State Youth Board and regional Youth Engagement Programs will continue.

Education and Training Vouchers (Statistical & Supporting Information):

The ETV program, the methods the state uses to operate the program efficiently, and the methodology for assessing the use of these benefits is embedded within the John H. Chafee Foster Care Program information above.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The chart below reflects the continuing and new ETVs issued by year according to the state’s school year, which runs from August through July each year.

Continuing and New ETVs by School Year		
School Year	Total Vouchers	New Vouchers (First Time)
School Year 2018 (Baseline)	97	29
School Year 2019	92	35
School Year 2020		
School Year 2021		
School Year 2022		
School Year 2023		

CONSULTATION WITH TRIBES: The involvement of the federally recognized tribes in accessing CFCIP and ETV services is described throughout the John H. Chafee Foster Care Program section of this plan.

SECTION 7. UPDATES ON TARGETED PLANS WITHIN THE 2020 – 2024 CFSP:

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families meeting the needs of the infants, children, youth served by the child welfare agency. The following information describes the state’s plans for the 2020-2024 Child and Family Services Plan (CFSP).

Characteristics of children for whom foster and adoptive homes are needed: Children who enter the Louisiana foster care program are from diverse racial and ethnic backgrounds. Many of these children have various medical, emotional, behavioral, developmental and/or psychiatric needs. Other characteristics include adolescents, older youth and sibling groups. The Department’s goal is to have a sufficient number of foster/adoptive parents to meet and/or match the various placement needs. On April 28, 2019 there were 1,554 (African-American); 2,319 (Caucasian); and 261 (Other) children in foster care, which equates to 37.6% being African-American; 56.1% being Caucasian; and 6.3% other. (This is information was obtained from Web Focus.)

The regional Home Development program staff is responsible for preparing an annual recruitment/retention plan tailored to address the region specific temporary and/or permanent placement needs. A copy of the plan is made available to the state office level Home Development program for monitoring purposes.

The demographic data shows the following racial makeup of 1,068 single parent families for FFY 2019:

- 446 Caucasians (446 females and 0 males)
- 615 African-Americans (615 females and 0 males)
- 5 American Indian/Alaska Native (5 females and 0 male)
- 2 Asian/Pacific Islander (2 females and 0 males)

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Of the 1,068 single parent families, 1,032 were not Hispanic; 13 were Hispanic; and 13 were Unknown. The remaining 2,240 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,769 (Parent 1) and 1,739 (Parent 2)
- African-Americans – 454 (Parent 1) and 478 (Parent 2)
- American Indian/Alaska Native – 7 (Parent 1) and 7 (Parent 2)
- Asian – 8 (Parent 1) and 8 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 3 (Parent 2)
- Unknown – 1 (Parent 1) and 5 (Parent 2)

Of the 2,240 – 2,149 (Parent 1) and 2,155 (Parent 2) were not Hispanic; 32 (Parent 1) and 34 (Parent 2) were Hispanic; and 59 (Parent 1) and 51 (Parent 2) were Unknown.

Specific strategies to reach out to all parts of the community: The DCFS continuously, seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the foster care program. During the previous five years, the Department experienced tremendous strides (as result of the designated regional recruiters), as well as some minor delays (resulting from the dissolving of the regional recruiter positions). Moving forward, the Department began to expand its utilization of community partners and stakeholders in the recruitment, certification and retention process. The partners include the cooperative agreement with the Louisiana Baptist Children’s Home, the Court Improvement Project and Wendy’s Wonderful Kids (WWK).

Quality Parenting Initiative (QPI): Statewide implementation of QPI was completed in May 2017. Each of the nine regions has established QPI regional steering committees and task force groups to identify, develop and implement strategies to support quality parenting based on the needs of their particular regions. The regional task force meetings are held monthly and consist of agency personnel, foster caregivers and community partners. Regional QPI steering committees are held quarterly to oversee implementation of the strategies recommended by their task force groups. Regions submit quarterly summaries of their region’s QPI implementation progress to the State Office QPI Team. Monthly conference calls are held with QPI regional leads to monitor progress and offer guidance with ongoing regional implementation. Statewide QPI meetings are held bi-annually and attended by regional management, regional QPI leads and task force members along with State Office Management to review progress, share information and assess continued needs to further embed QPI philosophies into day-to-day practice.

A Quality Parenting Partnership Plan Agreement was developed in 2017 outlining clear expectations of foster care providers as well as expectations of DCFS staff to support Quality Parenting. The partnership plan is presented in the new pre-service foster parent training and families sign the agreement before certification. For families certified before *A Journey Home* Pre-Service training, training was developed and presented statewide in a mandatory training that provided an overview of the Journey Home training along with the Department’s expectations of foster caregivers and staff as related to Quality Parenting. The Quality Parenting Partnership Plan Agreement was presented during this training and staff and foster caregivers were asked to sign the agreements at training. For those foster caregivers not attending the training in person, online

STATE OF LOUISIANA 2020 Annual Progress and Services Report

training was made available. Supervisors present and review the Partnership Plan with all new DCFS Child Welfare employees.

In January 2018, DCFS staff expectations in support of Quality Parenting were incorporated into staff performance evaluations. State policies and guidance memoranda were revised to incorporate best practice standards and the goals of QPI including the implementation of Initial or Comfort Calls, Icebreaker meetings, and Transition Planning, and the timely sharing of comprehensive information with foster caregivers. Foster parent and kinship caregiver pre-service and in-service training curriculums were revised and implemented statewide to reflect the practices, principles, and philosophies of QPI.

Regions hold community-partner stakeholder meetings working to imbed QPI principles and practices throughout all levels and components of the child welfare system. Regions developed local trainings in response to identified needs within each region. Regions include staff, foster caregivers, community partners, etc., in training opportunities as possible.

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

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

Activities planned for 2020 – 2024:

The next five years will focus on:

1. Continued collaboration with the Youth Law Center to implement QPI strategies and practices.
2. Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
3. Participation in evaluation process in collaboration with Casey Family Programs to assess strengths, needs, and impact of QPI on outcomes for children and families.

QPI Update FFY 2020: Monthly QPI regional, state, and Youth Leadership Council (YLC) leadership calls were held to discuss progress, and identify and address barriers to implementation of QPI practices in each region. The Young Leadership Council (YLC) is a 501(c) (3) New Orleans-based nonprofit that, through volunteer-led community projects, develops young professionals into leaders and positively affects quality of life in the region. The oldest, independent young professionals' organization in the country, YLC has raised more than \$25 million to develop leadership through community projects in and around the New Orleans area since 1986. Regions continue to track calls, icebreaker meetings and transition planning to increase birth family and caregiver engagement.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Policy revisions are in process regarding expectations of initial calls, icebreakers, and transition plans on all cases. These practices are being incorporated into relative foster care policy.

Tracking of QPI practices continues to occur on a manual basis with input received from field staff as to tracking format. Regional baselines were established. Steady, incremental progress is being documented at regional and state levels.

The Planful Transitions Training Curriculum was finalized and initial staff training implemented in October 2019. Six training sessions occurred in Lake Charles, Orleans, and Thibodaux regions. The trainings were co-led by a mental health practitioner and DCFS staff to support sustainability. Four more sessions were held in December in Baton Rouge and Covington Regions. The Planful Transitions Training Curriculum will be implemented in the remaining regions after January 1, 2020.

QPI sponsored two webinars for staff, foster parents, relative caregivers and birth parents. These webinars were titled Using Media Effectively with Young Children and Virtual Visitation. They were presented in April 2020. Part 1 of the training concentrated on Dr. Rachel Barr sharing research on how to use remote and virtual communication to maintain and strengthen relationships. Part 2 of the training concentrated on how parents can navigate the digital media world with their toddlers and how media can be a useful tool for parents to support intellectual, educational and emotional development.

QPI Activities Planned for FFY 2021: DCFS remains dedicated to working with our partners in a respectful, transparent manner. Our relationship with foster caregivers is especially critical to meeting the needs of children in state custody. DCFS continues to work to engrain the “QPI philosophy” throughout our Agency culture, and to provide stakeholders with an opportunity to provide feedback to the department on an ongoing basis. DCFS is implementing a process of quarterly surveys of our stakeholders, via email, on a statewide basis. Each quarter a specific stakeholder group (foster parents; biological parents; older youth in foster care; service providers, etc.) will be surveyed. The purpose of this anonymous survey is to solicit feedback about the department’s level of collaborating with others.

A state QPI meeting with representatives from all regions including staff, foster caregivers, birth parents, and community partners will be held on November 20, 2020 to review progress made in implementation, highlight activities within each region, including barriers and strategies to address, and a featured speaker to address needs of foster caregivers in QPI. The meeting is being co-facilitated with Carole Shauffer of the Youth Law Center. State program staff will attend to identify policy implications or supports needed. CCWIS staff have been invited to participate to gather relevant information for incorporation into their work.

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community:

1. General recruitment focusing on bringing about an awareness of the need for foster/adoptive families;

STATE OF LOUISIANA 2020 Annual Progress and Services Report

2. Targeted recruitment focusing on the specific needs of the children and youth in care, with demographic data (e.g., characteristics of children in care and characteristics of certified families); and
3. Child specific recruitment focusing on seeking adoptive resources for a child and/or a sibling group who are without an identified adoptive resource.

In response to the 2019 Children's Bureau Adoption Call to Action issued to states to develop and implement new strategies for achieving timely permanency for waiting children and youth, a Louisiana Adoption Call to Action Plan was created at the onset of 2020. The Louisiana Adoption Call to Action Plan is an integral part of the Louisiana Diligent Recruitment Plan and consists of efforts by DCFS Adoptions and Home Development staff working with other DCFS programs and stakeholders to develop and implement new policies, practices and recruitment strategies in efforts of achieving timely permanency for waiting children and youth.

The Louisiana Adoption Call to Action plan began with State Office Adoptions forming a work group to examine ways to improve and streamline methods of connecting waiting children and youth to forever families and identify barriers in current processes that were hindering timeliness. Three core strategies identified by the workgroup are as follows: the accountability to achieve timely permanency and reduce time for waiting child, community awareness of need for timely permanency, and staff awareness of need for timely permanency.

A key action to be taken under the strategy regarding accountability to achieve timely permanency and reduce time for waiting children was to collaborate with the DCFS Data Unit to develop a tracking system to monitor waiting children who were freed for adoption. Identified data to be tracked included children in which the ASFA deadline could be met; children with an identified permanent placement but the 427B, Placement Agreement between DCFS and Adoptive Parents, had not been signed; and children with an unidentified permanent resource. Another action to be taken was to formulize an ICPC tracking system to identify all pending cases of children freed and placed in an out of state adoptive home. The next step was to develop a format to identify barriers to achieving timely permanency and a plan of action for identified barriers. Working with NTI (National Training Initiative) to bring Adoption Competency Mental Health Training to the Adoption and Home Development Staff throughout the state was another action under this strategy; roll out for the training is September 2020. Closely monitoring the AdoptUSKids to ensure that all Louisiana children freed for adoption have a current photograph, strength based narrative, and video and monitoring the WWK to ensure that appropriate children without an identified resource are being assigned recruiter when caseloads allow were additional actions implemented under this strategy.

Actions to be taken under the strategy for community awareness of need for timely permanency began in working with AdoptUSKids regarding available PSAs that would bring awareness of the need for families. In addition, State Office Adoptions and Home Development are working with AdoptUSKids to formalize a plan to develop a Louisiana Speaker's Bureau to assist Adoptions and Home Development in recruitment efforts. Home Development is working to develop a more streamlined plan to ensure all DCFS certified families interested in adoption are registered on AdoptUSKids. Adoption and Home Development will be collaborating with the DCFS Communications Department to highlight the Louisiana Call to Action in November

STATE OF LOUISIANA 2020 Annual Progress and Services Report

2020, in conjunction with National Adoption Month. Home Development is working with Annie E. Casey Foundation to revise foster caregiver orientation in efforts of recruiting homes for older children and youth as well as special needs children and youth and larger siblings groups. In this revision, presentation scripts and Q & A's are being developed. The updated orientation will be implemented in October 2020. As a recruitment tool, Home Development is enhancing the use of photographs and videos of waiting children at foster caregiver orientation and pre-service training.

The strategy, staff awareness of need for timely permanency, included the formation of the Statewide Centralized Adoption Exchange held on March 12, 2020. Attendees included DCFS Adoptions Staff, Home Development Staff, private adoption agencies and community partners. Presentations included WWK EFC Recruiter, Adoption Exchange Association, NTI Adoption Competency Training and the Louisiana Foster/Adoptive Caregiver Organization. Each presentation highlighted new practices and plans for promoting permanency for Louisiana's waiting children. The WWK Recruiters are continuing to present their roles and responsibility for recruitment in the regions.

Recruitment of Foster/Adoptive Parents Update FFY 2020: In the last quarter of FY 2019, staff were advised to prioritize recruitment efforts and certifications for homes for older youth and special needs children as there continue to be shortages of homes in those categories. While the number of overall certifications decreased, staff efforts were more strategically focused to recruit and certify for those special populations. Staff continue to prioritize recruitment and certification efforts for older youth and special needs children; these priorities therefore reduced the numbers of certifications for younger children. In addition, Methodist Children's Home had assisted with child-specific certifications but this assistance was not available during this reporting period. Numerous certification approvals were delayed due to system issues across the state in processing criminal records clearances. Criminal records clearances must be completed before certifications can be approved.

Recruitment of Foster/Adoptive Parents Activities Planned for FFY 2021: DCFS will continue to focus on the three strategies listed above.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information: The DCFS will utilize some of the following diverse methods of disseminating general information about becoming a certified foster/adoptive parent and disseminating child specific information:

1. General recruitment activities: distribution of flyers and informational booklets at community events; conduct presentations on the need for foster/adoptive parents at faith-based events, educational forums and informational booth; post orientation dates and basic foster/adoptive information in local church bulletins; post orientation and pre-service training schedules on the Department's website; post and foster/adoption awareness events. The Department will utilize current foster parents and the faith based community to recruit foster families.
2. Targeted recruitment activities: invite certified foster/adoptive parents who are placement resources for a particular population of children (medically fragile children, adolescents, or, older youth) to participate on the pre-service training panel; and invite older youth

STATE OF LOUISIANA 2020 Annual Progress and Services Report

(awaiting adoption and/or aged out of care) to participate on the pre- service training panel session; provide demographic information on children in care and certified families during training sessions and presentations at community events; and faith and community based partnerships.

3. Child specific recruitment activities: Mini and Centralized Exchange meetings; photo listing (AdoptUsKids) and DCFS websites; media (television); Heart Galleries; present strength-based profiles of children/youth without an identified placement resource; solicit input from older children regarding their profiles; and partner with the community groups to feature child specific digital stories.
4. Child focused recruitment activities: WWK Recruiters with their children on their caseloads and the child's network by building relationships and connections. Recruitment activities include sibling visits and pre-placement outings (laser tag, ice cream, and zoo).

Strategies for assuring all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so the agencies can be accessed by all members of the community: Develop orientation/training pre-service schedule to cover at least a six-month period of time; post community partners' information on the DCFS website; send notification via e-mail to community partners regarding DCFS regional orientation/pre-service training schedules once posted on-line; opening MAPP/GPS Train the Trainers community partners.

The DCFS Home Development staff are responsible for conducting the foster/adoptive parent certification process. Each region prepares an orientation and pre-service training schedule for a six-month period. This information is submitted to the state office Home Development Unit and the information is forwarded to the Department's Bureau of Communication for on-line posting. Each region offers at least one Saturday as well as day and evening pre-service training sessions.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: The Child Welfare Training Academy (LCWTA) offers a number of training courses for staff, foster/adoptive parents, CASAs, legal partners and community partners that address the knowledge and skills needed to work within diverse communities and with diverse clients and constituencies. The online trainings include:

- Bullying 101
- Cultural Compassion: Part 1 and 2
- A Journey Home refresher
- Domestic Violence and Child Welfare
- Thrive: A Normalcy Training
- Icebreakers: Meetings Between Foster/Adoptive Parents & Birth Parents
- Opening doors: Working with LGBTQ Children Youth & Families in Child Welfare
- Providing Culturally Affirming Care
- Indian Child Welfare Act Caring for LGBTQ+ Youth
- The Connected Child
- Understanding Girls
- Working with LGBTQ Youth

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Pre-Service Training for prospective foster parents includes a 3-hour session on Cultural Diversity and addresses working with LGBTQ children/youth.

Strategies for dealing with linguistic barriers: The DCFS has a responsibility to provide Limited English Proficiency (LEP) persons with access to programs and services. Staff utilizes the foreign language interpreters, when necessary and each region has an internal protocol for accessing an interpreter. The Department has membership with Language Line Services, which allows staff to communicate with LEP individuals in various languages 24 hours per day, seven days per week. The service allows staff to utilize the bilingual services when communicating with families who do not use English as their first language. Staff can seek assistance from other staff proficient in a language other than English.

Non-discriminatory fee structures: DCFS does not charge a fee for individuals interested in becoming certified as foster/adoptive parents.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement: A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two-week period. The DCFS collaborates with faith-based communities to feature the “Heart Gallery” and assist with child specific digital stories. Youth who are freed for adoption and do not have an identified resource, can be referred to the WWK program. The WWK recruiters conduct child-focused recruitment for youth who may be hard to place.

Region-specific, targeted recruitment plans from the nine regions are reviewed quarterly. Each plan indicates the demographics of the children and the certified families, as well as the targeted objectives (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations) and strategies to recruit homes based on the needs identified in the data.

In FFY 2018, there was a decrease of 139 new foster home certifications; totaling 912 newly certified homes. There was a decrease of 39 home closures from the previous year; totaling 966 homes closed. The agency continues to have more child specific homes certified. This does not allow the department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals to which they have a connection/bond. The department’s families initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home awaiting adoption.

At the end of FFY 2018, there were 4,478 children in Foster Care. The racial breakdown shows 1,690 were African-American; 2,528 were Caucasian; and 260 were “other”.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community: Specific strategies to reach out to all parts of the community:

A review of the listing of some of the regions' recruitment activities shows staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to maintain an awareness of the need for foster/adoptive families to provide temporary care of children in foster care; focus on specific needs of children in care; and seek out potential foster/adoptive resource for children awaiting adoption. Wendy's Wonderful Kids recruiters conducted child focused recruitment for children freed for adoption without an identified placement resources.

Data-driven, region-specific recruitment plans to help build and retain foster families who meet the QPI expectations and can meet the needs of the children in care continue to be used. All nine regions have Wendy's Wonderful Kids Recruiters. Collaboration has continued with the Louisiana Baptist Children's Home, Crossroads NOLA, Louisiana's Foster/Adoptive Parent Association and Healing Place in the recruitment and support of foster/adoptive parents. Louisiana Baptist Children's Home held 62 orientations statewide in 2018 and completed 39 home studies for foster parent certification. Crossroads NOLA held 36 orientations in 2018.

Louisiana Fosters, an initiative of the First Lady of Louisiana created in 2017 has continued to grow. Louisiana Fosters unites support organizations and businesses in efforts of supporting children in foster care and the families caring for them. Sixty-five organizations are currently a part of Louisiana Fosters. DCFS recently issued a solicitation for a statewide Foster Care Support Organization and is currently negotiating the contract with a provider. Excepted services include local foster parent support organizations in all nine regions of the state offering support groups, child and family activities, a foster parent peer-to-peer mentorship program, 24-hour crisis line, recruitment activities and statewide communication system for foster parents including a website and newsletter.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information: Louisiana Baptist Children's Home (LBCH) and Crossroads NOLA work with the Department to recruit and provide orientation/training for potential foster/adoptive parents; and provide support to certified foster/adoptive families. The Louisiana Heart Gallery (LHG) staff continues to collaborate with the department to facilitate professional photography of children awaiting adoption and without an identified adoptive resource. There are at least four Heart Gallery websites listed for Louisiana. The sites feature children in the custody and care of DCFS. The children awaiting adoption are featured on Adopt Us Kids website and the DCFS website. The regions use presentations, flyers, billboards and media (television and newspaper) to disseminate information.

A new recruitment message supporting Quality Parenting has been incorporated into pre-service orientations and training. The Annie E. Casey Foundation (AECF) is working with DCFS in efforts towards improving general and targeted recruitment and is working to enhance the new recruitment message to encompass needs for all types of homes for children and youth. DCFS Communications is working the AECF Resource and Development Group on developing printed materials and PSA's. The work group is working to improve regional recruitment plans to meet the specific

STATE OF LOUISIANA 2020 Annual Progress and Services Report

needs of children in the respective regions. Louisiana Heart Gallery has active support in seven regions and has display exhibits in all nine regions of the state. DCFS works with Adopt US Kids in national recruitment efforts. WWK recruiters share information during pre-service training regarding children and youth in need of adoptive resources. QPI language has been incorporated into orientation and pre-service training.

Strategies for assuring all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that all members of the community can access the agencies: DCFS HD staff prepares schedules for orientation and pre-service trainings and sends the information to the State Office HD Section. Each region submitted a listing of the region's scheduled orientations and pre-service training for the calendar year. The information was posted on the DCFS website for community access. In 2018, LCTWA added the following online trainings for foster parents:

- Medication Management,
- Infant Safety: Tragedy in the Backseat
- A Journey Home Refresher Module 1: Overview
- A Journey Home Refresher Module 2: Effective Partnership and Normalcy
- A Journey Home Refresher Module 3: Substance Abuse
- A Journey Home Refresher Module 4: Intro to TBRI
- A Journey Home Refresher Module 4: Intro to TBRI
- QPI: Parent Perspective for System Change
- Maximizing the Power of Adolescence

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: DCFS staff as well as community partners, Legal partners and Foster Parents have access to the LCWTA eLearning system. Training courses with diversity content include, but are not limited to Providing Culturally Affirming Care, Caring for LGBTQ+ Youth, Indian Child Welfare Act, Domestic Violence and Child Welfare

Training staff to work with diverse communities Update FFY 2020: Louisiana received the Adoption Excellence Award in the category of Child Welfare/Judicial Systemic Change. The 21st Annual Adoption Celebration was held on Thursday, November 7, 2019 from 1:00p.m. until 3:30p.m. at the Governor's Mansion in Baton Rouge.

Louisiana DCSF revamped the "A Journey Home" training for Foster Parents and as of December 2019. Louisiana received a grant for the Foster Parent Support organization and the organization will be meeting regularly.

Home Development is collecting data on types of housing/houses needed in different regions/ areas. New trainings started in December 2019 concentrating on recruitment and development. The state has contracted with Methodist to complete backlogged home studies. Trainings continue to be held between Methodist and DCFS. Methodist started home studies in December 2019.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Training staff to work with diverse communities Activities Planned for FFY 2021: Mandatory adoption competency training to start in July 2020 (20 hours online). Mandatory for DCFS staff including managers and supervisors. This training was developed nationally.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN: Practitioners and providers who opt into the provider networks of managed care organizations (MCOs) provide health care services for children in foster care. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, LDH and OJJ.

Children will receive health care services according to the following schedule:

Initial medical screenings:

For newborns accepted into Foster Care (FC), the examination must occur prior to hospital discharge. For children other than newborns entering FC, the examination must occur within thirty calendar days of FC entry except if the child entered foster care from a medical facility or DCFS has documentation of medical exam and findings within the past 30 days.

The screening must include current development, medications, immunization status, hearing, speech and vision. Children under 6 years of age must also have universal blood lead screening. The screening must be completed by a licensed physician, a physician's assistant, or a nurse practitioner and include documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

Regular periodic medical screenings:

- Must occur after at 1 month, 2 months, 4 months, 6 months, 9 months 12 months, 15 months, 18 months, and years for children under 2 years of age. All screenings must be at least 30 days apart.
- Must occur a minimum of annually for children ages 2 through 17. The exam to be scheduled no sooner than 12 months from the date of the previous exam and no later than 14 months from the date of the last exam. The exam to occur during this 12 to 14-month period even if the child has had other medical exams in the interim. The screening must include current development, medications, immunization status, hearing, speech and vision.
- In accordance with Louisiana Administrative Code (LAC) 48: V. §7005, the exam will include blood lead screening of children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish in accordance with practices consistent with the current Center for Disease Control and Prevention guidelines and in compliance with Louisiana Medicaid.
- The exam is to be completed by a licensed physician, physician's assistant, or nurse practitioner and shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

Specialized medical exams, services and equipment:

- Will be completed by licensed practitioner with credentials in area of specialization,

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Shall result in documented description of child’s medical status and recommendation for ongoing care,
- Medically necessary equipment will be provided to the child according to prescription
- Medically necessary transportation will be provided to the child according to medical necessity
- Medically acute hospital care, emergency room services, rehabilitation of hospital services, psychiatric hospital care, medical tests, laboratory test, x-rays, physical therapy, occupational therapy, speech therapy, and other medically necessary services will be provided according to physician orders and in accordance with medical necessity criteria or parental insurance guidelines,
- Other specialized medical clinic services such as family planning, prenatal, substance abuse, mental health, dialysis, radiation, sexually transmitted disease, tuberculosis, etc., will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
- Waiver supports and services are provided as available and based on eligibility,
- Drug trials or experimental treatments are not provided to any child in FC for the purpose of research or treatment unless the child’s condition is such that:
 - all other options for treatment have been exhausted
 - there is no hope for improvement or recovery
 - potential risks do not outweigh the experimental opportunity to the child
 - the child, based on ability to understand, has been consulted and agreed
 - the child’s parents have provided written agreement for the child’s participation
 - the judge with ongoing jurisdiction in the child’s “Child In Need of Care” proceeding is in agreement with the treatment.

Initial dental screenings:

These screenings are to be completed by a licensed dentist and are to occur at the eruption of the first tooth for infants; no later than the child’s first birthday if the infant has no teeth; within 60 days of FC entry unless child is under age one with no teeth. The report of the exam shall document a description of child’s oral health and recommendations for ongoing dental care.

Regular periodic dental screenings:

These screenings shall occur every six months or more frequently as indicated by risk or susceptibility to oral disease. A licensed dentist shall complete the exam. The report shall document a description of child’s oral health and recommendations for ongoing dental care.

Inter-periodic dental screenings:

These screenings shall be completed by a licensed dentist and may occur when oral health concerns arise. The report shall document a description of child’s oral health and recommendations for ongoing dental care.

Initial mental health screening:

The TBH Assessment is completed by the child’s FC case manager within 30 days of FC entry.

Follow-up mental health screenings:

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The TBH Assessment is completed at least every six months after the initial screening. Other treatment services and assessments are arranged based on the results of the initial or follow-up TBH screening, the child's current level of functioning in child's home, school, and/or social environment, and the child's emotional condition. The other treatment services or assessments are to be completed by a professionally licensed and credentialed individual as follows:

- Licensed Clinical Social Worker (LCSW),
- Licensed Professional Counselor (LPC),
- Licensed Marriage and Family Therapist (LMFT),
- Child Psychologist,
- Child Psychiatrist.

The other treatment services and assessments shall utilize only tests and diagnostic tools necessary to adequately assess identified areas of concern, and shall result in a documented description of the child's mental health status and recommendations for ongoing mental health care.

Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;

1. Treatment for identified medical care needs:
 - Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,
 - Immunizations to follow current American Academy of Pediatrics "Recommended Immunization Schedule",
 - Specialized vaccinations to be provided upon recommendation of child's current physician in periods of widespread epidemic,
 - Will be completed by a licensed physician, physician's assistant, or nurse practitioner,
 - Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

2. Treatment for identified dental care needs:
 - Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by a licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.

3. Treatment for identified mental health care needs:
 - Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence of child's current level of functioning in child's home, school, and/or social environment,
 - Child's emotional condition,

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Child's readiness to participate in treatment.
- Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.
- Involve medication only when medically necessary, all other options are insufficient, and the minimum necessary dosage is utilized,
- Documentation of the description of child's mental health status,
- Documentation of ongoing mental health care.

Medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;

Updating a child's health information:

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service,
- Foster Care case manager collect documentation of health care services during monthly visits with the child and the child's caregiver,
- Foster Care case managers maintain health care services documentation in the child's case record.

Sharing a child's health information:

- Foster Care case managers provide copies of the child's health care information:
 - At a minimum of every six months to the parents at case planning meetings,
 - At least every six months through court report,
 - Prior to or at placement with any foster caregivers.
- Information may be provided to the child, foster caregiver or parents at any time needed or requested,
- Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

Development and implementation of an electronic health record.

- DCFS maintains a database form for electronic documentation and updating of the child's health record within the case plan system.
- The database is accessible to all DCFS staff when it is necessary to track the child's health care from different areas of the state.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Each medical provider will be responsible for monitoring the child’s well-being and the impact of all treatment provided,
- The child’s foster caregiver will be responsible for daily monitoring of the child’s health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child’s parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ FC case manager will monitor the child’s health status through monthly visits with the child and child’s caregiver, collection of documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,
- LDH will insure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

Steps to ensure the components of the transition plan development process relating to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document:

All youth age 16 and older, will be informed by their foster care, adoption, or juvenile justice worker of the importance of establishing a health care power of attorney, known as a health care proxy or health care mandate. The worker will explain, to the youth, a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions. The worker will explain the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18. This includes explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself,
- The judicially appointed tutor or curator of the patient, if one has been appointed,
- The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions,
- The patient’s spouse, not judicially separated,
- Any adult child of the patient,
- Any parent, whether adult or minor, for his or her child,
- The patient’s sibling.

LDH provides the DCFS and OJJ staff information from their databases regarding Medicaid covered services provided to children in custody of the respective agency upon request.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care: Through creation of the Medicaid managed care system known as Healthy LA the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider network to resume healthcare services.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications: The Department developed specialized forms and policy to address the use of psychotropic medications with children in foster care. The protocols established require psychotropic medications only be used as a last resort after all other less-intrusive behavioral modification options for treatment have been exhausted or emergency circumstances warrant the medical intervention to protect the child or others from harm. The protocol requires parental authorization for psychotropic medication usage if the parents retain parental rights to the child unless emergencies exist or treatment is court ordered in the best interests of the child. The protocol requires only a psychiatrist or psychiatric nurse practitioner be allowed to prescribe psychotropic medications for a child in state custody. The protocol requires all proposed psychotropic medications be discussed with the child as appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

The Department is currently collaborating with LDH to utilize the services of a psychiatrist for state level consultation by departmental staff regarding children prescribed multiple psychotropic medications to assess the impact of long-term usage of multiple medications.

Activities Planned in FFY 2020-2024 to improve health care and oversight of children and youth in foster care:

- Prevent inappropriate diagnosis of mental illness, other emotional or behavioral disorders.
- Prevent inappropriate diagnosis medically fragile conditions.
- Prevent inappropriate diagnosis of developmental disabilities.
- Prevent placement in settings that are not foster family homes because of an inappropriate diagnosis.
- Research American Academy of Pediatrics for best practice protocols and revisions to the plan of health care services for children;
- Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding;
 - The MOU is currently in the process of circulation to stakeholders for final review of any expansions, additions, changes and/or updates.
- Continue regular data sharing routine with LDH for psychotropic medication monitoring;
- Evaluate and develop extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.
- DCFS will continue to fund TBH screening across the state and support trauma-informed focused services. Counseling services are available for children in foster care, but not the types of trauma-informed assessment and services that are necessary to treat trauma. Without access to these specialized services, many foster parents, caseworkers, and birth parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Data Outcomes Goals:

Louisiana plans to improve stability of placements for children in care by decreasing the number of moves per 1,000 days in care from 5.86 to 3.45 by 2024.

Baseline: National Standard 4.12 moves
FFY 2017 Louisiana Performance 5.86 moves

APSR: National Standard 4.12 moves
FFY 2018 Louisiana Performance 6.18 moves

Using trauma-informed assessments and interventions, Louisiana plans to decrease the number of children placed in residential care to 5% by 2024.

Baseline: FFY 2017 - 7.8% of children were placed in residential care
FFY 2018 - 7.6% of children were placed in residential care

APSR: 2018 - 7.6% of children were placed in residential care

As Louisiana strives to have a child welfare system that is trauma-informed, the reoccurrence of maltreatment while in foster care will decrease from 3.58 victimizations per 100,000 days in care to 3.0 by 2024.

Baseline: 2018 National Standard 8.5%
FFY 2015 Louisiana Performance 6.26% victimizations

APSR: FFY 2016 Louisiana Performance 4.35% recurrence of maltreatment

Objective 1: By 2019, DCFS will reduce negative symptoms of secondary trauma.

Measure: Staff self-reports of negative impacts from secondary trauma symptoms will be reduced.

Baseline data: Survey data from October 2018 indicated 48% of workers experience Moderate to High Direct Secondary Traumatic Stress

Strategy 1: By 2024, DCFS will develop guidance for supporting staff through critical incidents.

APSR Update: By meeting with DCFS caseworkers personally early in this project, the LCTP team learned that the most problematic issue in regards to the mental health of their clients is finding appropriate access to mental health specialists. The LCTP therefore undertook a mystery shopper project to document for the first time the true level of access to mental health care for children in the child welfare system of Louisiana. We called all individuals who were listed as licensed providers for youth in the Medicaid provider directories. Out of 2,643 listings publicized by Medicaid insurance networks, only 26% of those (n=674) represented unique individuals who were willing and able to accept patients. We estimate that this is approximately seven times lower than national recommendations for access to mental health care.

STATE OF LOUISIANA

2020 Annual Progress and Services Report

Strategy 2: Beginning in 2020, reduce reliance on psychotropic medication to manage dysregulated behavior of children in foster care. APSR Update CFS is awaiting the data for 2018 on the use of psychotropic medication for Louisiana's children in foster care. The Louisiana Department of Health Division of Medicaid and Managed Care Services compiles this data. Data from 2018, for all children in foster care indicates 18.9% received psychotropic medication. The percentage for 2017 was 19.3%. For the general Medicaid child population in Louisiana, approximately 9% receive psychotropic medications. Please see the update below for ongoing efforts provided by DCFS to help reduce the reliance on psychotropic medication to manage dysregulated behavior of children in foster care.

Strategy 3: Continue plan for monitoring the use of psychotropic medications with youth in foster care.

APSR Update: DCFS policy requires workers to include psychotropic medication information in court reports. This information includes whether or not a child has been prescribed psychotropic medications, and information on each medication including the dosage and prescriber. These changes will help provide additional awareness and oversight of the use of psychotropic medication children and youth in foster care.

DCFS developed a training curriculum provided statewide to resource parents and staff on the use of psychotropic medication with children in foster care. The training includes providing an awareness of a trauma-informed system of care, how medications may be one part of a comprehensive treatment plan that first includes other therapies that address specific behavioral/emotional disorders, being part of a child and family's treatment team, and how to actively engage and support youth in their treatment planning and care.

DCFS continues to work closely with our partners in the Division of Medicaid and Office of Behavioral Health on the use of psychotropic medication with children in foster care. We continue to assess identified needs, as well as enhance resources and supports for our resource families, youth, birth parents, and staff. DCFS is in the process of the development of moving towards a tele meds system of practice with the intent of one prescriber being assigned to a child throughout their journey through foster care.

DCFS continues to conduct biweekly and follow-up Polypharmacy and Diagnostic Consultations with a licensed child Psychiatrist. The intent of the consultations is to increase awareness and understanding of psychotropic or psychiatric medications that may be prescribed to help a child or youth with behavioral or emotional problems. DCFS is collaborating with the Office of Behavioral Health in this endeavor and will be gathering input and feedback from staff on this matter. In addition, DCFS continues to explore additional resources.

Strategy 4: By 2020, the state will have the internal and external capacity for trauma informed assessment and case planning.

Measure: Caseworkers are able to complete the Trauma Behavioral Health (TBH) tool, using it in conjunction with the safety assessment to inform case planning. Moreover, increase the level/number of trauma-informed treatment services. Furthermore, increase placement stability;

STATE OF LOUISIANA
2020 Annual Progress and Services Report

reduce re-entry; increase timely reunification; decrease utilization of congregate care; and increase the number of youth aging out of foster care with a permanent placement or plan.

Baseline: Data reflects an overall 30% completion rate by staff in all regions.

Intervention 1: In 2019, continue training caseworkers, families and resource families about the impacts of trauma across the lifespan.

Intervention 2: By 2024, 80% completion rate by staff in all regions

Update FFY 2020:

Policy was updated to reflect:

- Parents may refuse consent for psychotropic medication. Parental refusal is not overridden unless the child will be harmed by not taking the psychotropic medication. This decision is made in conjunction with the prescribing provider, caseworker, and child's caregiver. If the decision is made that treatment by psychotropic medication is in the best interest of the child despite the parent's refusal, the supporting documentation must be provided to the court for authorization to proceed with the treatment.
- A hospital or licensed medical practitioner may administer psychotropic medication without prior consent of the parent or guardian to a child in an emergency when deemed necessary as the only option to stabilize the child's condition. It is the responsibility of the caseworker to request documentation from the medical practitioner regarding the need for the emergency medication administration. The caseworker shall notify the parent or guardian and provide a copy of the documentation. All efforts to inform the parent or guardian shall be documented in the case notes in the child's record.
- Monitoring - The responsibilities of the DCFS caseworker:
 - When a child enters foster care, the caseworker shall ask parents, relatives and/or caregivers as part of completing the Trauma and Behavioral Health Assessment (TBH) and the Assessment of Family Functioning (AFF) if the child is on any medications, the purpose of any medication, the prescriber for any medication and whether the child has any known or suspected mental health condition. In addition, the caseworker shall obtain mental health treatment records from previous treatment providers and ensure all medications prescribed to the child have been obtained.
 - The caseworker will obtain as much information from the child's treatment providers as well as the child's family regarding the child's mental health condition. The case worker provides this information to the child's foster caregiver at placement through a copy of each signed CW Form 98-K, Recommendation and Authorization for Psychotropic Medication for Children in Foster Care and documentation on the CW Form 98-A, Child in Foster Care Setting Agreement.
 - The caseworker will monitor utilization of prescription medications to treat the child and the child's progress with this treatment through at least

STATE OF LOUISIANA 2020 Annual Progress and Services Report

monthly visits with the child and child's caregivers, reviewing and updating documentation of all prescribed medications during each visit.

- The caseworker shall consult with the prescribing psychiatrist as needed, but at least quarterly to determine the success of the psychotropic medication in treating the child's mental health condition, to identify any adverse reactions the child may be having to the medication, to review any potential less intrusive options for treatment and to determine the need for ongoing use of psychotropic medication for the child's condition. The child's parents should be included in these discussions between the caseworker and psychiatrist.
- At least annually, the caseworker must obtain written assessments documenting the continued need for the psychotropic medication. The caseworker shall provide this documentation to the parents and file the documentation into the child's case record.

C. DISASTER PLAN: See Appendix D

Information related to the state's response to COVID has been included in Section 8 of this document with copies of Memorandums issued to staff to guide practice located in the appendices.

D. TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training supporting the goals and objectives of the 2020-2024 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives reflecting the ever-changing nature of staff training and development. The training plan is based on providing legally required training as well as incorporating feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

DCFS, in partnership with the Universities Alliance and the Pelican Center (PC), has established the Louisiana Child Welfare Training Academy (LCWTA). While the work in strengthening the LCWTA continues, the academy is working to provide comprehensive and consistent education and training to departmental staff, foster parents, and other key child welfare stakeholders including judges, attorneys, and Court Appointed Special Advocates (CASA).

This training plan is supported by the use of child welfare trainers, university partners and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX, Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds provided by DCFS, the Universities Alliance and general fund supported costs of trainers and trainees provided by public agencies other than DCFS. Full implementation of this plan is contingent upon funding and resources.

The Department adopted various definitions and principles about training and professional development through new knowledge gathered from the trainings. These principles shaped the training needs analysis conducted. The following are key concepts from this model:

- **Training** prepares a person to do a specific job; the person leaves training able to begin to apply the knowledge and skills learned (ex. How to complete a safety assessment; How to

STATE OF LOUISIANA 2020 Annual Progress and Services Report

write behaviorally specific case plans; and planning meaningful visits between parents and their children in foster care).

- **Education** is information presented from a broader perspective; it contributes to one's overall knowledge but is not expected to necessarily result in immediate application on the job (ex. Understanding the dynamics of domestic violence; Core concepts of child trauma; and the effects of commonly abused drugs).
- **Professional development** refers to on-the-job training (ex. coaching, mentoring, and various forms of supervision such as task supervision, reflective supervision, or supervision for licensure).

Training, education, and professional development opportunities should always be considered in the following instances:

- Someone is preparing for or is new to a job;
- There is a new policy, area of focus, or practice expectation (new law, initiative, etc.); and,
- There is a gap in performance determined to be a result of lack of knowledge or skill.

The decision to offer training, education, or professional development – or a combination of all three – should be carefully considered, and based on the expected outcome. Training needs are continually assessed utilizing feedback and input from staff, university partners, biological parents, foster/adoptive parents, youth and other stakeholders. Evaluations are conducted following each training to provide direct feedback about the training experience and need for future training topics. The LCWTA Learning Management System provides the capacity to collect and report this data in a routine and systematic manner. Trainings contain assessments providing information on improvement in subject knowledge and comprehension and several provide information about improvement in key competency areas because of the training experience.

Statewide Training: Staff are offered various training opportunities throughout the year and the Department provides a competency-based CW curricula. Child Welfare New Worker Orientation curriculum revisions were implemented and further refined. All course curricula are reviewed and revised on an annual basis and as evaluative feedback suggests a need. Title IV-E Child Welfare Scholars/Interns are encouraged to attend child welfare new worker orientation trainings provided and the staff hired to work in the Social Services Sections of Louisiana's four federally recognized tribes are invited to attend all child welfare trainings provided. Staff development and training opportunities have been provided to address the skills and knowledge needed to carry out child welfare duties. DCFS collaborates with the LCWTA, the Pelican Center, the University Alliance, Healthy Blue (a Medicaid managed care organization), Louisiana State Office of Behavioral Health, the Office of Public Health and several community organizations to collaboratively provide training opportunities for DCFS staff, federally recognized tribes and other partners. The automated registration for training and LCWTA learning management system was developed and implemented. The integrated system will be used for all child welfare trainings offered by LCWTA.

Regional Training: Social Work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university

STATE OF LOUISIANA 2020 Annual Progress and Services Report

partners, providers, other state departments and/or training staff. DCFS regional trainers provide the overall, agency-wide DCFS orientation training to all newly hired DCFS employees. The DCFS Regional Training Unit initiated the transfer of all Child Welfare program specific training responsibilities to the DCFS Child Welfare Training Unit and LCWTA.

The mandated reporter training content and curriculum has been updated to reflect current legislation, policy, and procedures and is now available to all mandated reporters and others through the LCWTA Learning Management System (LMS).

Methods to Measure/Outcome Measures: Trainees are required to complete pre and post tests, and an evaluation after every training session. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs.

The Louisiana Child Welfare Training Academy (LCWTA) along with DCFS the Pelican Center for Children and Families, and the University Alliance began the initiative to provide continuous online education to Foster Parents, staff and stakeholders through the LCWTA LMS. The LCWTA began registering Foster Parents into the LCWTA LMS at the beginning of 2018 to offer increased opportunities to achieve certification and continuous education. Moreover, it offers convenience to those who have difficulty with childcare or have medically complex children to receive training without leaving the home. The LCWTA LMS offers learners the convenience of participating in interactive training sessions, taking pre and post tests, obtaining remediation feedback, and securing certificates of completion. Supplemental handouts are available to print out after completion of select training courses. Learners can access Child Welfare educational material through the LMS 24 hours a day, 7 days a week.

Partnerships/Collaboration: The Department has entered into an agreement with the Pelican Center for Children and Families, and Southeastern Louisiana University. The agreement is to develop and maintain a training and staff development program comprehensive and responsive to the needs of DCFS staff, foster parents, federally recognized Native American tribes and other key stakeholders.

The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other stakeholders produce an annual interdisciplinary conference. The conference concentrates on key areas of CW practice involving the safety, permanency and well-being of children in or at risk of entering the foster care system.

Title IV-E funds are utilized for this three-day annual training conference called *Together We Can* (TWC). The TWC conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Child Welfare Scholars Program (Formerly the Stipend Program): Child Welfare Scholars are selected using the competency-based screening and selection process. Educational stipends are awarded to non-employee Scholars with the expectation they will work for DCFS in child welfare after graduation. The chart below shows the number of students receiving stipends through State Public Universities.

Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of BSW / MSW Stipends SFY 2019	# of BSW / MSW Stipends SFY 2020	# of BSW / MSW Stipends SFY 2021	# of BSW / MSW Stipends SFY 2022	# of BSW / MSW Stipends SFY 2023
Southern University at New Orleans (SUNO)	4 BSW 5 MSW	3 BSW 5 MSW	4 BSW 8 MSW 3 EESP		
Grambling State University (GSU)	2 BSW 2 MSW	3 BSW 3 MSW	4 BSW 4 MSW 8 EESP		
Southern University Baton Rouge (SUBR)	5 BSW 0 MSW	5 BSW 0 MSW	7 BSW 0 MSW		
University of Louisiana at Monroe (ULM)	3 BSW 0 MSW	6 BSW 0 MSW	4 BSW 0 MSW		
Northwestern State University (NSU)	4 BSW 0 MSW	5 BSW 0 MSW	5 BSW 0 MSW		
Southeastern Louisiana University (SLU)	5 BSW 0 MSW	3 BSW 0 MSW	10 BSW 0 MSW		
Louisiana State University (LSU)	0 BSW 2 MSW	0 BSW 2 MSW	0 BSW 7 MSW 11 EESP		
Annual Total # BSW Stipends / Cost (\$6,500/\$7,500 each)	24 BSW \$6,500 each \$149,000	23 BSW \$7,500 each \$187,500	BSW \$7,500 each \$255,000		
Annual Total # MSW Stipends / Cost (\$8,500/\$7,500 each)	9 MSW \$8,500 each \$76,500	10 MSW \$9,500 each \$95,000	MSW \$9,500 each \$180,500		

Scholars receive their social work education from one of the Council on Social Work Education accredited BSW and/or MSW programs in the state. Students are required to take the required social work curriculum of each program in addition to the field internship with DCFS and specific child-welfare course offerings; all which must meet both the CSWE and Child Welfare

STATE OF LOUISIANA
2020 Annual Progress and Services Report

competencies. Through research conducted by statewide University Alliance Staff, 435 scholars have received their social work education as scholars since January of 2010. Additionally, 207 DCFS staff who were not scholars (or stipend recipients) graduated from those same seven universities and have worked for the Department during that time. For that reason, and upon the recommendation of a Title IV-E consultant, the Alliance has refocused how it approaches its recruitment methods and the methodology of accounting for and reporting Certified Public Expenditures (CPEs) for the 2020-2023 Grant Cycle. This has included a greater focus on transparency and accurate accounting of the CPEs generated each semester and a focus on making targeted investments. The accounting of the courses taught as they relate to training can be found in Appendix B.

Employee Educational Support Program: Since 2017, employees have had the opportunity to apply for educational support to pursue a master of social work degree from Grambling, LSU, or Southern University in New Orleans with a commitment to continue working in Child Welfare. Employees are selected based on the following criteria: length of service with DCFS (at least two years if a former scholar, four years if not), written support of the direct and regional supervisor, outstanding evaluations from the previous three years, and evidence of the desire to stay with the Department. Employees can pursue the MSW either part-time (at GSU, LSU, or SUNO) or full-time in LSU’s online program. Since 2017, nine employees have graduated from their respective programs and are all still with the Department. The chart below shows the number of employees receiving support through State Public Universities.

Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of EESP Awards SFY 2019	# of EESP Awards SFY 2020	# of EESP Awards SFY 2021 Projected	# of EESP Awards SFY 2022 Projected	# of EESP Awards SFY 2023 Projected
GSU	5	5	8	8	8
LSU	16	11	11	11	11
SUNO	5	5	5	5	5
Annual Total #	26	21	24	24	24
EESP Costs*	\$422,868	\$296,944	\$309,444	\$309,444	\$309,444
By Program:					
GSU	(\$20,000)	(\$20,000)	(\$32,000)	(\$32,000)	(\$32,000)
LSU	(\$355,368)	(\$229,944)	(\$229,944)	(\$229,944)	(\$229,944)
SUNO	(\$47,500)	(\$47,500)	(\$47,500)	(\$47,500)	(\$47,500)

**Each university is structured differently in how employees progress through the program. Students can attend LSU’s online program, which is \$3484 per module for six modules (\$20,904 per student). GSU is expanding to an online program; however, GSU and SUNO will remain part-time programs for students.*

In 2019, the Alliance made key personnel investments. In January of 2019, Northwestern State University, the lead partner University, hired Andrew Fultz, MSW, LCSW as the Louisiana Title IV-E Child Welfare Program Manager. Andrew was hired to work on behalf of the Alliance to lead in fulfilling the goals and mission of the Alliance. He was placed on the LCWTA Steering Committee as the Alliance representative and has worked with the support and assistance of Alliance members to develop several workforce development initiatives. In July of 2019, the

STATE OF LOUISIANA

2020 Annual Progress and Services Report

Alliance further made investments in statewide personnel in the development of a Project Operations Coordinator position. NSU has furthered their role as the lead University for the Scholar program. They are currently work with LCWTA staff to write the contracts and subcontracts for the 2020-2023 grant cycle. This person was hired to ensure that statewide projects continued and advanced as the Scholar Program continued to evolve. Since that time, several major projects have moved forward.

- First, the Scholars program has gathered and completed initial analysis of data on Child Welfare Scholars from the last 10 years to inform recruitment and retention efforts. They are examining data to inform goal of developing targeted scholar positions for key regions and parishes. With the assistance of University Alliance statewide staff and DCFS Human Resource partners, the first validated and dynamic data set pertaining to stipend recipients was developed and set up for bi-weekly updates. This has allowed statewide staff the ability to begin data analysis of the effectiveness of the scholar program.
- Louisiana continues to utilize competency-based screening and selection process to select Title IVE Child Welfare Scholars and new child welfare employees. Scholars for 2020-2021 will be asked to confirm they are able to perform the essential duties of the child welfare specialist position.
- Louisiana has gathered and completed initial analysis of data on Child Welfare Scholars from the last ten years to inform recruitment and retention efforts. Louisiana is examining data to inform goal of developing targeted scholar positions for key regions and parishes.
- Stipend amounts were increased to more competitive amounts to recruit high quality candidates.
- Universities expanded their recruitment efforts and a number of the universities are experiencing significant expansion of interest by students in the Child Welfare Scholar program.
- Several universities have developed dedicated Child Welfare Scholar rooms to advance the learning and professional development of Title IVE Child Welfare Scholars.
- Southern University at Baton Rouge created a simulation lab in order for child welfare professionals and student scholars to better prepare for frontline work. The sim lab is completed and SUBR has created the curriculum with the help of national partners.
- Additional work has been done to further revamp the orientation of scholars to the program by revising the internship and supervisor manuals to fit with current new worker training.
- Students have been integrated into the LCWTA Moodle system to provide for training continuity upon hire. In 2020 and 2021, further expansion will incorporate more training courses developed through collaboration by DCFS staff, Alliance Partners, and Pelican Center staff.
- Work has begun to realign university child-welfare course offerings for greater continuity and development of the Louisiana Child Welfare workforce.
- The scholars program continues to support and refine the Child Welfare Employee MSW Educational Support Program. Since its initiation in 2017, ten employees have obtained their MSW's through the program.
- The Alliance has continued to support staff attaining advanced social work licensure through BACS supervision by covering the cost of supervision.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- DCFS staff facilitated greater participation of employees in Title IV-E Child Welfare Scholar (aka Stipend) Support Groups. Participants report finding great value in the groups and often seek to participate beyond their first three years of employment.
- Alliance staff Initiated Child Welfare Scholar Community of Practice groups in spring 2020, using Zoom and Microsoft Teams to further connect child welfare scholars throughout the state in shared learning and support, particularly in response to the COVID-19 stay at home orders.
- Grambling State University developed an advanced supervisor's certificate program that is scheduled for implementation in fall 2020.
- Southern University of New Orleans is developing an Interprofessional Certificate Program to support effective practice with children and families across multiple disciplines.
- Northwestern State University is expanding its research capacity by collaborating with DCFS for the distribution and analysis of statewide surveys. Five surveys were developed and responses were collected. Findings were disseminated through technical reports. Due to the increase in the partnership, NSU has hired a Research Associate to help carry out research and evaluation projects throughout the state.
- Alliance members with the collaboration of LCWTA staff and DCFS staff created a supervisor selection process to recruit motivated and dedicated supervisors for the internship process. Utilizing Alliance funds, supervisors will receive the first monetary awards in 2020 in order to support the process. In the Fall of 2020, the first group of supervisors will be selected through an application and interview process.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA): The CIP developed the Pelican Center mentioned above to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant CW stakeholders. Through the partnership with the DCFS and the University Alliance described in and mentioned throughout the CFSP, all parties work together to develop and implement training and education of CW practitioners including children's and indigent parents' attorneys, judges, CASAs, and district attorneys. Primary focus of the CIP relates to improving the overall quality of safety decision-making by legal stakeholders, which include judges, attorneys for all parties, district and agency attorneys. The operating theory of change is as follows:

Strategic Goals and Training Activities Planned for FFY 2020-2024 (Please refer to Appendix B and the systemic factors section on Staff Training for additional information.):

Recruitment: Recruit competent, dedicated child welfare professionals

- I. Increase the number of competent, committed, and culturally diverse social workers entering DCFS Child Welfare by 3-5% each year over the next five years ending June 30, 2024.
 - a. Develop a comprehensive recruitment plan by June 30, 2021 to recruit a diversity of current and prospective students into child welfare.
 - b. Develop an assessment tool on interest in child welfare.
 - c. Develop targeted scholar positions for key regions/parishes.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- d. Continue to utilize competency-based screening and selection process
 - e. Develop communities of practice at individual Universities in the Alliance.
 - f. Implement comprehensive recruitment plan through 2024.
- II. Increase the number of Child Welfare Legal Specialists (CWLS) by 3-5% each year over the next five years ending June 30, 2024.
- a. Develop a recruitment plan to recruit attorneys into child welfare by June 30, 2021.
 - b. Implement recruitment plan through 2024.
- III. Co-Develop a data/research plan between DCFS, LCWTA, University Alliance (UA), and Pelican Center to gather, analyze and use data effectively to support recruitment initiatives by June 30, 2021.

Update through April 2020:

- Louisiana continues to utilize a competency-based screening and selection process to select Title IVE Child Welfare Scholars and new child welfare employees. Scholars for 2020-2021 will be asked to confirm they are able to perform the essential duties of the child welfare specialist position.
- Louisiana has gathered and completed initial analysis of data on Child Welfare Scholars from the last 10 years to inform recruitment and retention efforts. Louisiana is examining data to inform the goal of developing targeted scholar positions for key regions and parishes.
- Stipend amounts were increased to more competitive amounts to recruit high quality candidates.
- Universities expanded their recruitment efforts and a number of the universities are experiencing significant expansion of interest by students in the Child Welfare Scholar program.
- Several universities have developed dedicated Child Welfare Scholar rooms to advance the learning and professional development of Title IVE Child Welfare Scholars.
- Louisiana has developed a recruitment plan to recruit attorneys into Child Welfare by connecting with high school students. The baseline Louisiana practitioners that are Child Welfare Law Specialist (CWLS) as of July 1, 2019 is 28 with a goal of two by June 30, 2020, and an incremental 3-5% increase for each successive year. Louisiana practitioners in Southern University Law Center held a Career Day on March 11, 2020 in furtherance of the recruitment strategy of exposing law students, college and high school students to the Child Welfare practice of law.

Activities Planned 2020/2021:

- Continue implementing goal of recruiting competent, dedicated child welfare professionals with focus on increasing the number of competent, committed, and culturally diverse social workers entering DCFS Child Welfare by 3-5% and increasing the number of Child Welfare Legal Specialists by 3-5% each year.
- Realign university child-welfare course offerings for greater continuity and development of the Louisiana Child Welfare workforce.
- Several research projects will be formally proposed to DCFS to begin the process of developing impact factors and growth factors for employees in order to better evaluate the scholar's program.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Retention: Support the retention of child welfare professionals

- I. Increase the retention of DCFS CW staff and scholars by a statistically significant percentage each year.
 - a. In collaboration with DCFS, develop a retention plan by July 1, 2021, including setting statistically significant retention targets for child welfare staff and scholars.
 - b. Continue to utilize and evaluate the competency based screening and selection process
 - c. Continue to support and refine the Employee Educational Support Program
 - d. Support DCFS implementation of QIC Workforce Development Program in collaboration with Lead DCFS Project Staff and the WIE Leadership Team (Workforce, Implementation & Evaluation) with the Quality Improvement Center for Child Welfare Workforce Development.
 - e. Develop and recommend retention incentives for child welfare staff
 - f. Support staff well-being
- II. Develop retention plan for Louisiana Child Welfare Legal Specialists (CWLS) by June 30, 2020 and implement the plan 2021-2024.
- III. Increase the retention of law students who complete a child welfare externship and enter the child welfare workforce by a statistically significant percentage each year.
 - a. Develop a retention plan by January 1, 2021.
 - b. Implement retention plan for law students 2021-2024.

Update through April 2020:

- Louisiana has continued to support and refine the Child Welfare Employee MSW Educational Support Program. Since its initiation in 2017, 9 employees have obtained their MSW's through the program.
- Louisiana has continued to support staff attaining advanced social work licensure.
- Louisiana facilitated greater participation of employees in Title IV-E Child Welfare Scholar (aka Stipend) Support Groups. Participants report finding great value in the groups and often seek to participate beyond their first three years of employment.
- Louisiana initiated Child Welfare Scholar Community of Practice groups in the spring of 2020, using Zoom and Microsoft Teams to connect child welfare scholars throughout the state in shared learning and support, particularly in response to the COVID-19 stay at home orders.
- Louisiana designed and implemented training and coaching to support Louisiana's implementation of the Quality Improvement Center for Workforce Development (QIC-WD) job redesign project, teaming in child welfare. Louisiana developed videos sharing staff experience with the teaming process to support initial and future implementation and capture learning over time.
- Louisiana created the Child Welfare Workforce Excellence Fund within DCFS to support staff achieving advanced certifications, licenses, etc., providing internship and clinical supervision, and investing their specialized skills, knowledge and time in supporting the on-going learning and professional development of child welfare staff.
- Louisiana has implemented a retention plan for Louisiana CWLS by way of offering scholarship support of the annual CWLS renewal fee for all CWLS that remain Child

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Welfare practitioners. This support will continue as long as the attorneys remain in good standing with all of their NACC reporting and continuing education requirements.

- Between July 1, 2019-June 30, 2020, eight Southern University Law Center (SULC) students externed in child welfare externships facilitated by the Pelican Center/CIP. This included externships with the Pelican Center/CIP, Louisiana CASA, DCFS, Louisiana Law Institute, Louisiana Children's Code Committee, and Louisiana State Bar Association. Only one of those law students graduated from SULC, and the student did not enter the child welfare workforce upon graduation.
- With the assistance of University Alliance statewide staff and DCFS Human Resource partners, the first validated and dynamic data set pertaining to stipend recipients was developed and set up for bi-weekly updates. This has allowed statewide staff the ability to begin data analysis of the effectiveness of the scholar program.
- The University Alliance has expanded its research capacity through Northwestern State University. They have collaborated with DCFS to complete multiple surveys to evaluate multiple programs and needs. NSU, on behalf of the Alliance, has submitted three reports, two of which will be used as part of the PIP metrics. The Alliance has made the decision to invest in a Research Coordinator to continue expanding the research capacities with DCFS and in the child welfare profession/workforce.

Activities Planned 2020/2021:

- Continue supporting the retention of child welfare professionals, including collaborating to develop retention plans for child welfare staff and attorneys.
- Create a master database of past and present law school students' externing in child welfare and track completed externships.
- Explore Title IV-E funding and other funding sources for paid child welfare externships for law students.
- Continue to expand the community of practice to incorporate a formal mentoring program and develop multiple high-level learning opportunities utilizing distance technology and collaborative knowledge building. Scholars will participate in carrying out research projects throughout the state where applicable.
- Statewide Alliance staff and University partners will formalize a recruitment plan. Items have been ordered to facilitate this process.

Learning: Offer comprehensive quality learning opportunities

- I. Offer comprehensive training and professional development opportunities
 - a. Expand child welfare trainer/talent development resources by hiring seven (7) additional full-time or FTE staff within DCFS and LCWTA University Alliance by 2022 consistent with available resources. See Infrastructure Goal.
 - b. Recruit and develop parent, foster parent, and youth/former youth co-trainers to be integrally involved in expanding learning opportunities in child welfare
 - c. Continue to offer required training to child welfare staff, foster parents, legal professionals, and mandatory reporters each year.
 - d. Develop individualized and multidisciplinary training plan for a variety of CW professionals annually by January of each year.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- i. Prioritize learning plans/needs relating to assessment, engagement, workforce, service array and legal representation strategies in Louisiana's CFSR Program Improvement Plan (PIP) for SFYs 2020 and 2021. See Louisiana's CFSR PIP.
 - ii. Expand training plan for new DCFS child welfare employees for the initial three years of employment to support achievement of intermediate to mastery levels of child welfare practice.
 - iii. Conduct on-going needs assessment to guide development of annual training plans focused on learner needs and priorities.
 - iv. Develop and maintain a comprehensive course catalog of current training/learning opportunities for child welfare professionals.
 - v. Offer individualized, targeted training and learning opportunities to child welfare professionals and service providers consistent with priority tiers and resources.
- e. Offer multidisciplinary learning opportunities.
 - f. Support the development of individualized talent development plans.
 - g. Create a professional development continuum for each CW professional, offering comprehensive training and professional development opportunities from entry through advanced levels for each professional by July 1, 2022.
 - h. Develop more innovative trainings (interactive, simulation, experiential, virtual) to facilitate learning and professional development
 - i. Expand courtroom simulation training in SFY 2019-2020
 - ii. Develop simulation-based training for new staff including focus on engagement and assessment to be offered through Southern University in Baton Rouge in SFY 2019-2020.
 - iii. Offer experiential Better Together training including parents, foster parents, and child welfare staff as training co-horts
 - iv. Explore options for virtual reality training.
 - i. Expand use of blended learning approaches to provide more just in time learning opportunities, build competency, and facilitate transfer of learning in day-to-day practice.
 - j. Develop tools, processes, and evaluation instruments to support effective transfer of learning in critical training/practice changes/improvements.
 - k. Develop Mentor Pairing among child welfare professionals to model and reinforce quality practice and provide support
 - l. Continue to strengthen the Title IVE Child Welfare Scholars Program, including the Child Welfare Employee MSW Educational Support Program (Cross-referenced with retention
 - m. Implement a comprehensive selection and support process for internship supervisors
 - n. Develop Certification Programs supporting advanced and specialized practice
 - i. Research the creation of certificate programs with the Board of Regents.
 - ii. Develop a template for applying for certificate programs.
 - iii. Create Certificate programs through University partnerships, the LCWTA, and the Pelican Center to advance learning and development of students and employees.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- iv. Incentivize Certificates
 - o. Develop and support Communities of Practice [Cross reference with Recruitment and Retention])
 - i. Develop face-to-face and online community of practice environments to help scholars and employees connect virtually and in person utilizing support groups.
 - 1. Provide regular and substantive opportunities for engagement in discussions and experiences in child welfare.
 - 2. Provide opportunities for research in child welfare.
 - 3. Develop continued support networks
 - a. Develop enhanced level mentoring programs for new and veteran employees
 - p. Provide for specialized recognition of practice (e.g. layers of certification)
 - i. Create levels of recognitions depending on specific trainings participated in (Circle of excellence program)
 - 1. “We are Child Welfare” recognition strategy
 - 2. LA Bar Association
 - 3. Together We Can Conference
 - 4. Child Welfare Award/Children’s Law Award
 - ii. Create levels of recognitions for CW professionals who serve above and beyond or who participate in trainings beyond required training hours
 - q. Develop Advanced Supervision Certification Program with incentives
 - r. Reach out to communities to educate on the system of child welfare; Start with the four pilot parishes identified in CFSR PIP.
 - i. Create a strategy to educate on the system of child welfare supporting the CFSP PIP
 - ii. Create a marketing campaign to educate on the child welfare system supporting the CFSP PIP
 - iii. Create a bureau of speakers that include various CINC related disciplines
 - iv. Mandatory reporter training
- II. Offer comprehensive learning opportunities supporting professional competencies by July 1, 2022.
- a. Formalize framework for competency-based learning aligned with Louisiana child-welfare practice principles, U.S. Children’s Bureau Child and Family Services Review practice expectations, and screening and selection competencies by June 30, 2022.
 - i. Develop and refine professional competencies
 - ii. Identify learning opportunities to support professional competencies
 - iii. Develop course curriculum aligned with competencies for each stakeholder professional.
 - iv. Develop/support transfer of learning components to critical/practice changes/improvements
 - b. Implement comprehensive competency-based learning beginning July 1, 2022.
- III. Expand expertise in child welfare each year through July 1, 2022.
- a. Develop at least one area of child welfare expertise for each of the seven university Social Work Departments aligned with priority needs by July 1, 2020.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- b. Recruit, prepare and support additional trainers/learning professionals/experts each year consistent with available resources and areas of highest need until all needs met.
- IV. Participate in research opportunities.
- a. Develop annual research plan.
 - i. Identify and develop valid assessment of learning opportunities
 - ii. Develop metrics for improvement
 - iii. Conduct ongoing needs assessment of learning
 - iv. Report on assessment findings and make necessary adjustments to learning plan.

Update through April 2020:

- Louisiana developed and implemented training and coaching plans to meet needs relating to assessment, engagement, workforce, service array and legal representation strategies prioritized in Louisiana’s CFSR Program Improvement Plan (PIP) for SFY 2020.
- Louisiana has invested in the development and preparation of practice champions in each region of the state relating to implementing child welfare assessment and decision-making practice.
- Louisiana with support from the Quality Improvement Center for Workforce Development invested in a QIC-WD trainer and coach to support the preparation of staff and on-going implementation of the job redesign, *Teaming*, in three pilot parishes.
- Louisiana has continued to offer training to new staff and supervisors and to provide trainings to meet the in service training needs of more experienced staff.
- Louisiana adapted and implemented Specialized Week of New Worker Orientation (NOW) in interactive virtual format and is in the process of preparing Weeks 1 and 2 for delivery in interactive virtual format.
- Louisiana expanded internship-learning resources available statewide through the LCWTA University Alliance partnership to support scholar interns completing their social work coursework and graduating on time in May during the move to remote child welfare work in response to the Covid-19 pandemic.
- Louisiana implemented a selection and support process for internship supervisors that will continue and be expanded upon in the year ahead.
- Southern University working closely with LCWTA and DCFS staff developed a simulation lab and training program that will be implemented once face-to-face experiences can safely resume.
- Louisiana implemented courtroom simulation training for child welfare staff in multiple courts until the COVID 19 pandemic required pausing in person learning experiences.
- Grambling State University has developed an advanced supervisor’s certificate program that is scheduled for implementation in the fall of 2020.
- Southern University of New Orleans is developing an Intraprofessional Certificate Program to support effective practice with children and families across multiple disciplines.
- Southeastern Louisiana University continues to lead the expansion of learning resources to support foster and adoptive parents, including initiating implementation of the National

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Training Institutes Adoption Competency Program with DCFS adoption and other child welfare staff.

- Northwestern State University has led the development and support of the University Alliance as a whole as it expands its capacity to offer advanced learning opportunities and support research and evaluation and evidence based practice.
- LCWTA continues to expand its on-line and virtual course offerings, collaborating with multiple entities to offer high quality learning experiences in topics such as TBRI, QPI, supervision, COVID 19 and child welfare etc.

Activities Planned 2020/2021: LCWTA partners will continue to work closely together to expand quality-learning opportunities to child welfare professionals, youth, and families throughout Louisiana.

Infrastructure: Build capacity to effectively, and efficiently fulfill the LCWTA University Alliance mission.

- I. Assess, strengthen, align, and maximize human, technological, fiscal and programmatic resources to effectively, and efficiently fulfill the LCWTA mission for the next 5 years.
 - a. Develop and utilize integrated mission, dynamic strategic goals, and 60-90 day action plans across LCWTA partners to focus and steer work aligned with highest priorities and impact on outcome and meeting State Plan and CFSR/PIP priorities.
 - b. Assess infrastructure needs and develop plan to build capacity aligned with highest priorities consistent with strategic plan and available resources by March 1 each year.
 - c. Update Memorandum of Understanding to accompany new three-year LCWTA agreement to be effective July 1, 2020.
 - d. Align budgets and fiscal resources each year consistent with strategic goals and outcomes.
 - e. Expand human resource capacity in strategic priority areas in SFY 2019-2020.
 - i. Add 3-4 full-time (or FTE) training and talent development staff within LCWTA partnership to be focused on CFSR/PIP priorities, simulation training, advanced supervision, on the job training and transfer of learning.
 - ii. Expand, restructure, and re-align the LCWTA business office at Southeastern to support expanded operations and full integration of the five areas of success.
 - iii. Re-align and expand administrative support at Northwestern to support scholars, Supervisors, Staff and University Liaisons, integrated LMS and implementation of University Alliance goals.
 - iv. Create and administrate child welfare externships for law students to execute the legal components of the strategic plan.
 - v. Pelican Center to subcontract with an attorney to engage with the Department to develop legal components of kinship navigator program. (Pelican Center)
 1. Kinship caregiver legal training.
 2. Kinship caregiver legal guide.
 3. Kinship caregiver legal services network.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- f. Expand human resource capacity consistent with strategic goals/priorities and available resources in SFYs 2020-2021 and SFY 2021-2022, including adding 3-4 additional full time (or FTE) trainers/talent development specialists.
- g. Align human and programmatic resources consistent with strategic priorities and goals/action plan achievement.
- h. Expand data measurement, analytic, evaluation, research, and reporting capacities to effectively Measure and Communicate LCWTA Outcomes.
- i. Expand technology to support learning, data/CQI, collaboration, and effective and efficient operation of LCWTA guided by the five areas of success.
 - i. Continue with implementation of integrated learning management system across LCWTA partners.
 - ii. Assess need for additional data/analytical tools to support effective collaboration and robust CQI and reporting
- j. Evaluate and confirm appropriate resource(s) to refine policy and procedures in priority areas.
- k. Develop and implement strategic communication plan across LCWTA partners, including effective branding
- l. Assess and develop plan for physical space needs

Update through April 2020:

- Louisiana developed and is utilizing an integrated mission, dynamic strategic goals, and 60-90 day action plans across LCWTA partners to focus and steer work aligned with highest priorities and impact outcomes and meeting State Plan and CFSR/PIP priorities.
- Louisiana assessed infrastructure needs and developed a plan to build capacity aligned with highest priorities consistent with strategic planning and available resources.
- Louisiana continues to move forward with expanding human resource capacity in strategic priority areas for the year within the universities, DCFS, and the Pelican Center with implementation continuing into the new SFY.
- Louisiana developed kinship caregiver legal training and a guide.
- The Pelican Center led development of led Service Array and Quality Legal Representation strategies in Louisiana's CFSR PIP and worked closely with the DCFS team and legal stakeholders to implement the Child Welfare Assessment and Decision Making and related components of the PIP.
- The LCWTA/University Alliance Title IVE Program Manager collaborated with the Department to complete PIP surveys and related reports.
- Louisiana invested in Qualtrics data analytics and experience management software.
- Louisiana continued with enhancing the capacity of its Learning Management System to support learning, data/CQI, collaboration, and effective and efficient operation of the LCWTA.
- New three-year contracts, budgets, and related programmatic and fiscal policies and procedures to support universities, DCFS and Pelican Center partnerships in achievement of LCWTA strategic goals for SFY 2021-2023 are underway.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Activities Planned 2020/2021: Continue building capacity to effectively and efficiently fulfill the LCWTA University Alliance mission to work collaboratively to strengthen recruitment, learning, and retention of child welfare professionals to strengthen the child welfare continuum from prevention to permanency and achieve safety, permanency and well-being outcomes for children and families in Louisiana.

Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E and Title IV-B and Title XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state’s Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100%-time study conducted by all Child Welfare (CW) Trainers. Each trainer accounts for all hours in the workweek, their activities, including training and training related work (i.e., course development, course updates and preparation), and enters the information into a database. The database, which was created to document and track training activities, contains all courses from the CW training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff. Random Moment Sampling (RMS) procedures are in place and field staff is sampled on an ongoing basis. The process identifies activities staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

Training expenditures include travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Projected Training Expenditures					
Category of Expenditure	Actual FFY 2018	Projected FFY 2019	Projected FFY 2020	Projected FFY 2021	Projected FFY 2022
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$776,085.00	\$895,045.00			
Travel	\$165,098.00	\$133,728.00			
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$2,207	\$462			
Supplies	\$376	\$2,783			
Acquisitions	0	0			
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$4,663	\$1,543			
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.	\$2,861,818	\$3,440,660			
Total	\$3,810,247	\$4,474,221			

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training, therefore trainings are provided throughout the tri-areas of the state. If there is a cluster of trainees in a particular area, the training is conducted there. Less travel costs are incurred using this method. The average cost per person will vary based on lodging and meal allowances. The training staff develop the majority of training within the Child Welfare Training Unit. The costs listed below were developed using the formula below and is applied to all child welfare-training courses.

Travel Costs: Travel and Training costs October 1, 2018 – September 30, 2019, are as follows:

- **Lodging:** Average \$127.50 (low for Tier I - \$94.00 – high for Tier 2 - \$161.00 per night excluding taxes and surcharge)
- **Meals:** Average of \$55.00 per day; (Tier I - \$51.00 per day: Breakfast \$9.00; Lunch \$13.00; Dinner \$29.00; Tier II (including New Orleans) - \$59.00 per day: Breakfast \$12.00; Lunch \$17.00; Dinner \$30.00.)
- **Trainees' workbooks:** Average cost \$15.00 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of \$70.00 per day per trainer. One eight-hour day of trainer salary is \$560.00. Two trainers teach some courses, (ex. New Worker Orientation) bringing the trainer cost to \$1,120 per day.
- **Contract Trainer Cost:** Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- **Minimum Cost:** For training held at the state office/headquarters or a DCFS regional office with the minimum number of trainees (10) incurring costs of average lodging cost \$127.50 + \$55 for meals and \$15/workbook = \$1,975.00, per day (\$197.50/trainee)
 - With one DCFS trainer: Salary \$560.00 and travel per day \$197.50 (\$757.50) = \$2,732.50 (\$273.25/trainee)
 - With two DCFS trainers: Salary \$1,120.00 and travel per day \$395.00 (\$1,515.00) = \$3,490.00/day (\$349.00/trainee)
 - With Contract Trainer (\$650.00) = \$2,625.00 (\$262.50/trainee)

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- **Maximum Cost:** For training held at the state office/headquarters or a regional office with the maximum number of trainees (30) incurring costs of average lodging cost \$127.50 + \$55 for meals and \$15 for workbooks = \$5,925.00 per day (\$197.50/trainee)
 - With one DCFS trainer: Salary \$560.00 and travel per day \$197.50 (\$757.50) = \$6,682.50 (\$222.75/trainee)
 - With two DCFS trainers Salary \$1,120.00 and travel per day \$395.00 (\$1,515.00)= \$7,440.00 (\$248.00/trainee)
 - With Contract Trainer (\$650.00) = \$6,575.00 (\$219.17/trainee)

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

Pelican Center Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training, therefore trainings are provided throughout the state to mitigate the need for travel and lodging expenses for the trainees. The costs listed below were developed using the formula below and is applied to all Court Improvement Program training courses.

Travel Costs: Training costs October 1, 2018 – September 30, 2019, are as follows:

- **Trainees' Cost:** \$25.00 per attendee, which includes trainee materials, snacks, lunch and continuing education hours.
- **CIP Training Events:** \$2,000 per training, includes locating and securing training venues, developing paper and social media marketing, prepare and file accreditation applications, prepare and assist with online registration, manage trainee materials, manage AV needs, arrange for all day refreshments/food, venue set up, onsite assistance, follow-up with filing earned credits, send certificates, process post-event paperwork.
- Approximately 40-50 hours per event between five different team members.
- CLARO Online Training - \$600 each/38 courses in 2019 = \$22,800. Maintenance of online courses already created in previous years. 10 hours each for annual accreditation application, updates to website for course numbers, PIN, programming annually, filing of course credits, reporting of hours. Approximately 10 hours per course annually between three team members and Mirliton.
- CLARO Course Development - \$5000 in 2019 – Transition of Mock Court Video to Online Course. Approximately 100 hours for the series between one team member, Pelican Center staff and Mirliton.
- **Contract Trainer Cost:** Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per

STATE OF LOUISIANA
2020 Annual Progress and Services Report

day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.

- **Per Diem Contract Trainer Cost:** \$1,500 - \$1,700 to facilitate one 6 hour training – includes preparation, delivery of training, development of pre and post assessment and evaluation.

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

E. Child Abuse Prevention and Treatment Act (CAPTA) State Plan: The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized with Title IV- B funds and Social Services Block Grant (SSBG) funds in Louisiana to prevent, identify, and treat child abuse and neglect situations.

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided and will remain in effect for the duration of the state’s participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs. The state provides notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were and will be used to address the purposes of the grant and achieve the objectives of the grant. Substantive changes to the use of CAPTA funds include the funding of services related to Human Trafficking (HT). Louisiana is fully compliant with all federal legislation related to HT. DCFS has amended its policies related to disclosure of fatalities and near fatalities to direct that the Department shall share information on these cases. In practice, and for many years, DCFS has always shared the information on fatalities and near fatalities when requested.

Most recently, and to comply with Public Law 114-198, House Bill 678 passed the state legislature and on June 22, 2017 the Governor signed Act 359. The Department then promulgated an emergency rule that went into effect on October 1, 2017. Provisions of the act that were amended on January 7, 2019, by the Victims of Child Abuse Reauthorization Act of 2018, Public Law 115-424. The program assists states in improving:

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Of the program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

- Intake, assessment, screening, and investigation of child abuse and neglect reports;
- Risk and safety assessment protocols;
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect;

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Implementing criminal records checks for prospective foster and adoptive parents and other adults in their homes;
- 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 training and improvements in the recruitment and retention of caseworkers;
- Development and implementation of procedures for collaboration among child protection services, domestic violence, and, other agencies; and services to disabled infants with life threatening injuries;
- addressing the needs of infants born with prenatal drug exposure;
- Referring child not at risk of imminent harm to community services
- Protecting the legal rights of families and alleged perpetrator
- Multi-disciplinary outreach, consultation or coordination the state has taken to support implementation with substance abuse treatment authority, hospitals, health care professionals and public health agencies.
- Current monitoring process for Plans of Safe Care
- Supporting Citizen Review Panels

PROGRAM AREAS: Intake, assessment, screening, and investigation of child abuse and neglect reports.

SERVICES PROVIDED:

Centralized Intake (CI) Service Description – A CI system was developed by DCFS in 2011 and provides a centralized child abuse reporting hotline telephone service (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The Department contracts with a vendor, Young Williams, to enable provision of this service. The hotline is operated by Child Protection Services (CPS) teleworkers who work from home and are stationed throughout the state. The DCFS call center provides 24/7 back-up services for the child abuse reporting hotline. The Department strives to have 85% of calls go directly to an intake worker and the speed to answer goal is no more than 4 minutes; however, if a caller does not wish to wait for the next available intake worker a callback option can be chosen by the caller and they will not lose their place in the queue.

Staff are selected based on the following guidelines/ qualities:

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

The focus of the Centralized Intake program will be:

Quality Assurance:

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Customer Service: Assessing our response to callers for courtesy, responsiveness during call and provision of information on resources, as needed.
- Call Response Metrics: Analyzing and improving our response time to calls, specifically
 - Maintaining an average speed to answer to at or below five minutes
 - Increasing the percentage of calls answered to 85% or above

Customer Service: In order to provide an ongoing assessment of customer service, a child welfare consultant, not assigned to CI, will review a minimum of 20 intake calls per month. The consultant for the following areas will evaluate calls:

- Courtesy greeting with identification by name and DCFS Hotline;
- Displaying a manner of professionalism and politeness throughout the call;
- Call flow and information gathering is professional and absent of long pauses or when pauses occur, providing an explanation to the caller of current action/activity;
- Recapping information throughout the call to assure the reporter that the report information is being captured accurately; and
- Closing the call by answering any final questions and thanking them.

The information from the customer service reviews will be tracked and reviewed for ongoing training with individual workers and for training topics when trends are identified.

The focus will be on child-safety through the application of the Child Welfare Assessment and Decision Making model (CWADM), with assessments at the intake level. With a goal of improving information collection to support accurate assessments and inform appropriate decision-making, CI supervisors will review all intakes by their staff to monitor the ongoing implementation of the CWADM model. They will provide refresher trainings as needed. CI supervisors will monitor implementation through the Fidelity Intake Assessment Case Reviews, review of TIPS, ACCESS data, and case-crisis feedback reports. The increase in reports received through the online reporting system has maintained a high volume.

Number of Intakes Received and Percentage of Intakes Accepted for CPS Services													
Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Total
Number of reports received FFY 2019	5,268	4,130	3,860	4,727	4,648	4,509	4,772	4,511	3,493	3,672	4,682	4,937	53,209
% of Reports Accepted FFY 2019	1,990	1,671	1,589	1,838	1,796	1,770	1,792	1,746	1,350	1,373	1,742	1,836	20,493

Number of Intakes Received and Percentage of Intakes Accepted for CPS Services													
Month	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	April 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Total
Number of reports received FFY 2020	5,120	3,887	3,961	4,719	4,334	3,762	Data not available at this time.	Data not available at this time.	Data not available at this time.	Data not available at this time.	Data not available at this time.	Data not available at this time.	25,783
% of Reports	1,921	1,482	1,472	1,695	1,475	1,267	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	9,312

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Accepted FFY 2020								at this time.	at this time.	at this time.	at this time.	at this time.	at this time.	
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CI Update FFY 2020: The activities planned for FFY 2019 were continued. These included a focus on accommodating the increase in online mandated electronic reports of abuse and/or neglect.

The unit restructured the workflow of the current workforce to meet timeliness goals of answering calls and online mandated portal intakes entry this FFY. The restructuring had to balance “peak time call volume” with entering information into the portals. There are challenges as the on-line reporters often need follow up calls to get vital additional information needed to make good decisions. This can increase the time of entry thus reducing the number of available staff for calls.

Due to budgeting restraints, no permanent staff could be reallocated during this reporting timeframe, FFY 2020. However, 11 WAE intake workers (former DCFS staff) could be allocated as a temporary measure until the budget allows the addition of permanent staff.

Quality customer service of collection of information was a program focus. Actions included the continued review by a third party State Office Child Welfare Consultant who reviews 20 received calls per month. The focus of the reviews include professionalism, courtesy, and gathering of sufficient information, interaction skills and accuracy of information documented in the written report. Reviews completed are sent to Management who provide a feedback loop to supervisors to use the reviews with individual staff in their direct supervision at monthly unit meetings and individual conferences.

In addition to this process, supervisors are required to complete five call reviews and review the five intakes from those calls. These reviews result in completion of two instruments that evaluate the accuracy of the report and the transferring of information from the call onto the written form. These completed instruments are sent to the Management team. Assigned Managers are expected to include these reviews as part of their conferences with supervisors.

Centralized Intake Managers daily manage an inquiry mailbox to review inquiries received from the field regarding specific intakes. These reviews are manually rolled into a spreadsheet and used to identify trends for the unit, which is used for training and QA purposes.

Calls – Speed to Answer		
Month	Average Speed to Answer	#Days ASA Below 10 Minutes
October 2018	4.95	27
November 2018	2.85	28
December 2018	3.79	28
January 2019	3.12	30
February 2019	1.95	28
March 2019	2.55	40
April 2019	3.71	28
May 2019	3.08	29
June 2019	1.97	29
July 2019	2.99	29

STATE OF LOUISIANA
2020 Annual Progress and Services Report

August 2019	3.75	27
September 2019	6.75	26
October 2019	3.54	29
November 2019	11.40*	25
December 2019	3.09	30
January 2020	6.28	24
February 2020	4.14	26
March 2020	3.24	28

*Ransomware impacted ASA

The goal of decreasing the wait time, referred to average speed to answer (ASA), for callers reporting abuse and neglect, was set at 10 minutes or below. The ASA for FFY 2018 (Oct 2017-Sept 2018) was 9.9 minutes. For FFY19 the ASA was 2.81.

Calls - Answered Directly by Intake Worker	
Month	Percent of Calls Answered*
October 2018	76.64
November 2018	84.63
December 2018	81
January 2019	84.73
February 2019	88.50
March 2019	86.82
April 2019	85.29
May 2019	85.64
June 2019	88.38
July 2019	87.50
August 2019	84.67
September 2019	81.39
October 2019	82.78
November 2019	80.58
December 2019	88.01
January 2020	80.14
February 2020	81.08
March 2020	84

The goal of improving the number of calls answered was set at 75% or above for FFY 2019. The number of calls answered for the entire FFY 2018 (October 1, 2017 through September 30, 2018) was 70.6%. The number of calls answered by intake worker FFY 2019 (October 1, 2018 through September 30, 2019) was 84.9%.

CI Activities Planned for FFY 2021: Strategic plan regarding intake calls include speed to answer (ASA) and calls answered directly by intake worker. The “Speed to Answer” goal has been set at four minutes or less. The goal for calls answered directly by the intake worker has been set at 85%.

Two goals set by the unit is improvement in quality assurance and training curriculum evaluation. The unit plans to re-evaluate the QA process and update it to include a more consistent feedback loop for transfer of learning and competency building by the individual worker, supervisor, and unit. Training curriculum development will include an annual training component for continued learning of the current workforce and entry-level training upon a new hire to the hotline unit.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

ALLOWABLE AREA: Risk and Safety Assessment Protocols

SERVICES PROVIDED:

Structured Decision Making (SDM®) 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 making data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision-making points that range from intake to reunification. The SDM® model utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

CQI continued the mentoring project for CPS supervisors. There were ongoing trainings and consultations scheduled to enhance the staff’s ability to complete the SDM correctly, as well as to use the information accurately as it relates to determining case closure, referral for services or removal. The CPS email address, dcfs.childprotectiveservices@la.gov, was utilized as a point of contact by field staff to submit questions/concerns as it relates to risk assessments and/or completion of the risk assessment instrument.

SDM® Update FFY 2020:

Area of Practice	FFY 2019 Q1 Oct 1 – Dec 31, 2018		FFY 2019 Q2 Jan 1 – Mar 31, 2019		FFY 2019 Q3 Apr 1 – Jun 30, 2019		FFY 2019 Q4 Jul 1 – Sept 30, 2019	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Correct Household	36	100	37	94	34	94	30	100
Timely Approval	20	85	16	75	17	82	11	82
Consistency	20	85	16	81	17	71	11	82

Area of Practice	FFY 2020 Q1 Oct 1 – Dec 31, 2019		FFY 2020 Q2 Jan 1 – Mar 31, 2020		FFY 2020 Q3 Apr 1 – Jun 30, 2020		FFY 2020 Q4 Jul 1 – Sept 30, 2020	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Correct Household	28	100	24	100				
Timely Approval	13	81	8	100				

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Area of Practice	FFY 2020 Q1 Oct 1 – Dec 31, 2019		FFY 2020 Q2 Jan 1 – Mar 31, 2020		FFY 2020 Q3 Apr 1 – Jun 30, 2020		FFY 2020 Q4 Jul 1 – Sept 30, 2020	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Consistency	14	88	8	88				

Child Protective Services (CPS) conducts in Initial Risk Assessment using the SDM to determine the likelihood of the family coming to the attention of DCFS again if the DCFS does not intervene or provide services. Family Services conducts an in-home risk assessment for children in the homes. All cases with a goal of reunification referred to Foster Care because of child abuse and/or neglect shall be assessed for safety and risk, using the Structured Decision Making Risk Assessment Tool. The Structured Decision Making (SDM) Risk Assessment and Reunification Reassessment is the process used to determine the degree to which the child may be at risk of future maltreatment the next 18-24 months. The Out-of-Home Reunification Reassessment is the tool used to assess the caregivers’ progress toward achieving case plan goals, which are focused on increasing protective capacities to address threats of danger.

The initial SDM Risk Assessment is used to identify families who have low, moderate, high or very high probabilities (levels) of future abuse and/ or neglect. The Initial SDM Risk Assessment determines if a family is more or less likely to have another incident without further intervention by the Department.

The SDM Out-of-Home Reunification “Reassessment”, which includes a risk determination from the most recent investigation, an evaluation of case plan progress, a visitation plan evaluation and a safety review informs decision making regarding reunification of a child with the family and permanency for the child. The Reassessment also determines the frequency of contact with the parent. The Reassessment is completed three months (90 days) after the case was opened in foster care (FC) every three months (90 days) thereafter, prior to each case plan review as long as a case plan goal remains reunification and any time there is a significant change in family circumstances. When a case plan review is approaching, the reassessment should occur prior to the initiation of planning, even if that means the reassessment occurs a few weeks early. When completing the Reassessment and a Safety Review is to be completed as part of that assessment a Form 5, Safety Assessment shall be completed to assess if any child is still considered unsafe. The safety assessment and risk assessment shall be used in combination to determine case planning and prior to considering a trial placement or immediate reunification.

In comparing data from 2018 average quarter data to 2019, there was a decrease of 4.32% in data completing the risk assessment on the correct household. Child Protective Services (CPS) conducts an Initial Risk Assessment using the SDM to determine the likelihood of the family coming to the attention of DCFS again if the DCFS does not intervene or provide services. Family Services conducts an in-home risk assessment for children in the homes. During the first quarter of FFY 2019 , thirty (30) cases were reviewed, and of the thirty, 100% were completed on the correct

STATE OF LOUISIANA
2020 Annual Progress and Services Report

household; twenty cases, or 85%, had timely approval of the risk assessment; and twenty cases, or 85% had consistency of information on the risk assessment. During the second quarter, thirty-nine (39) cases were reviewed, and of those cases, thirty-seven, or 94%, were completed on the correct household; 75% had timely approval of the risk assessment; and 81% had consistency of information on the risk assessment. In the third quarter, thirty-six (36) cases were reviewed and of those, thirty-four or 94% was completed on the correct household, 82% had timely approval of the risk assessment; and 71% had consistency of information on the risk assessment. During the fourth quarter 30 cases were reviewed, and of those 100% were completed on the correct household; 82% had timely approval of the risk assessment; and 82% had consistency of information on the risk assessment.

SDM® Activities Planned for FFY 2021: Continuous Quality Improvement staff (CQI) along with program staff will review SDM tools for accurate completion. When deemed necessary, training and consultation will be offered to frontline staff to enhance their knowledge and skills related to completion and use of the SDM® tool. DCFS will make available to child welfare specialists and supervisors, staff training and consultation in the use of SDM tools and guidelines in the assessment. Coaching and mentoring with supervisors will incorporate the use of these guidelines and processes in examining risks, safety threats, and safety planning for children throughout the life of the case.

ALLOWABLE AREA: Programs and procedures for the identification, prevention, and treatment of child abuse and neglect;

SERVICES PROVIDED:

ACCESS 2.0- Service Description – The Department began using ACCESS 2.0 in June 2018. A Comprehensive Enterprise Social Services System (ACCESS) is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (CI) that are assigned to the CPS program. ACCESS used to serve as the electronic case record for all intakes, child abuse and neglect reports and CPS services until the development and implementation of On Base. ACCESS provides some case management tools. The Department continues to address system issues for optimal performance.

ACCESS 2.0 gathers all the new data that is required by CARA. ACCESS 2.0 captures data in regards to notifications of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning that a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. It captured if a plan of safe care was developed and referrals made to ensure the needs of the family are met upon discharge from the hospital, and captured data of whether or not a plan of safe care was developed and monitored for screened in reports, including services/referrals for the affected family or caregiver. This data is pushed to our TIPS system to allow for NCANDS reporting.

ACCESS 2.0 UPDATE FFY 2020: ACCESS 2.0, the replacement system for the original version of ACCESS, went live on August 6, 2018. ACCESS 2.0 was implemented as a temporary solution to meet existing business needs pending implementation of a CCWIS solution. DCFS is currently working with a vendor to design and implement a CCWIS solution. Active work continues on the

STATE OF LOUISIANA 2020 Annual Progress and Services Report

ACCESS system to resolve identified defects, while minimizing any enhancements until CCWIS is implemented. The Intake and Investigations modules were selected as the first modules for design in the new CCWIS system and staff are actively involved in developing a CCWIS system that meets the business needs of Child Welfare.

ACCESS 2.0 ACTIVITIES PLANNED FFY 2021: DCFS will continue active work to identify any defects in the ACCESS 2.0 system until the CCWIS system is implemented. ACCESS will remain the system in place while CCWIS staff continues development of the CCWIS for the identification of cases that meet the DCFS criteria for abuse and/or neglect.

ALLOWABLE AREAS: Implementing criminal records checks for prospective foster and adoptive parents and other adults in their homes.

SERVICES PROVIDED:

Criminal Record Clearances (CRC): DCFS continued use of the MORPHOTRAK Motorola Live Scan equipment to complete fingerprint based criminal record clearances through the Louisiana State Police (LSP) and the FBI. Criminal record clearances were obtained on prospective foster/adoptive parents (both DCFS and private agency used by DCFS) prior to certification, on relative caretakers, and on all residential staff including contractors prior to employment to insure the safety of children placed in the care of these individuals. Additionally, all DCFS staff that are “new hires” receive criminal record clearances prior to hire to insure safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers who will be working for long stretches of time alone with a child to receive criminal record clearances as well since they are the caretakers of the child while they are alone with the child. Additional information can be found in the Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

CRC Update FFY 2020: DCFS updated Administrative Policy 1-1000, Criminal Record Clearances, to include the arrest and criminal offenses that apply to foster/adoptive caregivers, relatives and other caregivers if five or more years have elapsed between the date of proposed placement and the date of successful completion of any sentence deferred adjudication, or period of probation or parole.

The Department invested in nine portable *Livescan* systems to expand the availability of fingerprinting capacity in the regions. The existing fingerprinting equipment is located in the regional offices, but this equipment will be located in parish offices, and will be able to be used in the field within client homes or facilities.

CRC Activities Planned FFY 2021: This information is in the Foster and Adoptive Parent Licensing, Recruitment and Retention section of the APSR.

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 training and improvements in the recruitment and retention of caseworkers;

STATE OF LOUISIANA 2020 Annual Progress and Services Report

SERVICES PROVIDED:

Training- Child Welfare Training in coordination with the Louisiana Child Welfare Training Academy (LCWTA) continued to provide the 24-week competency based child welfare curricula for new staff. The Department offers various training opportunities to all staff throughout the year including a core child-welfare curriculum (4-6 sessions of the core curriculum are offered annually). Other opportunities for training are through conference participation, and professional development workshop participation within the state's prospective communities. This involvement with the community creates opportunities for staff to collaborate with other service providers and to engage in collaborative networking activities. Staff receiving these training opportunities are responsible for case management duties in the areas of child protection, family preservation, foster care, adoption, and independent living services. Both management and program staff are afforded the same opportunities in the initial phases of any new initiative to serve as leads in the training after having been trained by contracted experts.

Performance measures and practice expectations are incorporated into each training staff receives. From the new worker phase to the experienced worker phase, trainings required of departmental staff address the skills, and knowledge needed to carry out specified job responsibilities in the four core areas under the Promoting Safe and Stable Families Program. (For additional information, please refer to the 2017 Annual Progress and Services Report (APSR) in the section detailing the systemic factor on Staff Training.)

Training is available to foster/adoptive parents through LCWTA sponsored training providers. Additional trainings may be used to meet licensing requirements including:

- Louisiana Foster/Adoptive Parent Association annual conference;
- National Foster Parent conferences;
- Community agency or organization trainings (pre-approved by the regional or state office);
- Participation in consultation with a licensed professional for purposes of implementing an individualized behavior management program or other therapeutic treatment on behalf of a foster child;
- On-line trainings (pre-approved by state office).

All families applying to become certified as foster/adoptive parent(s) in Louisiana are required to complete pre-service training and to receive education in CPR/first aid. Pre-service training is scheduled at a minimum of every 10 weeks. Pre-service trainings are held statewide in various locations to accommodate potential applicants. Both morning and evening sessions are held statewide as well as Saturday sessions for kinship/relative families that choose to pursue licensure for the placement and permanency goal of their relative/kin. (For additional information, please refer to the 2017 APSR systemic factor section on Foster and Adoptive Parent Licensing, Recruitment, and Retention.)

The Department utilizes the following mechanisms of technology to meet training needs:

- Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS);
- Web-Based Training;

STATE OF LOUISIANA 2020 Annual Progress and Services Report

- Video Conferencing; and,
- Webinars and Teleconferences.

Louisiana Child Welfare moved into initial implementation of the Job Redesign and the Louisiana Workforce Development Implementation Team achieved major milestones by completing the initial implementation of the Job Redesign with eight teams over three (3) Louisiana parishes (Calcasieu, Lafayette and East Baton Rouge).

See Collaboration and Vision section of this report for additional information on Workforce Development work.

Training Update FFY 2020: See Systemic Factors – Staff and Provider Training Plan in Appendix B

Training Activities Planned for FFY 2021: See Systematic Factors – Staff and Provider Training Section Plan in Appendix B.

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:

- Pre-crisis Preparation - stress prevention education to help staff improve coping and stress management skills;
- Crisis Management Briefing/Staff Consultation - stress management intervention used to inform and consult and allow psychological decompression;
- 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;
- Critical Incident Stress Debriefing – small group intervention which uses crisis intervention and educational processes to reduce psychological distress associated with a critical incident; and
- Individual Crisis Intervention – used when only one to three persons are affected by the traumatic incident with a goal to assist the individuals in reestablishing a pre-incident level of functioning.

Population Served: The CISM team provides stress prevention education statewide to any DCFS employee in the Child Welfare, Economic Stability, and Child Support Enforcement units, upon request when experiencing job related critical incidents, either directly or indirectly.

CISM Update 2020: The Department of Children and Family Services (DCFS) Critical Incident Stress Management (CISM) team consists of thirty-three (33) active members who are trained and registered with the International Critical Incident Stress Foundation (ICISF) through January 2, 2021, and maintains the integrity of the critical incident model established by this trauma response

STATE OF LOUISIANA
2020 Annual Progress and Services Report

organization. Teams must register on an annual basis in order to remain on the “Current” team list. If ICISF does not have the current information, the team may not be included in referrals to respond to requests for CISM assistance through the ICISF Hotline or the ICISF office. The CISM team members are spread throughout the state, as there is representation from almost every region. In FFY 2019, two people per group met eight different times. Of those individuals, eight of them provided 1:1 interventions for 16 staff receiving services.

CISM Interventions			
	Requested Group Interventions	Requested 1:1 Interventions	Total Staff Receiving Services
FFY 2018	3	9	39
FFY 2019	8	8	16
FFY 2020			
FFY 2021			
FFY 2022			
FFY 2023			

CISM Activities Planned FFY 2021: The Department will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing and individual crisis intervention CISM services. Ongoing recruitment will continue for new members of the team.

ALLOWABLE AREA: Developing and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies; and services for disabled infants with life threatening injuries

SERVICES PROVIDED:

Nurturing Parent Program (NPP): The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. The state’s Family Resource Centers (FRC) located in every region offers Nurturing Parent groups. Technical assistance on implementation of the model is provided to the Family Resource Centers.

Population Served: This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parents, parent couples, stepparents or parent 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 of families. Families should not be actively using substances or in recovery.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

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 for parents. The Nurturing Parent Program is 16 weeks long.

FFY	Number of Parents receiving NPP	# and % of parents who complete the Nurturing Parenting Program	# and % of parents who completed the Nurturing Parenting Program with a higher post-test mean score than the pre-test mean score.
FFY 2018	328	212 (64%)	198 (93%)
FFY 2019	520	339 (65%)	274 (82%)
FFY 2020			
FFY 2021			
FFY 2022			
FFY 2023			

NPP Update FFY 2020: The Nurturing Parenting Program (NPP) is offered in each region of the state through Family Resource Centers (FRC), with the exception of the Orleans region, which offers the Positive Parenting Program and Effective Black Parenting through its FRC. The DCFS continues to make available, support and provide technical assistance to each Region’s FRC by providing assigned liaisons and program managers from the agency. Currently services are being provided virtually due to the COVID-19 pandemic.

NPP Activities Planned FFY 2021: The Family Resource Centers (FRC) will continue providing NPP services to identified families. The Shreveport, Alexandria and Monroe Regions are collaborating with Sheila Liechty, Resource Program Coordinator with Educational and Treatment Council Inc. (ETC) to include more lessons during each NPP class to reduce the timeframe from 16 weeks to eight weeks to accommodate FS clients. The agency will continue to provide support and technical assistance through assigned liaisons and program managers to each region’s FRC.

Substance Abuse Counselors: The Agency previously contracted with LDH to house Substance Abuse counselors in DCFS offices where in office substance abuse assessments were provided in addition to referral services.

Substance Abuse Counselors Update 2020: DCFS is working in collaboration with LDH in order to place substance abuse counselors in four pilot parishes: East Baton Rouge, Livingston, Caddo, and Rapides parish offices. The Substance Abuse Counselors will provide substance abuse and behavioral assessments in addition to treatment referral services. DCFS and Florida Parishes Human Services entered into an MOU effective April 1, 2019 through June 30, 2019, placing a Substance Abuse Counselor in the Livingston DCFS office every other week to conduct substance

STATE OF LOUISIANA
2020 Annual Progress and Services Report

abuse assessments. A substance abuse counselor started in the Covington region with an MOU from March to June 2019. The counselor has continued under contract since July 2019. The collaborative work between DCFS and LDH concerning Substance Abuse Counselors seeks to reduce the timeframe, in which clients with substance abuse issues receive treatment, and as a result, case outcomes will improve and repeat maltreatment of children will be reduced.

Substance Abuse Counselors Activities Planned 2021: DCFS will continue working in collaboration with LDH to place substance abuse counselors in four pilot parishes: East Baton Rouge, Livingston, Caddo, and Rapides parish offices. The Substance Abuse Counselors will provide substance abuse and behavioral assessments in addition to treatment referral services. The collaboration between DCFS and LDH will include a Recovery Coach in addition to the Substance Abuse Counselor. Florida Parishes Human Services and DCFS entered into a contract for a fulltime substance abuse counselor and part-time recovery coach July 1, 2019, providing services within three offices in the Covington region. The collaborative work between DCFS and LDH concerning Substance Abuse Counselors seeks to reduce the timeframe in which clients with substance abuse issues receive treatment and support in maintaining sobriety, and as a result, case outcomes will improve and repeat maltreatment of children will be reduced. The aforementioned efforts are expanding to East Baton Rouge, Livingston, and Caddo parishes.

Human Trafficking (HT) Services: In accordance with the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, and Act 564 of 2014. DCFS is committed to identifying, protecting, and providing services for children, as well as adults, such as a parent/caretaker, who have been identified as trafficking victims or are at risk of being a potential human trafficking victim. DCFS has strategies in place to identify human trafficking victims or potential victims at intake and during the initial stages of the assessment phase of the case due to specific indicators. DCFS will continue serving on the Louisiana Human Trafficking Prevention Commission and Advisory Board and is planning how recommendations will be implemented from the report submitted last year. DCFS will develop specialized foster homes for trafficking victims, while continuing to adjust parts of the Human Trafficking Model as needed. Training for staff will commence with additional, more in depth, classroom sessions. DCFS will complete the curriculum for tier 2 and 3 classroom sessions. Safety plans for victims of human trafficking will be developed for prevention and support for trafficking victims. There are two (2) specialized residential facilities for human trafficking victims in Louisiana: Metanoia and Free Indeed. Currently there are state level staffings for human trafficking cases. Once a victim or potential victim is identified, the Human Trafficking Victim Notification Form is emailed to the Louisiana DCFS State office via email at: dcfs.humantrafficking.dcf@la.gov and staffing shall occur within five (5) business days. DCFS plans to begin Multi-Disciplinary Team (MDT) staffings for Human Trafficking cases in the nine (9) regions throughout the state. The team will consist of service providers, medical professionals and, individuals who can provide needed support for victims and potential victims of human trafficking and their families.

HT Update 2020: DCFS is revising training and use of a Trafficking Safety and Prevention Plan “Keeping Myself Safe,” as well as developing online training for HT screening tools. A Best Practices Guide was located and DCFS is working to determine how we can use it in LA or re-develop it to be specific to LA (Partnered work with ACF Region VI Workgroup). We continued development of HT specific MDTs within multiple regions of the state (joint effort with HP Serve,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

LA CACs, LSP, the National Criminal Justice Training Center, and the Governor's Office), while working with LSP to determine screening and reporting protocols for young adults in EFC who are suspected of being trafficked. The HT Curriculum was completed with LCWTA, and trainings are currently being planned to train the trainers around the state in addition to establishing mandatory requirements and protocols for the three levels of training. Work has continued with DCFS Secretary Marketa Walters and multiple stakeholders/partners to develop a statewide system response and structure for juvenile HT victims. Discussions include external and internal options to address HT.

HT Activities Planned 2021: DCFS will continue to participate in the HT Commission and Advisory Board to address HT statewide with all involved partners. DCFS will continue to address barriers in HT. Some of these barriers include: lack of specialized knowledge and services to serve HT victims, lack of specialized staff or resources to address cases, lack of specialized placements (Therapeutic Foster Homes, Assessment Center, and Residential Placements), lack of specialized therapeutic services for HT victims (and availability of), and difficulty in providing services to juvenile victims who are not ready or, are unwilling to accept services and who frequently move around the state (placements or on runaway).

Media Campaigns/Community Education: The department recognizes it is vitally important any approach to protecting children and strengthening families in Louisiana include a strong prevention/awareness component. Communications have served as an essential tool to inform the community of safety initiatives implemented by the Department to keep our children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster. The following activities were completed with regard to media campaigns and community education:

- *Quality Parenting Initiative (QPI).* Since its statewide launch in August 2016, DCFS has promoted QPI as the leading initiative in Louisiana's changing face of foster care.
- *Louisiana Fosters.* Louisiana Fosters is the counterpart to QPI. Launched by First Lady Donna Edwards and Secretary Marketa Garner Walters at the Governor's Mansion in August 2017, Louisiana Fosters is a statewide network of support for foster parenting. It involves business and community groups, nonprofits and church-based organizations all working together to support and advance foster parenting. Resources include a website, <http://www.louisianafosters.la.gov/> and pamphlets offer tips for becoming a foster parent or supporting foster parents.
- *Adoption Awareness:* Louisiana Gov. John Bel Edwards proclaimed November 2019 as Adoption Awareness Month in Louisiana. DCFS dedicates each November to honoring those who have made a difference in a child's life through adoption and to raising awareness in an effort to provide homes for children who remain in need of a permanent, adoptive home.
- *Child Abuse Prevention:* Child Abuse Prevention month was in April 2019. The department exhibited its commitment to the cause by joining with Prevent Child Abuse Louisiana and other partners to "plant" 1000 pinwheels on the Louisiana State Capital lawn.
- *Foster Care Awareness:* May 2019 was Foster Care Awareness month. The Department promoted foster care awareness through social media and traditional news media.

STATE OF LOUISIANA

2020 Annual Progress and Services Report

- *Hot cars*: In summer 2019, DCFS collaborated with other state agencies over a six-week period to promote awareness of “hot cars” and the dangers of leaving children in vehicles unattended.
- *Safe Haven*: DCFS continued distribution of *Safe Haven* materials (posters, brochures, Safe Baby stickers) to hospitals, law enforcement, fire stations, child advocacy centers, etc.
- *Redesigned DCFS Website*
 - DCFS conducted a major redesign of its website, www.dcfslouisiana.gov, in 2018. The redesign improves the look and function of the site, while making the site more accessible to users, particularly on mobile sites. As much as 60-70 percent of DCFS clients access the department’s website through a mobile device. Work on the website will continue as the department adds more information and features to improve content for clients and the public at large.
- *Extending the Age of Foster Care/Outreach to Foster Youth*. In FFY19, Louisiana launched an effort to extend the age of foster care to 21. The department publicized its efforts through fact sheets, media events, press releases, social media and other communication activities. The department worked with its youth advisory board to redesign its “YouthLink” site, featuring information especially for foster youth.

Media Campaigns Update FFY 2020: The Department conducts outreach by engaging community media and through our website. The DCFS Secretary continues to provide educational opportunities to State Legislators regarding what DCFS does by making presentations to them. In some cases, media campaigns have a built in foundation related to specific Child Welfare issues, for example, Safe Haven and recruitment campaigns for foster parents of teens. DCFS created a website, YouthLink.louisiana.gov, where teens and their caregivers can learn more about the resources available to them. Designed with youth in mind, YouthLink provides a guide to the child welfare system and links to information and resources on topics like safety and relationships, health and well-being, housing and finance, education and jobs, legal and youth advice. In other instances, the agency provides the public with public service information when child welfare issues arise and as needed. Media Campaigns and Community Education on Child Welfare issues has continued to be a source of providing public information through social media, and will expand as the agency sees fit. Fact sheets have been developed, which have quick factoids about how the Department operates, and it simplifies complex issues. The “News Room” on the Department’s website has information related to the fact sheet that is easy for staff to locate and share. In May 2019, the Department launched its new online Public Records Center, a centralized and more efficient system for the public to request and receive public records from the Department. The new portal gives users the opportunity to submit public records requests, track their requests and view released records in one centralized and user-friendly location.

- *Quality Parenting Initiative (QPI)*. Since its statewide launch in August 2016, DCFS has promoted QPI as a leading initiative in Louisiana’s changing face of foster care.
 - QPI is a central point of any conversation and Louisiana’s foster care system and is included in all communication about the topic.
- *Louisiana Fosters*. Louisiana Fosters is the counterpart to QPI. First Lady Donna Edwards first launched this initiative with Secretary Marketa Garner Walters at the Governor’s Mansion in August 2017, and is a statewide network of support for foster parenting. It involves business and community groups, nonprofits and church-based organizations all

STATE OF LOUISIANA 2020 Annual Progress and Services Report

working together to support and advance foster parenting. Resources include a website, <http://www.louisianafosters.la.gov/> and pamphlets offer tips for becoming a foster parent or supporting foster parents.

- In August 2019, the department and First Lady held the third annual Louisiana Fosters Summit at the Governor's Mansion. In an attempt to increase awareness of the Louisiana Fosters website and resources, the staff developed New Year's letters and Louisiana Fosters magnets and mailed them to every foster parent household in January 2020.
- *Adoption Awareness*
 - During Adoption Awareness Month, DCFS used digital and traditional news media to share the department's second-highest number of adoptions from foster care in a single year and its partnership with the Dave Thomas Foundation.
 - The department highlighted increases in teen and sibling adoptions.
 - Governor Edwards and First Lady Donna Edwards echoed the news of the adoption record throughout the year (through the Governor's radio show, Governor Edwards' major speeches touting the accomplishments of the administration, the First Lady's blog, the First Lady's presentation on a panel at the National Governor's Association conference, various speeches and public appearances, social media posts, etc.).
 - DCFS Secretary Walters, shared adoption information through presentations to numerous organizations throughout Louisiana.
 - DCFS continued to work with HP Serve on the statewide Louisiana Heart Gallery featuring adoptable foster children. HP Serve maintains the website and works to ensure ongoing recruitment efforts for children awaiting an adoptive family.
- *Child Abuse Prevention:*
 - During Child Abuse Prevention Month DCFS used social media and public appearances to promote prevention themes, such as "Safe Sleep" and "Safe Haven."
 - The Department promotes the DCFS child abuse hotline through social media and traditional news media throughout the year.
- *Foster Care Awareness* month activities included:
 - Launched a new recruitment campaign for foster parents for teens.
 - Distributed new brochures, posters and informational cards - printed through a donation from One Heart NOLA - in communities throughout the state, on social media and the DCFS website to highlight the need for foster homes for teens
 - Ensured foster/adoptive families from various regions of the state were available to news outlets to conduct interviews on their experiences as caregivers;
 - Shared information on becoming a foster/adoptive parent on social media.
- *Hot cars:* In the summer of 2019, DCFS collaborated with other state agencies to promote awareness of "hot cars" and the dangers of leaving children in vehicles unattended.
- *Safe Haven:* DCFS continued distribution of *Safe Haven* materials (posters, brochures, Safe Baby stickers) to hospitals, law enforcement, fire stations, child advocacy centers, etc.
- *Extending the Age of Foster Care/Outreach to Foster Youth.* In FFY19, Louisiana launched an effort to extend the age of foster care to 21. The department publicized its efforts through fact sheets, media events, press releases, social media and other communication activities.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

The department worked with its youth advisory board to redesign its “YouthLink” site, featuring information especially for foster youth.

Media Campaigns Activities Planned FFY 2021: DCFS will continue to seek innovative ways to inform the media and public about its activities through media relations, periodic press releases, appearances on local television programs, development of short videos to promote adoptable children, and publication of child safety content on the DCFS website and social media outlets (Facebook, Twitter and Instagram). Website resources will continue to be developed and to strengthen staff understanding and engagement with initiatives through email communication, events and use of the intranet. Over the next year, the communication staff will continue to support the DCFS Child Welfare staff in promoting initiatives, such as:

Quality Parenting	Extended Foster Care	Louisiana Fosters	Workforce Strategies
Kinship Care	Foster Parent Recruitment	Adoption through Foster Care	

The DCFS focus is shifting to a greater emphasis on child abuse prevention. DCFS communications will help advance these efforts through engaging with staff and stakeholders (courts, CASAs, policymakers, foster parents, birth parents, community members, etc.) about what it takes to keep children and youth from entering care. Outreach will differ by audience, but may include:

Community Meetings	Web Resources	Flyers	Social Media	Presentation & Speeches
Targeted Advertising	Email Marketing	Video	News Media	Web Conferencing

The DCFS Secretary will lead messaging, both internally and externally. Largely through the current Secretary’s efforts, the department has built an increasingly strong relationship of support among policy makers and stakeholders. In coming years, DCFS will promote opportunities for these additional voices to be heard. This will help build understanding of the department’s initiatives and increase support for its programs and the children and families it serves.

ALLOWABLE AREA: Addressing the needs of infants born with prenatal drug exposure

SERVICES PROVIDED:

Substance Exposed Newborns (SEN): The DCFS met with community partners including the Louisiana Department of Health (LDH), local hospitals, Healthy LA, judicial stakeholders, and behavioral health agencies, to develop strategies to reduce the number of infants exposed to drugs during the mother’s pregnancy. Department policy has been updated to give staff guidance on completing safety assessments on cases of Substance Exposed Newborn (SEN) and to ensure all cases involving a substance-exposed newborn receives a Priority 1 (24 hour) response by CPS staff to determine the safety of the newborn infant. The Department has tracked these cases to identify trends in order to determine what the needs are and what interventions or resources are appropriate to meet the needs. The Department has implemented high-risk staffings, consultations with Bureau of General Counsel attorneys, and court ordered safety planning to assist with identifying safety needs and implementing interventions.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Louisiana formed the Heroin and Opioid Prevention and Education Council (HOPE) Council during the 2017 legislative session to continue the work of the Governor’s Commission on Heroin and Opioid Prevention; The HOPE Council is comprised of thirteen state agencies, including DCFS, all with a stake in addressing the Opioid epidemic.

DCFS is in compliance with CAPTA as it relates to Substance Exposed Newborns (SEN), as all SEN reports were received as per the Louisiana Children’s Code, Article 610 G (1) that states, if a physician has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance, as defined by R.S. 40:961 et seq., the physician shall order a toxicology test upon the newborn, without the consent of the newborn's parents or guardian, to determine whether there is evidence of prenatal neglect. If the test results are positive, the physician shall issue a report to the Department, as soon as possible. The Louisiana Children’s Code, Article 603 (17) defines a newborn as a child who is not more than thirty days old. Article 603 (22) defines prenatal neglect as “exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or causes observable and harmful effects in his physical appearance or functioning.”

The Governor signed Louisiana Act 359 and rulemaking occurred to establish specific procedures for notifications to the Department through the Physician Notification of Substance Exposed Newborns No Prenatal Neglect Suspected form, which is completed by the physician. The form includes a plan of safe care to ensure the needs of the family are met upon discharge from the hospital. This form is a notification for data gathering purposes and does not constitute a report of abuse/neglect.

Population Served: Newborns under the age of 30 days identified by a physician as having a positive toxicology test for a controlled dangerous substance, or symptoms of withdrawal in the newborn; and/or, symptoms of withdrawal or other observable and harmful effects in physical appearance or functioning due to chronic or severe use of alcohol by the mother during the pregnancy.

SEN Update FFY 2020: As part of the state’s efforts to monitor ongoing efforts and services related to substance exposed newborns, quarterly meetings were held in each region for the Comprehensive Addiction and Recovery Act of 2016 (CARA) focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings included DCFS staff and local stakeholders for each region, and addressed services to families and their substance-exposed newborns. State level meetings were held to address systematic issues identified in the regional level meetings.

A Family Services Consultant monitors the regional quarterly meetings and every 6 months there is a call with all of the Regional CARA liaisons for updates. Lake Charles region had a CARA summit in January 2020, which was comparable to a public health fair with providers and stakeholders.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. DCFS served on the Heroin, Opioid Prevention and Education Council (HOPE). Within the last year, the HOPE Council continued to update the statewide website capturing data related to the opioid epidemic and a comprehensive listing of all opioid related initiatives. The council formed three sub-committees to focus on the areas of impact to the state. These committees include a Health Care Impact, Public Safety Impact, and Community Impact committee. Annually, a report is submitted to the legislature with recommendations to improve the response to the epidemic.

SEN Activities Planned FFY 2021: Louisiana will continue to provide quality services for Substance Exposed Newborns through continued collaboration with stakeholders, judges and legal partners. Collaboration will continue with LDH regarding the established protocol addressing the needs of substance-exposed infants. DCFS will continue to address policy needs to ensure clear and concise guidance to staff are aligned with the CWADM model to develop a unified assessment of risk and safety, which supports family engagement, enhancing protective capacities and supports needs of children and families of children born substance exposed. Efforts will be made to ensure staff understand and are accountable for activities involving child safety and, child/family risk assessments, and planning with families to ensure the well-being of substance exposed children and those services for the child and family are delivered effectively and efficiently.

Substance Exposed Newborns					
	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Valid	2,080				
Not Valid	186				
Total	2,266				

ALLOWABLE AREA: Referring child not at risk of imminent harm to community services.

SERVICES PROVIDED:

Early Intervention Services: Policy requires referrals to Early Steps for children ages 0-3. The number of children served in the FS Program referred to the Early Steps Program has not been captured. However, during FFY 2019 there were 3,456 children served in the FS program ages 0-3. This is an unduplicated count. If a child left the FS program and returned during the same FFY, they were only counted one time.

Referrals to Early Steps for children ages 0-36 months, which have not already been referred by a pediatrician or other referent, are required. Policies related to drug and alcohol affected newborns are reviewed and include requirements outlined in CARA legislation (Comprehensive Addiction and Recovery Act). Quarterly regional CARA meetings with community stakeholders are held and documented to ensure the needs of the drug and/or alcohol affected infants, and their families are addressed and include discussions of Early Steps referrals and potential barriers. Once the child is referred, 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 Single Point of Entry (SPOE)

STATE OF LOUISIANA
2020 Annual Progress and Services Report

is responsible for developing an Individual Family Service Plan (IFSP) and coordinating the services for the child and family. These may include services in the areas of health, nutrition, vision, occupational therapy, physical therapy, speech and 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 an LDH 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 delays and can be referred with the parent/caretaker's consent. Referral procedures are consistently implemented statewide.

Early Intervention Services Update FFY 2020: The agency continues to require referrals to Early Steps are completed for children 0-36 months involved with DCFS. In addition to the referral, participation by the family is incorporated into the case plan to reduce the number of families that may opt to decline the assessment by phone. The agency improved tracking of drug affected, and alcohol affected newborns in FS by adding individual case open reason codes for each (code 85 and 88), and monitored the requirements put forth by CARA to ensure the needs of families with drug, and alcohol affected newborns are met. The formal use of Family Team Meetings in the Family Services program was implemented. The teaming approach in all DCFS program areas allows for focused case planning with parent/caretakers in addition to older youth input in service provision.

Early Intervention Services Activities Planned FFY 2021: Departmental staff will continue to refer children 0-3 years of age to early intervention services, and will continue to serve on the State Interagency Coordination Council. DCFS will collaborate with DPH to assure any barriers to receiving early intervention services are addressed for the 0-3 population.

ALLOWABLE AREA: Protecting the legal rights of families, alleged perpetrators and mandated reporters

SERVICE PROVIDED:

Protecting legal rights of families and alleged perpetrators: It is the policy of the Department of Children and Family Services (DCFS) to allow all individuals the right to appeal their valid child abuse or neglect finding. Individuals are placed on the State Central Registry (SCR) or State Repository (repository) because of a valid child abuse and/or neglect investigation, after the exhaustion of an individual's due process rights. The Department has a Protective Services Review Team (PSRT) who reviews all valid findings once an appeal has been requested or for other administrative reasons, when a valid finding may affect a client's employability, or volunteer rights. Beginning July 1, 2018, any individual with a valid finding as a perpetrator of child abuse or neglect as the result of a CPS investigation has the right to an administrative appeal of the valid finding decision. The appeal process is held in accordance with Children's Code, Article 616.1.1 and the LAC Title 67, Part V. §1111.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Protecting the rights of mandated reporters: DCFS Policy 4-105 is in compliance with Louisiana Children’s Code, Title 6, Article 611, which states that any person who in good faith makes a report, cooperates in an investigation, or participates in judicial proceedings authorized by the Code, or any caseworker who in good faith conducts an investigation, makes an investigative judgment or disposition, or releases or uses information contained in the central registry for the purpose of protecting a child, shall have immunity from civil or criminal liability. This immunity does not extend to any alleged principal, conspirator, or accessory to an offense involving the abuse or neglect of the child. It does not extend to any person who makes a report known to be false or with reckless disregard for the truth of the report.

PROGRAM AREAS: Multi-disciplinary outreach, consultation or coordination the state has taken to support implementation with substance abuse treatment authority, hospitals, health care professionals and public health agencies.

SERVICES PROVIDED

Interagency Collaboration/Consultation with Physicians: When appropriate, the department consults with physicians or other appropriate medical professionals to obtain appropriate assessments and guidance to address health needs, including mental health needs, and well-being of foster children. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth, or age one year and older, whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

The worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child’s case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based upon the child’s needs or a physician’s recommendations.

Louisiana has adopted the provisions of the Affordable Care Act, which allows youth aging out of foster care to retain Medicaid coverage from age 18 to age 26. These services include only those, which are needed for routine wellness or medical necessity. DCFS implemented a polypharmacy and diagnostic consultation process with a contracted Psychiatrist at LDH. Children on multiple psychotropic medications with multiple diagnoses and at risk of placement disruption are candidates for presentation on bi-weekly calls and follow-up consultations as deemed necessary. The purpose of the consultation is to educate staff on the impact multiple psychotropic medications and mental health diagnoses have on children and youth in foster care and to empower staff with information to advocate on behalf of the indicated child. The Psychiatrist consults with departmental staff to provide guidance in case planning as needed. Policy and forms were created to address the use of psychotropic medications requiring parental consent when parent’s continue to retain their rights, requiring that psychotropic meds be considered a last resort treatment option,

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and requiring a discussion of the medication's impact and options with the child, birth parent(s) and foster caregiver. A statewide WebEx was conducted to review updates to psychotropic medications policy and to provide support to staff with case specific questions on the topic. The psychotropic medications training is posted and is accessible on the DCFS website to all staff and stakeholders. Ongoing educational training and/or information WebEx trainings related to mental health issues and children in Foster Care are offered to all Foster Care staff on a quarterly basis.

DCFS staff ensure a Trauma and Behavioral Health (TBH) screening is completed by the caregiver and by children age seven and older within 30 days of foster care entry. Subsequent TBH screenings are completed every six (6) months thereafter. The caregiver's version is completed for children ages birth to six (6) years.

Population Served: Children and youth in the DCFS foster care program statewide and youth aging out of foster care at age 18 up to 21.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well-being of foster children.

Referrals for treatment are made based on medical necessity, treatment needs of the child and reduction of risk in the home of origin. Recommendations by medical professionals in assessing the well-being of foster children are often 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.

Interagency Collaboration/Consultation with Physicians Activities Planned FFY 2021: Collaborate with the LDH, OCDD, Managed Care Coordinators, and providers to ensure child-welfare client populations receive the most appropriate physical and behavioral health care available in the state to meet their treatment and well-being needs. DCFS is working alongside the Annie E. Casey Foundation and OBH to reduce the reliance on congregate care throughout the state. DCFS will work collaboratively with OBH and Building Bridges to improve programming offered by congregate care providers and to align their policy and practice with the Six Core Strategies™ approach of child and family centered care. The Six Core Strategies™ is an evidence-based practice with demonstrated effectiveness in achieving significant reduction of seclusion and restraint use. Building Bridges Initiative promotes child residential best practices so youth can sustain their improvements long term. The goal of these initiatives is to provide a framework and starting point to reduce coercion, trauma and the use of seclusion and restraint in Psychiatric Residential Treatment Facilities, Child Facility Based Crisis Services, and State Child/Adolescent Inpatient Units while strengthening and developing effective interventions with long-term impact.

Interagency Collaboration/Healthy Louisiana (HL)/Coordinated Systems of Care: Prior to March 2012, the Department had a provider credentialing process to ensure the professional credentials and safety of the providers treating children for behavioral health issues in state custody. In 2012, the state of Louisiana transitioned to a managed care system for the management

STATE OF LOUISIANA 2020 Annual Progress and Services Report

and provision of health services for the citizens enrolled in Medicaid, known as Louisiana Behavioral Health Partnership. The Department of Health and Hospitals contracted to Magellan of Louisiana as a Single Management Organization for behavioral health services.

Included in the Louisiana array of behavioral health services, is the Coordinated Systems of Care (CSoC), Louisiana's name of a program of high fidelity wraparound services. CSoC provides care coordination of behavioral health services and supports for at risk children and youth (young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system) with significant behavioral health challenges or co-occurring disorders. The goal of CSoC is to reduce the number of children and youth in detention and residential settings and to improve the overall outcomes of these children and their caregivers.

On December 1, 2016, Louisiana transitioned to an integrated health management environment, and administration of behavioral health services transitioned to the five managed care organizations responsible to administer primary health services (i.e. Healthy LA). The existing managed care entity for behavioral health services retained administration of behavioral health services solely for youth enrolled in CSoC, for the following two years, in order to ensure a successful transition of CSoC to integrated health management.

Population Served: At-risk youth statewide, including young people who are either already in, or at risk of being in out-of-home placement, or in the state's juvenile justice system. The initial targeted-population includes youth currently in residential treatment facilities, secure care facilities, psychiatric hospitals, addiction facilities, alternative schools, detention centers, developmental disabilities facilities, and homeless children.

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 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 a young person accesses the system, they are immediately eligible for community-based programs. The local wraparound agency works with a licensed mental health professional to develop an assessment of the youth's needs, and establishes a "Child and Family Team" to care for them. Next, a "Plan of Care" will be developed with input from the child's family and community partners like teachers, clergy, church leaders, coaches or other community organizations to ensure the needs of the individual child are met. The Child and Family Team is involved as the Plan of Care is executed with intensive case management until the youth is ready to be transitioned out of the CSoC. Additionally, a Family Support Organization supports the family and provides peer support to those participating in CSoC.

Interagency Collaboration/Healthy Louisiana (HL)/Coordinated Systems of Care Activities Planned FFY 2021: DCFS will continue to work with LDH, the Managed Care Organizations and system providers to enhance the provider network to ensure the Child Welfare client population receives behavioral health services to meet their needs. LDH, OBH, DCFS, and OJJ will work together to strengthen service delivery. The DCFS will continue to educate providers, stakeholders and state agency staff on the processes involved in securing behavioral health services. The Behavioral Health and Placement Services Unit will develop more focused

STATE OF LOUISIANA
2020 Annual Progress and Services Report

workflows to decrease reliance on congregate care settings; decrease the number of children who experience inappropriate residential treatment; increase family-care settings; and identify service gaps that prevent family care settings.

Requirement for Media Disclosure on Child Fatalities and Near Fatalities - Section 106(b)(2)(B)(x) of CAPTA requires states to assure the state will provide for the public disclosure of findings or information about a case of child abuse or neglect which results in a child fatality or near fatality. In compliance with this requirement, the Department has policy regarding the release of information to the media in cases involving child fatalities and near fatalities:

- the cause of and circumstances regarding the fatality or near fatality;
- the age and gender of the child
- information describing any previous reports of child abuse or neglect investigations are pertinent to the child abuse or neglect that led to the fatality or near fatality
- the result of any such investigations
- the services provided by and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality

The CAPTA legislation provides for the allowance of exceptions to the release of information in order to ensure the safety and well-being of the child, parents and family or when releasing the information would jeopardize a criminal investigation, interfere with the protection of those who report child abuse or neglect or harm the child or the child's family. The department's existing policy on disclosure provides for the exception of the release of this information when the district attorney requests information not be released due to its potential to compromise a criminal investigation, criminal prosecution or when the agency thinks a release may compromise the agency investigation.

FFY 2019	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation	Pending
Number of Children Investigated as a Fatality	38*	20	17	1	0	5

Fatality data from WebFocus Managed Reporting extracted 2/6/2020

Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive
Investigated as a Near-Fatality Victim	14	6	8	0
Report came in as Near Fatality - Child Later Died	2	2	0	0
Near Fatalities that did not become Fatalities	12	4	8	0

Description of all sources of information relating to child maltreatment fatalities the state agency currently uses to report data to NCANDS and efforts to track and prevent child maltreatment deaths: All child maltreatment fatalities are reported through Centralized Intake (CI) and entered into ACESS. The majority of reports, regarding child fatalities, is reported from coroners and law enforcement and is accepted for CPS services. The other percentage of accepted fatality reports stem from medical providers, relatives/friends, anonymous, etc. The child deaths

STATE OF LOUISIANA 2020 Annual Progress and Services Report

substantiated by the department come exclusively from intakes accepted. The data is obtained through ACESS, the state's intake system.

The Department continues to work with the OPH, LDH to obtain current information on child abuse and neglect fatalities. As of May 19, 2016, the Governor signed Louisiana Act 118 and it was designed to allow better access to the child fatality data between DCFS and OPH/ LDH.

Activities Planned for 2021: Comply with federal regulations and departmental policies with regard to media disclosure on child fatalities and near fatalities. For additional sources of child fatalities, DCFS will contact the head of the Louisiana Coroners Association and work with the Association to develop a system to obtain information on additional child fatalities. Contact will be initiated with the Louisiana Sheriff's Association on the development of a process to include any additional fatalities handled by local law enforcement.

The Louisiana Department of Children and Family Service (DCFS) Child Welfare Department received new Program Instruction (PI) ACYF-CB-PI-18-06 on June 1, 2018. As per Program Instruction ACYF-CB-PI-18-06, Louisiana will need to document steps taken to track and prevent child maltreatment deaths in the APSR due June 30, 2019, including:

- A description of the steps Louisiana is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on deaths from the relevant organizations in the state.
- A description of the steps Louisiana is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts.

Plans of Safe Care: This statewide process consists of a comprehensive assessment of the safety and risk of the substance or alcohol exposed newborn and any other children in the home by the Child Protective Services staff and is aligned with the Child Welfare Assessment Decision Making (CWADM) model. The comprehensive assessment is designed to promote best practice in the area of engagement and assessment at initial contact to ensure adequate services and supports are identified to enhance parenting capacity. 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 of safe care including necessary services and careful monitoring of the child's safety. Services such as home health, Family Services, substance abuse treatment and assistance from a spouse/partner or family member may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision is the newborn is safe or unsafe, but with an in-home safety plan appearing sufficient to 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 and other services recommended by the child's physician. When the safety decision is the newborn is unsafe and an in-home safety plan cannot control the safety threats, staff are expected to seek court action to assure the child's safety. Whenever the newborn remains in the home, the CWADM model guides the CPS worker in determining the necessary services for the family (e.g. Family Services, Court Ordered Safety Plan or Foster Care). When ongoing service needs are

STATE OF LOUISIANA 2020 Annual Progress and Services Report

identified during the assessment process, the worker is expected to refer the family to community and/or DCFS services that may be available to meet the needs of the child and family.

Plans of Safe Care FFY 2020: The Department has continued to monitor plans of safe care via Regional Quarterly Stakeholder Teams of multidisciplinary professionals to address the availability and delivery of the appropriate services for substance exposed newborns and affected caregivers and families. On a case specific level, all accepted cases continue to be monitored on a supervisor level to ensure that a plan of safe care was developed, appropriate referrals were made, and that there was follow up on those referrals. ACCESS 2.0 continued to gather the below data which CARA requires:

- Captures data regarding notifications to CPS of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in the newborn's appearance or functioning a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. It captures if a plan of safe care was developed and referrals made to ensure the needs of the family are met upon discharge from the hospital.
- Captures data of whether or not a plan of safe care was developed and monitored for screened in reports, including services/referrals for the affected family or caregiver. This data is sent to our TIPS system to allow for NCANDS reporting.

The in person substance abuse and co-occurring disorders curriculum through the Training Academy began rolling out in June 2019. The training assists staff in understanding the dynamics of substance abuse, the unique characteristics involving Opioid use, enhancing engagement skills that will result in better outcomes, and assists staff in assessing safety/risk in substance using families.

Plans of Safe Care Activities Planned 2021: Regional Stakeholder meetings will continue to be held to address needs specific to substance-exposed newborns and their families. The meetings will include multidisciplinary professionals to address the availability and delivery of the services to infants exposed to substances as it relates to medical, developmental, and other special needs due to perinatal drug use. Agency policy outlines specific tasks to be completed by the assigned caseworker of substance-exposed newborns, assuring a plan of safe care is developed and client specific referrals are made with caseworker follow up. The agency is currently developing a new CCWIS system and this system will gather the required data that is needed for CARA.

Citizen Review Panels (CRP) – Louisiana has three (3) Citizen Review Panels (CRPs) located in the North, South, and Southwest areas of the state. The Beauregard Panel is parish based and located in the southwestern quadrant of the state within the Lake Charles Region. The Monroe Panel is regionally based and is located in the central northern portion of the state. The remaining panel is regionally based in Lafayette, which is located in the south central portion of the state. The Monroe and Lafayette Regions consist of multiple parishes that are part of their panels.

The goal of each panel is to provide an opportunity for citizens to commit to, promote, and create positive change for the overall well-being and safety of children. The panels meet on a quarterly basis at a minimum, to review and discuss specific policies and procedures and where applicable, specific cases of both state and local agencies, and prepare an annual report.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Lafayette Region Citizen Review Panel Update 2020:

Lafayette Regional Panel Members:

Joan Lasseigne, Foster Parent Partner, Extra Mile Resource Center

Grace Leblanc, Our Saviors Church-New Iberia

Shala Walls, Our Saviors Church-Broussard

Bonnie Bonin, 16th JDC CASA

Heather Duhon, Foster the Love Louisiana,

Melissa Thompson, LCSW-BACS, Area Director Lafayette Region

Ryan Dodge, Performance Measures Consultant, DCFS-CW

Jessica Houghton, FC Caseworker, St. Martin CW

Melissa Vidrine, LCSW, CW Manager, DCFS-CW

Marlo Davis, LCSW, CW Manager, DCFS-CW

Sandra Moore, FC/FS Supervisor, Iberia CW

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The following events occurred as part of the Lafayette Region DCFS Citizen Review Panel. Meetings held on 1/15/2019, 4/23/2019, 9/10/2019, and 11/1/2019.

The Citizens Review Panel met at the Iberia Parish CW office at 705 Bayard Street, New Iberia, LA 70560. Participation was low in 2019. Each agenda included a discussion of the mission statement, confidentiality, purpose, performance measures, and the Child and Family Service Review.

The Lafayette Region CRP was moved to cover the 16th JDC (Iberia and St. Martin Parishes) in 2018. There was poor participation due to the panelists' involvement in other social service and child welfare programs that overlap the CRP meetings. Panel members reached out to community partners in Iberia and St. Martin parishes and were able to identify new CRP members from the faith community, law enforcement, the local school board, and the Family Resource Center. Our Saviors Church-Broussard identified Shala Walls to take over for Mr. and Mrs. Homan, Ms. Walls has foster parenting experience.

Our Savior's Church-Broussard campus provided five kinship care families in St. Martin Parish with a Thanksgiving meal from Fezzo's Restaurant in Broussard, Louisiana. The families were appreciative of the meals.

Our Savior's Church-New Iberia indicated they would be able to provide Christmas gifts for the children involved with the Family Services program in Iberia Parish. They held a party at their church on 12/9/2019 from 5-7p.m. Four families in the FS program participated in the party. Our Savior's Church-New Iberia provided wrapped gifts for the children on Wednesday, December 19, 2019 for caseworkers to distribute. The remainder of the gifts for those families that did not participate in the party were brought to their homes by child welfare staff. A Bible, blanket, and gift card were provided for the children to child welfare workers that attended the party.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

Heather Duhon with Foster the Love Louisiana is in the process of getting funding to improve the visitation rooms in each of the child welfare offices in the Lafayette region. Ms. Duhon has reached out to another organization that has improved some of the visitation rooms in the parish, and they plan to collaborate, if possible.

Marlo Davis took over as the Lafayette Region Citizens Review Panel Liaison in March 2020.

Recommendations:

1. Improve and update visitation rooms
2. Find additional resources for summer and Christmas activities.
3. QPI practice should be explained on placement form (427-C)
4. Provide books to foster families and/or children that may help with understanding the importance of connections, such as “The Invisible String” by Patrice Karst, “Pup, and Bear” by Kate Banks.

Monroe Region Citizen Review Panel 2020:

Monroe Region Citizen Review Panel Members:

Jacquiela McFarland, Chair, the Wellspring Alliance for Families, Inc-*(Illness)*

Angie Thomas, Vice-Chair, Louisiana Methodist Children’s Home-*(New Position)*

Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions

Patty Newman, OYD Regional Administrator-*(Retired)*

Melody Karamanis, Louisiana Baptist Children’s Home

Ella Nimmers, Ex. Director Christopher Youth Center (formerly Our House for Teens)

Keri Foust, CASA

Casey Morace, Transitional Living Coordinator, Methodist Children’s Home

DCFS Liaison:

Katie Herring, Tri-Regional Treatment Specialist

The Monroe Region Citizen’s Review Panel encountered extensive difficulty with maintaining the commitment of member involvement due to serious medical challenges, job reassignments of several members of the panel and retirement of others. These unplanned changes presented significant challenges in fulfilling our mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. As a result, the Region IX Citizen Review Panel fell short of meeting the broad general guidelines outlined in CAPTA; however, work will continue in efforts to revitalize the panel, as we understand the importance of this work.

The Monroe Region DCFS Panel scheduled two meetings in 2019, with less than a quorum present on each occasion to set any goals or accomplish any tasks. In this respect, we fell short in meeting the mandate of the required quarterly meetings due to the lack of attendance. It is our goal in the coming year to put forth more effort in fulfilling the mission under which the panel was established, its intended purpose, and assisting in the achievement of the defined goals.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments:

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Recruitment Efforts: Targeted recruitment efforts will be ongoing in efforts to revitalize panel membership, attendance and participation. These efforts were the focus over the past couple of years and will be continued. If the current stakeholders are unable to continue to commit to this work, we will request their input to determine if any of their colleagues might be interested in joining us as stakeholders in this important work.

Agency Updates: There have been several new initiatives within the Department relative to Foster Care; the Specialized Youth Worker program, which serves the population of youth between the ages of 13-16, who have previously been in foster care and meet other criteria, established by the agency. The Extended Foster Care Program (formerly Young Adult Program) has been made available to offer support to older youth who are transitioning out of foster care into adulthood with ongoing housing and educational assistance. This is a voluntary but contractual program provided to youth up to age 21 because we realize young people need ongoing assistance. The agency continues to recruit qualified staff to maintain our workforce and provide the training needed to be successful in this field. DCFS continues to recruit quality employees for the difficult, albeit, important jobs we do daily. Information regarding changes or new initiatives from the State or Federal level continued to be made available to the CRP by the DCFS Program Manager and State CRP Coordinator.

Recommendations: Continued work to fully develop the panel.

Beauregard Parish Citizen Review Panel 2020 :

Beauregard Parish Citizen Review Panel Members:

Chair- Tommy Edwards, CASA
DFCS Liaison- Telisa Pooler, CWS 4
DCFS Liaison- Patricia McClinton, CW Manager
Carol Williams, Victim Assistant Coordinator – District Attorney’s Office
Alba Dubois, Counselor, Grace Church
Kim Haynes, Beauregard Parish School Board
Annette Duplechin, Executive Director of BeauCARE
Sgt. D. Coker, DeRidder Police Department
Myrna Cooley, TASC Supervisor (Truancy)
Eddie Joslin, Beauregard Parish School Board, Designee of Tim Cooley

The Citizen’s Review Panel (CRP) continues to meet in conjunction with the Beauregard Parish Children’s Advocacy Panel for quarterly meetings. During these meetings, CRP members provide updates to all members’ present including the Children Advocacy Panel members.

Summary of the Panel’s Yearly Activities/Projects/Accomplishments: In July 2019, it was requested that the CRP be relocated to another parish going forward. The current chair was no longer able to chair the panel due to other duties. DCFS was working on several other initiatives that mirror the tasks that the CRP would be engaged.

STATE OF LOUISIANA 2020 Annual Progress and Services Report

As of March 2, 2020, the CRP has been reorganized to invite different members of the community to participate on the panel. On March 27, 2020, a phone conference was held to discuss the CRP and the goals of the CRP panel. The focus of the phone conference was to share information about the CRP and recruit new panel members. The discussion focused on upcoming goals of the CRP such as recruitment of foster homes.

Identified trends/findings/concerns:

1. Recruitment of foster parents and volunteers in the parish remains to be a challenge.
2. The lack of sufficient foster homes in the parish continues to place additional strain on DCFS staff, CASA Staff and volunteers assigned to the children. The additional time required to travel to conduct monthly visits remains an issue. Additional fiscal resources, labor and logistical resources would make a significant impact on recruitment and retention of foster families.
3. The requirement to place children outside of the parish will continue to cause adverse effects on the children and their families.

Recommendations:

1. DCFS continue their efforts to increase foster parent recruitment for rural parishes.
2. DCFS continue to engage the faith based community, local leaders and local organizations in rural communities to increase awareness of the need for additional foster homes.

Summary of Panel and Activities Planned for FFY 2021: The CRP panels will engage and involve new CQI staff in the quarterly meetings and utilize their expertise in assisting us to measure outcomes with regard to the improvement of child and family outcomes. The Lafayette group will continue its efforts to complete worker satisfaction surveys and disseminate them for use in the upcoming reporting cycle. The CRP group will utilize the CQI team in getting these surveys distributed as well as interpreting the data in terms of identified areas in need of improvement. The CRP will utilize this survey as a pilot survey and encourage the other regions to develop a similar effort to identify regional strengths and needs. The CRP group will utilize the information from the surveys to provide recommendations to the department.

The CRP group endeavors to set a caseload standard to review cases utilizing the new practice models and tools such as the SDM, CWADM model, and YTP. The panel would like to prepare a report of a limited number of cases specifically chosen from the areas of the state where active CRP panels exist. The CRP panels will research the activities involved in hosting the Annual Citizen's Review Panel conference in the state of Louisiana. The group will utilize this opportunity to promote additional membership. CRP will utilize the Department's communication team to assist in helping the group to begin a media recruitment tool to bolster membership by posting information about the group and its scheduled meetings online along with a simple application form. The goal for the next five years is to increase recruitment efforts and participation on the CRP panels.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

STATISTICAL AND SUPPORTING INFORMATION:

A. Annual State Data Report

1. The number of children reported to DCFS as victims of child abuse and neglect, the number of reports substantiated, unsubstantiated and/or determined to be false; and,
2. Of the number of children reported the number of children who received services during the reporting year.

For additional information, see the chart in the Centralized Intake section.

B. Information on Child Protective Workforce

1. Information on education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisors' positions.
2. Data on the education, qualifications, and training of such personnel.
3. Demographic information of the child protective service personnel.

Age of Employee	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
20-29	12%				
30-39	26%				
40-49	26%				
50-59	24%				
60-69	11%				
70-79	2%				

Race of Employee	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
African American	67.75%				
White	31.28%				
Asian	0.13%				
Indian	0.19%				
Declined to State	0.65%				

Gender of Employee	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Female	94%				
Male	6%				

4. Information on caseload or workload requirements for such personal, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

Child Protective Services Caseloads (Standard = 10)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Orleans	12.96	13.53				
Baton Rouge	13.21	11.41				
Covington	11.38	12.23				
Thibodaux	12.38	12.17				
Lafayette	9.58	10.56				

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Child Protective Services Caseloads (Standard = 10)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Lake Charles	11.31	12.39				
Alexandria	11.80	13.15				
Shreveport	10.53	12.49				
Monroe	9.56	10.92				
Statewide	11.41	12.37				

Family Services Caseloads (Standard = 15)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Orleans	17.14	10.35				
Baton Rouge	14.65	11.67				
Covington	13.86	12.92				
Thibodaux	13.34	12.34				
Lafayette	12.99	11.06				
Lake Charles	11.15	11.30				
Alexandria	16.24	12.48				
Shreveport	10.39	12.63				
Monroe	12.51	15.23				
Statewide	13.58	12.25				

Foster Care Caseloads (Standard = 10)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Orleans	11.36	13.40				
Baton Rouge	10.82	14.51				
Covington	11.36	13.99				
Thibodaux	10.50	15.97				
Lafayette	8.56	11.36				
Lake Charles	10.82	13.65				
Alexandria	13.38	12.98				
Shreveport	12.79	11.36				
Monroe	11.04	13.85				
Statewide	11.18	13.29				

Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Orleans	21.28	17.40				
Baton Rouge	16.26	16.44				
Covington	14.84	22.70				
Thibodaux	17.77	29.83				
Lafayette	11.43	19.40				

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Lake Charles	18.72	13.11				
Alexandria	12.31	14.02				
Shreveport	18.48	11.63				
Monroe	22.45	27.17				
Statewide	17.06	19.63				

Home Development Caseloads (Standard = 55)						
Region	Baseline	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Orleans	77.8	39.57				
Baton Rouge	72.1	41.05				
Covington	64.6	66.97				
Thibodaux	42.2	59.15				
Lafayette	42.1	43.68				
Lake Charles	63.9	50.10				
Alexandria	49.7	57.18				
Shreveport	86.3	49.06				
Monroe	53.7	55.70				
Statewide	61.37	51.45				

Classified Social Services Positions Specific to Child Welfare:

Social Services Analyst positions are used in IV-E Eligibility Determination Units:

Social Services Analyst 1 (SS410) – 24 current staff

- Bachelor’s degree
- Six years of full-time work experience in any field may be substituted for the required bachelor’s degree.
- Candidates without a bachelor’s degree may combine work experience and college credit to substitute for the bachelor’s degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Analyst 2 (SS411) – 35 current staff

- Bachelor’s degree plus one year professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor’s degree.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Analyst 3 (SS413) – 10 current staff

- Bachelor's degree plus two years of professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience.
- A bachelor of social work degree will substitute for the one year required experience.
- A master's degree in social work, psychology, sociology, counseling or education will substitute for the one year of required experience.

Social Services Counselor Positions are used in the Adoption Petitions Program.

Social Service Counselor 1 (SS410) – 0 Current staff

- Bachelor's degree
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience

Social Service Counselor 2 (SS411) – 0 Current staff

- Bachelor's degree plus one year professional social services experience
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Bachelor's degree in social work, sociology, psychology, behavioral science or human service counseling from an accredited institution will substitute for all of the required experience.
- Graduate training in social work, sociology, psychology, or human service counseling will substitute for the one year of required experience based on thirty semester hours for one year of experience.

Child Welfare Specialist positions are used in front-line service for Child Protective Services, Family Services, Foster Care, Adoptions and Home Development Programs:

Child Welfare Specialist Trainee (SS411) – 72 Current staff

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional social services experience.
- Bachelor's degree in a non-related field plus one year of professional social services worker's degree in unrelated field.
- Master's degree in a non-related field.

Child Welfare Specialist 1 (SS412) – 106 Current staff

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional social services experience.
- Bachelor's degree in a non-related field plus two years of professional social services experience.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services.
- Master's degree in a non-related field plus one year of professional social services experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Child Welfare Specialist 2 (SS414) – 98 Current staff

- Bachelor’s degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus two years of professional level experience in social services, one year of which must have been in child welfare.
- Bachelor’s degree in a non-related field plus three years of professional level experience in social services, one year of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus one year of professional child welfare social services experience.
- Master's degree in a non-related field plus two years of professional level experience in social services, one year of which must have been in child welfare.

Child Welfare Specialist 3 (SS415) – 501 current staff

- Bachelor’s degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional level experience in social services, two years of which must have been in child welfare.
- Bachelor’s degree in a non-related field plus four years of professional level experience in social services, two years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus two years of professional child welfare social services experience.
- Master's degree in a non-related field plus three years of professional level experience in social services, two years of which must have been in child welfare.

Child Welfare Supervisor (SS417): - 179 Current staff

Provides services in child-welfare program areas administered by the Department of Children and Family Services by supervising a unit of professional child welfare staff.

- Bachelor’s degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology;

STATE OF LOUISIANA
2020 Annual Progress and Services Report

applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional social services experience, three years of which must have been in child welfare.

- Bachelor's degree in a non-related field plus five years of professional social services experience, three years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional child welfare social services experience.
- Master's degree in a non-related field plus four years of professional social services experience, three years of which must have been in child welfare.
-
- The Child Welfare Trainee, Child Welfare Specialist 1, Child Welfare Specialist 2, Child Welfare Specialist 3 and Child Welfare Supervisor positions are currently split among programs in the following manner:
 - Centralized Intake – 54 current staff
 - Child Protective Services – 202 current staff
 - Family Services – 96 current staff
 - Foster Care – 355 current staff
 - Extended Foster Care – 21 current staff
 - Adoption – 43 current staff
 - Home Development – 54 current staff
 - Administration – 131 current staff

Child Welfare Consultant (SS418): - 87 Current staff

Provide consultation and program guidance to managers and other child welfare staff.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional social services experience, three years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus three years of professional child welfare social services experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Child Welfare Manager 1 (SS420): - 58 Current staff

Manage a state office unit responsible for the administration of child welfare programs, or several special programmatic support functions, or the contracts and federal eligibility function for the agency.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus six years of professional social services experience, four years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional child welfare social services experience.
- Master's degree in a non-related field plus five years of professional level experience in social services, four years of which must have been in child welfare.

DCFS Area Director (SS421): 9 current staff

Direct social service operation activities for a region as defined by the Department of Children and Family Services.

- Bachelor's degree plus six years' professional level social services experience, including three years at the supervisory level in Child Welfare programs.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the general experience based on thirty semester hours for one year of experience: counseling; social work; psychology; economics; business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required general experience.
- Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- Ph.D. in the above fields will substitute for two years of the required general experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Graduate training and degrees will substitute for a maximum of two years of the required general experience.

DCFS Regional Administrator (SS 423): - 3 current staff

Serve as administrator over social service field activities for multiple regions as defined by the Department of Children and Family Services.

- Bachelor's degree plus seven years professional level social services experience, four years of which must have been at the supervisory level in Child Welfare program.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the general experience based on thirty semester hours for one year of experience: counseling; social work; psychology; economics; business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required general experience.
- Juris Doctorate will substitute for one year of the required general experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required general experience.
- Ph.D. in social work or a related field will substitute for two years of the required general experience.

Child Welfare Manager 2 (SS422): 6 current staff

Administer complex child welfare statewide program(s) and/or direct statewide functions and practices.

- Bachelor's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus five years of professional level experience in social services, four years of which must have been in child welfare.
- Bachelor's degree in a non-related field plus six years of professional social services experience, four years of which must have been in child welfare.
- Master's degree in social work; psychology; psychiatric nursing; psychiatry; mental health counseling; rehabilitation counseling; psychological counseling; criminal justice; sociology; applied sociology; human services counseling; education with a concentration in special education; family and consumer sciences with a concentration in child, family and social services; guidance and counseling; human development counseling; social services counseling; vocational rehabilitation; or human services plus four years of professional child welfare social services experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Master's degree in a non-related field plus five years of professional level experience in social services, four years of which must have been in child welfare.

Classified Administrative Services Positions that Support Child Welfare:

Program Specialist-Social Services (SS414): - 6 current staff

Provide professional support services for social service programs.

- Bachelor's degree plus two years of professional level experience in administrative services, economics, public health, public relations, social services, or health services.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the experience based on thirty semester hours for one year of experience: public health; counseling; social work; psychology; rehabilitation services; economics; and business, public, or health administration.
- Master's degree in the above fields will substitute for one year of the required experience.
- Juris Doctorate will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for the two years of required experience.

Executive Staff Officer (AS616): 0 current staff

Serve as a confidential assistant to an Assistant Secretary or equivalent level administrator.

- Bachelor's degree plus three years of professional level experience in a public or private sector setting.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience based on thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

Program Consultant – Social Services (SS417): - 7 current staff

Provide advanced professional level support services for social service programs.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Bachelor's degree plus three years of professional level experience in administrative services, economics, public health, public relations, social services or health services.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience based on thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

Program Manager 1 – Social Services (SS419): - 1 current staff

Manage statewide social service programs that have a lesser degree of impact and complexity.

- Bachelor's degree plus four years professional experience in administrative services; day care center administration; economics; public health; public relations; family life education; early childhood development regulatory experience; the monitoring of health care or social care facilities for licensing compliance; teaching in an early childhood development program or teaching at the elementary or secondary level; social services; or health services.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for two years of the required experience.
- Specialized degrees will substitute for a maximum of two years of the required experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Qualifications for the Program Manager 2 – Social Services (SS421) – 2 current staff, Program Manager 3 – Social Services (SS422) – 0 current staff, Program Manager 4 – Social Services (SS423) – 0 current staff are the same as the Program Manager 1 except that five years of professional experience are required.

Attorney 2 (AS618) – 0 current staff

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

Attorney 3 (AS620) – 23 current staff

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

Attorney Supervisor (AS622) – 7 current staff

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

Attorney-Deputy General Counsel 1 (AS 623) – 0 current staff

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

Attorney-Deputy General Counsel 2 (AS 624) – 1 current staff

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

Executive Management Advisor (AS623): - 1 current staff

Serve as the special assistant and advisor to a Secretary; performs a wide variety of complex and diverse management duties.

- Bachelor's degree plus five years' professional level experience in a public or private sector setting.
- Six years of full-time work experience in any field may be substituted for the required bachelor's degree.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training in any field will substitute for a maximum of one year of the required experience based on thirty semester hours for one year of experience.
- Master's degree in any field will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in any field will substitute for two years of required experience.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Program Manager 4 – Social Services (SS423): - 0 current staff

Administer the largest and most complex social service program(s) or programmatic support activities.

- Bachelor’s degree plus five years of professional experience in administrative services, economics, public health, public relations, program evaluation, social services, or health services.
- Six years of full time work experience in any field may be substituted for the required bachelor’s degree.
- Candidates without a bachelor’s degree may combine work experience and college credit to substitute for the bachelor’s degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.
- Juris Doctorate will substitute for two years of required experience.
- Master’s degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for two years of the required experience.
- Specialized degrees will substitute for a maximum of two years of the required experience.

Deputy Assistant Secretary 3 (AS 626): - 2 current staff

Direct the programs for a state office having either: over three thousand employees or (2) a state office having the most technical programs; and to serve as principal assistant to the Assistant Secretary.

- Bachelor’s degree plus five years of professional level experience in a public or private sector setting.
- Six years of full time work experience in any field may be substituted for the required bachelor’s degree.
- Candidates without a bachelor’s degree may combine work experience and college credit to substitute for the bachelor’s degree as follows:
 - 30-59 semester hours for one year of experience
 - 60-89 semester hours for two years of experience
 - 90-119 semester hours for three years of experience
 - 120 or more semester hours for four years of experience
- Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; public relations; counseling; social work; psychology; rehabilitation services; economics; business, public, or health administration.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

- Juris Doctorate will substitute for two years of required experience.
- Master’s degree in the above fields will substitute for one year of the required experience.
- Graduate training with less than a Ph.D. will substitute for a maximum of one year of the required experience.
- Ph.D. in the above fields will substitute for two years of the required experience.

- **Unclassified Positions**
 - Assistant Secretary of Child Welfare
 - Unclassified Position – No minimum qualifications
 - Assistant Secretary of Family Support
 - Unclassified Position – No minimum qualifications
 - General Counsel
 - Unclassified Position – No minimum qualifications
 - Deputy Secretary
 - Unclassified Position – No minimum qualifications
 - Undersecretary
 - Unclassified Position – No minimum qualifications
 - Secretary
 - Unclassified Position – No minimum qualifications

C. Juvenile Justice Transfers

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

Regional Analysis of Children Transferred from DCFS to OJJ:					
Region of Child’s Domicile	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023
No Court Identified	0				
Orleans/Jefferson	0				
Baton Rouge	1				
Covington	0				
Thibodaux	0				
Lafayette	3				
Lake Charles	1				
Alexandria	0				
Shreveport	0				
Monroe	1				
TOTAL	6				

Data extracted from WebFocus Developer Studio. Contextual Information: The provide data reflect DCFS database information on children who changed custody statewide in a specified federal fiscal year. The data is on children whose case was opened in the state’s foster care system and who had their custody transferred to the Department of Corrections (DOC). DOC has responsibility for children adjudicated to the OJJ, the state’s juvenile justice system. The information presented above was obtained through a DCFS Web-focus Report.

ADDITIONAL REQUIREMENTS [Section 106 (b) (2) (D)]: The department assures policies and procedures regarding the requirements listed below are in place and can be viewed by using the PowerDMS link <https://powerdms.com/docs/404926>. The PowerDMS system was initiated in

STATE OF LOUISIANA
2020 Annual Progress and Services Report

July 2018 and is accessible to active users in the DCFS directory. Public documents in PowerDMS can be viewed by using the DCFS public facing portal. It is located on the DCFS webpage at www.dcfslouisiana.gov and can be accessed under the **About Us/Policy Management** tab.

SUBSTANTIVE CHANGES IN STATE LAW: Louisiana state law is fully compliant with all federal legislation related to HT. CARA legislation passed the 2017 legislative session. Linda Haley is the CARA lead for the state of Louisiana. Ms. Haley may be reached via email at linda.haley.dcfslouisiana.gov or by phone at (225) 342-8637. Robbie Montgomery is the State Office CARA lead regarding Family Services. Ms. Montgomery may be reached via email at robbie.montgomery.dcfslouisiana.gov or by phone at (318) 676-7256. There are no other substantive changes in Louisiana state law affecting eligibility for CAPTA funds.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Lori Miller serves as the state's liaison officer. She can be reached by e-mail at lori.miller.dcfslouisiana.gov or by phone at (225)342-9928 or by U.S. post addressed attention to Ms. Miller, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821. Ms. Miller's contact information is posted on the DCFS home page under Child Welfare, Plans and Reports.

SECTION 8. COVID – 19 PANDEMIC STATE RESPONSE:

COVID-19 PLAN:

Memorandums released providing staff practice guidance during COVID-19:

- CW Memorandum 20-007 Staff Protocol for Client/Stakeholder Contact, Part 1
- CW Memorandum 20-008 COVID-19 Case Contacts – Additional Guidance and ICPC
- CW Memorandum 20-009 COVID-19 Services for Families and Children
- CW Memorandum 20-010 Staff Protocol for Client/Stakeholder Contact, Part 2
- CW Memorandum 20-011 Rewards and Recognition
- DCFS Departmental Memo 2020-07 COVID-19 Pandemic/Procedures for Vehicles

Program Specifics for COVID-19 Processes and Procedures:

- **Screening Protocol for all Programs:**
When a screening is required, staff are to ask the following three questions for all individuals who would be part of the in-person contact:
 1. Have you traveled to a country for which the CDC has issued a Level 2 or 3-travel designation within the last 14 days? Link for listing of those areas: <https://wwwnc.cdc.gov/travel/notices/>.
 2. Have you tested positive for the COVID-19 virus, have you had direct contact with any person who tested positive or is currently being tested for COVID-19 within the last 14 days?
 3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

STATE OF LOUISIANA 2020 Annual Progress and Services Report

If any of the individuals respond “Yes” to any of the questions, the individual is considered at risk of having COVID-19.

The Children’s Advocacy Centers (CAC), where state-of-the-art pediatric forensic medicine evaluations are provided, are only open to conduct interviews for emergencies. Staff is to continue submitting referrals, and CAC will assess the need for immediate interviews on a case-by-case basis. Each CAC has different protocols, and may assess what an emergency is differently. Regions are to make contact with their local CAC to determine expectations and protocols before the need arises. Law enforcement (LE) is not responding to child welfare calls unless it is an emergency. LE agreements are in place in some areas of the state.

- **Centralized Intake** – There have been no changes in practice in Centralized Intake due to the COVID-19 pandemic.
- **Child Protective Services – Guidance related to CPS Investigations:**
Ensure that all intakes accepted for investigation are reviewed prior to assigning and submit any requests to Centralized Intake where the intake decision needs to be reviewed.

As per policy, the reporter is to be contacted. If the reporter reveals that the client has been exposed to COVID-19, the worker should consult with their supervisor/manager to discuss an investigation plan, and then the COVID-19 CPS/FS/EFC Practice Support Team prior to going to the home.

Upon arrival at the home, the worker should complete the screening questions for all household members at a CDC recommended distance from the door prior to entering the home. If the answer is no to all screening questions, then the worker may enter the home to conduct the investigation. If the screening tool suggests possible exposure, the worker is to immediately leave the home, call the Supervisor/Manager and consult with the COVID-19 CPS/FS/EFC Practice Support Team to determine how to proceed with the investigation contacts. Safety and risk of the child victim(s) and the worker will be a factor in determining the next steps.

In CPS cases where there is a safety plan and the transfer to FS has not occurred, contact the Safety Monitor on a weekly basis to confirm their continued ability to serve as a monitor, assessing progress and concerns, and for use in assessing safety on an on-going basis.

- **PSRT and Appeals** – Currently there are still case staffings, but they are being held via telephone. The PSRT Manager and staff have been assessing each case to determine if the hearing can be heard by telephone. If it is determined a hearing cannot be held via telephone, PSRT will try to postpone those cases so that individuals will not have to go in the office. Due to the large numbers of closures

STATE OF LOUISIANA
2020 Annual Progress and Services Report

of backlog cases in CPS, there are a large number of appeals being requested. An update will be forwarded regarding how that will be addressed. PSRT is continuing to work on clarification regarding what to do with “walk in” clearances (when a client walks into the office).

- **Family Services (FS) – Guidance related to Family Service Cases:** Workers are not required to conduct in-person field visits for currently open FS cases without a safety plan, safety concerns, or a High/Very High SDM rating. The assigned worker shall attempt to reach the individual case members via video conferencing technology where possible, or verbal communication, according to the current SDM visitation requirement and document those contacts. FaceTime, Video Messaging, DUO, or Skype is encouraged, where possible, for younger children who may not be able to communicate verbally. If contact cannot be made as described, the FS Practice Support Team is to be consulted.

Workers will contact parent/caretakers for all currently open FS cases with a safety plan, safety concerns, or with a High/Very High SDM rating, in order to conduct the COVID-19 screening. If there are no COVID-19 concerns, the frequency of face-to-face contact shall be determined on the case specific needs to ensure safety. At a minimum, the worker shall visit with the family at least one time face-to face during the month of April, and maintain visual communication and/or verbal communication with case members according to the SDM level. If there is a reason that the face-to-face contact is of concern or cannot be made, a consultation with the FS Practice Support Team is to occur.

Cases where any of the three COVID-19 screening questions are answered yes, AND a current safety plan is in place or there are safety concerns, a consultation is to be held with the COVID-19 CPS/FS/EFC Practice Support Team within 24 hours to explore next steps with case contacts.

In cases with a safety plan, contact the Safety Monitor and any relative caretakers, at least weekly, via verbal/visual communication to confirm their continued ability to serve as a monitor, to assess progress and concerns, and to continuously assess safety.

Family Team Meetings due should be held via visual communication, where possible, or verbal communication. If this is not possible, and the FTM is not required for court cases, the FTM can be rescheduled within the next 30 days, the rationale for rescheduling shall be documented in the record. Manager participation in initial Family Team Meetings is required; the completion of FTM review instruments is not required.

For FS cases with court hearings that have not been rescheduled, contact the parent/caretakers prior to the hearing, to conduct the COVID-19 screening. Depending on the outcome of the screening, work with the court to determine if the hearing can be safely postponed.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

Transfer of cases to Family Services should continue according to policy requirements. Initial and ongoing contacts for new cases should occur according to the visitation guidelines above.

- **Foster Care / Adoption Services** – Video conferencing has been incorporated regarding monthly visitation due to challenges surrounding COVID-19. DCFS has purchased and received 197 cell phones/tablets to help facilitate video conferencing.

Guidance related to Foster Care and Adoptions (Including ICPC cases of children placed in Louisiana and out-of-state): In lieu of in-person monthly worker visits with foster children and caregivers, workers are to have Skype/FaceTime or other video conferencing visits with each child and caregiver individually. Workers are to indicate that this is a Face-to-Face Visit in FATS, and document in the narrative that the visit occurred via video conferencing. During this difficult time for our children and families, weekly phone contact should be made with all families, utilizing available support staff to meet this need. The purpose of this weekly contact is to provide as much support and reassurance to our families as possible. During visits, ensure that a discussion is held on the impact COVID-19 is having on their lives and any hardships experienced. If a child placed in Louisiana is assessed as unsafe, or the placement is at risk of disruption, an in person visit is to be held. When conducting home visits, contact the foster caregiver and conduct a pre-screening of COVID-19 using the below screening protocol. If any answer to the three screening questions is yes, consult with the COVID-19 FC/HD/AD Practice Support Team to determine next steps related to case contact.

Worker visits with parents. Visits with parents are to be held via visual communication, where possible, or through verbal communication individually with all parents. Discussion should include a review of the case plan, progress, and troubleshooting any barriers discussed in achieving case plan goals due to COVID-19. In-person visits with the SP are required when there is a safety plan in place, or any safety concerns, for non-custody children. In this situation, workers will contact parents, and conduct a COVID-19 screening for all household members. Cases where any of the three COVID-19 screening questions are answered yes shall be referred to the COVID-19 FC/HD/AD Practice Support Team to explore next steps with the case contacts.

Family Visits. All workers are to review case plans for any court-ordered visits to occur prior to April 30, 2020. Depending on the court's position on court ordered visitation, if all parties are agreeable (parent, foster parent, child), hold visits via FaceTime/Skype, and/or postpone the visit. In the event that a parent is not agreeable to modifying the visitation, the screening protocol is to be used to screen participants prior to visiting. Should any participant fail the prescreening, the presiding Judge is to be approached for approval to cancel in-person visits and hold

STATE OF LOUISIANA 2020 Annual Progress and Services Report

via FaceTime, Skype or phone call or to postpone. Visits are not to be held in DCFS offices and “social distancing” protocol is to be followed. In absence of visitation, QPI practices are strongly encouraged. Regular phone contact between Parent, Child, Caregivers, and Siblings is strongly encouraged.

Court Hearings. Each court jurisdiction has established a protocol regarding court hearings. For all hearings that remain scheduled, the caseworker and/or supervisor is expected to be present unless the court has arranged the use of audio and/or video conferencing. Conduct a pre-screening on all client participants, and if any screening questions are answered yes, consult with BGC about requesting a continuance. In hearings that are required, the child’s attorney should be contacted in order to waive the child’s presence at the court hearing, if possible.

Family Team Meetings (FTM). FTM’s due are to be held via visual communication, where possible, or through verbal communication. If a Phone Conference Line is needed, one can be obtained free of charge through www.freeconferencecall.com. For FTM’s occurring via phone, an in person FTM is required within 60 days or prior to the next court hearing. Manager participation in initial Family Team Meetings is required; the completion of FTM review instruments is not required.

Adoption Petition staff are to determine if any office or home visits are required prior to 4/30/20 in order to submit the Confidential Court Report timely. Consider if phone contacts can be made for Intra-family Adoptions. If any visit is required prior to 4/30/20, conduct a COVID-19 pre-screen verbally on all family members who will be present for the required visit. If any of the three screening questions are answered yes, the Adoption Petition Worker is to consult with BGC and request that the hearing be postponed.

Wendy’s Wonderful Kids’ Recruiters are to conduct all visits via phone/ Skype/ FaceTime or other means available via technology.

- **Home Development** – Due to social isolation mandates, all in-service and pre-service trainings, including foster caregiver orientations, were suspended across the state effective March 13, 2020. Regions were instructed to provide foster caregiver orientation to persons interested in certification via phone. All in-home visits were suspended and routine fingerprinting of applicants was suspended delaying certifications. Emergency fingerprinting of relative caregivers was possible. A licensing waiver was granted to complete child-specific certifications where one in-home visit and criminal clearances had been completed before March 25, 2020, allowing kinship training and two of the three required in-home visits to be completed via virtual technology. A licensing waiver was granted to complete certification of regular foster homes when two in-home visits, including the safety inspection and criminal clearances had been completed to allow the remaining home visit and any training to be completed via virtual technology. A licensing

STATE OF LOUISIANA
2020 Annual Progress and Services Report

waiver was granted to allow re-certifications to be completed via virtual technology with an in-home visit being held in the home by July 15, 2020.

Guidance related to Home Development: All pre-service and in-person orientations are postponed until further notice. Phone orientations are being held with interested persons.

For **re-certifications due through May 31, 2020**, a waiver has been granted to allow the in-home interview and completion of the HDU 5 Checklist for Environmental, Health, and Fire Safety to be completed through virtual technology. The Home Development worker must complete in-home visits of those homes, including a review of the HDU-5, no later than July 15, 2020.

For **child-specific certifications with children in DCFS custody living in the home** a waiver has been granted to allow two of the three required in-person home visits to be completed using virtual technology if the following criteria has been met: an in-home visit including the HDU 5 Checklist for Environmental, Health, and Fire Safety must have been completed and all criminal and SCR clearances must have been completed by March 25, 2020. An in-person support visit in the home for all homes certified per waiver guidelines must be completed by July 15, 2020.

For **regular foster home certifications** willing to provide placement types whereby regions are currently experiencing significant shortages, a waiver has been granted through May 31, 2020, to allow one of the three required in-person visits to be completed using virtual technology. Two in-home visits, including the HDU 5 Checklist for Environmental, Health, and Fire Safety, and all criminal and SCR clearances must have been completed by March 25, 2020.

For all other pending certifications that cannot be completed per waiver guidelines, please note in the case record the certification delay is due to the COVID-19 crisis.

Support visits should be completed by phone/or virtual technology.

All in-person recruitment activities/events are postponed until further notice.

- **Extended Foster Care (EFC)** – There have not been too many within this program affected by COVID-19. Some young adults have to leave dorms or need assistance with rent due to unemployment caused by COVID-19. Independent living workers and Extended Foster Care staff are assisting these young adults with rent, and providing resources to assist young adults in applying for benefits.

Guidance related to EFC: EFC staff will maintain contact with their youth as required by the model and/or as needed through telephone, FaceTime, Skype or other video conferencing technology.

STATE OF LOUISIANA
2020 Annual Progress and Services Report

If a youth is assessed to be in crisis and requires an in-person contact, COVID-19 pre-screening questions should be administered via phone. If any answer to the three screening questions is yes, the manager shall be contacted who will then consult with the COVID-19 Practice Support Team to determine next steps.

All other in-person meetings and contacts required by the program model shall be conducted via Skype, Zoom, FaceTime, or phone.

- **Criminal Record Checks – Guidance for Conducting Criminal Record Checks:** Fingerprint-based criminal clearances are to be limited to residential facility staff/volunteers needed by the facility to continue operations, and for emergency placements. For emergency placements requiring a criminal record check, request a name based clearance from local law enforcement. If Law Enforcement conducts the clearance, document the findings and how the results do or do not meet policy requirements for placement; conduct a fingerprint-based clearance within 30 days after. If Law Enforcement will not or cannot conduct the name-based clearance for emergency placements, the worker is to conduct a COVID-19 screening, and if the answer to all questions is no, proceed with conducting the fingerprint clearance, utilizing all possible measures to prevent exposure following the CDC guidelines. If the screening results in any yes answers, consult with the manager on how to proceed with placement. The COVID-19 FC/HD/AD Practice Support Team is available for consultation.
- **Training** – A Pre-classroom foundational training series was facilitated for the population of new staff that started between January 2020 and March 2020 that had not attended New Worker Orientation Training. A four (4) session foundational series with a DCFS overview and “need-to-know” basic information about child welfare and programs was facilitated. As many as 23 new members participated, with an average of 16 persons for each session.
- **Rewards and Recognition (Memorandum 20-011)** – Child Welfare staff statewide are eligible for Rewards and Recognition pay in the amount of \$10 per hour for required face-to-face contact with children, youth or families during the COVID-19 pandemic. This payment is in addition to regular salary pay. Eligible payments will be distributed by lump sum to staff at the end of the fiscal year, which ends June 30, 2020. Staff cannot exceed 10% of their salary in additional pay.

Supervisory notification is required prior to any face-to-face contact. Staff shall track time beginning when leaving their work site to make the contact and concludes when the contact is complete and the worker returns to the work site. The attached Worker Contact Form should be utilized to track eligible time. This pay mechanism does not require special entry or make changes to procedures for capturing time in LEO. Staff are required to submit eligible contact hours worked to their supervisor on the Worker Contact form for approval at the end of each week. DCFS HR policy 4-04 shall be utilized for calculating time. Once approved

STATE OF LOUISIANA
2020 Annual Progress and Services Report

by the supervisor, the approved Worker Contact Forms are to be forwarded to the Regional Administrator. Regional Administrators are responsible for compiling the region's approvals on the attached Regional Administrator Reporting Form on the first day of each month for the prior month's totals. June's submission is due by June 15, 2020 to allow the Rewards and Recognition Committee sufficient time to approve the payments before the end of the fiscal year. Submissions are forwarded to the attention of Shelly Johnson, HR Director.

Considerations for increased pay for staff not covered in the relevant memoranda or for situations where increased amounts are not recommended can be submitted to the COVID-19 Pay Committee for consideration.

This enhanced pay was available eligible effective upon release of the memorandum, which was dated March 31, 2020.