



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

December 14, 2016

Marketa Garner Walters
Secretary
Louisiana Department of Children and Family Services
627 North 4th Street
Baton Rouge, Louisiana 70802

Dear Secretary Walters:

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) 2017 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 (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 Independence Program (CFCIP); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The APSR 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 2017 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 2017 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs.

Counter-signed copies of the CFS-101 forms are enclosed for your records. The Children's Bureau may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

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

Training Plan

This approval for the FY 2017 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs does not release the state from ensuring that 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.

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 janis.brown@acf.hhs.gov. You also may contact Angela Ivey, Child and Family Program Specialist, at (214) 767-8704 or by e-mail angela.ivey@acf.hhs.gov.

Sincerely,



Rafael López
Commissioner
Administration on Children, Youth and Families

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah M. Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC
Janis Brown, Child Welfare Regional Program Manager; CB, Region 6; Dallas, TX
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Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2016 Annual Progress and Service Report

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

This report outlines the Department's plan for child welfare for the next five years and provides updates on year two of plan implementation.

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

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

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

LINK TO LOCATION OF THE STATE'S APSR: The state's federally approved Annual Progress and Services Reports (APSR) and Child and Family Services Plans (CFSP) are posted on the DCFS website and can be located at the following link:
<http://www.dcfslouisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=210&pnid=184&pid=315>
This plan will not be posted on the website until approved by the Administration for Children and Families/Children's Bureau.

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

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

DCFS Vision: Safe and thriving families and individuals

DCFS Values: Throughout DCFS, our work is carried out in the context of the following values:

Respect

We treat all individuals with dignity. We exemplify respect by protecting confidential information, maintaining timely and open communication with the children, youth and families we serve, our stakeholders, and with our colleagues within DCFS.

Committed, competent and professional staff

We are committed to recruiting, preparing, and retaining a workforce that contributes to high quality services that meet the individual needs of the children, youth, and families we serve. As employees of DCFS, we endeavor to maintain a high level of integrity and professionalism in all circumstances.

Continuous quality improvement

We uphold integrity, accountability, fidelity and commitment to best practice standards as evidenced by data analysis, ongoing assessment of quality, and input from stakeholders. Information is shared with all levels of staff to achieve positive outcomes for children, youth, and families, and to ensure a system that functions optimally.

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

Children are safe, and their well-being is supported

The physical and psychological safety and well-being of children and youth is our paramount concern, and we address it at every contact. Ongoing assessment of safety, risk and protective factors guides every intervention and plan.

In our work with families, we assess safety threats and risk factors and consider the degree to which the parent/caretaker protective capacities control these threats. We consider the history of traumatic events and responses in understanding potential triggers and assuring trauma-informed services. Our focus on safeguarding children's physical and psychological safety is accomplished through meaningful engagement of parents, substitute caretakers and family members with the assistance of appropriate community supports.

- **Families are strengthened and parental capacity is enhanced**

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Trauma informed evidence-based interventions are utilized to identify and support parents, caretakers, and families who can develop protective capacities and maintain a safe, stable environment for their children. When children or youth must be placed out of home for their safety, foster care is considered a short-term intervention.

We strive to engage and empower families and their natural support systems to provide safe, nurturing care for children and youth in their own home. While working toward timely reunification with families, we concurrently develop alternative permanency options for children and youth.

- **Children and youth have permanence and their well-being is prioritized**

All children and youth need stable and nurturing families to grow and develop to their full potential. Permanency for children and youth should occur timely while ensuring ongoing permanent connections. Youth should have a voice in their plans.

We strive to assure that children and youth are placed in the least restrictive and most appropriate environment to meet their social, emotional and developmental needs. We work in partnership with the legal system, following federal guidelines to identify timely and permanent placement, as evidenced by actions such as continuously searching for connections.

- **Communities are engaged**

Communities share the responsibility for the safety and well-being of children, youth and families. Communities are defined broadly and include foster parents as well as stakeholders of the educational, law enforcement, health care, social service, faith-based, and legal systems.

We actively promote partnerships with stakeholders to assist in achieving the goals of safety, permanency, and well-being of children and strengthened families.

- **The competencies and well-being of those working in the system are advanced**

We acknowledge the complexity of child welfare work and provide evidence-based tools, training, and supervisory support in order to advance staff knowledge and competencies. As a trauma-informed system, the impact of primary and secondary trauma on the workforce is recognized and supported.

In addition to tools, training and supervision, we are responsible for recognizing the potential impact of trauma on those who work with traumatized children and families, and for instituting policies and practices that identify traumatic stress and provide supportive services and interventions.

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

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

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

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

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

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

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

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

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

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

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

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

Activities Planned for FFY 2017: The Pelican Center will finalize interdisciplinary training curricula on Advanced Safety Decision-Making and an Introduction to Child Welfare. In addition, the Pelican Center plans to produce Law and Best Practices Bulletins on the following topics:

- Drug-Exposed Newborns
- Guardianship As A Permanency Option
- Preventing Sex Trafficking and Strengthening Families Act
- Indian Child Welfare Act
- LGBTQ Youth in Foster Care
- Pre-permanency Hearing Conferences
- Psychotropic Medications
- Safety Decision-Making
- Special Immigrant Status Youth
- Reasonable Prudent Parent Standard
- Cross-over Youth
- Transitioning Youth

The annual “*Together We Can*” Conference will take place October 24-26, 2016 in Lafayette.

Transmittal Date June 30, 2016

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The DCFS and the **Louisiana Department of Education (LDE)** - explore issues related to improved educational outcomes for children in foster care and include mechanisms for data sharing, surveying staff and cross training staff. DCFS has regional education liaisons for improved communication within the regions with local education authorities. These liaisons continue to work to address issues specific to the individual school systems with which they work. The liaisons continue to meet monthly by conference call for consultation with a state office lead to share successes and challenges as well as to generate solutions. Through collaboration with **Casey Family Programs** and the **Picard Center** of the University of Louisiana in Lafayette, the DCFS and the LDE held a statewide convening of DCFS staff and staff from the local education authorities to initiate the local work efforts. In addition, a MOU between child welfare staff and educational system staff is still under development to address the establishment of clear guidelines regarding mandated reporting roles, the sharing of information and the utilization of shared information. Joint opportunities for shared training to staff within child welfare as well as the educational system will continue to be explored and provided as the opportunity arises.

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

The MOU with LDE has not been finalized due to the work stalling for various reasons. DCFS is looking to re-initiate that work and consolidate that MOU with a working agreement related to improved educational outcomes for children in foster care. Further, DCFS would like to assess whether to incorporate additional elements based on recent passage of federal "Every Student Succeeds Act".

Activities Planned for FFY 2017: The Department will continue to be available for the regional educational liaisons to assist in addressing any issues that arise.

A committee has been established that includes DCFS, the **Office of Juvenile Justice (OJJ)**, the **Department of Health and Hospitals (DHH)**, and private medical providers working under contract with the DHH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in foster care. For additional information on the Health Care Oversight Plan please refer to that portion of this plan.) The DHH has adapted the provisions from the Affordable Care Act for the extension of Medicaid services up to age 26 for youth aging out of foster care at age 18 in the United States and then residing in Louisiana. In the past year, the DCFS monitored legislative impact on continued provision of this service, then developed and disseminated promotional materials to applicable youth as appropriate to support access to the services. Through development of a managed health care system called **Bayou Health** for the provision of Medicaid services, DHH and the DCFS are now able to offer children in foster care a medical continuum of care. Youth or older youth, children and their caregivers are able to select a managed care provider for the delivery of medical services. The child is able to retain this managed care provider even if the child's residence changes. If it

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becomes unrealistic for the child to continue to use the same physician, the managed care provider can remain the same and another physician be identified within the provider network to insure that the child's medical history is retained within the network. The plan promotes a more efficient referral process for children that require specialized medical services. The enhancement of the provision of services through this network will continue in the next few years.

Update FFY 2016:

- In collaboration with DHH, DCFS has refined the process of Linking Foster Care Youth to Services in Bayou Health by identifying two specific health plans when they enter care.
- The DCFS staff now has the ability to conduct a provider search on the Bayou Health Plan website by accessing the health care links provided within DCFS policy website.
- Additional elements will be added to DCFS' regular data sharing routine with DHH.

Activities Planned for FFY 2017: The DCFS has been and will continue partnership with OJJ, DHH and medical providers working under contract with the DHH to develop, implement and enhance a comprehensive Health Care Oversight Plan for children in foster care.

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

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

Activities Planned for FFY 2017: In the upcoming year, the DCFS will mature the process of collaboration with Louisiana Medicaid and Bayou Health Plans to deepen the collective understanding and expertise of the regulations, policies and procedures involved in connecting the youth to behavioral health treatment and support. Activities will include: researching, updating/streamlining tools; updating policies; as well as educating stakeholders and staff.

The Department's Foster Care Program and the Transitional Living Services staff work with the **Office of Citizens with Developmental Disabilities (OCDD)** to obtain services for

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developmentally challenged children and youth. DCFS continues to participate at the local and state level in the **Interagency Service Coordination Council** as a process for collaborative service delivery for this group of youth. This process continues to be a venue for resolving challenging situations in service delivery for developmentally challenged youth.

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

Activities Planned for FFY 2017: The DCFS will continue to collaborate with OCDD to deliver services to children and youth with disabilities, including assignment of Medicaid waivers for specialized care services.

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

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

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

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

Activities Planned for FFY 2017: Louisiana's IAP-SUD/NAS team will establish a SUD Steering Committee and SUD subcommittees to support early identification, access to needed services and supports, payment reform strategies, and data analytics to achieve its goals. A comprehensive and accountable work plan will be drafted, so as to keep efforts focused on accomplishing goals within agreed-upon time lines to satisfy CMS's IAP-SUD and stakeholder interests.

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

Foster Care/Transitional Living Program staff, OJJ staff and tribal liaisons work together to assure that youth receive the life skills training needed to function independently as adults. In Transmittal Date June 30, 2016

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the past year a new RFP was release with refined expectations for the utilization of Chafee funds in preparing youth to exit foster care. The new contract(s) are effective July 1, 2016 and will cover a three year term.

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

Activities Planned for FFY 2017: Life skills training will be provided through contractors as identified through the RFP process.

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

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

Activities Planned for FFY 2017: In collaboration with LDE, DCFS will continue efforts to ensure child care services are provided to children and families in need or to ensure the safety of the child(ren).

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

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

Activities Planned for FFY 2017: DCFS will re-evaluate the integrated case management process to ensure it is in the best interest of individuals served and departmental staff.

Departmental staff serves on the state task force with OJJ and the **Louisiana State Police** and other state and private agencies to plan for state awareness and management of human trafficking issues. DCFS also works with the **Federal Bureau of Investigations (FBI)** on a case by case basis and with the FBI Victim's Advocate for New Orleans District, Janice Dean. (For additional information on efforts to address human trafficking please refer to the CPS and CAPTA portions of this plan.)

The DCFS also works with the **Louisiana Family Forum** which is an organization committed to defending faith, freedom and the traditional family. Family Forum sponsored a "Wait No More" event with DCFS to promote foster care and adoption.

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

Activities Planned for FFY 2017: At this time, the Louisiana Family Forum does not have any events planned for FFY 2017.

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

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

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

Activities Planned for FFY 2017: The DCFS will continue to partner with OJJ Interstate Compact on Juveniles to manage youth runaway issues for youth in foster care both from Louisiana and from other states when found in Louisiana.

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

Federal Partners - DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as services provided through the Capacity Building Collaborative.

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

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

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

Activities Planned for FFY 2017: During FFY 2015 and 2016, DCFS continued to strengthen implementation of Teaming in the four initial regions. Teaming rolled out into the remaining five regions at the end of 2015. The initial training was offered by the **Child Welfare Policy and Practice Group (CWPPG)** in the new regions and DCFS followed up with a newly developed training that guided staff on how to implement Teaming into daily practice. The newly developed training was offered statewide so that the initial regions could benefit from it too. The training was followed by a workshop entitled “Incorporating Teaming Into Everyday Practice”. The workshop focused on integrating the teaming process into staff practice in the assessment and case planning routines already in place for children in foster care. Policy was revised to support changes made to Teaming practice. State Office staff began monitoring Teaming sessions in the four implementing regions to capture fidelity to the model. In addition, targeted case reviews were implemented in the four regions to determine how well teaming processes were being documented.

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

Activities Planned for FFY 2017: DCFS will continue implementation of the current initiatives. DCFS is in transition with a new administration and has not finalized a work plan with Casey to date for the upcoming year.

The Department plans to initiate conversations with **Child Welfare Policy and Practice Group (CWPPG)** regarding “Making Contacts Matter” training to be provided to state office FC program staff, training staff and CQI staff. This training will be offered in north and south Louisiana in July 2016. From September to November 2016, training will be held in each region. Each region will have two sessions to target supervisors and managers in all programs.

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

Cross Roads NOLA (New Orleans, LA), a faith-based organization (affiliated with the Louisiana Baptist Association), is developing plans for outreach in the New Orleans area in relation to supporting current caregivers of children in foster care as well as exploring other opportunities to be a community resource for families involved with the child welfare continuum of services.

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

Activities Planned for FFY 2017: The DCFS will work to maintain its partnership with Cross Roads NOLA which will focus on recruitment and retention of foster/adoptive families; training; and identified support services.

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

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

Update FFY 2016: Louisiana Baptist Children's Home (LBCH) continued to recruit, train and support foster parents throughout the state. They partnered with Cross Roads NOLA to host trainings for foster parents and staff. The LBCH hosted a parent's night out in Baton Rouge to provide foster parents additional support. The LBCH also hosted a 2nd annual conference at the Calvary Baptist Church in Alexandria, Louisiana on November 8, 2014. There were approximately 10 sessions (general and break-out) from which to choose. The conference was designed for certified foster/adoptive families, individuals interested in foster care/adoption and church/groups interested in starting a foster/adoption service project. There were approximately 25-30 certified families and 15 people attended an on-site orientation for prospective foster/adoptive applicants. The Junior League of Alexandria selected foster care and adoption as its service platform for 2014, so they assisted with promotion of the conference and provided a

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grant which allowed for the provision of free child care. The LBCH also sponsored an Empowered To Connect (ETC) simulcast on April 10-11, 2015. This conference was ideal for foster and adoptive parents, those considering adoption or foster care and those who were serving and supporting others, including social workers, agency professionals, church staff, ministry leaders, counselors, therapists and other involved in adoption/foster care services. This training was an interactive learning experience that was designed specifically for foster/adoptive parents.

Activities Planned for FFY 2017: The DCFS will work to maintain its partnership with LBCH which will focus on recruitment and retention of foster/adoptive families; training; and identified support services.

C.) Development of the 2016 Annual Progress and Service Report: Consultation with federal partners included on-site consultation (December 17, 2015 and June 1 & 2, 2016), phone calls (February 24, 2016 and March 10, 2016) and e-mail correspondence. DCFS continues the incorporation of the child welfare principles of practice, as well as implementation of key initiatives to improve safety, permanency and well-being outcomes for children and families in Louisiana. Those key initiatives include Advanced Safety Focused Practice (ASFP) and Teaming.

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

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

Stakeholder involvement occurs on an ongoing basis throughout the year through the PQI/CQI process, the training partnership between Southeast Louisiana University, the Pelican Center and the CIP.

A public notice regarding the APSR and the public hearing was published in the Louisiana Register on March 20, 2016 and posted on the DCFS website on April 20, 2016. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 4, 2016 at 10:30 a.m. No members of the community were present at the hearing.

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COORDINATION WITH TRIBES

There are four federally recognized Native American Tribes in Louisiana:

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

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

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 Transmittal Date June 30, 2016

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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.

Plans, Reports and Reviews: As with previous years, the Department provided a draft of the 2016 APSR to federal tribal representatives for their input and review; however, no feedback was received. In previous years, the only tribe to provide a copy of their plan was the Chitamacha and no plans were received in 2015 or 2016. Ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by DCFS. The DCFS will continue to conduct the calls and encourage tribal participation through meeting reminders and requests for agenda items which are important to tribes as well as coordinate site visits. Further, the plans for the 2016 were discussed with members of the PQI Consumer & Community Stakeholder Committee of which Karen Matthews with the Charenton tribe is a member. Ms. Matthews participated in the meeting held on March 24, 2016, but did not provide any feedback. Other efforts to include tribes in the development of the state plan was coordinated through the ACF, CB regional office. Two dates and two locations were provided by DCFS; however, tribes were not available for either date or location.

All of the Louisiana tribes had finalized Title IV-B agreements; however, ACF reports that all four state tribes have lost eligibility for IV-E funds so they will not be submitting plans in 2016.

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

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

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

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

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. (For information on the planning and implementation of a CCWIS, which would need to include this functionality, please refer to the Systemic Factor on Information Management in this document.)

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

FFY	Total Alleged child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2013 Baseline	28,798	89	0.31%	10,393	41	0.39%
2014	33,764	136	0.40%	12,398	48	0.39%
2015	37,004	122	0.33%	12,749	41	0.32%
2016						
2017						
2018						

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

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

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

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

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

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

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

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

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

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

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- Work to improve the Adoption and Foster Care Analysis Reporting System (AFCARS) data collection and reporting and consider opportunities to develop field staff knowledge regarding documentation of children's Native American status within the TIPS system; and,
- Participate in monthly, national Indian Child Welfare Managers teleconference calls.

Update FFY 2015:

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

Update FFY 2016:

- The DCFS efforts to hold quarterly calls with the Social Service Directors of each of the four federally recognized tribes continued with no participation by the tribes.
- The DCFS notified the tribes of trainings provided by the department to support knowledge development on state child welfare services.
- The Chafee Foster Care Independence Program (CFCIP) providers were required to provide outreach to tribes to educate on the availability of services for eligible tribal youth.
- The ICWA training was developed in coordination with legal and provided via internet to staff statewide.

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- DCFS made efforts with the ACF Region VI tribal liaison to arrange a state/federal/ tribal meeting without success. Two dates and two different locations were provided, but tribes were unavailable for either date or location.
- The DCFS staff lead has had contact with the tribes in order to obtain accurate tribal information. Two of the chairmen have been updated along with the mailing address of one tribe.

Activities Planned for FFY 2017: DCFS state office Foster Care program staff will:

- Conduct in-person visits to each tribe;
- Ensure local working agreements are kept up-to-date through contact with the Regional Administrators and maintain copies in State Office;
- Continue to work with contracted Chafee Independent Living Services providers to reach out to tribes on a quarterly basis to offer support and services to tribal youth in custody who are transitioning to adulthood;
- Contact tribes to request permission to link each of their tribal websites on the DCFS intranet page; encourage child welfare staff to review the websites to be aware of and participate as appropriate in upcoming tribal activities; and
- Keep tribes aware of upcoming DCFS training opportunities.

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

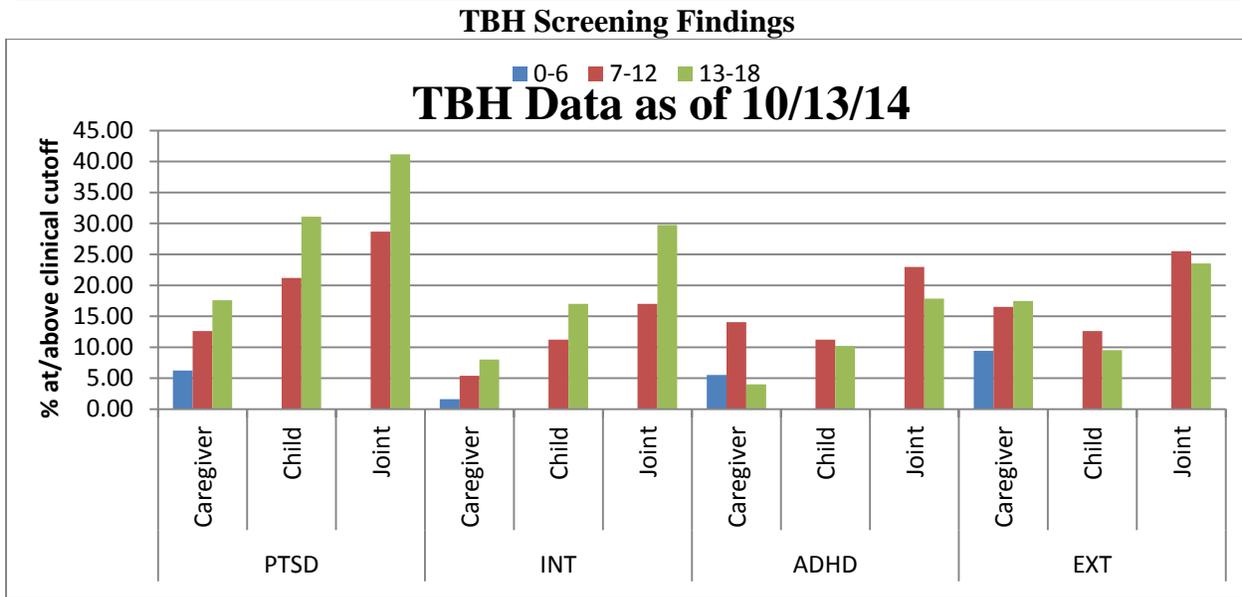
Louisiana Child Welfare Trauma Project - The Louisiana Child Welfare Trauma Project Grant is overseen by Tulane University's Department of Psychiatry and Behavioral Sciences in partnership with DCFS. The goal of the project is to improve the social and emotional well-being of children in the DCFS system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

Tulane University applied for and received a grant from the Administration for Children and Families (ACF). DCFS is a key partner. The project is expected to address the long-standing need for more specialized skill levels in the child welfare workforce, key stakeholders, and mental health professionals as well as improve the identification of and referral to services for traumatized children. The project impacts children from birth to 18 years in child welfare programs statewide. It is a 5 year grant, awarded in October, 2012.

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

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

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Screens are completed by the caregiver of the child on all cases. If the child is 7 years or older, the child also completes a screen. The chart shows the results of the screens completed by the child, the caregiver and then a joint score of caregiver and child. The joint score reflects each item endorsed on the screen by either the child or the caregiver. The joint score is used to determine if the child has screened above a cutoff point indicating a need for services. The 4 areas that the screen covers are Post Traumatic Stress Disorder (PTSD), internalizing symptoms (INT), Attention Deficit Hyperactivity Disorder (ADHD) and externalizing symptoms (EXT). If a child/youth scores above a cutoff for any area, then a referral should be made to a provider to address the specific area that has been identified. The chart shows what the scores have been on the TBH so far, suggesting for which problems children and youth need treatment and what service array is needed in order to effectively treat the child (ren).

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

Update FFY 2016: In partnership with Tulane University, DCFS state office child welfare staff is committed to training of staff in all regions of the state, with follow up consultation on the Trauma Behavioral Health (TBH) Screening Instrument. Provider training on Youth PTSD (YPT) was conducted in the Baton Rouge region on January 1/20/15; Lafayette region on April 2, 2015; Alexandria region on 9/29/15; and Monroe region on 12/15/15. As of March 14, 2016, approximately 4000 TBH screens have been completed. TBH training in the Covington region was conducted in 2014, with implementation in Baton Rouge, Lafayette, and Alexandria regions in 2015. Regions for future TBH expansion during years 2016-2017 include Monroe, Orleans,

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Thibodaux, Shreveport and Lake Charles. (For more on training dates and activities planned for FFY 2017, please refer to the Prevention and Family Services section of this plan.)

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

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

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

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

Update FFY 2015 Update: In FFY 2015, four full time adoption recruiters were hired by DCFS through federal funding to recruit using the Wendy's Wonderful Kids Model (WWK). The first began recruiting in April 2014 and the second started in November 2014. Each recruiter is responsible for a targeted geographical area comprised of four regions: Area 1 includes Lafayette and Lake Charles; Area 2 includes Alexandria, Monroe and Shreveport; Area 3 includes Orleans and Thibodaux and Area 4 includes Covington and Baton Rouge. Due to the length of time it took to hire staff and the amount of time it takes to build a caseload, the Department strategically started recruiting in selected regions. In January 2015, the Department completed the presentation of the model to every region and is currently recruiting for youth in every region. Recruiters have a caseload of 15 to 25 youth. As of April 30, 2015 4 adoptions have been completed, 2 guardianships, 2 cases where custody was returned to a parent, and 1

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child who aged out of foster care and is living with a sibling. The recruiters are currently serving 62 children two of which are matched and should be finalized by July 30, 2015. In late May, there were three disruptions that were at the point of adoption finalization.

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

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TECHNICAL ASSISTANCE/PROGRAM SUPPORTS: Training and technical assistance provided to regions that operate state programs included policy development, on-site training [pre-service, in-service, program specific training (ex. Youth in Transition, Safety Focused Practice, Structure Decision Making, etc.) training identified through surveys and needs assessments], case staffings, supervision and case management in regions with critical shortages of staff due to high turnover and coaching and mentoring of field staff and supervisors statewide. DCFS executive management also conducted meetings with field operations staff (from various programs within the department) at least once per quarter in FFY 2015 to discuss performance, staff turnover and any other identified concerns.

In the coming year, DCFS will continue the efforts noted above, but these supports will be provided through a restructured organization. As per the charge of Governor John Bel Edwards, DCFS is being restructured to ensure that child welfare professionals are responsible for making child welfare decisions. In addition to internal supports, DCFS engaged the Capacity Building Center for States and set up a date to complete the initial assessment. The assessment was initiated on January 22, 2016 and ended February 10, 2016. Bridget Clark served as the point of contact for the state. Julie Allison served as the liaison for the Center. During the first meeting the assessment was initiated with the recognition that DCFS was in a state of transition with the new governor elect.

Shortly after the initial assessment meeting DCFS requested another on-site meeting so that new executive management could gain a greater understanding of the services provided by the Capacity Building Center. The discussion also involved deeper exploration of work with youth in preparation for independent living as well as discussions regarding the DCFS child welfare workforce and the practice model. After the meeting held on March 7, 2016 a work plan was developed by center staff and sent for DCFS review/approval on 3/22/2016. DCFS reviewed and approved the work plan with no changes on 4/26/2016. DCFS later asked for a call (5/9/2016) with Center staff to have additional discussion related to workforce development and the state's practice model. After the meeting, the work plan was modified to include these two efforts as well as the work with youth. Shortly after, DCFS and staff from the Capacity Building Center began to work on the youth work plan.

Both the assessment and the work plan can be located in Appendix F of this report. (Note: Two work items were added to the work plan in early July, 2016. They are workforce development and an assessment of the state's practice model. These items are not included in the work plan because as of 8/1/2016 they have not been approved by the Capacity Building Center for States.)

Please refer to Appendix F to review the completed assessment and DCFS work plan.

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

1. The Department will continue to work with The Child Welfare Policy and Practice Group for ongoing implementation and monitoring of the Teaming process.
2. DCFS will continue work with Casey Family Programs on the monitoring and implementation of Advanced Safety Focused Practice (ASFP) as well as Teaming.

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3. DCFS Implementation Specialists, who are part of the CQI Integrity Unit, work with regional staff statewide on the implementation of ASFP and Teaming and also provide training as needed/requested.
4. Child Welfare Training Academy (CWTA) – Child welfare staff will continue to work closely with the CWTA (which is a collaborative effort with the Court Improvement Project and Pelican Center as well as the Universities Alliance) to ensure staff receive the most appropriate and effective training. Program staff will also continue to work closely to ensure success of the first line supervisor mentoring project.
5. DCFS Transformation Project, Phase II – child welfare staff will continue to work closely with Transformation staff as the Department continues the implementation of CAFÉ and works to develop a Comprehensive Child Welfare Information System (CCWIS).
6. The ongoing efforts of the PQI/CQI state level team and regional teams support the strategies, goals and action steps in this plan.
7. CQI case review process- the data obtained and utilized in the PQI/CQI process and provided to regional staff via exit interviews is critical to measuring success.
8. The Child Welfare Trauma Grant is a collaborative effort between Tulane University and DCFS. Through this collaborative staff and providers have been trained to provide trauma focused care and in three areas of the state have implemented the use of a trauma screening tool.
9. Homelessness Grant – DCFS continues to collaborate with Healing Place Church and HP Serve to focus on foster care youth who experience homelessness.
10. DCFS has also relied on the support of the Dallas regional Children’s Bureau office staff as this plan was developed and throughout the year.
11. The Department will continue with the work initiated with the Child Welfare Capacity Building Collaborative for technical assistance to improve services to youth in transition and to successfully plan for you aging out of foster care. DCFS will continue to explore technical assistance on workforce development and the practice model.

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

- Collaboration with Community Partners
- Tribal Coordination and Collaboration
- The Child Welfare Trauma Grant with Tulane University
- Over the Edge Campaign
- Wendy’s Wonderful Kids (Dave Thomas Foundation)
- The Child Welfare Training Partnership with the Pelican Center (Court Improvement Project) and the Universities Alliance (includes state universities with IV-E programs)
- Quality Assurance Systemic Factor
- Agency Responsiveness to the Community Systemic Factor
- PQI/CQI state and regional level processes

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- The ongoing monitoring and implementation of Advanced Safety Focused Practice and the Family Teaming Process – refer to the Collaboration, Child Protective Services and Foster Care sections of this plan.
- Various local, regional and national providers including Independent Living Providers, Family Resource Centers, Casey Family Programs and The Child Welfare Practice and Policy Group, etc. are contracted to work with staff statewide to provide training and technical assistance in the implementation of child welfare services or services that support the implementation of child welfare in the state.

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DCFS SYSTEMIC FACTORS:

INFORMATION SYSTEMS - The Department has a number of separate information systems in child welfare, economic stability and child support enforcement. In child welfare, the Tracking, Information and Payment System (TIPS) is a computerized on-line, statewide information management and payment system capable of tracking client information and generating payments for clients served in all DCFS Child Welfare programs. Through TIPS, the Department is able to collect and report the required data for the federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). The Department also developed A Comprehensive Enterprise Social Services System (ACESS) which is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (Centralized Intake) that are assigned to the Child Protection Services (CPS) program. As opposed to ACESS, TIPS does not provide effective case management tools nor lend itself to the changing automation and information needs of staff in a timely manner. The Department continues to address system issues for optimal performance.

Recently, the Department designed and implemented a Common Access Front End (CAFÉ) that interfaces with some DCFS information systems (ex. TIPS). The Document Imaging Content Management System has also been completed. These enable the Department to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and data sharing.

Systems Descriptions: TIPS is a computerized 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 TIPS system serves as the State of Louisiana's legally mandated Central Registry and houses the Louisiana Adoption Resource Exchange (LARE). The major Child Welfare (CW) program areas included in TIPS are Foster Care (FC), Adoption (AD), Adoption Petition, Family Services (FS) (or in-home cases), Services to Other Agencies, Families in Need of Services (FINS), and children in the custody of the Office of Juvenile Justice (OJJ) for whom IV-E funding is received. TIPS has been in existence since January 1985 while LARE was developed in 1995.

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, as children and families are served through community support systems and contract services, such as faith based educational services, community mental health, etc.

TIPS program codes associated with payments made on behalf of clients allows DCFS to distinguish between payment made for children in FC and payments made for children and families in FS cases as well as appropriate funding sources for each payment type and program. However, there are fewer federal and state funding sources in the child welfare system available for in-home services, resulting in greater reliance on community and contract services and less client service-specific data availability.

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ACCESS used to serve as the electronic case record for all intakes, child abuse and neglect reports and investigations until the development and implementation of On-Base. Specific data from ACCESS/On-Base are migrated to the TIPS system for establishing related service records and for NCANDS reporting. Louisiana is a state based, not county based, child welfare system. Its information systems are state based and available to all staff across the state based on security levels.

The Family Assessment Tracking System (FATS) is a smaller web-based system for recording family assessments, case plans and tracking caseworker visits. FATS was developed as an electronic forms application. The system is housed on a SQL server and has been available to staff over the agency's intranet. Since the implementation of CAFÉ, staff can access FATS via the CAFÉ worker portal. Although workers can access FATS through a link on the worker portal, there is no integration between the two systems. FATS has not historically been a reporting system; however, recently DCFS has been working to develop and create reports from this 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.

The 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. Prior to the implementation of Children's Bureau Online Monitoring System (OMS), DCFS entered data from the CQI case reviews which were conducted on the CFSR Round 2 Onsite Review Instrument (OSRI) and generated CQI case review data from QATS. CQI staff and other programmatic staff continue to use QATS to enter and report on data from ad hoc case reviews.

The 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 traditional reviews and state conducted case reviews. States also can use it for their own CQI purposes. DCFS began using OMS to review cases for ongoing CQI purposes and to conduct stakeholder interviews in the 2nd quarter for April 2015.

Web FOCUS Quality Assurance and Outcome Reports provide a dashboard for reports on various performance, outcomes and management data. It has drilldown capacity to the client level on most reports and is accessible to workers at all levels.

The 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). The two previously separate systems OJJ was using (JIRMS and Case Management) were combined. This reduced the amount of time the probation officers spent inputting the same information in both systems. JETS is not specifically linked to TIPS, ACCESS or any other DCFS child welfare information system; however, foster children in

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OJJ custody are given a TIPS number and integrated into the AFCARS reports. [For additional information on AFCARS reporting please refer to the AFCARS Improvement Plan (AIP) section of this plan.]

System Functions: TIPS functions as the primary statewide information management and payments system for the DCFS/CW. TIPS meets and/or is working to meet federal and state requirements for tracking, (i.e. demographics, location, legal status, and goals for all children in state foster care as well as other tracking requirements). TIPS captures the following information for every child who is (or within the immediately preceding 12 months, has been) in foster care on the following screens: 101 screen: demographics (name, date of birth, date of death, address, gender and race), 102 screen: child's goal, the goal date and adoption date, and the 105 screen: number of placements, the current placement and type of placement. In the TIPS system, there is no differentiation in the process of entering placement or other information in TIPS, regardless of the payment status of the placement resource. The state has a report available to all staff on foster children indicating whether or not a placement was entered in TIPS for a particular child.

With an assigned TIPS number, a child can be readily located in TIPS. Provided correct information has been entered, both the foster parent and the provider agency are identifiable for a specific child. (For additional information on efforts to meet federal requirements please refer to the AFCARS review and improvement plan portion of this document.)

Clients are tracked throughout their involvement with the agency with TIPS providing client-specific and aggregate-level data on the client population among the various programs. Client investigative, program, services, and placement data are kept indefinitely and are available as far back as 1983, depending on the program and type of information required. Investigation data is maintained in both the TIPS and ACESS systems with abuse and neglect report data residing only in ACESS.

In combination with the FATS system, TIPS assists case management of clients among CW programs. The FATS system records and tracks family assessments and case plans while TIPS tracks case events, client history, financial information, provider availability and enables DCFS to obtain data needed for program planning and policy decision making. A tickler system within TIPS tracks the provision of selected services and case review requirements. TIPS provider tracking allows a search capacity for available placements. It provides the required AFCARS and NCANDS data.

Through JETS, the DPSC/OJJ system has the capability to generate all standardized forms and contains an on-going narrative history of all activities on cases and creates a quasi-paperless case record system. The system also records and tracks the location of youth at all times as well as individual service plans, administrative reviews, permanency planning hearings, and termination of parental rights letters.

The Department's CW caseworkers and OJJ probation officers primarily collect required data and input into the system with clerical or supervisory support. Both the TIPS policy manual and

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JETS manual guide data input processes. FATS information is entered by the caseworker who then prints the assessment and case plan directly from the system.

TIPS produces over 600 reports and has the capacity for on-demand reports which include worker tickler reports, supervisor reports, outcomes and aggregate data reports on clients, financial reports, and management reports concerning the various programs. Infopac software makes this pyramid of reports available to staff at the state, regional and local office levels. The Department uses WebFOCUS software to provide a dashboard of drilldown reports available statewide. All federal data measures are included on this dashboard and DCFS data analysis staff is working to ensure CFSR Round 3 measure are also available. The reports are utilized during staffings by caseworkers and supervisors.

Through reporting tools, TIPS produces statistical summaries of client population, cross-program comparisons, trend analysis related to the numbers of clients, placement reasons, average lengths of stay, average medical and dental cost per foster child, data for good fiscal management and resource allocation, and analysis by geographic areas. It also aids the state in long-term planning and forecasting future needs. ACESS, through use of the Web FOCUS reporting tool provides similar reports relating to federal outcome measures and statistical analysis of child protection services.

Louisiana uses legislatively mandated Budget Performance Indicators (BPI) and General Performance Measures to measure child welfare performance outcomes. Many of these measures relate to federal outcomes. Data for these measures are provided using TIPS. Aligned with BPIs, TIPS generates outcome measures and related variables. Also, the outcomes for the Child and Family Services Plan (CFSP) are measured through TIPS and quality assurance systems.

ACESS and TIPS reports are utilized by each region for administration of services, caseload coverage, and outcomes as well as in the PQI/CQI processes. At the field level, caseload reports track children and families served by each worker. Other reports provide a tickler system for case events. Aggregate caseload and overdue reports are available for administrative staff at all levels.

Staff is trained through a variety of systems. There is ACESS specific training for staff, particularly new hires. There is less TIPS system training. Training has previously been offered in all regions to teach and encourage staff to utilize the reporting side of the information systems to improve practice. Louisiana utilizes a centralized help desk system to allow information technology (IT) support staff capacity to “remote in” when helping fix computer issues. Issues which cannot be fixed through remote processes are referred to the IT field support staff for on-site repair.

The DCFS continually receives requests for child welfare data and information from stakeholders and the general public. Data provided is commonly used by consumers as background information for state and federal legislation, grants, training, and local public funding of community programs. Requests are met through TIPS reporting, Web FOCUS dashboard reports and ad hoc data extraction coding.

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JETS generates monthly caseload reports, upcoming six month Administrative Review (AR) reports and upcoming Judicial (Permanency Planning) Hearing reports for every caseworker. One report reflects the amount of days every youth was in an out-of-home placement and eligible for Title IV-E benefits. This report is forwarded to the Department for verification and payment. For AFCARS reporting, a JETS report is sent to DCFS with the names of all IV-E eligible youth. Other reports are used by management for the general operation of the program. JETS is used to ensure that juveniles committed to DPSC/OJJ receive appropriate and timely services. Cases are randomly selected and reviewed monthly in each Region to ensure IV-E guidelines are met. Deficiencies are reported to the Regional Manager, Program Manager and Deputy Assistant Secretary over Community Based Services. Regions are given 30 days to correct deficiencies.

For the DCFS, TIPS and ACESS provide information to inform the continuous quality improvement system and to generate random samples for case review and continuous quality improvement processes.

All workers and supervisors have computer access to case level TIPS, FATS, SDM, and JETS information relative to individual system security. Staff can now access these various systems (except for JETS) through one point of entry since the development of CAFÉ. TIPS is a seven day per week/24 hours a day computer operation networked to 65 state/regional/parish offices, providing on-line services to approximately 1,200 devices, either through the Louisiana's Wide Area Network (LANET) or directly to several state and federal agencies or selected contractors. ACESS is available via the World Wide Web and operates seven days per week/24 hours a day. FATS and SDM are web-enabled and available to staff on the LANET or to mobile workers via Virtual Private Network (VPN). TIPS has the capacity to provide VPN connectivity to outside office locations on a 24 hour basis. JETS data is available on a 24 hour basis through laptops.

DPSC/OJJ has seven program specialists who review all cases due for an administrative review for IV-E compliance. They use JETS to check accuracy of information and ensure cases are in IV-E compliance.

The Department utilizes standard back-up procedures for its systems. The back-up processes are specific to the storage location and the system type. These procedures and back-up systems are successful as evidenced by no lost data or any main child welfare system. The data quality varies depending on the facets studied. Louisiana AFCARS files passed the edits testing for every submission prior to the AFCARS review. However, during the state's 2013 AFCARS review several issues were identified as problematic to data quality. (For additional information on the AFCARS review and AIP please refer to that section of this plan.)

The AFCARS and NCANDS data are stored and reported from the TIPS system. While child protection services data is initially stored in ACESS, the integration process double-stores it in TIPS. Louisiana worked to improve the speed with which foster care placement settings were input into TIPS.

Dashboard reports are used to assist staff with identifying missing data. Dashboard report 'FC With No Placement in TIPS' identifies children in foster care without an active placement authorization (i.e. current placement has not been entered or updated). Dashboard report 'FC

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With Incorrect Social Security #' identifies children in foster care with an SSN that does not fit the Social Security enumeration rules.

Dashboard report 'Foster Care with SDM Level' identifies children in FC 6 months or less with associated SDM levels (thus, missing SDMs are also identified). The SDM risk re-assessment level is expected to be used to guide permanency planning decision making.

Additional dashboard reports are planned to support staff in identifying various data issues:

- ❖ Months in which face to face visits with children in foster care have not been documented
- ❖ Cases in which team meetings or court hearings for administrative reviews are coming due or may be overdue
- ❖ Cases in which key events in the life of the case are not documented, such as medical and dental visits
- ❖ AFCARS data quality report(s) to support timely and accurate entry of AFCARS data elements
 - Web FOCUS also populates the "Available Placement List" for field staff to use in locating placements.

DCFS CW staff meet twice monthly through WebEx with Regional Performance Measures Consultants and regional management staff to review data entry and data quality issues. These meetings are used to identify ways to improve data quality as well as to provide training and guidance on strategies for monitoring and managing data entry for data quality improvement. Feedback is received through these meetings for additional data reports or reformatting existing reports to improve usefulness.

CQI case reviewers have exit meetings with supervisors to discuss the results of specific case reviews and additional stakeholder interviews were added to the process in early 2016. In addition, an exit conference is held with regional management staff to discuss overall findings. These meetings include discussions about data quality issues identified during the case review process.

DCFS is confident that all children who enter DCFS custody are reflected in TIPS. When a child enters DCFS custody, a transfer staffing occurs that requires participation of all involved workers and supervisors. The staffing includes completion of a form for use in entering the FC information into TIPS. The staffing form is given to an administrative support staff to complete the TIPS data entry function. In addition, payment for clothing, school supplies, placement providers, transportation provided by workers and caregivers, etc. can only be paid through TIPS and this can only occur if there is an open program record for the client. Certain purchase codes are available for use for foster children and not for any other client program. These processes, among others, help ensure that children who enter DCFS custody are reflected in TIPS.

DCFS experiences data gaps and discrepancies because of the number of data systems currently in use. Because workers must use multiple systems, it is sometimes necessary to enter the same data multiple times. Multiple instances of data entry increase the chance of data entry errors as well as the possibility that data might not be entered in all the required systems; however, with the development of CAFÉ and the client index some of these issues have abated. In addition,

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integration between TIPS and ACESS sometimes fails, resulting in some cases having different data between the two systems. Certain personal and demographic data must be updated in each system because the systems do not have sufficient capacity to determine which source is the most recent or most accurate data.

CAFÉ does not address data gaps associated with multiple CW data systems. The web-based front end allows workers to ‘see’ their cases in a more comprehensive manner than is currently available through the TIPS green screen displays. The navigation pane allows workers to easily move from one area of the case to another and to update case information through user-friendly screens.

The Department remains engaged in a technology transformation project. Thus far, this project has provided mobile technology to frontline child welfare staff and allowed staff accessibility to information systems from home or in the field using Wi-Fi. The process also includes improvement of connectivity to other existing systems. This includes connectivity to Department of Health and Hospitals (DHH) as well as the OJJ and other departments to help enhance service delivery for individual clients. Citizen portals were developed to guide mutual clients to services across the spectrum of state agencies.

The Department continues to refine CAFÉ and the interface with TIPS. Child welfare was made fully functional in CAFÉ in Release 4. For CW, CAFÉ provides a public facing provider portal for the submission of foster/adoptive parent applications, emergency preparedness plans, requests for reimbursement, view of payment history. The CAFÉ worker portal functionality includes foster/adoptive parent applications, approval of reimbursement requests, referrals for vendor services to specific vendors for client centered services, and the management of provider case activities. The worker portal also provides a dashboard, scheduling that integrates with Outlook, cross program case search to view data from other program areas (as allowed by law, rule and regulations), tasks and alerts, case summary information from TIPS, data entry wizard with integration with TIPS, staffing wizard for recording and storing of case staffing, and a IV-E wizard to automate the IV-E process. These projects enable the Department to more efficiently and effectively serve its citizens and staff by leveraging advances in technology to improve access to information and data sharing.

The Louisiana Supreme Court, Court Improvement Program (CIP) continues to incrementally implement an Integrated Juvenile Justice Information System (IJJIS) in courts across the state. IJJIS offers courts the opportunity to utilize technological tools to improve timely processing and effective decision-making in individual cases as well as better understand how the court system impacts outcomes for children and families generally. Through a Memorandum of Understanding between the Department and the Louisiana Supreme Court, CIP staff has direct access to the Department’s Web FOCUS reporting system. Through this system, CIP staff is able to review real-time performance and outcomes data by court of jurisdiction.

Further, the DCFS has a Memorandum of Understanding with the Picard Center for Child Development and Lifelong Learning at the University of Louisiana Lafayette to provide access to data across multiple state agencies that also have agreements in force with the Picard Center.

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This agreement provides access to data and indices regarding educational services and success relating to children within the child welfare system.

There are several barriers in the child welfare IT systems. The Department does not have a SACWIS or a Comprehensive Child Welfare Information System (CCWIS) system; however, through the Transformation Phase II initiative, federal funding for planning efforts has been approved for a comprehensive child welfare solution.

Transformation Phase II includes the development and implementation of legacy system modernization/replacement for CW (as well as other DCFS functions). Due to the CW legacy systems being the oldest and the requirement of workers to use multiple systems to complete the work, the agency has prioritized the “development of a comprehensive child welfare solution to occur first.”

The Annual Advanced Planning Document Update was submitted to all federal partners in January 2016 and it provided an overview of activities and project timelines for Transformation Phase II. Due to the change in DCFS priorities, which includes the dire need for a modernized comprehensive solution for child welfare and the uncertainty regarding the impact of the budget on the long-term planning efforts, timeframes for FFY 2016 project tasks were adjusted, leaving the need to re-evaluate the timeframe for future project tasks when submitting the 2017 Annual APD. With the assumption that the child welfare systems replacement initiative will be fully staffed beginning with FFY 2017, the implementation period for a new comprehensive CW solution has been targeted for June of 2018.

The vision of Transformation Phase II is to develop a comprehensive child welfare solution that utilizes components of the DHH/Statewide Enterprise Architecture to meet the child welfare business needs. This solution may or may not be a Statewide Automated Child Welfare System/Comprehensive Child Welfare Information System (SACWIS/CCWIS) certified system, dependent upon the alternatives analysis completed.

Meanwhile, the Department continues to collect data and provides the data elements for the AFCARS and non-federally NCANDS. DCFS submitted an AFCARS Improvement Plan (AIP) to the ACF Region 6 Office on March 13, 2014. Data quality and system issues were recognized and a plan to address issues was implemented. AFCARS reviews were built into the CQI process in April 2014 and have continued since that time. The AIP is challenging due to limited IT resources. DCFS continues to regularly report on the AIP. For additional information on the AFCARS review and AIP, please refer to that section of this plan.

During the last fiscal year, system processes were consolidated and there is one Office of Technology Services (OTS) for all state agencies in Louisiana. Child welfare system changes are coordinated at the state office level and there is a structure for prioritizing work. It usually takes 9-12 months for a system change; thus staff adapt their timeline for implementation and/or do “workarounds” until the system changes are implemented.

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Despite these challenges, DCFS is working to follow the basic rules of good social work to start where the client is at. The scope of services includes providing support in the following identified areas:

1. Data quality is a challenge. DCFS works for methods to evaluate, improve, and maintain the quality of the data in its child welfare information systems and the reports produced.
2. Data sharing and interoperability among human service information systems is another area that has presented significant opportunities and substantial barriers. DCFS has made some strides in this area through the development of CAFÉ and the indices (ex. MCI) to effectively share data across different IT systems through standard data exchanges.
3. Program and systems staff struggle to coordinate policy development, practice change, and child welfare system development efforts. DCFS acknowledges the need to address the significant challenges to coordinate and communicate across IT and programmatic staff. Strategies to reduce silo-type work products and inefficient or ineffective systems support for program innovation efforts.
4. 4. Work to address compliance with current and evolving federal mandates. Louisiana has made progress on (AFCARS, NCANDS, and National Youth in Transition Database (NYTD), but room for improvement remains. Additional, new elements and those on the horizon will involve potentially significant information system changes. They include:
 - a. Preventing Sex Trafficking and Strengthening Families Act (P.L. 113–183)
 - b. AFCARS revisions (guidance information planned for fiscal year (FY) 2017)
 - c. CCWIS notice of proposed rulemaking (NPRM) (guidance information planned for FY 2017)
 - d. CCWIS Final Rule on display 5/26/2016.

Transformation Phase II embodies the DCFS vision, one that intends to continue the transformation of the Department by embracing technology, building on investments made, and providing staff with the tools needed to effectively and efficiently perform their jobs. As stated in the initial vision of Transformation Phase I, “DCFS will be transformed from an organization of independent program offices to a unified organizational entity in which programs share common functions where possible, and act independently where required, for effective service delivery, improved customer service and to comply with federal and state laws and regulations.”

Transformation Phase I included the implementation of a Customer Call Center, Document Management System, and CAFÉ. CAFÉ only provided a front end to the child welfare legacy system known as the TIPS, so the same data that was being captured before by TIPS remains unchanged. CAFÉ was only designed to provide a common front end to the Legacy Systems, so there has been no real change that would impact accuracy of data collection and reporting. DCFS envisions a continuation of Transformation Phase I, ideally building upon the investments made, to ultimately achieve the complete replacement of the Department’s legacy mainframe systems which includes TIPS. As the Department moves forward with planning for TIPS replacement, accurate data collection and reporting has been identified as a priority, and was one of the focuses of the Phase II requirements gathering sessions.

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The Transformation Phase II planning team is working to identify multiple opportunities for modernization or replacement of the current legacy systems including accessing and utilizing the DHH's Enterprise Architecture, and/or extending the enterprise architecture functionality of CAFÉ. Additional activities planned include working with child welfare management to identify and determine business requirements, vendor selection, and eventual replacement of the current Child Welfare legacy system.

Activities Planned FFY 2017: Transformation Phase II continues its planning efforts for developing a comprehensive child welfare solution. Federal requirements guide the planning activities that must occur prior to any new system development. Planning tasks completed to date include the development of programmatic goals/needs, a review of all technical systems with involved stakeholders, completion of a gap analysis, and defining and documenting the Child Welfare Business requirements. Remaining tasks include completion of an assessment of the different approaches/options available; and an analysis of the costs/benefits associated with each option. Upon completion of these tasks, DCFS will determine if and when it is appropriate to submit a formal request for federal funding to develop the proposed solution.

Also during the coming year, through the CQI case review process (specifically the AFCARS Improvement Plan reviews), DCFS will work to identify the percentage of cases reviewed that contain the appropriate demographic information.

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QUALITY ASSURANCE SYSTEM:

Foundational Administrative Structure

DCFS believes that strong administrative support and oversight of a continuous quality improvement process is essential. As changes occur from organizational structure to staff and customer needs, DCFS executive and regional management continuously assesses and addresses identified concerns throughout the quality improvement process. Child Welfare Continuous Quality Improvement (CQI) is a vital part of the DCFS structure.

CQI is an essential aspect of child welfare related challenges and improvements, incorporating case reviews, staff interviews, data analysis, as well as continuous feedback from internal and external stakeholders. Qualitative and quantitative data is collected, analyzed and disseminated among partners who in turn assist with practice improvements. Child welfare practice initiatives and improvements are based on results of CQI assessments. The primary goal of CQI is to improve overall agency functioning and ensure positive outcomes.

CQI relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Most importantly, quality improvement is dependent upon the active inclusion and participation among staff (at all levels), children, youth, families, parents, caregivers, as well as other community partners throughout the process.

DCFS state office has a designated CQI Team which includes three managers and 22 case review staff who hold various roles within the CQI process. This team is composed of experienced staff housed in the nine regions of the state. The CQI reviewers are housed in regions throughout the state in order to provide local support to field staff regarding consultation of practice in addition to completing reviews. Most CQI staff have multiple program/field experience, front line supervisory and/or managerial experience. There are three CQI managers who each lead three regions/units of CQI staff.

In April 2016 it was determined that there is a need to adjust CQI staff responsibilities to increase the ability to sustain accuracy and consistency of reviews over time. This change is planned for October 2016 and will include continuing a 2nd level review process to include dedicated 1st level reviewers, QA staff, and 2nd level reviewers for 100% of CFSR cases. A CQI manager review will also be added as a high level review for random case reviews and will occur after the 2nd level review is complete. Rationale for adjustments included in Case Record Review Data and Process section.

Information captured through the CQI process is regularly communicated to the local and state level staff. Exit meetings are also held with regional management teams to review and discuss CQI findings. Reports regarding the reviews are disseminated to field management as well as state office management for further assessment and discussions on methods for improvement. Child Welfare teams use the information to further evaluate areas needing improvement and strength areas to replicate good practice. Child welfare teams assess what measures of change will be utilized to impact practice and improve service delivery to children and families. CQI staff serve as an integral part of the child welfare team by suggesting alternative measures for

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improvement, assisting with monitoring improvement over time, and by providing direct service to staff in the form of training, mentoring, coaching, case review, policy review, and child welfare consultation.

CQI also connects with PQI at the state level. Regional PQI representatives are included in state level meetings. Information is shared with them at the state level and vice versa regarding feedback and discussions about possible systemic concerns as well as changes needed in policy, procedures, etc. The PQI committee holds quarterly meetings at the state level and includes CQI as a part of that process. Data and information gathered by CQI staff is reviewed from a state level perspective. The PQI team then identifies areas and issues needed to impact changes at the state level. For example, there may be recommendations for policy changes; a statewide training in a particular area of focus or practice; a review of staffing needs; development of a workgroup to look at specific, identified areas of concern such as worker retention, lack of available services in a region or parish, streamlining work processes, etc.

CQI is a philosophy and a process that allows staff to assess activities, performance measures, outcomes, and create plans for improvement to meet positive outcomes for children, youth, and families. The concept involves incremental continuous steps toward a goal to improve child welfare practice by conducting qualitative as well as quantitative analysis, providing feedback to and receiving feedback from internal and external stakeholders, as well as providing training and consultation within the DCFS PQI structure.

The DCFS CQI process includes the following five essential components:

- 1) An administrative structure that oversees effective quality improvement system functioning;
- 2) quality data collection;
- 3) a method for conducting ongoing case reviews;
- 4) a process for the analysis and dissemination of quality data on all performance measures; and
- 5) a process for providing feedback to stakeholders and decision makers, as well as adjusting State programs and processes as needed.

CQI evaluates the effectiveness and efficiency of services provided and activities within the organization. CQI determines whether services and activities meet predetermined expectations of quality and improved practice outcomes.

DCFS utilizes the Child and Family Services Review (CFSR) OSRI instrument in the OMS to document CFSR type case reviews and gather some qualitative data. Other case reviews conducted by CQI staff include the following: Adoption & Foster Care Analysis & Reporting System (AFCARS), Safety Functioning Practice reviews of Child Protective Services (CPS) Safety Focused Practice (SFP), Structured Decision Making (SDM), Youth in Transition (YTP), and Trauma Behavioral Health Screening (TBH). Case review instruments for these other types of reviews are maintained in our DCFS Quality Assurance Tracking System (QATS). Data reports for these reviews are accessed through QATS. Cases are reviewed by first level

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reviewers. QA reviewers then give feedback and discuss concerns prior to clearing these cases in QATS.

A workgroup is working on written policies and procedures for CQI, incorporating structural changes anticipated subsequent to the election of a new governor in November 2015 and in preparation for the CFSR 2018. DCFS, as well as other state agencies, is undergoing reorganization after the appointments of new executive leadership.

CQI staff are trained by managers, a former DCFS staff member with year of experience in CFSR reviews, and lead workers who orient staff when there are role adjustments. Bi-weekly conference calls and/or webinars are held to discuss CQI matters, case review items and standards, and train staff on changes to policy and procedures (state and/or federal). Regular statewide meetings are held to train staff regarding larger impact. Quality Assurance CQI staff also meet separately to review QA processes and case review standards. Mock cases are reviewed and discussed during these trainings. More information regarding training of CQI staff is included below in the Case Record Review Data and Process section.

Quality Data Collection

Regarding data consistency for CFSR reviews, CQI has implemented the process of pairing CQI reviewers to different QA staff for each review period. CQI reviewers periodically review for rotating regions. The CQI Managers also review case reviews from review staff and rotating QA staff each review period. If discrepancies are found, items are brought up to the CQI Managers for clarification. CQI Managers then obtain clarification on the issue, either internally or through OMS and federal partners, and share the resolution with CQI staff. In-service trainings are then held via the Bi-Weekly CQI calls to discuss question and resolutions. The resolutions to the issues are then documented in an on-going FAQ file that all CQI staff have access to. Pairing this effort with mock case review trainings as a team and clear expectations regarding the use of the instrument and instructions, has begun the work of ensuring ratings are consistent among reviewers. In the upcoming year CQI Managers will begin looking at more in-depth ways to ensure ratings are consistent among reviewers and QA staff in regards to instructions of instruments and strengthen inter rater reliability. For most ad hoc/targeted reviews, the same process is followed regarding questions and answers. Currently there is not a clear documented process for data quality issues to be handled, though there are some processes in place.

DCFS does have some dashboard reports to assist staff in identifying data quality issues. Examples of reports include:

- Cases with no current placement authorization;
- FC cases without valid SSN;
- Determining if all case members are entered for FS caseload;
- Timeliness measures in CPS cases

Each region has a Performance Measures Consultant to prepare reports from the dashboard for their management team and local offices on a regular basis. The PMCs also coordinate with state office staff in working with local and regional offices to resolve data quality issues. DCFS has a

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business intelligence program and process that provides tools for additional testing/evaluation of data quality (examples include unknown sex, gaps in placement history, funding sources).

WebEx trainings and memorandum and policy updates are provided to inform staff and assist staff with learning how to record information in the various information systems when changes are made to those systems (FATS, TIPS, ACESS).

Staff in State Office review AFCARS, NYTD, and NCANDS files prior to submission and work with staff to update data where possible to improve data quality. NCANDS reporting process includes options to identify data elements that the state cannot report on or cannot accurately report. These are identified in the NCANDS file with the appropriate codes and are also identified in the NCANDS mapping documents. AFCARS data element deficiencies have been identified through the AFCARS review and there is continuing communication between the state and the CB regarding data that is not accurately collected and plans underway to address the issues (AFCARS Improvement Plan). DCFS does not have any other direct method of identifying and communicating data quality issues with CB.

By way of reviews conducted and working with staff to improve data quality, systems changes have been identified that can be implemented to improve data quality. Quarterly systems updates occur to implement systems changes. Examples of some of these changes are:

- New open reasons added to capture more accurate data on reasons for children entering FC;
- New drug fields added in ACESS to capture more information about substance exposed newborns and other types of cases in which substance abuse is an identified problem.

DCFS does not have a well-defined audit mechanism to verify that the process is being followed. DCFS has an internal audit unit that conducts an annual audit of the FC program. The results of these audits are used to improve data entry processes.

Beginning in April 2016 and over the coming year CQI plans to work closely with individuals on the data team to determine a clear and written process for data quality issues to be handled for multiple types of data.

DCFS has worked consistently since having a technical assistance site visit on the AFCARS extraction process in July 2011 to improve the AFCARS file. An AFCARS review was completed in March 2013 which further focused AFCARS improvement efforts. DCFS continues to make systems changes to meet AFCARS requirements. Data unit members participate in meetings organized by the Walter R. Macdonald regarding NCANDS updates and changes and in consultation meetings with other states on how to collect new data, such as information on Human Trafficking. DCFS monitors state and federal legislation, the Federal Register, etc. to remain current on new or impending changes to data collection. The AFCARS data utilities are used to assess data quality of the AFCARS extraction file. When data issues are identified State Office Program staff work with field staff to make corrections as needed. Currently the EVAA application is used to test and resolve data issues that can be corrected prior to submission. The NYTD site is used to test the NYTD file and identify data issues so that corrections can be made where possible prior to approving and submitting the NYTD file.

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Case Record Review Data and Process:

The case review sampling process that is currently used was reviewed and approved by the CB and includes children served in foster care and in their own homes. In addition, CQI staff create a random sample of additional cases that are CPS Investigation cases in order to review specific practices focused on safety. The CQI team will be revising the sampling process to meet the CFSR 3 requirements in the near future. Currently OJJ cases are not included in the sampling process for CFSR case reviews. DCFS along with the Office of Juvenile Justice (OJJ) staff do some reviews of the OJJ IVE cases. At this time the department is looking further into those reviews, the sampling for them, and the content of the reviews to determine future work in this area. The currently approved sampling process for CFSR case reviews pulls a specific number of cases by region for each of several case criteria such as goal, length of time case has been opened, and age of child. The case review process and sampling covers all areas of the state.

DCFS continues to conduct case reviews on a regular basis across the state. These reviews include Child and Family Service Reviews and internal ad hoc/targeted reviews. DCFS has continued use of the Onsite Review Instrument (OSRI) in the Online Monitoring System (OMS) to conduct the CFSR reviews. In July 2015 the schedule for case reviews regarding CFSR, using the OSRI, was changed from quarterly review periods to 6 month review periods. This was done in an effort to allow more time for data analysis and work with field staff and stakeholders to analyze review findings and plan future efforts. The number of reviews was also moved back to the original 120 reviews per review period, from the 102 reviews that were being done per quarter. In FFY 2015, 444 cases were reviewed using the OSRI. In FFY 2016 240 cases have been reviewed utilizing the OSRI. The CQI managers have continued to monitor the case reviews and the case review process to determine if increases or decreases in the number of cases reviewed are required. Through further review of the CQI case review process it was determined that DCFS should move the CFSR review cycle to be in-line with the federal fiscal year and should again reduce the number of cases reviewed for CFSR to the minimum 65 cases. FFY 2017 will include the review of 130 cases utilizing the OSRI. After reviewing all CFSR reviews over two review periods, CQI Managers determined, due to some initial inconsistencies that were addressed prior to finalization of the cases, there was a need to conduct further training on the new OSRI with CQI reviewers and QA staff. The rationale for the reduction is to allow reviewers the opportunity to build capacity in their use of the OSRI instrument and OMS, build capacity in conducting case related interviews, and adjust to the new consultation process as it relates to CFSR case reviews. In preparation for alignment with the federal fiscal year, CQI will begin the next review period of CFSR cases in October 2016, subsequent to the end of the current review period of January to June 2016. Implementation of the 65 CFSR cases will also begin in October 2016. The CQI managers will continue to monitor the progress of the reviewers in increasing their skill with the new instrument and process and will evaluate the benefit of an increase in case reviews once mastery of the new OSRI instrument has been reached. DCFS plans to use the period of July 2016-October 2016 to continue refinement of the sampling procedures, train CQI reviewers while incorporating training specific to their assigned review level, and update written policy and procedures to align with new processes and federal expectations.

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In addition to using the OSRI, Louisiana has implemented all 5 case related interviews to include, the child, parent, caregiver, caseworker or supervisor, and service provider/attorney. From July-December of 2015 case related interviews were conducted with the caseworker or supervisor and the caregiver. The additional interviews were added in January 2016 and have continued. CQI reviewers utilize the case related interview guides in OMS to conduct interviews and have attended training regarding case related interviews. CQI managers are in the process of determining policies regarding case related interviews and plan to include those in the updated written policies that are being developed.

CQI staff have continued to attend training related to case reviews, the OSRI, the case review process, and key practice areas. During FFY 2016, CQI staff have attended training regarding:

- July 21: Quality Assurance Training with QA staff to include the review of a mock case,
- July 29: CFSR Review Training to include the review of the mock case from the Quality Assurance Training with all reviewers lead in groups by QA staff and managers,
- September 8 and 9: Item 3 Safety and Risk Training,
- October 6 and 16: Permanency Training
- November 18: Stakeholder Interview Training
- January 6: QA Training (mock case review)
- March 3: Consultation Training on CQI Introduction and Key Indicators.

In addition to formal trainings held over the year, training calls are held bi-weekly for QA staff and also for CQI reviewers. Bi-weekly training calls during FFY 2016 included:

- Justification for Ratings
- Safety and Permanency
- Case Related Interviews
- Initial Consults
- January 2016 OSRI Changes
- 3rd Level Review Process
- Documentation for Item 17 (Medicals and Dentals)
- Facilities as Placements (Placement Stability)
- Terminology used by Reviewers
- Review Deadlines and Process
- Case Presentation and Debrief
- Documentation on Instrument and QA Notes
- Policy Review on Concurrent Planning, Medical and Dental Care, and Medication Management
- Structured Decision Making Reviews
- Clarification/Feedback on Foster Parent Interviews
- Case Presentation Item 3 E-1
- Open Feedback from Reviewers
- Youth Transition Plan Reviews
- Confidentiality on OSRI
- Exit Conference (regarding reviews)
- Item 14 and 15

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- Teaming with Families
- OSRI FAQ Well-Being Item 1, Item 12, 12A, and 14B
- Case Presentation Family Services, Item 12B and 15
- CFSR Portal Use
- Case Related Interview Clarification for Closed Cases
- Regional CQI Exit Conferences
- Item 17 Clarifications
- FAQ Review for Item 15

Training for all new CQI reviewers was developed to include conducting a case review using the OSRI in the OMS training site and meeting with QA staff and managers to debrief the case and ratings. All CQI reviewers participated in this training in FFY 2016, along with new CQI reviewers, and the feedback was favorable regarding the training and process. All CQI reviewers originally reviewed the modules available through the CFSR Portal prior to beginning use of the OSRI. This training was done in December 2014 as a group and debriefing of cases was incorporated. While CQI staff have continued to attend training regarding the OSRI and specific items within the instrument, CQI managers have determined reviewers might benefit from completing the modules currently available on the CFSR portal and obtaining certification through OMS. This is also part of the current training process for all new CQI reviewers. CQI managers continue to participate in some CFSR case review consultations to observe and provide guidance on the process and consult. This offers even further training opportunity for reviewers and QA staff.

CFSR case reviews continue to be conducted by dedicated CQI staff, and for targeted reviews by assigned CQI staff and some state office staff, who have no responsibility over the case being reviewed and have not been previously involved in the case. This is a standard by which DCFS operates when assigning cases for review. This standard is currently being added to the updated written policies that are being developed.

The CQI manual developed by DCFS is in the process of being updated to align with new changes to the CQI structure and the federal standards concerning case reviews and the case review process. This work is scheduled to be completed prior to the start of the review cycle for October 2016. Manuals and policies will then be updated on a regular basis as the need arises. DCFS reviewers are guided to follow all instructions within review instruments being utilized. All review instruments developed by DCFS for targeted reviews are accompanied by specific instructions within the review instrument. These instructions and instruments are updated as needs are identified. All CQI reviewers conducting CFSR reviews use the OSRI along with its instructions and additional reviewer briefs.

In addition to the trainings and meetings held to support CQI's efforts to achieve and maintain inter-rater reliability, the Louisiana CQI structure offers additional support to this effort. The current CQI structure that includes dedicated reviewers along with dedicated QA staff has offered more consistency in ratings. CQI reviewers rotate to different QA staff across review periods to support inter-rater reliability. In April 2015 it was determined through review of CFSR cases that 100% of the case reviews should additionally be reviewed by a 2nd level

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reviewer. From April 2015-June 2016 2nd level review has been accomplished by the CQI Managers. Planning has begun to transition the responsibility of 2nd level reviews from CQI managers to dedicated CQI staff, and to continue to conduct 2nd level reviews on 100% of CFSR cases. This will allow CQI managers to be available to conduct an even higher level review on random cases after 2nd level reviews are conducted. This new structure of 1st level reviewers, QA reviewers, and 2nd level reviewers for all CFSR case reviews, in addition to CQI manager level reviews on some cases, will be implemented in October 2016. CQI managers will continue to monitor this process to determine its necessity long-term.

DCFS continues to complete targeted reviews utilizing structured case review instruments that are captured in the QATS database. The targeted reviews focus on areas of practice identified as needing improvement. The targeted reviews were designed to provide further analysis into the identified practice areas. During FFY 2016, specific areas targeted for review included, Advanced Safety Focused Practice (ASFP) reviews, Structured Decision Making (SDM) reviews, Youth Transition Plan (YTP) reviews, Trauma Behavioral Health (TBH) reviews, Family Teaming (FTM) reviews, and AFCARS Improvement Plan (AIP) reviews. As reviews are conducted, data regarding the case level reviews is collected and rolled up to determine specific needs. Data is shared with other staff, stakeholders, and with field staff to determine further actions to improve practice. This data is shared via reports, individual exits, regional exits, and bi-annual data meetings. Currently CQI managers are reviewing the process in place to request and design targeted reviews to include a process for regular evaluation of the targeted reviews implemented and their effectiveness. After completing multiple ad hoc/targeted reviews over 2-3 years, it was determined that while CQI reports out on the data that is gathered and some plans for improvement are made, review of the same practice points continues to be requested long term with no end date, even when the data does not show great changes. A new process will assist in an understanding of the purpose for ad hoc/targeted reviews and better monitoring of the use of the data for improvement. This process, once determined, will be added to the written policy and procedures manual. Ad hoc/targeted reviews are also being moved to align with the CFSR case review cycle beginning in October of 2016.

Analysis and Dissemination of Quality Data

Louisiana DCFS utilizes an assessment-based practice model that focuses on safety, permanency and well-being throughout the life of a case. The goal is to provide quality services to children and parents by utilizing best practice and involving community providers and resources that are best designed to facilitate improved family functioning so that children can be maintained in their homes whenever possible or when in care that they achieve the most appropriate permanent goal in a timely manner.

In order to assess practice across the continuum of the case, the state utilizes a CQI process of case reviews and an analysis of data resultant from the case reviews. Historical data is tracked over time to assess trends to identify areas where practice improvement is needed. An analysis of data includes an assessment of practice at different levels including:

- Statewide
- Regional
- Parish

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- Supervisory unit

Drilling data down to these levels helped to implement targeted, focused improvement plans at the regional level that were monitored by regional leadership. State leadership used the data to assist in identifying areas of practice that needed additional support in the form of training, mentoring, consultation, policy clarification, and even streamlining of practice to eliminate duplication and facilitate adherence to best practice. The Department has since ceased to continue the regional corrective action/improvement plans in the manner that they were being conducted. This proved to be a broken process where the communication between what might need to change, what was changing, and what staff needed was not productive, as information was not being shared to the degree necessary with the correct parties. With new leadership, there has been a great effort to have better communication between the field and state office programs, which includes CQI. Plans will be made going forward that address the use of data to make improvement plans and how those improvement plans are made and monitored.

Data from the CFSR periodic reviews is analyzed and disseminated within the department at all levels and outside the department to primary stakeholders. Subsequent to each review period, the data is compiled into a user-friendly format that can be incorporated into regional reports, statewide reports and for dissemination to stakeholder groups. For FFY 2015, CFSR data was utilized as follows:

- Worker/Supervisor Level: CQI reviewers conducted consultations with workers and supervisors on every review held. An individual report of the review is prepared prior to a meeting (or phone conference) that is held with the worker and supervisor. The individual report outlines in summary the areas of strength and areas needing improvement based on the case review. CQI reviewers use the information to provide mentoring on best practice, explain what is missing from the documentation, and conduct policy review or provide policy clarification as needed. Using this method allows the information obtained from the reviews to be utilized at the field level to improve practice.
- Regional Level: Subsequent to each review period a written report is prepared for each region that provides a summary of findings, including data, from the reviews. This report is tailored to the regional findings and analyzes trends over time. The report provides specific information related to ANI findings, trends, and systemic issues related to practice. The information in the report is presented to the regional management team and supervisors during an in-person exit with the region. The CQI team for that region leads a guided discussion related to the report findings, clarifies the findings by answering questions, and provides suggestions on areas of focus for improvement for the region. In FFY 2015 there were no formal regional corrective action plans developed as a result of findings from the CFSR.
- State Level: The State level Performance Quality Improvement (PQI) Committee meets quarterly to discuss child welfare practice in Louisiana. One portion of the meeting includes a review of the most current data from the CFSR. The data is discussed relative to participant-level roles. The committee is comprised of program leadership staff, program consultants, training staff, field level staff from the PQI regional teams, and

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stakeholders. Everyone on the committee has input into an analysis of the data and suggested next steps for improvement and/or how to utilize the data.

Data is also disseminated to stakeholders for discussion and input. Stakeholders have several opportunities to provide feedback on presented data. They are participants in quarterly statewide and regional PQI committee meetings. During the statewide meetings, the CQI Team presents and leads discussions on data results from CFSR and targeted case reviews. Stakeholders invited to participate in the statewide meetings include various state and regional internal stakeholders as well as external stakeholders such as representatives from the Court Improvement Program (CIP), Tribal representatives and representatives from agencies and residential placement facilities. Efforts are currently underway to reassess the function of the state level committee and to explore composition of the committee members in an effort to increase participation of additional external stakeholders

Opportunities for data sharing also occur during quarterly meetings of the DCFS Consumer and Community Stakeholder PQI Subcommittee. Members of this group consist of representatives from the CIP, courts, tribes, youth residential facilities, youth independent living service providers, advocacy agencies, CQI Team members, contracted service management agency, Louisiana Department of Health and Hospitals (DHH), and departmental program managers and section administrators. Data is reviewed and discussed during this meeting. The review of data helps guide the goals and objectives assumed by this committee. Further information related to this committee can be found in Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process.

In most regions of the state, stakeholders are invited to participate in the regional PQI core meetings and stakeholder subcommittee meetings where regional data is presented and feedback is welcomed.

DCFS also shares data from a variety of sources to help guide decision making in collaborative efforts with stakeholders who are members of various task forces, coalitions and councils.

In July of 2015, the DCFS implemented a PQI Data Subcommittee. This committee is led by a Data Work Group from the CQI team. The CQI work group holds regular meetings to analyze and discuss data and put the information in a format for discussion in the PQI Data Subcommittee. The first PQI Data Subcommittee meeting was held in January 2016. Based on a review of 2015 CFSR data, the committee recommended further analysis of 4 items of focus. It is the goal of the Department to improve on these items prior to the Child and Family Services Review (CFSR) Round 3 which is scheduled for 2018. The four areas of focus based on 2015 data include:

- Item 11: Relationship of Child in Care with Parents
- Item 12b: Needs Assessment and Services to Parents
- Item 13: Child and Family Involvement in Case Planning
- Item 15: Caseworker Visits with Parents

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The meeting yielded the following next steps related to improving practice in these 4 areas:

- Drill down the data for items 11, 12b, 13, and 15 prior to the next meeting to the level of:
 - Regional Data
 - Split data out for child, mother, father
- Assess the ability to expand the CQI case review staffing process to other regions
- Update the CQI documentation training (from 2014) and re-train in the regions
- Develop and implement a survey or focus groups with staff and parents related to engagement of clients. Through further discussion, it was determined that DCFS is currently working toward improving practice with foster parents and biological parents and that surveys might duplicate the work currently being done. Through the current initiative, further assessments will be conducted to determine needs in those areas. That work will fulfill the purpose of the identified need for surveys or focus groups and the information from that work will be used to assess next steps.

It was decided that prior to implementation of any improvement plans, CQI must meet with the new DCFS leadership to discuss the intent of the data subcommittee meetings and plans moving forward. It was also determined that more field level staff should be included prior to making plans for improvement. The PQI Data Subcommittee will meet or have some form of contact on a quarterly basis with a goal of building upon each session to identify next steps to practice improvement, implement suggestions, monitor progress and revise strategies based on ongoing data findings.

Ad hoc reviews are used to provide data relative to specific areas of practice that is used to inform:

- Practice trends over time
- Areas of practice that need additional support
- Strength areas
- Regional and supervisory specific areas that can be targeted for improvement

Ad hoc reviews have been used to guide interventions, assess policy and guide decision-making related to streamlining policy. Below are some ways that the information obtained from reviews is being used.

- ASFP and SDM reviews: An implementation team meets bi-weekly to analyze and discuss trends in practice. This is a decision making team that suggests next steps to State administrative staff relative to improving practice in the areas of risk assessment and safety management. The team has met regularly since the implementation of ASFP, [also referred to as Safety Focused Practice (SFP)] in 2012. Some activities in FFY 2015 as a result of data dissemination and review included the following:
 - The DCFS invested in training experts in the areas of Supervisors as Safety Decision Makers. DCFS contracted with Action for Child Protection (ACP) to provide an initial module on Present Danger to a select number of individuals within the Department. Individuals were selected from various roles within the Department to participate in this training. This included staff from the CQI team,

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training and program. Targeted staff were selected because they interact with and impact field level staff on different levels and therefore can impact practice improvement at different levels.

- Consultants from the Implementation Team continued (in FFY 2015) to provide supervisory and staff training and consultation at the Regional, Parish and Supervisory unit levels. Consultation is tailored to the specific needs of the Region, Parish or Supervisory unit based on findings from reviews and specific requests received from Regional and field-level staff.
- Youth in Transition (YTP) Review data was analyzed over a period of 2 years and it was determined that although an earlier training had been implemented in 2013, practice with older youth in care had not improved significantly. Based on this assessment, a new training was developed. Review findings were utilized to determine areas of focus for the training. The YTP training was piloted with CQI and Program staff in December of 2015 and the training was implemented statewide from December of 2015 through April of 2016. Three hundred ninety-four foster care and adoption case managers and supervisors were trained. From June to October 2016, CQI staff will ascertain if the subsequent development of a Youth Transition Plan previously reviewed in the prior two quarters has shown marked improvement after the case manager participated in training and consultation. This process will provide an avenue to assess if the improvement efforts were effective and if further efforts are necessary.
- Adoption and Foster Care Analysis Reporting (AFCARS) Reviews: Review data has been captured over a period of 2 years. Based on these reviews, it has been found that there are still continued issues in assuring reliable data is being entered into TIPS. Further action is needed in this area and is being made part of the planned work for FFY 2017.
- Trauma and Behavioral Health (TBH) Reviews: The TBH screening is being introduced and implemented by DCFS as a part of a federal grant funded by ACF. The use of the screen is intended to improve identification of specific mental health needs of children increase the service array indicated through the screen as needed by the population of children we serve. According to the evaluation plan for the grant, the data that we are collecting from the CQI review will be used to ascertain the extent to which the TBH screenings and assessment data are being used in case planning and to make referrals based on pre-defined cut-points. The questions in the CQI review are the only means through which we are able to quantitatively determine whether caseworkers are using the TBH to generate new referrals to treatment. The TBH screening report is currently being used for evaluation purpose for the grant, however, the CQI reviews will be able to be used by the agency, ongoing, once the grant funding has ended for the same purpose.

The current process for analyzing data related to CFSR case reviews is to track CFSR findings using the data reports available via OMS. CQI managers pull the data from OMS and review the data findings prior to submitting to report developers. Staff from our CQI team have been

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designated to prepare written reports outlining the findings from the current review period. The report writers follow a designated outline that covers:

- Current review data for each item
- Historical data for the last 5 review periods for each item
- Qualitative information related to areas of strength
- Qualitative information related to areas needing information

Report writers utilize the item and quality assurance comments directly from the OMS to structure the qualitative item feedback for the periodic reports. QA staff are responsible for assuring that comments documented in the review support the rating for the item in a clear and concise manner. QA staff initially completed the QA training module on the CFSR training site. QA staff are also required to participate in Quarterly Training involving a mock review. This quarterly training is provided by a current Federal reviewer with the CQI Managers.

QA staff are also required to participate in bi-weekly calls. These calls are an opportunity to vet case reviews to assure everyone is in agreement with case review findings. Questions that cannot be answered within the QA and manager team are forwarded to our federal partners for review. All answers to submitted questions are shared on a bi-weekly call with all CQI reviewers. The answers are also added to a Frequently Asked Questions (FAQs) document shared by the managers on a central site – CQI in VIBE.

Another source of assuring qualitative data is being captured is that new FAQs added to the OMS system and updated policy is reviewed with the entire CQI team during bi-weekly calls. This assures that everyone on the CQI team is provided with up to date information relative to conducting quality reviews.

In addition to the aforementioned efforts of the CQI team's attempt to assure accuracy in qualitative and quantitative data, three members of the CQI team participated in the CQI training academy in 2014. In 2016, all members of the CQI team will be required to go through the CQI training academy. Training will begin in May of 2016 and conclude at the end of the year.

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

In FFY 2016, CQI continued to promote the use of data to improve practice and guide collaborative efforts. Stakeholders along with DCFS leadership and staff reviewed data in an effort to plan, monitor and implement changes aimed at improving outcomes for children and families.

Stakeholders have several opportunities to provide feedback on presented data. They are participants in quarterly statewide and regional PQI committee meetings. During the statewide meetings, the CQI Team presents and leads discussions on data results from CFSR and targeted case reviews. Participants in the statewide meetings include various state and regional internal stakeholder as well as external stakeholders.

Opportunities for data sharing also occur during quarterly meetings of the DCFS Consumer and Community Stakeholder PQI Subcommittee. Members of this group consist of representatives

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from the CIP, courts, tribes, youth residential facilities, youth independent living service providers, advocacy agencies, CQI Team members, contracted service management agency, DHH, and departmental program managers and section administrators. This subcommittee has decided to concentrate on service provision to youth in foster care and youth aging out of care. During meetings, data presentations and discussions focus on services to youth in the areas of permanency, placement, and youth transitional planning.

The subcommittee also annually reviews and provides input on the Department's Assessment of Outcomes and Plans for Improvement prior to their submission as part of the Annual Progress and Services Report.

In most regions of the state, stakeholders are invited to participate in PQI core meetings and stakeholder subcommittee meetings where data is presented and feedback is welcomed. DCFS also shares data from a variety of sources to help guide decision making in collaborative efforts with stakeholders who are members of various task forces, coalitions and councils.

A pilot will begin June 1, 2016 and run through August 31, 2016 regarding stakeholder interviews. CQI QA staff will be conducting interviews of internal and external stakeholders. These interviews will be conducted in group sessions and in individual sessions. They will focus on items 19-36. Information collected from the interviews will be input into OMS. After the pilot is concluded and feedback is received from staff and stakeholders, CQI Managers will plan for the ongoing stakeholder interview process.

As part of the CQI case review process, reviewers hold individual CQI exit meetings with managers, supervisors and case workers 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 case work, and can result in an overall improvement in practice.

Over the next year individual exit summaries for the CQI exit meetings regarding the CFSR reviews and targeted reviews will additionally be emailed to the Area Director and Regional Administrator for the case. The Area Director and Regional Administrator will be invited to attend the individual exit but their attendance will not be mandatory. The Area Director and Regional Administrator will then have the individual case information so they may be included in the feedback loop and ongoing work efforts. The Regional Administrator will use the information learned to plan regional efforts and discuss planning in supervision with the Deputy Assistant Secretary. Overall performance regarding the CFSR reviews and targeted reviews are reviewed at the regional exit meetings attended by all levels of regional and state office staff. Staffs, included in this feedback loop of individual case information and overall performance, are also members of the regional and state level CQI committees where ongoing feedback and planning takes place.

Supervisors are presented with a broader review of the data results during their participation in the CQI regional exit meetings. During these meetings, the CQI Team presents the regions' overall data report for the review period. These meetings allow supervisors, regional

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management staff and CQI Team members to discuss data trends and outcomes that are specific to practice in the region.

The targeted case reviews mentioned above in the Case Record Review Data and Process section were designed to provide additional analysis into identified practice areas.

In addition to targeted case reviews, a data workgroup was developed by the CQI Team. The group consists of CQI managers, QA reviewers and reviewers. The group is tasked with identifying how data indicators are used to assess and monitor practice as well as ways and means of communicating data internally with department staff and externally with stakeholders. The workgroup meets bi-weekly to monitor and track data and to develop data reports.

Reports from the workgroup are presented to a PQI Data Subcommittee which is comprised of section leaders, administrators, CQI Team members, staff at the field level, and external stakeholders. This group is tasked with reviewing the presented data and developing next steps.

CQI partnered with the Child Welfare Training Academy (CWTA) to begin a consultation pilot in March 2016 where CQI staff provide consultation to front line supervisors attending the Supervisory Training and Professional Development Program offered through the CWTA. The pilot was initially planned for March 2016-June 2016 but might be extended to December 2016. The subject of consultation that CQI provides is based on the top areas needing improvement related to the items in the OSRI instrument. Consultation is provided on best practices that guide the item content. The CQI team is in the process of developing a consultation curriculum on the identified areas of practice and plans to continue development on each key area of practice covered in the OSRI. This will allow developed modules to be pulled and used as the data identifies the need in the individual areas. The long term goal of the consultation work is to customize the consultation content for each round of consultation by the areas of need identified within the data.

The CQI managers meet at least bi weekly to discuss the unit's progress in data collection, instrument development, and case review progress and data trends. Managers meet at least monthly with the Child Welfare Executive Manager to discuss the Department's progress in the CQI process and the need for any adjustments.

Activities Planned in FFY 2017: Going forward the CQI team will continue preparations for the 2018 CFSR working toward the ability to conduct a self-assessment. Some activities outlined for FFY 2017 include:

- The CQI team will continue to utilize the CFSR Round 3 instrument and resources for ongoing case reviews and data analysis.
- The CQI team will assess and implement any new roles necessary for CQI staff in the review process and will train intensely from July 2016-October 2016 regarding case reviews and roles. Training will further be provided to QA and case reviewers on a minimum of a quarterly basis to improve consistency among reviewers. CQI managers and QA reviewers will participate in case review debriefings with our federal partners to

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assure that we are capturing accurate and quality information in reviews based on OSRI instructions.

- The CQI review team will transition to the FFY calendar for sampling and reviewing cases.
- CQI team members will conduct planning meetings to include the data unit to determine an on-going process to identify data quality issues and their resolve them.
- CQI team members will continue meetings with the data unit to make any necessary revision to the sampling for CFSR cases to align with current federal guidelines for sampling.
- CQI initiated a stakeholder interview pilot in June 2016 to begin using the Stakeholder Interview Guide in OMS and document information from interviews in OMS. The pilot will include interviews with internal and external stakeholders.
- The CQI Manual will be updated to include:
 - Revised Sampling Procedures
 - Data Analysis and Reporting Procedures
 - Quality Assurance Measures
 - Additional Case Review Procedures
 - Procedures for Ad hoc/Targeted Reviews
- Current Ad hoc/Targeted reviews and the process for them will be evaluated further to determine:
 - Which instruments will continue to be used for further analysis of practice
 - Instruments that will be modified based on information needed relative to determining areas of focus or further analysis
 - Instruments that will be discontinued
 - New instruments or methods of analysis that may be needed
 - Method to request/determine Ad hoc/Targeted reviews
 - Process for development of review instrument
 - Process for determining and evaluating continued needs of Ad hoc/Targeted reviews

Changes based on lessons learned include the following:

- After 2 years of gathering information relative to Risk Assessment and Safety Management, it has been determined, based on data trends that although there has been incremental improvement in practice. Ongoing efforts to facilitate a risk assessment and safety management approach to practice, the following efforts will continue into FY 2016:

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- Continued training with ACP on the remaining modules in the Supervisors as Safety Decision Makers
- Further capacity building with the Quality Assurance reviewers assigned to SFP reviews
- Further capacity building with the SFP reviewers
- Inclusion of field level Managers in QA development
- Examine the potential to integrate Eckerd Rapid Safety Feedback approach in CPS CQI process
- A reassessment of the case review instrument to assess whether
 - The instrument provides safety related information that is critical for analysis and what if any items can be eliminated
 - There is any ambiguity in questions that needs to be revised to assist with inter-rater reliability
 - Item instructions need more explanation and definitions for clarity in what is being assessed

Based on the lack of progress in Youth in Transition Plans (YTP), from June to October 2016, CQI staff will ascertain if the subsequent development of a Youth Transition Plan previously reviewed in the prior two quarters has shown marked improvement after the case manager participated in training and consultation. CQI staff will conduct an exit with the worker and supervisor regarding the improvements and/or gaps in service provision and planning. The expectation will be for staff to work on resolving the gaps in service delivery and planning. If it is determined through this process that additional support and consultation is needed, the case will be referred to the State Office Foster Care and Transitioning Youth staff to provide consultation regarding the plan.

- As a result of ongoing AFCARS findings, it has been determined that the Foster Care Unit will need to work with staff to assure that quality data is being captured in TIPS. For the remainder of FFY 2016, state office foster care staff plans to evaluate the AFCARS Review data to determine specific areas to focus on for improvement. At a minimum, it is expected that some training regarding data entry will be necessary and will take place between FFY 2016 and FFY 2017. Post-training monitoring will continue to evaluate if more targeted consultations are necessary to alleviate data entry discrepancies.

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CASE REVIEW PROCESS:

Written Case Plans

Each child in foster care receives an initial case plan within 45 days of the date the child is placed in DCFS custody. After that, the case plan must be reviewed and updated a minimum of every 6 months from the date of foster care entry, but may be reviewed and updated more frequently if necessary to meet the needs of the child and family.

Case plans are developed during Family Team Conferences (FTCs) or Family Team Meetings (FTMs). Please note that in calendar year 2015, all regions within DCFS began doing FTMs and are no longer conducting FTCs. Regional data regarding the number and timeliness of family meetings is compiled by CQI Reviewers who serve as Administrative Reviewers. In FFY 2014, almost 98% of the scheduled FTC and FTMs were held timely. The chart below shows the number of conferences/ meetings due each month and how many of those conferences/meetings were held timely according to policy.

Administrative Review Compliance Report Statewide - FFY 2014													
Item	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL
How many Family Team Conferences/Family Team Meetings were due?	485	394	377	380	458	429	448	403	406	399	436	443	5058
How many FTCs/FTM held timely?	476	387	362	370	445	412	443	388	395	390	432	432	4932

- *Administrative Review Compliance data for timely completion of FTCs/FTMs during FFY 2014*

In FFY 2015, 98% of the scheduled FTC and FTMs were held timely. The chart below shows the number of conferences/ meetings due each month and how many of those conferences/meetings were held timely according to policy.

Administrative Review Compliance Report Statewide - FFY 2015													
Item	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL
How many Family Team Conferences/Family Team Meetings were due?	442	387	414	421	397	464	454	385	334	414	432	443	4987
How many FTCs/FTM held timely?	438	383	408	414	374	458	438	376	329	410	414	429	4871

- *Administrative Review Compliance data for timely completion of FTCs/FTMs during FFY 2015*

In comparison, the average percentage of FTCs & FTMs held timely in FFYs 2014 and 2015 remained the same at 98 percent.

Upon completion of the Family Team Conference/ Family Team Meeting and the development of the case plan, staff is to enter in TIPS the completion date of the initial or 6 month case plan.

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The table below shows the number of initial and 6 month case plans completed statewide by region for FFY 2014. In comparing the data in the Administrative Review Compliance Report chart above and the data in the chart below, it should be noted that the number of case plans completed in FFY 2014 is larger than the number of Family Team Conferences/Family Team Meetings for the same period. This is attributed to the data representing the number of conferences due, being counted per family whereas completed case plan data is counted per child in foster care.

The chart below gives the number of data entries in TIPS verifying completion of written case plans for FFY 2014. Each entry indicates the completion of a written plan per child.

Written Case Plans Completed for Children in Foster Care during FFY 2014			
REGION	Number of Initial Case Plans	Number of 6 Month Case Plans	TOTAL Case Plans
01	193	606	799
02	107	390	497
03	448	1,179	1,627
04	205	491	696
05	355	916	1,271
06	265	662	927
07	362	946	1,308
08	357	853	1,210
09	345	860	1,205
TOTAL	2,637	6,903	9,540

❖ *Chart represents the number of data entries in TIPS verifying completion of written case plans for FFY 2014.*

Although TIPS data was used in FFY 2014 to verify completion of written case plans, aggregate data collected from the CFSR case reviews in FFY 2015 gives better insight into Louisiana's conformity in this systemic factor. Additional information is included in the CFSR section below.

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CFSR Case Reviews

The table below shows the percentage of foster care cases reviewed that received strength rating for the item that rates whether plans were developed jointly with children and parents. It should be noted in FFY 2014, data for this item was collected in Item 18 - Concerted efforts were made to involve parents and children in case planning on an ongoing basis.

2013-2014 CQI Review Results Summary					
Item 18 - Concerted efforts were made to involve parents and children in case planning on an ongoing basis					
Quarter	9th 10/13-12/14	1st 2014	2nd 2014	3rd 2014	4th 2014
	47.9	50	34.8	41.1	53.1

❖ *Percentage of CQI Case Review cases with strength ratings for participation on case planning*

As a result of statewide data for this Item in FFY 2014, one region was required to develop a mandatory improvement plan while six regions were required to monitor their performance and develop improvement plans as needed.

The criteria use to determine if regions were required to development improvement plans was based on performance ratings for 7 consecutive case review quarters. Items requiring attention were categorized into 3 areas: Monitor, Monitor and Assess, and Areas Needing Attention. Items were assigned to a level based on the following:

- Monitor – items were included in this category when a region met the Louisiana Program Improvement Plan (PIP) negotiated rate of improvement for at least 5 reporting quarters with one of those being the last or current quarter. Regions were encouraged to monitor items in this category during the next reporting quarter to determine if further action was needed.
- Monitor and assess- items were included in this category when the Louisiana PIP negotiated rate of improvement was met in at least 4 reporting quarters. Regions were advised to consider case review data, other data sources, and additional case reviews to determine if specific practices required attention to improve compliance.
- Items needing attention- items were included in this category when a region met the Louisiana PIP negotiated rate of improvement in fewer than 4 reporting quarters. Regions were expected to develop a corrective action plan for each item included in this section with specific goals and timeframes that would ensure improved compliance. Although regions developed plans to address items needing attention in FFY 2015, compliance measures are not available due to a disconnect between sections within the department (field operations and program). It is the charge of Governor Edwards and the department’s new executive management team to eliminate such disconnects. These structural changes are being addressed through legislation.

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The 2013-2014 CFSR case review data reported in the 2015 APSR combined the subsets of children and parents in determining the department’s efforts to assess family participation in case planning. In 2015, DCFS began using the revised OSRI for Round 3 of the Child and Family Services Review (CFSR) and also began using the Federal Online Monitoring System (OMS) for periodic reviews. In the revised OSRI, aggregated data is collected for the subsets of children, mothers and fathers (Item 13) which allows more detailed analysis of involvement in case planning. The use of the new OSRI and OMS fulfills a data gap described in the 2015 APSR.

Case Review data shows in Item 13 that in 80.65% of the cases reviewed in two reporting periods, there were strength ratings for mothers’ participation in the development of case plans. In comparison, there was a significant reduction in the percentage of father participation at 62.23% in the cases reviewed. Since data provided for FFY 2015 allows for data drill down into categories of child, mother and father, there is no comparison of Louisiana’s ratings for the past 2 years as the ratings provided in FFY2014 combines all three categories.

The chart below gives the percentages of child and parental participation in the development of case plans for two reporting periods.

FOSTER CARE CASES					
Review Period	PUR	Sample Size	Child	Mother	Father
RP2	7/1/2014 – 6/30/2015	75	94.87%	77.97%	70.00%
RP3	10/1/2014 – 9/30/2015	75	89.58%	83.33%	54.55%
Average*		150	92.23%	80.65%	62.28%

❖ *Percentage of CQI Case Review cases with strength ratings for participation on case planning*

In addition to using the OSRI, Louisiana has implemented all 5 case related interviews to include the child, parent and caregiver, caseworker or supervisor and service provider/attorney. From July-December 2015 case related interviews were conducted with the caseworker or supervisor and the caregiver. The additional interviews were added in January 2016. In cases where interviews were conducted with parents, there were no indications that parents were not involved in the development of their case plans.

Prior to the beginning of the review period starting in October 2016, CQI will develop and determine the best way to collect data regarding the parent’s involvement in development of the child’s case plan. Previously, it was determined that data regarding Item 13 of the CFSR case reviews could be used for this item, but closer analysis reveals that Item 13 does not capture the detail necessary for this focus. CQI will be gathering this data by way of case related interviews with the parents and children. This will be done on cases reviewed for the CFSR case reviews and/or using stakeholder interviews with caseworkers, other agency staff, and additional stakeholders.

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In July of 2015, DCFS implemented a PQI Data Subcommittee which consists of internal and external stakeholders. This subcommittee is led by a Data Work Group from the CQI team. The CQI work group holds regular meetings to analyze and discuss data and put the information in a format for discussion in the PQI Data Subcommittee. The first PQI Data Subcommittee was held in January 2016. Based on a review of 2015 CFSR data, the committee recommended further analysis of 4 items which includes Item 13. The PQI Data Subcommittee will continue to meet with a goal of building upon each session to identify next steps to practice improvement, implement suggestions, and monitor progress. (For additional information on the PQI Data Subcommittee and plans to address areas needing improvement, please refer to the QA systemic factor portion of this plan.)

There are limitations to the data on written case plans, most notably:

- The lack of a statewide information system or an information system which captures the data and has the capability to report the data.
- TIPs data does not capture parental participation in the development of the case plan
- Stakeholder information regarding participation in the development of the written case plan (Item 20) is not included in this systemic factor.

Periodic Reviews and Permanency Hearings

Louisiana implemented a new Administrative Review process in June 2013 to monitor timeliness of judicial and Permanency court reviews. The process which is regionally based is monitored by the CQI Unit. Case Supervisors are responsible for ensuring that Judicial Reviews or Internal Administrative Reviews occur on each case as required, and that data is entered in TIPS and in a shared Case Review Schedule report. Judicial Reviews include 6 month Periodic Reviews and 12 month Permanency Hearings.

Statewide data shows that subsequent Judicial Court reviews were held for the majority of cases due during FFY 2014. Internal Administrative Reviews were required and conducted by DCFS staff for less than 1 percent of the cases. In FFY 2015, the rate of Internal Administrative Reviews conducted by staff remained at less than 1 percent. However, compared to FFY 2014 there was a 54% reduction in the total number of reviews held in FFY 2015 from 328 to 178, respectively.

Administrative Review compliance tracking for FFYs 2014 and 2015 is presented in the charts below.

Administrative Review Compliance Report Statewide - FFY 2014													
Item	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL
How many Family Conferences were due?	485	394	377	380	458	429	448	403	406	399	436	443	5058
How many Internal Administrative Reviews were held?	41	30	36	16	31	35	25	30	28	29	13	14	328

2. Administrative Review Compliance data for number of Internal Reviews conducted by DCFS staff.

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Administrative Review Compliance Report Statewide - FFY 2015																
Item	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL			
How many Family Conferences were due?				438	383	408	414	374	458	438	376	329	410	414	429	4871
How many Internal Administrative Reviews were held?				22	11	20	11	17	16	13	14	10	10	15	19	178

2. Administrative Review Compliance data for number of Internal Reviews conducted by DCFS staff.

A review of data provided by stakeholders from the Louisiana Court Improvement Project (CIP) shows that judicial hearings were held timely in 94.1 percent of cases for children in Foster Care in FFY2014. In FFY 2015, the percentage declined to 92 %. This data does not include a breakdown to reflect the number of hearings serving as Judicial or Periodic reviews. It is common in Louisiana courts to use the Periodic Review Hearing and Permanency Hearings interchangeably or a combination of both hearings, according to CIP. Therefore, the data provided below is collected from both hearing types. Exploration of data collection methods in this area is still needed as data gaps continue to exist.

The CIP and DCFS are exploring collection methods in collaborative data and CQI meetings. The major identified data gap for this factor is the inability of the CIP current system and DCFS legacy systems to analyze collected data to reflect specific information on Periodic Reviews and Permanency hearings. The CIP current efforts in this area surround implementation of a collection system that will be uniform across all attorneys providing Child in Need of Care representation. DCFS is continuing its search for an automated system. For additional information on DCFS Information Systems please refer to the systemic factor section of this plan.

Statewide Judicial Review Hearing- Compliance Data for Child in Need of Care Cases				
FFY	Total Cases	In Compliance	Not In Compliance	Compliance Percentage
2014	611	575	36	94.1
2015	476	437	39	92
2016				
2017				
2018				
2019				

❖ CINC permanency compliance numbers for active cases.

Termination of Parental Rights (TPR): The DCFS Bureau of General Counsel provides data regarding the number of Termination of Parental Rights (TPR) petitions filed on a monthly basis.

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This data is shared with the Executive Management Team and Regional Administrators to assist in decision making efforts on improving permanency outcomes. The monthly Statewide TPR Data Reports are also available for review on the DCFS Child Welfare Intranet Site.

The TPR data reports along with CQI case review reports are also shared with the Court Improvement Program. In the CIP CQI/PQI process this data has been used in discussions on court timeliness measures. DCFS and CIP's sharing of data as well as collaboration between the organizations' CQI committees, has strengthened the case review system regarding monitoring the statewide functionality of TPR filings.

The following chart shows data collected by DCFS staff attorneys on all TPR cases as well as data regarding court appearances and executed surrenders.

Annual Statewide Termination of Parental Rights 2014 Stats At-A- Glance						
Month	Total TPRs	Cases To Be Filed	Total TPRs Filed for Month	Filed After ASFA Date	TPRs Filed/No Court Date	TPRs Filed/Court Date Set
Oct	259	33	37	7	11	128
Nov	247	28	19	5	14	118
Dec	252	32	29	13	17	180
Jan	228	29	19	2	21	104
Feb	222	37	24	5	17	110
Mar	238	30	30	6	18	106
Apr	262	43	36	7	19	119
May	264	48	22	11	21	110
Jun	250	39	41	16	25	103
July	258	28	41	16	15	116
Aug	257	31	35	16	20	120
Sept	275	34	36	14	23	142
Total		412	369	118	221	1456

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

Annual Statewide Termination of Parental Rights 2015 Stats At-A- Glance						
Month	Total TPRs	Cases To Be Filed	Total TPRs Filed for Month	Filed After ASFA Date	TPRs Filed/No Court Date	TPRs Filed/Court Date Set
Oct	290	41	37	8	25	148
Nov	279	45	27	6	16	141
Dec	291	34	40	12	25	146
Jan	284	36	37	7	17	151
Feb	282	30	28	10	18	147

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Annual Statewide Termination of Parental Rights 2015 Stats At-A- Glance						
Month	Total TPRs	Cases To Be Filed	Total TPRs Filed for Month	Filed After ASFA Date	TPRs Filed/No Court Date	TPRs Filed/Court Date Set
Mar	293	34	38	10	13	144
Apr	284	36	37	7	17	151
May	323	66	38	13	24	137
Jun	324	68	43	11	19	152
July	353	61	41	6	24	167
Aug	363	47	50	13	26	185
Sept	362	48	48	12	19	182
Total		546	464	115	243	1851

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

In FFY 2015, staff attorneys filed more than 450 Termination of Parental Rights petitions. This is a 20% increase over FFY 2014. Although the average number of petitions completed increased over the reporting period, this data does not indicate whether the petitions were filed timely. However, data provided by the Court Improvement Program regarding timely filing of TPR petitions shows that in 7 of 9 juvenile court and judicial districts, petitions are filed with the legal maximum number of days.

Continued work on this indicates that the dates needed to determine timeliness are collected but this data has not been configured to show timeliness and has not been rolled up. DCFS staffs have begun work to change the way this data is configured and rolled up so that timeliness can be included in the future. This work should be completed prior to the 2017 APSR submission.

Court Improvement Program – Time to TPR Petition			
	Baseline (FY2013)	FY 2014	FY 2015
Legal Services of Southeast Louisiana	431	415	446
Legal Services of North Louisiana	461	588	520
Acadiana Legal Services	521	655	477
Child Advocacy Services	-	163	435
14 th JDC	394	406	440
16 th JDC	678	708	592
Caddo	356	469	394
Orleans	348	330	476
Jefferson	299	385	361

❖ *CIP measures of Time to TPR Petitions in median days.*

Just as DCFS, the CIP also reports data limitations and is continuing to explore ways to fill data gaps.

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Case Reviews: In FFY 2015, case review data results show an increase in the percentage of foster care cases with Area Needing Improvement ratings related to Termination of Parental Rights petitions.

CQI case reviews provide data on the filing of TPR petitions or compelling reasons for not filing petitions. In FFY 2014 the reviews captured data in Item 7(d-g) (Permanency) on the 2008 CFSR case review instrument. CQI Quarterly case review reports provide case specific data for ratings of Area Needing Improvement (ANI) in Item 7. In FFY 2015, the reviews capture data in Item 5 (f-g) (Permanency Goal) on the revised Round 3 CFSR Onsite Review Instrument.

Data for FFY 2014 indicates that 22 of the 311 applicable cases reviewed were rated as ANI. In FFY 2015, 33 of the 300 cases were rated ANI because TPR petitions were not filed timely and no compelling reasons were documented. For comparison purposes, the data presented in the CQI case review charts below represent a small random sample of cases selected for Quarterly reviews in FFY2014 and FFY 2015, while the Statewide Termination of Parental Rights chart on the preceding page shows data collected by DCFS staff attorneys and represents 100 percent of the TPR cases.

2014 CQI Review Results Summary TPR Related Area Needing Improvement (ANI) Ratings			
QUARTER	APPLICABLE CASES	TPR related ANI RATINGS	Percentage of Applicable cases with TPR related ANI Ratings
9 TH (10/1/13-12/31/13)	84	7	.08%
1 ST CY2014	78	6	.07%
2 ND CY2014	75	3	.04%
3 RD CY2014	74	6	.08%
TOTAL	311	22	.07%

❖ CQI Quarterly Case Review data on cases with TPR related ANI ratings

2015 CQI Review Results Summary TPR Related Area Needing Improvement (ANI) Ratings			
QUARTER	APPLICABLE CASES	TPR related ANI RATINGS	Percentage of Applicable cases with TPR related ANI Ratings
4 TH (10/1/14-12/31/14)	75	6	.08%
1 ST CY2015	75	5	.06%
2 ND CY2015	75	11	.15%
3 RD CY2015	75	11	.15%
TOTAL	300	33	.11%

❖ CQI Quarterly Case Review data on cases with TPR related ANI ratings

Data from case reviews shows the number of TPR related ANI ratings increased to .11% percent in FFY2015. Increases in the ratings were seen in the 2nd and 3rd Quarter of CY 2015 when a total of 22 cases were rated as ANI based on timely filing of TPR petitions and compelling

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reason for not filing petitions timely. It should be noted that during these review quarters, CQI reviewers began using the OMS to complete case reviews. The results from Quarters 2 and 3 were provided from OMS itemized aggregated data reports.

Notice of Hearings to Caregivers and Right to be Heard: Currently DCFS does not have a mechanism for insuring foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child. Louisiana law and DCFS policy require the foster caretaker of the child be notified of and allowed to participate in all reviews and hearings related to a child cared for by the caretaker. However, the compliance with the law and the policy is not routinely monitored and measured.

In 2014, DCFS, CIP and The Pelican Center for Children and Families conducted a statewide survey of Foster Parents to explore caretakers' experiences in participating in court proceedings and to obtain feedback regarding whether caretakers received notice of court hearings. A total of 2,050 emails were sent out; 50 of which were undeliverable. A total of 1,200 paper copies of the survey were also mailed to those families without a known email address. Of the 3,250 surveys, 403 were returned in time for inclusion in the analysis; two were dropped due to the amount of missing information. The analysis is based on the 401 responses.

In regards to understanding their legal rights, the majority of the responding parents knew they had a right to receive notice of disposition, case review and permanency hearings and other court proceedings for children in their care. In addition, 82% responded as agreeing to know their right to be heard in disposition, case review, permanency and other court hearings. The remaining 18 % did not understand these rights according to their responses of "Disagree or Don't Know".

Update FFY 2016:

1. **Case Review System-** Exploration of data collection will continue. The use of several legacy systems has not been effective in providing specific data relative to exploring DCFS conformity to the systemic factor. Efforts to fill data gaps during this reporting period consisted of the development of ad hoc/ targeted case reviews in the areas of Family Team Meetings and Youth Transition Plans. Data obtained from these reviews was multi-purpose and did not provide sufficient information to confirm the development of written case plans, court hearings or timeliness of TPR petitions.

DCFS does not currently have any mechanism for compiling and tracking data regarding notification to foster parents regarding court hearings, nor for compiling and tracking data on whether the foster parents actually had an opportunity to be heard when they choose to attend court hearings. The most recent data regarding this was obtained through a survey of foster and adoptive parents which was completed in collaboration with the CIP and is noted above.

In the coming year DCFS will utilize the following two methods for addressing this issue: a) Focus groups with foster parents through CQI staff facilitation regarding stakeholder interviews to get verbal feedback on how foster parents are notified of court hearings regarding the children for whom they are caring for and how they are allowed to express their viewpoint on

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the care needs of the child through the court process; and, b) Survey Monkey survey of foster parents statewide to all foster parents for whom DCFS has an email address to get quantitative data on whether foster parents are being notified of hearings, whether they are attending hearings when notified, and if they are given an opportunity to be heard during the hearings when they attend.

A pilot to conduct stakeholder interviews was initiated on June 1, 2016. Quality assurance staff from CQI will conduct the interviews and input the data in the OMS system. This pilot is scheduled through August 2016. Regular stakeholder interviews are scheduled to be incorporated in the Case Review System beginning in October 2016. In FFY 2015 stakeholder feedback opportunities were through PQI state level meetings, PQI Consumer and Stakeholder Subcommittee meetings, task forces, coalitions and councils. The opportunities were not always specific to questions linked to systemic factors.

2. Periodic Review and Permanency Hearings – DCFS and the CIP collaborated on plans to modify information collection systems. Efforts included collaborative meetings between DCFS, the PQI Consumer and Stakeholder Subcommittee, and the CIP CQI team. DCFS efforts to develop an information system to capture timeliness and court related information is ongoing.

Ongoing efforts of CIP include working collaboratively to design and implement an automated data collection system which will include court timeliness measures. In addition, DCFS continues to explore automated systems which will also collect information regarding timeliness of Periodic Review and Permanency Hearings. Planning regarding data collection in this area has moved forward through communication with DCFS program leadership and IT staff, as well as increased communication with CQI and PQI activities on both the CIP and DCFS side. The CIP is currently in the implementation stage of changing databases utilized by children's attorneys to ensure comparability and quality of timeliness measures. DCFS looks forward to continue data sharing opportunities as the CIP implements its new system.

Activities Planned FFY 2017:

- 1) **Case Review System**- DCFS will continue to explore data collection methods for written case plans by developing ad hoc and targeted cases reviews and by continuing efforts to develop a statewide information system.
- 2) **Case Review System** - DCFS will begin conducting internal and external stakeholder interviews to obtain additional information for analysis of DCFS conformity on this systemic factor.
- 3) **Notice of Hearings** -DCFS will work with CIP to explore additional methods of tracking and insuring that caregivers receive notice of and have a right to be heard in hearings. To ensure DCFS fulfills the responsibility of the department in notifying caregivers of all reviews and hearings, in FFY 2016 DCFS submitted a request to add a new feature to the FATS system to allow caseworkers to record notification of court hearings. This feature will also allow DCFS to collect data. Because of pending changes to the information management systems within the department, this change request has not yet been accepted.

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STAFF TRAINING:

I. Initial Staff Training - New DCFS Child Welfare employees are assigned to New Worker Orientation Cohorts upon notice of hire from the Human Resources section. The Child Welfare Trainers are responsible for tracking new workers by their cohort to ensure all staff completes the required training within six months of employment. At this time each training cohort consists of 24 to 26 newly hired Child Protection Services, Family Services, Foster Care, and Centralized Intake staff. During FFY 2014, out of 274 new hires and Title IV-E Interns, 246 Child Welfare staff was trained and completed the New Child Welfare Orientation series during their first six months of employment with DCFS. During FFY 2015, out of 299 new hires and Title IV-E Interns, 291 child welfare staff was trained and completed the New Worker Orientation series during their first six months of employment with DCFS. To ensure new workers receive all mandatory trainings within six months of employment, DCFS has developed training cohorts. These cohorts are monitored by DCFS Child Welfare Training and tracked to ensure all participants attend all in-class New Worker Orientation Courses as scheduled within the first 3 months of employment and complete all training activities within six months. A total of 35 weekly trainings sessions were held during SFY 2013. During SFY 2014 a total of 40 weekly trainings sessions were held. Then in SFY 2015 a total of 41 weekly trainings sessions were held. Pre-tests and post-tests are administered during the training sessions to measure the percentage of knowledge increase. Evaluations were also administered during training sessions to measure the worker's training experience, training needs, the training facility, and the trainer's ability to engage and deliver course material. Information on the evaluation measures is located in the Training Plan section of this report.

DCFS does not contract with other service providers to provide case management services in the areas of Centralized Intake (CI), Child Protection Services (CPS), Family Services (FS), Foster Care (FC), Adoption (AD), and Home Development (HD).

The chart below documents the knowledge increase percentage in 16 of the 35 sessions held during SFY 2013. The chart also provides data regarding the Training Week evaluation, the number of participants, the date of the training, and the pre-test and post-test results.

New Worker Orientation Training SFY 2013: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Average of Pre-Test Questions Missed	Average of Post-Test Questions Missed	Difference	Variance in Knowledge Percentage
Week One	11	Oct. 7-11, 2013	11	4	07	17.9%
Week One	30	Nov. 4-8, 2013	11	7	04	10.2%
Week Two	27	Nov. 20-22, 2013	08	3	05	41.6%
Week One	11	Dec. 9-12, 2013	13	6	07	18.9%
Week One	9	Mar. 17-21, 2014	11	5	06	15.4%
Week One	17	April 7-11, 2014	11	6	5	12.8%
Week Two	20	April 21-25, 2014	8	2	6	50%
Week One	15	April 7-11, 2014	12	6	6	15.8%

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New Worker Orientation Training SFY 2013: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Average of Pre-Test Questions Missed	Average of Post-Test Questions Missed	Difference	Variance in Knowledge Percentage
Week Two	15	April 21-25, 2014	9	4	5	45.5%
Week One	24	May 5-9, 2014	11	7	4	10.2%
Week Three	22	May 19-23, 2014	7	3	4	29.2%
Week Three	18	June 2-14, 2014	6	4	2	14.3%
Week One	17	June 2-6, 2014	13	7	6	16.2%
Week Two	25	June 9-13, 2014	9	2	7	63.6%
Week Three	16	June 16-20, 2014	6	2	4	28.6%
Week Two	14	June 23-27, 2014	10	2	8	80%

Due to data gaps in information on New Worker Orientation, a detailed analysis cannot be completed to determine the effectiveness of the training sessions. Going forward efforts to improve data collection in this area will be explored.

In SFY 2014, the Louisiana Child Welfare Training Academy (LCWTA) began gathering data to assist in improving the reporting for child welfare training. Beginning in SFY 2014, DCFS was reorganized and training was placed under the Child Welfare Program Section. Also, during this time training was asked to reorganize and update all tests associated with New Worker Orientation to improve data collection. With the assistance of Louisiana State University, test scores and reporting of pre and post-test information was updated to reflect the average score from both the pre and post-test and reflect the percentage of overall improvements.

The chart below documents the knowledge increase percentage in 18 of the 40 sessions held during SFY 2014. The chart also provides data regarding the number of participants, the date of the training, and the pre-test and post-test results. In SFY 2014, child welfare training was reorganized. Due to changes in the structure of the unit and changes to the 24 week new worker orientation curriculum the information captured from training sessions is incomplete. Pre and post-test evaluations were submitted in DCFS' Modular Object Oriented Dynamic Learning Environment (MOODLE), but the information has not been updated, and access is limited. Also, the pre and post-tests were no longer valid as the course content changed. During this period of time information was captured, but the data is currently not available.

New Worker Orientation Training SFY 2014: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Pre Test Number of Answers Missed	Post Test Number of Answers Missed	Difference	Variance in Knowledge Percentage
Week One	20	July 21-25, 2014	16	9	7	Not measured
Week Two	14	August 4-8, 2014	10	2	8	Not measured

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New Worker Orientation Training SFY 2014: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Pre Test Number of Answers Missed	Post Test Number of Answers Missed	Difference	Variance in Knowledge Percentage
Week Three	30	August 18-22, 2014	6	4	2	Not measured
Foster Care	30	August 25-29, 2014	No Test			
Foster Care	30	September 8-12, 2014	No Test			
Week One	27	September 10-12, and September 17-19, 2014	12	4	8	Not measured
Week Three	17	September 29-October 3, 2014	5	2	3	Not measured
Week One	17	October 6-10, 2014	16	10	6	Not measured
Week Two		October 6-10, 2014				Not measured
CPS	29	October 20-24, 2014	6	4	2	Not measured
Week Three	18	October 27-31, 2014	6	3	3	Not measured
CPS	18	October 27-31, 2014	3	2	1	Not measured
Week One		November 17-21, 2014	Unavailable			
Week Two		November 17-21, 2014	Unavailable			
Week Two		December 1-5, 2014	Unavailable			
Family Services		December 8-12, 2014	Unavailable			
Week Three		December 15-19, 2014	Unavailable			
Week Three		January 12-16, 2015	Unavailable			
Week One		January 26-30, 2015	Unavailable			
Week One	22	February 2-6, 2015	Unavailable			
CPS		February 2-6, 2015	Unavailable			
Foster Care		February 2-6, 2015	Unavailable			
Week Two		February 9-13, 2015	Unavailable			
Week Three		February 23-27, 2015	Unavailable			

In March 2015, the CWTA contracted with Louisiana State University (LSU) to provide assistance in measuring the results of training evaluations and pre and post-test results. A graduate student was assigned by LSU to work with DCFS to show the average pre and post-test scores, improvement of the overall class as it relates to test scores, and the percentage of student that scored under the 80% standard for achieving competency in each course. The results of the pre and post-tests are listed below. The results from the training evaluations are located on the Training Plan section of this report.

The information from pre and post-tests are used to assist with the evaluation of course content as well as help trainers and curricula developers in identifying areas of focus. Each test question

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is evaluated to identify trends and DCFS trainers have used the results to help rewrite test questions that may be confusing to participants. This process also helps to ensure course content is clear, presented in a way that meets the goals of the training, and best prepares new staff for work in child welfare.

New Worker Orientation Training SFY 2014: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Pre-Test Average Score	Post Test Average Score	Improvement	Percentage below 80%
Week Two	26	March 2-6, 2015	54%	91.5%	69.4%	4% = 1
Foster Care		March 9-13, 2015	No test			
Specialized Week		March 16-20, 2015	No Test			
Week One	22	March 23-27, 2015	56.7%	84.2%	48.5%	13% =3
Week Three	26	March 23-27, 2015	74.3%	88.9%	19.7%	0% = 0
Week Two	23	April 6-10, 2015	64.9%	87.5%	34.8%	9% = 2
Specialized Week	25	April 13-17, 2015	No Test			
Week Three	23	April 20-24, 2015	78.7%	94.1%	19.6%	0% = 0
Week One	23	April 27- May 1, 2015	64.4%	89.6%	39.1%	4.5% = 1
Specialized Week	23	May 4-8, 2015	No Test			
Week Two	23	May 11-15, 2015	50.6%	83%	64%	17.4% = 4
Week One	25	May 18-22, 2015	64%	82.5%	28.9%	25.0% = 6
Week Three	23	June 1-5, 2015	78.1%	92.9%	19%	4.3% = 1
Week Two	24	June 8-12, 2015	No Test			
Week One	22	June 15-19, 2015	63.6%	89.1%	40.8%	9.1% = 2
Specialized Week	24	June 22-26, 2015	No Test			

The chart below documents the knowledge increase percentage in 23 of the 38 sessions held during SFY 2015. Attached to this report you will find data regarding the Training Week evaluation, the number of participants, the date of the training, and the pre-test and post-test results.

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New Worker Orientation Training SFY 2015: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Average of Pre-Test Questions Missed	Average of Post-Test Questions Missed	Improvement	Percentage below 80%
Week Three	23	July 6-10, 2015	75%	90.8%	21.1%	4.3% = 1
Week Two	20	July 13-17, 2015	61.2%	97.2%	58.8%	0% = 0
Specialized Week	25	July 20-24, 2015	No Test			
Week One	26	July 27-31, 2015	66.6%	97.8%	46.8%	0% = 0
Week Three	20	August 3-7, 2015	77.4%	94.2%	21.7%	0% = 0
Week Two	25	August 10-14, 2015	71.8%	88.6%	23.4%	4% = 1
Specialized Week	20	August 17-21, 2015	No Test			
Week Three	26	August 24-28, 2015	78.9%	93.5%	18.5%	3.8% = 1
Week One	29	August 31-September 4, 2015	62.6%	79.7%	27.3%	41.4% = 12
Specialized	25	September 14-18, 2015	No Test			
Week Two	29	September 21-25, 2015	64%	96%	50%	0% = 0
Week One	16	September 28-October 2, 2015	55.5%	84.25%	96.3%	18.75% =3
Week Three	27	October 5-9, 2015	80.1%	91.4%	14.1%	0% = 0
Week Two	16	October 12-16, 2015	57.5%	97.25%	69.13%	0% = 0
Specialized Week	27	October 19-23, 2015	No Test			
Week Three	16	October 26-30, 2015	77.75%	90.75%	16.72%	12.5% = 2
Week One	28	November 2-6, 2015	62.71%	95.43%	52.18%	0% = 0
Specialized Week	16	November 16-20, 2015	No Test			
Week Two	27	November 30-December 4, 2015	57.48%	93.78%	63.15%	0% = 0
Week One	26	December 7-11, 2015	Data Unavailable	Data Unavailable	Date Unavailable	Date Unavailable
Week Three	27	December 14-18, 2015	80.44%	93%	15.61%	3.7% = 1
Specialized Week	27	January 4-8, 2015	No Test			
Week Two	24	January 11-15, 2016	60%	93.5%	56.09%	3.57% = 1
Week Three	24	January 25-29, 2016	80%	96%	21.45%	3.57% = 1
Week One	8	February 1-5, 2016	60.5%	80.5%	20%	37.5% =3
Specialized Week	22	February 15-19, 2016	No Test			
Week Two	8	February 22-26, 2016	65%	85%	20%	0% = 0

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New Worker Orientation Training SFY 2015: Variance in Knowledge Percentage						
New Worker Orientation Week Number	Number of Participants	Date	Average of Pre-Test Questions Missed	Average of Post-Test Questions Missed	Improvement	Percentage below 80%
		2016				
Week Three	8	March 7-11, 2016	See test results for April 18-22, 2016			
Week One	10	March 14-18, 2016	62%	83.2%	34.19%	0% = 0
Week Two	8	April 4-8, 2016	53.0%	94.5%	78.3%	0% = 0
Week Three	16	April 18-22, 2016	80%	96.75%	20.84%	0% = 0
Week One	12	April 25-29, 2016	61.45%	90.55%	47.36%	0% = 0
Specialized Week	18	May 2-6, 2016	No Test			
Week Two	11	May 9-13, 2016	56%	84%	28%	36.4% = 4
Week Three	12	May 23-27, 2016	No Test			
Week One		June 6-10, 2016	No Test			
Specialized Week		June 13-17, 2016	No Test			
Week Two		June 20-24, 2016				

Child Welfare Training continues to work on eliminating the gaps in information obtained from New Worker Orientation. As stated above, a detailed analysis cannot be completed to determine the effectiveness of the training sessions due to several changes to the organizational structure of the training unit and updates to the initial staff training curriculum. Efforts to improve data collection will continue to be explored. Please refer to the New Worker Orientation summary and New Worker Orientation group 9-11 documents for an analysis pre/post-test results and the results of evaluations.

Update FFY 2016 on Initial Staff Training: A workgroup was developed and will assist in the revision of the 24 week orientation for new child welfare staff. This workgroup will provide valuable input from all levels of child welfare within DCFS and the Universities Alliance members. This workgroup has been tasked with identifying competencies that all Child Welfare Specialists and Title IV-E Interns will need to be job ready following the completing of pre-service training. This group will also assist with the development of pre and post-test questions and simulated activities to assist in assessing new child welfare staff for duties associated with their positions within DCFS.

II. Ongoing Staff Training: DCFS provides ongoing training to employees to enhance their skills and knowledge base through mandated and in-service training. For additional information and a list of trainings provided to employees during FFY 2015, please refer to the Training Plan Section and Appendix B of this report.

New child welfare employees are required by Louisiana law to complete 32 hours of instruction, in specified areas of child welfare, for the position they are directly responsible for prior to the

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beginning of duties. Following the initial training of new employees, DCFS employees are mandated to complete 32 hours of continuing in-service training relative to providing child welfare services within their second and third year of full employment. Following their third year of employment, all DCFS child welfare employees are required to complete 20 hours of in-service training annually. Training hours are tracked in MOODLE. This learning management system has been used by DCFS since July 2009. The DCFS regional trainers monitor each employee's training using MOODLE and provide a report to each region and to state office child welfare program staff annually. These statewide reports inform administrative staff of the number of training hours each staff is required to have and the number of hours each staff has obtained in order to ensure staff have received the required hours of in-service training each year. In April of each year, staff who have not received the required hours based on their years of service with DCFS are then encouraged to complete the hours by the deadline of June 30th. On April 1, 2015, approximately 51% of child welfare staff needed assistance or encouragement to complete their training hours. Those who have not received the required hours are assisted in locating trainings within their region that may be of special interest to their area of practice. Please refer to the chart below.

Region	Total # of staff needing training hrs.	All training completed	Over 1/2 of training completed	Over 1/4 of training completed	Some training completed, but less than 1/4	No training completed
New Orleans	123	117	6	0	0	0
Baton Rouge	77	77	0	0	0	0
Covington	150	149	1	0	0	0
Thibodaux	78	78	0	0	0	0
Lafayette	142	142	0	0	0	0
Lake Charles	73	73	0	0	0	0
Alexandria	107	105	2	0	0	0
Shreveport	125	125	0	0	0	0
Monroe	99	97	2	0	0	0
State Office	148	123	8	13	4	0
Centralized Intake	58	26	17	7	4	4
CQI	24	22	0	2	0	0
TOTAL	1204	1134	36	22	8	4

Louisiana acknowledges the existence of data gaps in the area of collecting sufficient information from all training sessions to determine the functioning of ongoing staff training. In FFY 2015, the Department designed a new training evaluation form that is being consistently used for all training sponsored by DCFS child welfare, the CWTA and the Pelican Center for Children and Families. This evaluation is based on the work done in New Jersey between the state child welfare agency and the university alliance which is well-established and functioning at a very high level. New Jersey provided the Department with a copy of their quarterly report and year end summary as a model for data analysis and reporting. The Department increased the focus on pre/post-test measures to assure training is effective in increasing the knowledge and skills of staff in FFY 2015.

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In March of 2015, the Department began providing Louisiana State University (LSU) with evaluation data from new worker training so they could become familiar with current processes and documents and begin to develop a comprehensive plan for data collection and analysis. The Additional Activities Planned for FFY 2016 outlines DCFS plan going forward.

Based on the information obtained in the updated evaluation forms, Child Welfare Training was able to identify details to help improve the overall experience of participants attending training. This evaluations include questions that provided input regarding the trainers' ability to engage, answer questions, and present content as well as an evaluation of training activities, length of training, and if the training provided participants information that would benefit them in practice. The information obtained will be used to assist with updating current training to ensure activities and information provided directly relate the child welfare practice and can be used once participates return to their job site.

Update FFY 2016: Through the partnerships developed with the CWTA, DCFS was able to provide staff with ongoing training and multidisciplinary trainings to enhance their skill within child welfare practice. Connections with the Pelican Center for Excellence, LouisianaChildren.org, Louisiana Healthcare Connects, and Team Dynamics, LLC has allowed DCFS to extend its partnership with others while providing valuable competency based trainings to all child welfare staff.

During FFY 2015, frontline staff were provided training to improve skills when interviewing children with disabilities. The Child Victims with Disability Training provided by Scott Model was sponsored by the Children's Justice Act Task Force and provided two day training for all staff and community partners that worked with child victims of abuse and neglect. Training was provided from October 21, 2015, through March 30, 2016 in 10 locations through the State. Six hundred eighteen DCFS employees participated in this one time training opportunity.

Activities Planned FFY 2017: For FFY 2017, Child Welfare Training and the CWTA will continue to use the evaluation developed by the CWTA that was based on the evaluation and reports received from New Jersey. This evaluation captures details that are beneficial in the development and assessment of course content and will assist in the development and updates needed for New Worker Orientation. DCFS will also continue to work on closing the gaps identified in the reporting and gathering of information from pre/post-test results. Some of the barriers in reporting include the use of students to calculate and report information. Student workers are hired part-time by the university and are not readily accessible to DCFS staff. Also, when the university is in session students are not available for work. During semester breaks, information is gathered and held until a student is available. Delays were caused due to the hiring of a new student, ensuring the student had a computer, and training on how to report needed information.

DCFS with its partnership with the CWTA, the Pelican Center and the Universities Alliance will continue to provide training opportunities for DCFS staff, federally recognized tribes and other partners. Staff will also continue partnerships with Louisiana Healthcare Connections, Cenpatico, and other state agencies to ensure quality competency based trainings.

Ongoing Staff Training - Activities Planned for FFY 2017:

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- The Department will continue to strive toward a robust evaluation system. The Department expects to continue the contract with Louisiana State University (LSU) to formally serve as the evaluator of the training done through the CWTA. The agreement is expected to include compiling all pre-/post-test scores, calculating change, analysis of training evaluation forms, quarterly reports, and an annual report. Through this contract, LSU will assist in updating the training needs assessment each year based on the evaluation findings.
- The Department will continue efforts focused on developing a competency based curriculum.
- The Department will continue to explore the ability to obtain and provide evaluation information regarding every course or training session in MOODLE.

III. Foster and Adoptive Parent Training – On an ongoing basis, foster/adoptive parents receive training through agency sponsored training providers. Other trainings, meeting certain criteria, can be used to meet licensing requirements, such as: 1) Louisiana Foster/Adoptive Parent Association annual conference; 2) National Foster Parent conferences; 3) Community agency or organization trainings (pre-approved by the regional or state office); 4) 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; 5) On-line trainings (pre-approved by State Office). The training hours are documented on the DCFS CW Workshop/ Conference Attendance Form for Foster Parents (TRN-7). The completed form was submitted to the Home Development (HD) Unit for filing in the foster/adoptive parent file.

At this time the state office Home Development unit is working with Southeastern Louisiana University (SLU) to develop ways to track foster parent training. Currently, foster parents must keep track of their annual training and submit copies of certificates and proof of participation to their regional Home Development Specialist at the time of recertification. The state office Home Development unit is currently working with DCFS Training and the Department of Administration/Office of Technology Services (OTS) to develop procedures for tracking foster parent trainings in MOODLE. Once foster parents are provided access to MOODLE, trainings will be provided through the CWTA and DCFS and foster parents will be able to track training information.

The Home Development unit has worked with the LCWTA to develop a 3 year plan for foster parent training. Six areas of need were identified and will be offered to foster parents during SFY 2017. These training are in partnership with Louisiana Healthcare Connections. These trainings include Trauma Informed Practice for Foster Care Providers, Substance Affected Infants, and Parenting LGBTQ Youth. These trainings were provided in Monroe, Lake Charles, Baton Rouge, and Lafayette Regions. Other trainings include: TBRI (Trust Based Relational Intervention) training provided to foster parents in Lafayette Region; Foster Parents Roles and Responsibilities, provided by CWTA; and Sex Trafficking, provided by the CWTA and in collaboration with the Pelican Center.

Pre-Service Training: Child specific foster/adoptive applicants are required to complete 12 hours of pre-service training. A pre-service training shall be scheduled to begin at a minimum of every ten weeks. The location and time of trainings should vary to accommodate the applicants.

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From January 2014 – December 2014, regional staff held approximately 50 pre-service trainings statewide. From January 2015 – December 2015, regional staff held approximately 47 pre-service trainings statewide. The trainings were held in various locations: parish offices (17); regional offices (19); churches (11); college campuses (3); libraries (2) and hospitals (2). This indicates the working relationship between the Department and community partners. There were approximately 700 newly certified families during calendar year (CY) 2014. In CY 2015 there were approximately 843 newly certified families. The trainings were held in various locations: parish offices (16); regional offices (26); churches (2); college campuses (2); and libraries (1).

In-Service Training: Regular and child specific foster/adoptive parents shall complete a minimum of 15 hours of approved in-service training per state fiscal year. Specialized homes are required to complete a minimum of 20 hours and maintain CPR certification. All foster/adoptive parents are required to receive a “refresher” on CPR/first aid and medication administration at least every two years following initial certification. Specialized homes shall maintain their CPR certification.

Currently, each region tracks in-service foster parent training differently. Most regions have foster parents send in their training certificates to their Home Development worker and the worker is responsible for tracking the hours and notifying parents when they need to complete hours. There are a few regions that utilize an Excel spreadsheet to track training. DCFS is currently working to provide certified foster/adoptive parents access to MOODLE. MOODLE will be able to track training hours as well as offer computer based trainings. Foster parents will be able to access MOODLE from the CWTA’s website. Once the Department has ensured that MOODLE is functional for foster parents, Home Development workers will be trained on how to utilize the program as well as how to train foster parents on how to utilize the program.

Forty-one foster/adoptive homes are required to be certified in CPR and First Aid. The Child Welfare Training unit has contacted the American Red Cross and is working with the CWTA to purchase vouchers that can be provided to foster/adoptive parents needing certifications and ensure access to CPR and First Aid courses. The state office Home Development (HD) unit will track completion of these courses to ensure foster/adoptive parents are up-to-date with certifications.

Meeting Needs of Foster/Adoptive Parents: During the recertification process, HD staff provides the foster/adoptive parent an opportunity to specify the type of training needed. The DCFS CW Form 604-II is one of the forms used by HD staff in the evaluation process for continued certification. This form is sent to the foster/adoptive parent for completion. A printout of all training for the fiscal year is attached to the Form 604-II. The foster/adoptive parent has to verify if the information is correct. In addition, they are to indicate on the form whether or not the training was helpful and indicate any subjects or trainings they would like presented. This form is to be sent to/received from each certified foster/ adoptive family.

Update FFY 2016 on activities designed to meet the needs for foster/adoptive parents:

The DCFS continues to seek opportunities to obtain input from certified foster/adoptive parents in an effort to improve the retention of foster/adoptive homes. The Louisiana CWTA conducted a survey to identify training needs from the perspective of the foster/adoptive parent(s) and

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DCFS staff. Dr. Corie Hebert with Southeast Louisiana University was the survey project lead. The data collection came from three primary sources: 1.) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2.) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3.) an open inquiry sent to the DCFS workers (2015).

In the written survey, foster parents were asked to rank order a list of training topics from MOST important to LEAST important. The survey also included an open ended question which asked foster parents to list additional suggestions for training; 54 surveys were obtained. The descriptive data collected included:

- 1) age range – from 32 to 83;
- 2) gender – 38 female and 16 male; and
- 3) race – 27 African-American; 20 Caucasian; 2 Latino; 1 Native American; and 1 Not Stated.

When the interactive survey of foster parents was conducted:

- 1) 82% agreed foster parents should have prescribed training classes after pre-service training;
- 2) Most preferred guided discussions and role playing in training over videos/lectures; and
- 3) 81% indicated having child care during training was very important.

During the inquiry for feedback from the DCFS child welfare staff, responses were received from a variety of staff at different levels: Foster Care Supervisors, Foster Care Workers, consultants to the agency, CQI and some staff asked foster parents for their input. A total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested. The list of proposed trainings included ten topics. The top listings for the workers included: #1 - Mental Health Problems and How to Engage Birth Parents; #2 – Agency Expectations and Foster Parent Roles/Responsibilities; and #3 – Child Development. The top listings for the foster parents included: #1 – Understanding the Foster Child; #2 – Behavior Management; and #3 – Agency Expectations and Foster Parent Roles/Responsibilities. The Foster Parent Feedback on the open-ended questions included the following:

- We need CPR training/certification;
- How to navigate the system for resources for kids/how to work better with case workers;
- How to help teenagers who are aging-out; and
- We want to attend the same trainings workers attend.

The CWTA, using the above survey results, is working towards the development of a comprehensive foster parent training plan. This plan will outline the ongoing training foster parents must receive following initial certification.

Activities Planned FFY 2017: The CWTA has started the process of developing a new pre-service training model for foster parents. DCFS and the CWTA have a goal of training all HD
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staff on the new foster parent training requirements by November 2016. DCFS will begin training foster parents in the new foster parent certification curriculum in January 2017.

The next phase includes developing an ongoing foster parent training curriculum which specifies classes foster parent will be required to take for the three years following precertification. Data collected from the multidimensional needs analysis suggests the top 10 training needs in priority order as follows:

- 1) Managing Challenging Behaviors (ranked 4th by staff, 2nd by foster parents) + *mentioned repeatedly in the Literature*
- 2) Mental health disorders /Parenting Special Needs Children (ranked 1st and 7th)
- 3) Agency expectations/ foster parent roles and responsibilities (ranked 2nd and 3rd) + *indicated on the foster parent exit surveys*
- 4) Child development (ranked 3rd and 6th)
- 5) How to engage birth families/ Work towards reunification (ranked 1st and 9th) + *indicated on the foster parent exit surveys*
- 6) How to help a foster child adjust in your home/understanding foster children (ranked 6th and 1st)
- 7) Cultural diversity, including parenting gay, lesbian and transgender youth (5th and 10th)
- 8) Trauma and fostering sexually abused children (ranked low on worker survey and 4th /5th)
- 9) Self-care and Grief Management (not ranked on worker survey and 8th) + *mentioned in the literature*
- 10) Understanding the court process /Types of hearings and roles of each entity (*court improvement surveys and qualitative data*)

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SERVICE ARRAY AND RESOURCE DEVELOPMENT:

Louisiana has continued to promote family-centered, community-based, individualized services with a focus to enhance parental capacity and child well-being. The Department continues to work on this area specifically around development of data driven information to address the unique needs of the children and families in the state of Louisiana. The section below highlights several of the major activities in the service array.

Louisiana Behavioral Health Services – Prior to March 2012, the Department had a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody. Then in March 2012, this process was contracted to Magellan as part of the collaboration between Department of Health and Hospitals (DHH), Office of Behavioral Health (OBH), Office of Juvenile Justice (OJJ), DCFS Child Welfare Program and the Department of Education (LDE) known as the Louisiana Behavioral Health Partnership (LBHP). Through this partnership, all behavioral health services supported through these four governmental agencies were provided.

Coordinated Systems of Care (CSoC), a part of LBHP, includes services targeted to at risk children and youth (young people who are either already in, or at risk of being in out-of-home placement, or the state’s juvenile justice system) with significant behavioral health challenges or co-occurring disorders. The goal of CSoC is to reduce the number of targeted children and youth in detention and residential settings and to improve the overall outcomes of these children and their caretakers. These services continue to be managed by Magellan; however, the state no longer contracts with Magellan for medical healthcare coverage.

Update FFY 2016: On December 1, 2015, Louisiana transitioned to an integrated health management environment, and administration of behavioral health services transitioned to the five managed care organizations responsible to administer primary health services (i.e. Bayou Health). It was determined that the existing managed care entity (Magellan) for behavioral health services would retain administration of behavioral health services solely for youth enrolled in CSoC, for a period of no more than two years, in order to ensure a successful transition of CSoC to integrated health management.

Pursuant to the transition to Bayou Health, DCFS assumed administration of agreements with residential childcare facilities and child placing agencies, two residential levels of care that had previously been managed under the LBHP. These levels of care are not Medicaid reimbursable, and for this reason no longer fall within the scope of work of the Managed Care Organizations (MCOs). Included in the administration of these levels of care, the Department will undertake a more robust approach to quality assurance activities. The Department is developing a quality assurance surveillance tool that will be used during quarterly site visits with residential childcare facilities and child placing agencies. Additionally, this tool will be applied during quarterly site visits at Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Groups Homes (TGH) that provide residential behavioral health treatment services to youth in custody. Efforts will be made to automate the surveillance tool so that the data can be aggregated and reportable.

DCFS created a new statewide unit within the Department to manage the transition to integrated health management by the five MCOs participating in Bayou Health. The twelve person

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statewide Behavioral Health and Placement Services Unit works closely with the managed care entities and providers to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs. DCFS selected two of the MCOs as DCFS preferred providers: Louisiana Health Care Connections and Amerigroup. This decision was made to ensure that children, families and the DCFS maintain choice among health plans, and to enhance collaboration to meet the specialized needs of children in custody, of the Department and of the health plans.

Throughout this year, the Behavioral Health and Placement Services Unit provided education and technical assistance to assist staff and key stakeholder to navigate within Bayou Health. The array of residential behavioral health treatment providers has remained relatively stable with the transition to Bayou Health. Currently there are five (5) Psychiatric Residential Treatment Facilities and eight (8) Therapeutic Group Homes participating in the residential treatment providers. By the end of the year, it is anticipated that there will be sixteen Therapeutic Group Homes providing service in Louisiana. The array of residential care providers has remained stable. Currently there are twenty (20) Non- Medical Group Homes, and eight (8) Therapeutic Foster Care provider agencies providing services to youth in Louisiana who are in DCFS custody.

The DHH CSoC team worked with the University of Washington Research and Evaluation Team to conduct the Wraparound Fidelity Index Assessment with CSoC youth and families in the five existing regions to establish a baseline metric of the integration of high fidelity wraparound practice. DHH CSoC team began work to refine the CSoC Quality Assurance Strategy to assess progress and outcomes of youth enrolled in CSoC and convened regular strategic planning sessions among all the managed care organizations to create processes and procedures to address the complexities of administering CSoC services in an integrated health management environment.

At the end of FFY 2016, a total of 1705 children and youth were enrolled in CSoC. Of the children and youth enrolled in CSoC, 133 were identified as children in the foster care system.

DCFS and Magellan worked closely to monitor the use of psychotropic meds for children in foster care. This involved DCFS engaging with psychiatrists to discuss behavioral health issues and prescribed medications for target children. Children on multiple psychotropic meds at risk of placement disruption or experiencing placement challenges were targeted for presentation on a weekly consultation call with a psychiatrist. The purpose of the consultation was to educate staff about medications, advocating for children, and facilitating staffings between the psychiatrist and departmental staff to provide guidance in case planning as needed.

With the changeover from Magellan to Bayou Health, DCFS has continued to partner with DHH-OBH (the state's behavioral health managed care entity), OCDD, OJJ, LDOE and the state Medicaid program in forming a taskforce. The work of the taskforce is to; develop best practices surrounding proper utilization of psychotropic medications; develop and adopt parameters for use of psychotropic medications with children in foster care; and discuss solutions on how to best serve Louisiana youth.

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DCFS regularly shares data with DHH to identify those children in DCFS custody on multiple psychotropic medications. DCFS conduct bi-weekly psychopharmacology consultations with an OBH representative, a Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being on multiple psychotropic medications. As a result, practice and procedure regarding the use of psychotropic medication and children in foster care is being better implemented ensuring best practice methods.

During FFY 2015, upon approval from the Centers for Medicare and Medicaid Services (CMS), DHH was able to implement CSoC statewide; this increased the capacity level from 1200 to 2400. Statewide expansion of CSoC occurred November 20, 2014.

Activities Planned FFY 2017:

- DCFS will continue its partnership with community stakeholders representing DHH-OBH, OCDD, OJJ, LDOE and the state Medicaid program.
- DCFS will continue to regularly share data with DHH to identify foster children on multiple psychotropic medications.
- Efforts to expand the network of providers of respite services and crisis stabilization services will continue.
- The management entity responsible for administering behavioral health services for CSoC enrollees will continue to work with the five integrated health management organizations to refine communication and collaborative processes.
- The DHH will provide technical assistance to promote continued quality improvement in the practice of high-fidelity wraparound practice.

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

“Teaming” practice for engagement and case planning with parent(s)/youth was expanded from the pilot regions (Lafayette, Lake Charles, Shreveport and Monroe) into statewide practice with the addition of Covington, Baton Rouge, Orleans, Thibodaux, and Alexandria.

In collaboration with the Child Welfare Policy and Practice Group, DCFS presented the Teaming process in relation to youth team building for youth transition planning. “Family Teaming” is now required through policy from initiation of case work to closure in every case of a child in foster care. An observation process was developed for the pilot regions to allow state office Program Consultants to monitor a few teaming meetings to ensure consistency in practice.

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Youth Services to Support Transition to Adulthood - Chafee Foster Care Independence Program (CFCIP) contract providers conduct individual assessments of each youth referred to their programs. The assessment is used to determine each youth’s level of readiness to function independently in areas such as relationship building, financial planning, career readiness, etc. From that assessment the providers develop with the youth an individualized plan for developing skill levels that range from group sessions with other youth, homework exercises, classroom instruction, videos, to experiential learning activities. Providers are also required to provide in-home instruction/learning activities if necessary to meet the unique needs of a particular child. In FFY 2014, more than 2000 youth were served by the 5 contracted providers. Almost 200 youth completed the Life Skills classes while 177 attended LYLAC meetings.

The providers assisted youth with the following services:

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

The chart below provides data regarding the number of youth according to age served by the providers.

Louisiana Youth Services Provider Summary for FFY 2014				
Provider	FFY 2014		FFY 2015	
	Ages 14-17	Ages 18 and Over	Ages 14-17	Ages 18 and Over
Goodwill	233	34	110	42
Gulf Coast	142	51	190	21
Catholic Charities	517	348	250	167
SELU	84	52	58	17
Methodist	560	11	271	8
Totals	1536	496	879	255
Outcomes	Life Skills Completion	LYLAC Meetings	Life Skills Completion	LYLAC Meetings
	183	177	158	176

During FFY 2015, approximately 1,134 youth received services from one of the five providers listed in the above chart. There were 879 youth between the ages of 14-17 and 255 that were age 18 and over. These numbers represent almost half the number of youth that were served during

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the prior FFY. Although, there was a drop in the overall number of youth that received services, 158 youth completed Basic Life Skills training and 176 attended the LYLAC meetings.

During State Fiscal Year 2016, a total of 15 educational stipends were awarded to youth in Louisiana's foster care system. Children from the following regions were granted the stipends: Baton Rouge (2); Covington (3); Lafayette (2); Lake Charles (1); Orleans (1); Shreveport (5); and Thibodaux (1).

In addition to the above services, DCFS is working closely with Louisiana Medicaid, with whom the Bayou Health Plans contract, to develop and monitor practices and procedures for information sharing. Two carriers were selected to serve as "DCFS preferred providers" to manage healthcare services for the majority of the children and youth in DCFS custody.

DCFS, in collaboration with the Child Welfare Policy and Practice Group, presented the Family Teaming process in relation to youth team building for youth transition planning. All youth transition planning is expected to incorporate Teaming with the youth and the youth's support system in the development of the youth's case plan.

Other efforts underway to address the needs of youth aging out of foster care are part of DCFS' plan to have a robust service array. The Louisiana 2015 Legislative House Concurrent Resolution 168 established the Task Force on Youth Aging Out of Foster Care; the DCFS was charged with chairing this task force. The purpose of the task force was to study/explore public policy and financing options for programs/ services that could assist youth aging out of foster care to achieve successful independence at age of majority. The task force convened the first meeting on August 5, 2015; the meetings were held bi-weekly through February 2016.

Several key areas of focus guided the work of the task force. The key indicators identified to assess the successful transition into adulthood for youth aging out of care were: 1) financial self-sufficiency; 2) educational attainment; 3) connections with adults; 4) homelessness among former foster youth; 5) high risk behaviors; and 6) access to health insurance. As a result of the task force's work, various members were able to provide qualitative data and other information regarding youth who have aged out of foster care, the services and supports available in communities to achieve the identified outcomes; services needed; and supports that were not available. During the course of the work, barriers and impediments were also identified; the task force was able to find resolutions for at least three barriers. The barriers and solutions are as follows:

- 1.) In some instances, former foster care youth were not receiving Medicaid once they obtained the age of 19, nor were they receiving Medicaid through age 26. DCFS and the task force worked with DHH Medicaid offices to educate the staff about former foster youths' eligibility for Medicaid through age 26;
- 2.) Youth were experiencing difficulties getting state issued identification cards and/or a driver's license because they did not have a vehicle registered with the Louisiana Department of Motor Vehicles (DMV) or proof of insurance. DCFS and the task force worked with the DMV to

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educate DMV staff that a vehicle registration and proof of insurance are not required to obtain an identification card or a driver's license.

3.) In some instances youth were not receiving services from contracted independent living providers into adulthood because in some instances DCFS staff was not referring the youth for ongoing services before their 18th birthday. DCFS provided mandatory training to all foster care workers statewide which focused on youth in transition as well as the requirement for DCFS to refer all youth aging out of foster care to independent living providers in advance of the youth's 18th birthday. Providers are now also providing regular training to DCFS staff regarding the services available to youth in foster care and beyond discharge from foster care. Further, DCFS strengthened policies related to the same.

While the task force made significant progress toward enhancing mandated services for youth aging out of foster care, a continuation of the study for an additional year has been recommended.

At the beginning of Calendar Year (CY) 2016, DCFS reached out to the Capacity Building Center for States. After an assessment, deeper exploration of the need to address services and support for youth aging out of foster care and the development of a work plan (which includes coordination with the Task Force on Youth Aging Out of Foster Care) DCFS and the Center have developed a plan to work with the DCFS Communications Bureau to develop a one page poster/flyer which provides information to youth in foster care and former foster youth about the services that are available to them. The poster/flyer will have a number that youth can call for assistance.

Activities Planned FFY 2017: Life skills training will be provided through contractors identified through the RFP process. There will be ongoing incorporation of Teaming with youth and support systems, during case planning. The Task Force on Youth Aging Out of Foster Care recommended a continuation of the study (relative to services/program needs for youth) for an additional year and these efforts will be coordinated with the Capacity Building Center.

Child Welfare Family Resource Centers – DCFS has contracts with the Louisiana Child Welfare Family Resource Centers (FRC) for a three year period (October 1, 2014 - September 30, 2017). The FRCs provides services in 4 core areas. They include family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. The FRC's service array includes Parent Education [including the Nurturing Parent Program (NPP)], Visit Coaching, and Family Skills Building. Child welfare program staff provides monitoring and consultation to FRC staff to ensure individualized assessment and support services for families referred and receiving FRC services. Louisiana has a contract with Prevent Child Abuse Louisiana (PCAL) for the purpose of training and consultation for FRC staff statewide. PCAL also serves to ensure integrity to fidelity measures. FRCs are currently located in the following eight regions of the state:

- Alexandria
- Baton Rouge
- Covington

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- Lafayette
- Lake Charles
- Orleans
- Shreveport
- Thibodaux

Update FFY 2016: Currently, FRC services are not available in the Monroe Region. During the interim, Louisiana entered into a contractual agreement with Thompson Parenting Services to provide individualized assessment and support services in the areas of parent education and family skills building. A Request for Proposals (RFP) was released on October 12, 2015 for the Monroe Region Family Resource Center. The Department received proposals from three agencies. The RFP review team selected the Children’s Coalition for Northeast Louisiana to provide resource center services for Region 9.

DCFS Program Consultants, contract monitors, and FRC staff continues efforts to increase the number of referrals to the centers and ensure that individualized and specialized services are accessible to children & families throughout the state. Some of the efforts utilized to increase these efforts include monthly calls, increased presence in the local offices by FRC staff, as well as monitoring and reinforcement of appropriate referrals by regional liaisons.

The charts below compare the number of adult and child referrals by region for FFY 2014 and 2015 to the baseline referral numbers which were established in FFY 2013. While several centers saw a significant increase in the number of referrals in FFY 2014, some centers declined in number. Overall in FFY 2015, the centers saw less than a 1% increase in the number of referrals for FFY 2015.

Child Welfare Family Resource Center Referrals				
Region	BASELINE - Referrals for 2012- 2013 (By adults)	BASELINE - Referrals for 2012- 2013 (By children)	Referrals for 2013- 2014 (By adults)	Referrals for 2013- 2014 (By children)
Alexandria	123	153	228	165
Baton Rouge	234	303	468	479
Covington	221	278	441	425
Lafayette	272	373	348	411
Lake Charles	279	405	192	311
Monroe	No center	No center	No Center	No Center
Orleans	206	233	330	462
Shreveport	264	313	247	332
Thibodaux	68	107	131	279

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Child Welfare Family Resource Center Referrals				
Region	Referrals for 2014-2015 (By adults)	Referrals for 2014-2015 (By children)	Referrals for 2015-2016 (By adults)	Referrals for 2015-2016 (By children)
Alexandria	146	124		
Baton Rouge	355	475		
Covington	365	476		
Lafayette	188	259		
Lake Charles	204	325		
Monroe	No Center	No Center		
Orleans	446	551		
Shreveport	355	445		
Thibodaux	76	109		

Several centers piloted fidelity measures for the Visit Coaching and Family Skill Building programs and in March 2016, all centers began using the tools. During the quarterly meeting in July 2016 DCFS will begin collecting data and looking at the tools to determine the need for changes or updates and whether the tools are useful. Changes and updates will be made as needed.

Continued work is being done to develop the resource center peer review process. PCAL currently has a contract to lead the peer review process. Efforts were made to begin pairing sites and visiting sites to initiate the first peer review. These efforts were halted when it was determined that additional work was needed to prepare sites for the peer review process. Along with the assistance of departmental staff, PCAL is working to choose the most appropriate process that will meet the needs of the Department as well as the resource centers. Ensuring that the most appropriate data is collected is the top priority of the peer review process.

Activities Planned FFY 2017: The Department will continue its efforts with the FRC's and regional liaisons to increase the number of referrals by 10% in FFY 2017 to ultimately improve staff referrals by 30% over the next five years and improve services being provided by the FRC. Staff will review the fidelity measures currently being used by the centers for Family Skill Building and Visit Coaching. This review will include efficiency as well as effectiveness of the forms prior to finalization.

The Department will vet multiple Peer Review Processes and select and implement one that meets the needs of the centers as well as DCFS. It is expected that the new Peer Review process will begin no later than October 1, 2016.

Through a review of data on the effectiveness of the NPP by comparing the rate of recidivism DCFS will determine if it continues to be the most effective parenting program for the families served.

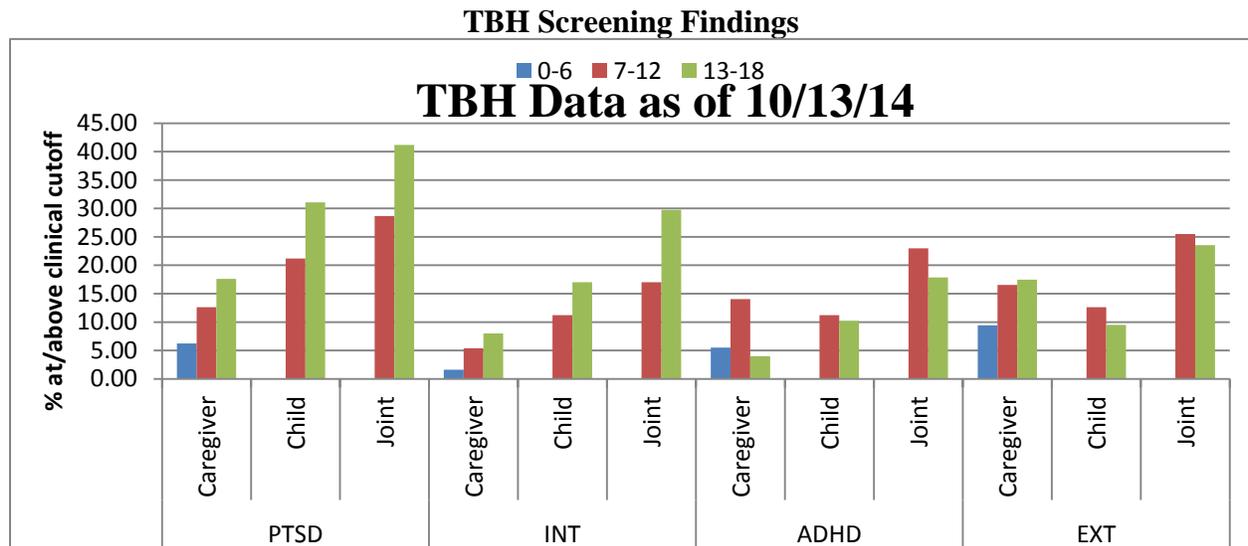
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Several centers have begun enhancing their service array by becoming trained in programs that will address additional client problems such as substance abuse, domestic violence and mental illness. The Department will determine the need for additional services to address these concerns and whether the resource centers are the most appropriate setting to provide resources. A thorough review of these services will be conducted to ensure they are psycho-educational and beneficial to the ongoing needs of clients.

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

In FFY 2015, Louisiana continued its work to increase service providers in areas of Trauma informed care (in the areas of sexual abuse, treatment, residential services and referrals to the FRCs. Trauma & Behavioral Health (TBH) screening processes were introduced and implemented in the Covington Region in 2014. More Than 1,400 TBH screens have been completed for children in Foster Care or children in active Family Services cases. Plans moving forward include implementation in Lafayette, Alexandria and Monroe Regions in 2015-2016. Behavioral Health Screening processes have been introduced and are currently being implemented in the Baton Rouge Region.

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



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Screens are completed by the caregiver of the child on all cases. If the child is 7 years or older, the child also completes a screen. The chart shows the results of the screens completed by the child, the caregiver and then a joint score of caregiver and child. The joint score reflects each item endorsed on the screen by either the child or the caregiver. The joint score is used to determine if the child has screened above a cutoff point indicating a need for services. The 4 areas that the screen covers are Post Traumatic Stress Disorder (PTSD), internalizing symptoms (INT), Attention Deficit Hyperactivity Disorder (ADHD) and externalizing symptoms (EXT). If a child/youth scores above a cutoff for any area, then a referral should be made to a provider to address the specific area that has been identified. The chart shows what the scores have been on the TBH so far, suggesting for which problems children and youth need treatment and what service array is needed in order to effectively treat the child (ren).

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

Update FFY 2016: The information provided in this update was extracted from the April 2016 Louisiana Child Welfare Trauma Project (Tulane University) progress report. The major activities and accomplishments from 10/1/15 through 3/31/16 included gathering universal screens on the target population in the following regions: Covington, Baton Rouge, Lafayette, Alexandria and Monroe. As of 3/29/16, TBH screens were collected on 3,136 clients. The screening results provided information on the percentage of children who scored above the cutoff point indicating a need for services. The age groups include: 0 – 6; 7 – 12; and 13 – 18. Based on the data results, the prevalence of PTSD in this population is 20-40% depending on the age group. This continues to be higher than the prevalence of the internalizing and externalizing disorders measure on the TBH screen.

As part of the grant and thus far in grant implementation, DCFS is collecting data on the process of using of the screenings. After completing the screenings (within the first 30 days of a child entering care, then every 6 months thereafter), workers are asked to indicate in their assessments whether they have referred a client to treatment by using a check box in the Family Assessment and Tracking System (FATS). The grant partners collect the screens every 6 months to monitor changes in the results of the screenings.

Additionally, through CQI case review, four questions are asked in case reviews to assess if children were referred to treatment based on the screening score and recommendation received with the TBH. The grant research group is receiving this data. The regions where they are doing the screen receive the feedback during the CQI case review exits. At this point, the data provides a small way to report on the completion of screens and referral to treatment when needed. This is part of the work being done with Medicaid to see if the data matches.

Based on feedback from caseworkers, the TBH screens are brought to case planning events. The clients are referred to therapy based on the results of the screen. Staff are reminded to utilize the screening tool in their individual case planning and are encouraged to share the screen results

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with foster parents, as well as the children’s clinician. This communication functions to connect the children with the appropriate services to address their specific needs. Caseworkers in the active regions are provided a list of clinicians that have been trained in CBT for PTSD.

TBH Screen Data (10/1/15 through 3/31/16):

Measure	Covington	Baton Rouge	Lafayette	Alexandria	Monroe
Number eligible for a TBH Screen	3,105	1,652	2,227	1,180	1,008
Number of TBH Screens conducted	1,849	605	823	176	19
Number of positive TBH Screens	419	141	142	47	5

The number eligible for a TBH Screen includes all cases that were open for at least one day since the TBH screen started in each case’s region. The number of TBH Screens conducted includes the number of cases that have at least one TBH completed since the start of the project. For cases that had more than one TBH Screen, only one TBH Screen was conducted per case due to multiple duplicate entries that were made in error. The number of positive TBH Screens includes the number of TBH Screens that indicated the need for a referral based on the scores of the PTSD, ADHD, internalizing behaviors and externalizing behaviors scales since the start of the project. Reports, at this time, are not available on psychotropic medication, the number of treatment received, assessment counts and the number of treatment referrals made.

Training /Consultation Data (10/1/15 through 3/31/16):

Training Type	Targeted Population	Number Invited	Number Trained
TBH Trainings	Caseworkers	291	365
	Office Managers	38	30
Youth PTSD Treatment Trainings	Clinicians	570	110
Youth PTSD Treatment Consultation Calls	Clinicians	110	45
Foster Parent Trainings	Foster Parents	NA	65
	Advanced – 21	Basic – 24	One Day - 65

The number of people invited and the number of people trained in each of the trainings listed above are cumulative since the beginning of the project. Office managers who attended the TBH trainings include: Regional Administrators, Program Office Managers and Area Directors. The Advanced Youth PTSD Treatment Trainings include clinicians who received the one-day training and participated in weekly consultation calls where a consultant monitored at least seven of the 12 sessions from the Youth PTSD Treatment with relevant cases. The Basic Youth PTSD Treatment Trainings include clinicians who received one-day training and attended at least five weekly consultation calls where other clinicians discussed their experiences implementing Youth PTSD Treatment with relevant cases. However, clinicians who received the basic training did not implement the Youth PTSD Treatment with any of their cases during the consultation calls and therefore did not receive consultation on their own cases. The one-day Youth PTSD Treatment Trainings include clinicians who received the one-day training but did not participate in weekly consultation calls. The Foster Parent Training is an additional training provided to foster parents about the effect that traumatic events can have on their foster children. Attendees were invited by DCFS Home Development personnel in each region. However, the number of foster parents who were invited to these trainings was not tracked.

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Regional Advisory Boards were discontinued. The task to inform stakeholders about the project at Regional Advisory Board meetings was suspended as of October 2015. The lack of sustainability of these meetings and clear function of how these would continue past the project's conclusion forced a re-evaluation of efforts to continue the meetings.

There are quarterly meetings with the Steering Committee. During these meetings, the results of the TBH screens are being shared. This leads to discussion regarding data implications and service provision.

Activities Planned FFY 2017: Regions for future TBH expansion during FFY 2016-2017 include: Orleans, Thibodaux, Shreveport and Lake Charles. Future plans are being discussed regarding incorporating TBH training into DCFS Child Welfare New Worker Orientation. Tulane University staff, DCFS Trauma Project Liaisons and Regional staff will continue coordination of efforts to provide training and consultation on TBH screenings.

Infant Team/Infant Mental Health Services - Infant mental health services are provided by three Infant Teams in the Orleans and Baton Rouge Regions. These services meet the goals of family preservation, community-based family support and time-limited family reunification.

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, neuro-developmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship.

The Infant Teams continue to provide services through the Department's contracts in the New Orleans, Jefferson, and Baton Rouge areas. These services are not statewide due to the lack of funding and trained and skilled providers. The services through this contract focus on assessing relationships between children ages 0-5 and their caregivers. Services are provided to caregivers to increase understanding of the child's needs.

Update FFY 2016:

The total number of families served by all Infant Teams is listed in the chart below:

Infant Team/Infant Mental Health Services Data					
Infant Teams & T-PEP	Numbers Served FFY 2014 (Baseline)	Numbers Served FFY 2015	Numbers Served FFY 2016	Numbers Served FFY 2017	Numbers Served FFY 2018
Tulane Parent Education Program	110	**			
Infant Child and Family Center	134	175			

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Infant Team/Infant Mental Health Services Data					
Infant Teams & T-PEP	Numbers Served FFY 2014 (Baseline)	Numbers Served FFY 2015	Numbers Served FFY 2016	Numbers Served FFY 2017	Numbers Served FFY 2018
Orleans Infant Team	73	80			

***Tulane Parent Education Center numbers are not available separately for this age group as these numbers are included in numbers served by the FRCs.*

Baton Rouge Infant Team [Infant Child and Family Services (ICFC)]: In SFY 2013-2014 the infant team worked with 69 children, representing 65 families. In SFY 2014-2015 the infant team worked with 99 children, representing 76 families. The ICFC provides service to improve a child’s development and strengthen the child/caregiver relationship. Families involved with the Family Services Program where children are in home are also referred to ICFC if they have children who are 0-5.

The ICFC team works collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care and mental health care systems. In the goal to reduce the chance of further maltreatment, they provided services to improve developmental trajectory of children and strengthen child/caregiver relationship. Louisiana policy in the Baton Rouge region requires that all children under the age of 6 years who are involved with DCFS, including all substance exposed newborns be referred to ICFC. Although they serve other families in the community, DCFS involved families are given priority consideration. Through examination of how services have been provided in the past, families have received services for the duration of the DCFS open case involving the family; this practice has been changed in that services for families are implemented based on the treatment plan and the families participation in the services. Specifically, when families have completed their treatment goals or when there is minimal progress for an extended period of time, families are discharged from ICFC. This allows ICFC to reach more families.

Tulane Infant Team - In SFY 2013-2014 the Infant Team worked with 56 children, representing 27 families. In FFY 2015 the Tulane Infant Team was no longer a standalone program and was incorporated with the Tulane Parent Education Program (T-PEP) as a Family Resource Center. T-PEP provides what is referred to as Tier II services that include assessment and intervention services to families identified as needing additional services beyond the parent education services offered to all referred families.

The Tulane team and the Orleans Infant team leaders met to coordinate services and referrals and outline a plan so that Orleans region staff would know when families would be referred to T-PEP and when services would be provided by the Orleans infant team.

Orleans Infant Team (services provided through Louisiana State University Health Sciences Center). In SFY 2013-2014 the infant team worked with 55 children, representing 32 families.

- 24 parents participated in the evaluation process

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- 17 parents participated in some treatment
- 48 additional adults worked with the team as relative or non-relative potential caregivers; for 24 of these children, a permanent placement was achieved
- 16 children were reunified with at least one of their biological parents
- 4 children were adopted by relatives
- 2 had custody transferred to a relative
- 2 were adopted by non-relatives
- 23 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

In SFY 2014-2015 the infant team worked with 43 children, representing 41 families.

- 25 parents participated in the evaluation process
- 17 parents participated in some treatment
- 53 additional adults worked with the team as relative or non-relative potential caregivers; for 38 of these children, a permanent placement was achieved
- 22 children were reunified with at least one of their biological parents
- 12 children were adopted by relatives
- 4 were adopted by non-relatives
- 20 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Activities Planned FFY 2017: There are plans to continue to work toward a standard format for reporting clients served and agreed upon outcomes for the infant teams. The two infant teams use different data systems and have differing ways in which they track information. ICFC has changed their data system several times. It is anticipated that this will allow them to provide additional data. Work will continue with T-PEP to see if there are ways to report on children who are 0-5 from the population they are serving so that it can be reported in the DCFS infant mental health services rollup. More opportunities to collaborate on outcome measures are planned to identify ways to capture and quantify the progress and value of the work accomplished with children in foster care. Both the Baton Rouge and Tulane programs currently serve families where children remain in the home. This is an area for greater collaboration so that data related to services/barriers of the in-home family population can be captured.

Human Trafficking - DCFS is in full compliance with the implementation of the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and changes to the related amendments to CAPTA. DCFS has continued its work to combat HT. In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. The allegations do not extend to individuals over age 18 and up to age 24. In March 2013, screening for HT was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. In addition to the screening tools, procedures were added to the policy regarding identification of trafficking and specialized staffings to determine needs and services.

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In 2014 DCFS was tasked by Act 564 of the 2014 Louisiana Legislature to develop an annual statistical report on HT in Louisiana. A report is to be sent to the Legislature by DCFS by the first of February each year with the following information:

- a. The services offered
- b. Geographic areas served
- c. Number of children (or adults) served
- d. Individual status updates on each child served

This information is to be collected on both adult and juvenile victims of labor and sexual trafficking. DCFS partnered with HT providers, Child Advocacy Centers (CAC), and sexual assault centers in Louisiana to develop a data gathering process on victims served, to produce the annual report. DCFS partnered with LSP to access the existing HSIN website for data entry for the report by HT providers with data. The first report was developed and submitted to the Louisiana Legislature on February 7, 2015.

The Legislation tasked DCFS Centralized Intake screening to accept calls concerning Human Sexual Trafficking in Louisiana and making appropriate referrals for both adult and child victims. In response to this requirement DCFS partnered with the Polaris Project (National Human Trafficking Resource Center) and the National Human Trafficking Hotline. Clients not served by DCFS because the alleged perpetrator is not a parent/caretaker or for adult cases, are referred to the National Human Trafficking Hotline for assistance. For CY 2015 and CY 2016 Centralized Intake did not record any data on calls that were not accepted for investigation.

DCFS has the ability to staff cases of foster youth who have been identified as confirmed or at high risk for juvenile sexual trafficking victims. These staffings with field staff were initiated in 2014 and provide consultation with management on these cases.

Update FFY 2016: DCFS continued to collect data regarding HT victims within Louisiana. This required numerous meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015 annual report to the Louisiana Legislature on Human Trafficking in Louisiana, which is the 2nd report completed of this type. The Report for CY 2015 was submitted on February 23, 2016, to the Louisiana Legislature. The executive summary contained the following:

DCFS developed a list of 56 Human Trafficking providers in Louisiana and contacted them to report information on human trafficking victims they served. An Excel spreadsheet was developed with instructions and sent to each of the providers. A website was developed with the assistance of LSP for providers to securely enter their data, for those agencies wishing to use the website. A total of 13 agencies provided data for this report. Providers reported a total of 357 confirmed and prospective victims. Of the victims identified, 289 (81%) were sexual trafficking victims, 64 (18%) were labor trafficking victims, three victims were not reported as to type, and one was a victim of both labor and sexual trafficking. Of the sexual trafficking victims, 104 (36%) were identified as juveniles. Juvenile victims of trafficking were most frequently associated with Caddo, East Baton Rouge and Orleans parishes as the identified parishes for both trafficking and rescue. East Baton Rouge, Caddo, Jefferson and Orleans parishes have the largest

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number of adult victims. Of the victims reported, 86% were female, 11% male, 2% not reported and 1% Transgender. The most frequently provided services were Referral to Community Resources, Health Care, Mental Health, Education, and Housing. The age range of sexual trafficking victims was from 7-58. There were five sexual trafficking victims age 12 and under. Labor trafficking victims ranged in age from 31-65.

Other efforts to address HT in Louisiana included the following: A representative from the data unit and from CPS, participated as one of the three state/county child welfare representatives on the HHS Human Trafficking Work Group. This group developed the data elements to enhance ACF's capability of collecting data on HT and child welfare. The work group is scheduled for a final wrap up on May 10. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACESS and TIPS, to be able to identify and track which cases have HT involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group continues to meet and make plans to improve collection of data.

DCFS attended meetings regarding combating HT within Louisiana with a group that included representatives from the Court Improvement Program (CIP), LSP, and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continued to meet and have the screening tool developed and in use prior to the end of 2016. Through these meetings, DCFS was able to work with LSP to create a MOU regarding protocol and information sharing for HT cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children's Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on HT that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of HT. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents, residential care providers, and CASA workers were also invited to attend. This training was performed as in-person training in all regions of the state. DCFS worked with the Pelican Center for Children and Families to post the training on their website for viewing by all. The training can be view at <http://www.clarola.org/resources/directory/item/1126-louisiana-juvenile-sex-trafficking>. In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for HT. DCFS has partnered with the CWTA and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the train the trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are underway to bring Love 146 to Louisiana to provide a train the trainer for their "Not a #Number" curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and Louisianachildren.org will be working with stakeholders to

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partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis.

A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have been part of the placement group work. The group worked to develop specialized foster homes for youth who are victims of HT or are at high-risk of HT. The work regarding these homes includes development of policy, procedure, board rates, and criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group worked with current residential providers to ensure they received training on HT on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff were engaged to discuss what their needs were relative to housing this population and what types of supports were warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing a protocol / best practices quick reference guide for placement providers to utilize once a child is placed with them that is a victim of HT. Work on development of this guide should continue through FFY 2016 and FFY 2017.

DCFS continues work with multiple stakeholders to combat HT. Meetings with stakeholders are held at different times within the year by DCFS, Louisianachildren.org, or HP Serve and have included work with the following:

- The Court Improvement Program (CIP)
- Department of Juvenile Services (BR)
- Louisiana Children's CJA Task Force
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff's Association
- Louisiana State Police (LSP)
- Office of Juvenile Justice
- Louisiana Baptist Children's Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries
- Child Advocacy Centers of Louisiana

Activities Planned for FFY 2017: Ongoing efforts noted above will continue. Additionally, DCFS is planning to develop expertise within the Department for work on HT so staff can specialize in this area of service delivery. The establishment of specialized multi-disciplinary staffings for HT cases, and further outreach and development of support services specific to victims of HT, to include mental health providers, will be utilized. This will extend to local offices to include CPS cases with sexual trafficking involvement.

DCFS will develop a CPS screening tool for identifying possible juvenile sexual trafficking victims and modification of the ACCESS system will be made to identify and track cases with trafficking victims. Staff will work on the development of a Memorandum of Understanding

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(MOU) with the LSP Special Victims Unit on referral of sexual trafficking victims and communication on mutual cases and participate on the HHS/ACF Office of Trafficking in Persons Technical Working Group. This group is developing the criteria for collecting data from various stakeholders. DCFS is one of two state child welfare agencies that have been asked to participate in this project.

Educational/Developmental Service Coordination - Educational and developmental services are provided to children in DCFS custody through collaboration with the state Department of Education, local school districts, the state Office of Citizens with Developmental Disabilities, and the regional human services districts. DCFS, in collaboration with the local school system, parents, child and foster caretakers, work to ensure each child in foster care: 1) receives the opportunity to receive a full time education; 2) participates in community based public educational programs; and 3) has a stable educational setting. All children in foster care are to be appropriately attired according to the dress code and uniform standards of the child's school (on the bus, school grounds or school activities). Foster children in medical or behavioral health hospitals for more than one week are to be provided homebound instruction to ensure continued educational progress.

Update FFY 2016: Children in foster care age's three to five were assessed for appropriateness for participating in Early Head-Start, Head-Start, LA4, preschool and pre-kindergarten programs offered by the local public schools. DCFS staff assisted youth in preparing for a post-secondary educational or vocational program. DCFS also ensured all foster children received appropriate educational services based on their individualized, specialized needs. Program staff and the liaisons maintained monthly communication to address any issues as needed. Further, in 2015, the Department mandated the use of a form letter to notify school principals of a child's foster care status. The letter is utilized any time there is a change in the child's educational setting or allowable contacts.

Activities Planned for FFY 2017: DCFS staff will continue all efforts noted above.

Services to Native American Children – In FFY 2014, there were 136 Native American children who were alleged victims of abuse/neglect. The population of Native American children entering Foster Care was 10. Louisiana has no data collection system to track service provisions specifically for Native American children and their families. However, 1 case was randomly selected for the 4th Quarter CY2014 CQI case reviews. The results of the review showed coordination with the child's tribe to provide services to the parents to prevent the child's entrance into foster care. Case review notes also showed coordination between the Tribe and DCFS to complete needs assessments and determine individual services to meet the needs of the child. Louisiana recognizes the need for additional data collection in this area going forward.

Update FFY 2016: During FFY 2015, the state office level Foster Care Unit, in coordination with the DCFS Bureau of General Counsel, developed and provided ICWA training to staff statewide (via web/teleconference). This training was designed to enhance staff's knowledge regarding federally recognized tribes and the required services that are to be provided. In addition, the Chafee Foster Care Independence Program (CFCIP) providers were required to

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reach out to the tribes to provide education on service availability for eligible tribal youth. The DCFS continues to work on enhancing communication between the agency and the tribes.

In FFY 2015, the number of children entering foster care was 4,062. Among that number, 14 (0.34%) were Native American children. For additional information on services provided to Native American children, please refer to the section of this plan which describes tribal coordination.

Activities Planned FFY 2017: The DCFS will ensure local working agreements are kept up-to-date; continue to work with contracted Chafee Independent Living Services providers, as they reach out to offer support and services to tribal youth in custody; and work towards enhancing communication in service provision for children/families involved with the Department.

Utilizing CQI Case Review Data to Guide Decision Making: CQI case review data regarding services to families and children was made available to DCFS staff on the state and regional level. The following items were reviewed regarding service provisions:

- Item 3 - services were provided to protect children in their own homes and prevent removal or re-entry into foster care
- Item 17 - needs were appropriately assessed and services provided for the child (17A), parent (17B), and foster caregiver (17C), and then provides an overall score (17).

This data has been used on the regional level to review whether services were provided and if the services were appropriate to meet the individual needs of children and families. Based on results of the case reviews, regions were required to develop improvement plans or monitor performance and develop plans as necessary for each item. In instances where improvement plans were required, the Regional PQI Teams were instructed to develop and monitor an improvement plans.

Review results for Items 3 and 17 are provided in the tables below. The tables show the percentage of strength rated cases for each item in each quarter.

Orleans and Baton Rouge Regions developed mandatory improvement plans. Covington, Thibodaux, Lafayette, Alexandria, Shreveport, Monroe were required to monitor performance and develop improvement plans as needed.

2014 CQI Review Results Summary										
Item 3 - Services provided to protect children in their own homes and prevent removal or re-entry into foster care										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	22.2	87.5	71.4	100.0	55.6	100.0	62.5	87.5	75.0	73.3
2	85.7	57.1	62.5	75.0	62.5	88.9	44.4	22.2	57.1	61.1
3	57.1	50.0	83.3	50.0	57.1	85.7	62.5	66.7	62.5	63.2
4	62.5	60.0	75.0	71.4	100.0	87.5	66.7	50.0	44.0	68.5

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Orleans region developed a mandatory improvement plan as a result of the review. Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe Regions were required to monitor performance and develop improvement plans as needed.

2014 CQI Review Results Summary										
Item 17 - Needs were appropriately assessed and services provided for the child (17A), parent (17B), and foster caregiver (17C), and then provides an overall score (17)										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	30.8	53.8	71.4	53.8	35.7	69.2	38.5	35.7	30.8	46.7
2	23.1	61.5	64.3	30.8	37.5	46.2	30.8	14.3	15.4	35.8
3	53.8	30.8	92.9	61.5	50.0	69.2	53.8	28.6	46.2	54.2
4	86.4	53.8	78.6	75.0	57.1	61.5	53.8	28.6	23.1	57.1

Update FFY 2016: During Calendar Year 2015, the DCFS CQI staff conducted a review of 324 cases using the federal Child and Family Services Review instrument. There was a concentration on items 11, 12B, 13 and 15. The reason for the focus on these items was due to their interrelatedness and a rating of Area Needing Improvement. Item 12B (Needs Assessment and Services to Parents) is closely related to service array. The statewide average for Item 12B was 58.63%. In the cases that were reviewed, the following results were found: 1) services were not provided, or services that were provided were not appropriate to address identified safety concerns; 2) there was a delay in service provision or lack of follow-up; and 3) there were minimal to no efforts to locate or engage uninvolved parents. Often there is a lack of effort to assess fathers and/or paramours and to conduct assessment and provide services for incarcerated parents.

Several discussion points were brought out, such as:

- 1) What is the gap in understanding the need for services to match the reason for agency involvement and safety concerns?
- 2) Are workers aware that timeliness in service provision and follow-up impact goal achievement?
- 3) What type of monitoring is expected relative to initiating services timely and obtaining follow-up information?
- 4) What do we think the barriers are to working with parents/caretakers not in the home?
- 5) How can we assure works engage out of home parents/caretakers and either include them fully or exclude them based on justifiable circumstances?

Activities Planned FFY 2017: The CQI staff will continue to utilize the CFSR Instrument to conduct case reviews. Item 12B, along with the above identified items, will be areas of ongoing focus for DCFS. The goal is to make Item 12B and the other identified items, “Areas of Strength”. Please refer to the Updated Plans for Improvement Section of this plan to see action steps the Department will take to improve service delivery in these areas.

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AGENCY RESPONSIVENESS TO THE COMMUNITY: For additional information refer to the Collaboration and Service Array sections of this document.

DCFS continues to maintain multiple collaborations throughout the state that result in meaningful community, stakeholder, tribe, and court involvement in the assessment, input, decision making, and implementation processes of child welfare services and delivery.

Louisiana strategically pursues collaborative partnerships with community stakeholders, tribes and the courts that support its core values. Those values include:

- **Quality** - Providing individualized services with highly skilled staff
- **Efficiency** - Ensuring accurate services in a timely manner
- **Respectfulness** - Treating others with dignity, compassion, and respect remain central to all services provided and work performed as One DCFS. Further, it has been the Department’s experience that collaborative relationships promote the achievement of outcomes, assess goal progress/attainment, promote accountability, and create a sense of shared responsibility to the children and families of the state.

Identifying Stakeholders: The PQI Handbook provides guidance in identifying potential members for local and state Community Stakeholder Teams. The requirements outlined in the handbook states that members must have knowledge of at least one DCFS program and are committed to improved outcomes for DCFS services consumers.

PQI Teams are encouraged to make every effort to engage two groups of Community Stakeholders: Federally Recognized American Indian Tribes and certain transitional living providers, as they are considered key community stakeholders. Consideration is also given to professional groups who play an integral role in service delivery to children and families. The following list of community stakeholders is provided in the hand book to assist PQI Teams in identifying persons who might be willing to serve and could provide a valuable perspective. This list is not intended to include all possible Community Stakeholders who would be valuable PQI Team members.

Coordination of CFSP Services with other Federal Programs: The DCFS has Memorandums of Understanding and contractual agreements with organizations described in the service array section of the Systemic Factors. Following are descriptions of some of the contractual agreements and MOUs in active status with the DCFS.

STATE AND REGIONAL PQI COMMUNITY STAKEHOLDERS		
Federally Recognized American Indian Tribes	Foster/Adoptive parents	School personnel
Juvenile Court Representatives/CASA	Residential Placement	Law enforcement
Child Support Enforcement Hearing Officers	Community or Child Advocates	State Departments/Agencies
Contracted and/or licensed service providers such as child care or mental health providers	Health care and behavioral health providers	Economic Stability Community Partners
Foster/Adoptive parents		

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The PQI/CQI unit within the Department works closely with management staff to ensure that goals from the state's strategic plan are met. Concerns regarding performance measures and issues brought forth both locally and regionally are fully embraced and addressed in meetings conducted on a quarterly basis. Currently, the Department is working to improve service delivery by assessing current processes to determine the root causes of areas requiring improvement. Senior management aspires to improve service delivery by streamlining processes for field staff while simultaneously maximizing the movement of cases through the system. The achievement of safety, permanency, and well-being is first and foremost in the Department's ongoing effort to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state.

Louisiana has ongoing consultation with individuals, organization, government agencies and major stakeholders in the service delivery system in implementing the provisions of the CFSP. A description of these collaborations and the types of participants was provided as part of the CFSP. Organizations listed in the CFSP as engaging in community partnerships with the Department throughout the state include the following:

- The Louisiana Child Welfare Trauma Project
- Youth at Risk for Homelessness Project
- Family Resource Centers (FRC) of Louisiana
- The Pelican Center for Children and Families/Louisiana Court Improvement Project (CIP)
- Louisiana Foster and Adoptive Parent Association
- Faith Based Initiatives (LBCH and HPC)
- Coordination with other Federal Programs
- Human Trafficking
- Louisiana Department of Education
- Office of Juvenile Justice
- Department of Health and Hospitals, Office of Citizens with Developmental Disabilities
- Infant Mental Health

The Louisiana Child Welfare Trauma Project – The Department's Trauma project is designed to strengthen the child welfare system's understanding of the impact of trauma on children and families through professional training opportunities, and to help professionals within the system to make informed decisions about individualized treatment services needed to enhance child well-being outcomes. After piloting the new Trauma and Behavioral Health Screening tool in the Covington & Baton Rouge regions, more than 1400 screens have been completed on children in Foster Care or children whose family has an active case in the Family Service program.

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Training and technical assistance to providers, stakeholders, and staff have already commenced in the Lafayette region.

Team members from this project meet monthly to discuss ways to engage and inform the community of the impact trauma has on children and youth in the foster care system, utilizes data to determine the treatment needs of children in the state, and to customize recruitment strategies to increase the state's pool of trauma informed therapists that are able to provide treatment services to children and youth in the state based on data assessments. The team, consisting of departmental staff, university staff and professors, foster/adoptive youth and community members constructed a video that will be utilized for professional development, and community awareness on the impact of trauma.

The plans moving forward are to implement the TBH screen in Lafayette, Alexandria and Monroe Regions. This will include meeting with management teams, providing clinician training, worker training, support meetings with workers and any additional training or presentations in each community as suggested (foster parent training, CASA, school). The project staff will continue to form a Regional Advisory Board in each region. Grant leaders will meet quarterly with the steering committee (state level), present data and use this to plan for the appropriate service array needed by DCFS clients.

Update FFY 2016: The DCFS State Office Child Welfare staff, in partnership with Tulane University, provided training to staff in all regions on the impact of trauma on children and families. In addition to the training, there were follow-up consultations on the Trauma Behavioral Health (TBH) Screening Instrument. Training on Youth PTSD (YPT) was conducted in three regions during Calendar Year 2015: Baton Rouge (three trainings, with approximately seven follow-up consultative visits to the offices); Lafayette (two trainings, with approximately 15 follow-up consultative visits to the offices); and Alexandria (two trainings, with approximately nine follow-up consultative visits to the offices). As of March 14, 2016, approximately 4,000 TBH screens have been completed. The TBH Steering Committee holds regular meetings; participants include members from the DCFS, Department of Health and Hospitals, State Medicaid and Bayou Health representatives.

Activities Planned for FFY 2017: Regions for future TBH expansion during FFY 2016-2017 include: Monroe, Orleans, Thibodaux, Shreveport and Lake Charles. Future plans are being discussed regarding incorporating TBH training into DCFS Child Welfare New Worker Orientation.

Youth at Risk for Homelessness Project - The Department is participating in a planning grant awarded by the Administration for Children and Families to identify youth at risk of homelessness and service needs through research, i.e. focus groups, individual interviews, stakeholder meetings, surveys and risk screenings.

Planning meetings with the HP Serve LA.CIM team (Louisiana Collaborative Intervention Model) occurred on a weekly basis. Strategic Regional planning meetings to identify resources in the community were conducted quarterly in the three regions.

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Gaps analysis was conducted to identify existing services for these youth/young adults and to discover gaps.

The goal of the project was to use information and knowledge gained from youth, community to develop a model intervention to address barriers that lead to homelessness. There were 185 youth between the ages of 14-17 identified as at risk for homelessness, and 40 young adults between the ages of 18-21 identified as at risk for homelessness.

Update FFY 2016: The Department and HP Serve collaborated on a homeless grant through September 2015; however, the grant was not renewed for FFY 2016. (For additional information on work with youth at risk for homelessness please refer to the following sections of this plan: Chafee; Foster Care Program Section and Appendix F.

Family Resource Centers (FRC) of Louisiana - The Department entered into new three-year contracts with the Department that began October 1, 2014. The Department worked with the FRC network to improve fidelity around the three core services of Parent Education, Family Skill Building, and Visit Coaching. The DCFS staff engaged the FRC network in by-weekly meetings to develop fidelity and outcome measures around these services. The work was accomplished by the formation of workgroups comprised of FRC staff and the DCFS program staff. The group decided to begin baseline data that captures the following:

Update FFY 2016: There are now nine FRC contracted with DCFS to provide services in their geographical area. The core service components include Parent Education, Visit Coaching and Family Skills Building. The ninth provider was added in February 2016.

Activities Planned for FFY 2017: For additional information on FRC and activities planned in FFY 2017 please refer to the Promoting Safe and Stable Families section of this plan.

The Pelican Center for Children and Families and the Louisiana Court Improvement Program (CIP) – Collaboration between the courts and DCFS continues on a regular basis, as a climate of cooperation exists between DCFS and CIP around data sharing. DCFS shares and reports data from its quarterly CQI case review process with the CIP/CQI Committee that meets monthly. The Department also partnered with the Court Improvement Program and the Pelican Center for Children and Families to compose and administer a survey to assess foster/adoptive parent's knowledge and understanding of the court system as it relates to their role as caregivers.

This group meets on a monthly basis to assist the Department in many capacities including increasing the Department's opportunity to draw down federal Title IV-E funding as it relates to permanency hearings and multi-disciplinary training provided to staff and the constellation of child welfare professionals. The Department invites CIP and the Pelican center members to attend quarterly meetings for their feedback and input on agency related issues including the state's strategic plan, CQI/PQI, CFSP/APSR development and preparation for the CFSR Round 3.

Update FFY 2016: The DCFS, Pelican Center for Children and Families and Louisiana CIP have continued to work closely to decrease the number of children experiencing repeat

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maltreatment and increase the number of children who have permanency and stability during their placement(s) in foster care. The Pelican Center, by way of a MOU with DCFS and Southeastern Louisiana University, continues to work on furthering the establishment of the Louisiana Child Welfare Training Academy. This arena will provide training opportunities for not only DCFS staff, but also foster/adoptive parents.

Activities Planned for FFY 2017: For additional information on the Pelican Center for Children and Families please refer to the Systemic Factor on Staff Training as well as the Training Plan section of this plan. These sections will also include activities planned in FFY 2017.

The Louisiana Foster & Adoptive Parent Association (LFAPA) - LFAPA continues to serve to empower foster and adoptive parents and the children in their care by providing communication, support, training, recruitment and retention activities, and advocacy services. The Association plans and hosts an annual foster/adoptive parent conference, and provides, training and policy development with the Department. The LFAPA also conducts regional trainings to foster/adoptive parents in each region of the state where active associations exist for the enhancement of knowledge on topics that impact foster parents, foster youth and the DCFS. The DCFS continues to support LFAPA with a multi-year contract.

Update FFY 2016: The LFAPA hosted its annual conference in February 2015; the conference's theme was "For the Love of the Children". The DCFS approved 23 slots for staff to attend the conference. There were approximately 12 sessions available to the foster/adoptive parents and staff; topics included information on: sexual abuse prevention, advocating effectively for children in care, internet basics, youth in transition, trauma, stress management, the role of legal stakeholders, youth (via a youth panel), resilience, and the Child Welfare Training Academy. The DCFS front-line staff was charged with choosing one family, per region, that stood above the rest. These individuals were honored at the LFAPA Annual Banquet at the conference. In addition to the select of Foster Parents of the Year, the LFAPA also presented an award to the Worker of the Year. The LFAPA has continued to: work with the DCFS regarding issues that surround foster parents; serve as a support to foster/adoptive parents; and provide ongoing educational opportunities for foster/adoptive parents.

Activities Planned for FFY 2017: DCFS will continue efforts noted above including the monitoring of the multi-year contract with LFAPA, support for the 2016 annual conference and ongoing training as in identifying families to be recognized.

Faith Based Initiatives – The Department works with the faith based community in its efforts to recruit additional families willing to foster and adopt, retain and support certified foster/adoptive families as well as to create an atmosphere of shared responsibility resulting in overall good child well-being outcomes for children and youth in the foster care system.

Louisiana Baptist Children's Home - The DCFS has a cooperative agreement with the Louisiana Baptist Children's Home (LBCH) located in the Monroe region. The LBCH continues to recruit, certify and support foster/adoptive families statewide. From January of 2014 to December of 2014, LBCH provided placements for approximately **65** children in the LA. foster care system, and provided support to over **150** foster families certified through the DCFS.

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The LBCH hosted its second annual *127 Foster & Adoption* conference in November of 2014. This conference provided free training and child-care for certified foster/adoptive parents and also provided an orientation meeting for families interested in foster/adoptive certification. Over **150** people attended the conference and **13** families attended the orientation session with interest in becoming certified as foster/adoptive families through the DCFS. In 2014, the LBCH assisted the Department in completing 36 home studies, and conducted 40 orientations in various areas of the state with 117 total families receiving this service. In addition, the LBCH referred an additional 20 families to the DCFS for further certification assessment.

Healing Place Church - The Department also partnered with the Healing Place Church (HPC) church to create a Louisiana Heart Gallery to recruit families willing to adopt children and youth from the LA. foster care system. HPC recruited professional photographers across the state to serve as volunteers in taking photos of children and youth in foster care without identified placement resources. HPC posts those photos on the Louisiana Heart Gallery website for viewing, family inquiries, and referrals.

HPC works closely with the Department's adoption unit to accomplish those tasks and to assist with the training and support of families that express an interest. Data from this project is forthcoming, as members of the faith based community, local business owners, and foster/adoptive families are part of a work group that continues to develop goals and intended outcomes as a result of this partnering effort.

Update FFY 2016: The Department has continued to work with the faith based community. The partnership is now known as the Faith Based Collaborative. The following organizations are involved in this partnership: Louisiana Baptist Children's Home, Cross Roads NOLA, Healing Place Church, Our Savior's Church and Catholic Charities. The focus of the partnership is to: recruit foster/adoptive families, retain and support certified foster/adoptive families and work toward creating an atmosphere of shared responsibility. This group meets every other month.

Louisiana Baptist Children's Home (LBCH) - The DCFS maintains its cooperative agreement with the Louisiana Baptist Children's Home (LBCH) located in the Monroe region. The LBCH has continued to recruit, certify and support foster/adoptive families statewide. During Calendar Year (CY) 2015, LBCH provided placements for children in the Louisiana foster care system, and provided support to foster families certified through the DCFS. In November 2014, LBCH hosted its 2nd Annual Conference in Alexandria. During April 2015, they sponsored a simulcast entitled "Empower to Connect" in multiple regions over a two day period. Both trainings opportunities were available to foster/adoptive parents, DCFS staff and other community stakeholders. Additional, LBCH worked closely with Cross Roads NOLA to host approximately nine sessions during FFY 2015; these sessions were available to foster/adoptive parents and DCFS staff.

Healing Place Church – The Department has continued its partnership with HP Serve of Baton Rouge, a faith-based organization affiliated with Healing Place Church. The partnership has proven to be very beneficial as it relates to the recruitment of children awaiting an adoptive family. This organization has assisted the Department with professional photographs of DCFS children that are available for adoption, but are without an identified adoptive resource. In

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addition, they have also assisted with production of several videos of older youth awaiting adoption.

Activities Planned for FFY 2017: DCFS will continue to preserve the faith-based relationships noted above.

Human Trafficking Project - Human Trafficking is a project with a goal to build greater awareness and a better response to the problem of child trafficking within the child welfare population. The Department plans to accomplish this goal by building the internal capacity to work with victims of minor sex trafficking and engaging in system-wide outreach to support similar capacity-building efforts in other systems. In the second year of the grant (2015), twenty six (26) youth were identified as being trafficked or at high risk for trafficking activity in the state as opposed to the single digit number of identified victims within the first year of the grant.

Meetings are held monthly and as needed based on each trafficking case with the following stakeholders.

- The Court Improvement Program
- Department of Juvenile Services (BR)
- Louisiana Children's CJA Task Force
- Magellan
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff's Association
- Louisiana State Police
- Office of Juvenile Justice
- Chitimacha Tribe
- Department of Education
- Louisiana Baptist Children's Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries
- Child Advocacy Centers of Louisiana

Update FFY 2016: The Department of Children and Family Services has continued its work to combat Human Trafficking. In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. In March 2013, screening for Human Trafficking was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. In addition to the screening tools, procedures were added to the policy regarding identification of trafficking and specialized staffings to determine needs and services. Between July 2015 and August 2015 additional policy regarding Human Trafficking was added for Child Protective Services (CPS), Family Services (FS), and Foster Care (FC). The additional policies include updated definitions of Human Trafficking/Sex Trafficking, lists of criteria for determination of "Confirmed/Identified

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Victim”, “High-Risk of Trafficking”, or “At Risk of Trafficking”, procedures to identify and assess trafficking victims, and guidance regarding service provision for sex trafficking victims. DCFS has established protocol for Centralized Intake to assess for Human Trafficking and refer for further services as indicated. The policy and additional training to support the protocol for Centralized Intake is currently in draft. Screening tools for the FS and FC programs have been developed and submitted for addition to the Family Assessment Tracking System. These tools align with the identification lists already in policy and screen for Sex Trafficking with categories of, “Confirmed/Identified Victims”, “High-Risk of Trafficking”, and “At Risk of Trafficking”. Policy will direct FC case managers to complete the screening tool on all children/youth age 10-17 a minimum of once every six months, prior to any identification of trafficking, along with the regular assessment updates. The screening tool for FS will be completed upon indication by policy of the need to do so. During FFY 2016 CPS will also be implementing a screening tool for Sex Trafficking.

DCFS continues to work to collect data regarding Human Trafficking victims within Louisiana. This has required many meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015 annual report to the Louisiana Legislature on Human Trafficking in Louisiana, which is the 2nd report completed of this type.

A representative from the data unit and from CPS, have been participating as one of the three state/county child welfare representatives on the HHS Human Trafficking Work Group. This group has been developing the data elements to enhance ACF’s capability of collecting data on human trafficking and child welfare. The Work Group is scheduled for a final wrap up on May 10. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACCESS and TIPS, to be able to identify and track which cases have human trafficking involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group continues to meet and make plans to improve collection of data.

Beginning in 2015, DCFS attended meetings regarding combating Human Trafficking within Louisiana with a group that included representatives from the Court Improvement Program (CIP), Louisiana State Police (LSP), and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continues to meet and plans to have the screening tool developed and in use prior to the end of 2016. Through these meetings DCFS was able to work with LSP to create an MOU regarding protocol and information sharing for Human Trafficking cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children’s Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on Human Trafficking that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of Human Trafficking. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents,

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residential care providers, and CASA workers were also invited to attend. This training was performed as in-person training in all regions of the state. DCFS is currently working with the Pelican Center for Children and Families to post the training on their website for viewing by all. In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for Human Trafficking. DCFS has partnered with the Child Welfare Training Academy (CWTA) and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the train the trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are also underway to bring Love 146 to Louisiana to provide a train the trainer for their Not a #Number curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and LouisianaChildren.org will be working with stakeholders to partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis.

A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have been part of the placement group work. The group has been working to develop specialized foster homes for youth who are victims of Human Trafficking or are at High-Risk of Human Trafficking. The work regarding these homes includes development of policy, procedure, board rates, and criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group has also been working with current residential providers to ensure they receive training on Human Trafficking on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff are being engaged to discuss what their needs are relative to housing this population and what types of supports are warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing protocol/best practices quick reference guide for placement providers to utilize once a child is placed with them that is a victim of human trafficking. Work on development of this guide should continue through FFY 2016 and possibly into FFY 2017.

Activities Planned for FFY 2017: Additional work planned for FFY 2017 includes development of specialization and expertise within the department for work on Human Trafficking, the establishment of specialized Multi-disciplinary staffings for Human Trafficking cases, and further outreach and development of support services specific to victims of Human Trafficking, to include mental health providers. CPS will also be implementing a screening tool for Sex Trafficking.

Department of Education (DOE) – The Department, in collaboration with the local school system of each region/parish of the state, parents, child, and foster caretakers, ensures each child in foster care receives the opportunity to receive a full time education, participates in community based public educational programs and that the child has a stable educational setting. All parties are to remain in ongoing communication regarding the child’s educational progress and challenges to ensure the child is provided appropriate supports and services. Each placement of

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the child in foster care shall take into account the appropriateness of the current educational setting and the proximity of the placement to the school in which the child is enrolled at the time of foster care placement.

In accordance with the Louisiana Revised Statute (17:238) this contractual agreement requires the following:

- Each city and parish school board is required to establish a policy to provide for the placement in school and for the education of any child temporarily residing within the jurisdiction of the board including a child who is in Foster Care custody of the DCFS;
- Children are allowed to remain in their current educational placement should they be removed from their family's home and placed in foster care when it is in the best interest of the child;
- Children are allowed to continue in the same school placement not only at initial Foster Care entry, but for the duration of the child's placement in Foster Care;
- The governing authority of each public school shall be responsible for providing free transportation for a child in foster care residing outside the jurisdictional boundaries of the school from a designated location within that school district located nearest the child's residence as determined appropriate by the governing authority and DCFS, with DCFS responsible for providing the child's transportation to the designated location;
- Children in the custody of the department shall be eligible to attend a school in the school district or parish of the foster care placement;
- Children in the custody of the department shall be given preference as indicated in LA. for enrollment to attend a charter school when in the child's best interest;
- Children in the custody of the department placed in a home with other children who are already attending a nonpublic or parochial school may be allowed to attend the same school if the Department determines it is in the best interest of the child;
- Children in the custody of the Department placed in a home with other children who are already participating in an approved home study program as long as the program meets certain criteria with documentation that substantiates progress on the part of the child or youth.

Update FFY 2016: -The DCFS continued to have regional educational liaisons assist with any needs associated with enrolling foster children in school and obtaining needed services. Program staff and the liaisons maintained monthly communication to address issues. In 2015, the Department mandated the use of a form letter to notify school principals of a child's foster care status. The letter is utilized any time there is a change in the child's educational setting or allowable contacts.

Activities Planned for FFY 2017: DCFS will continue with all efforts noted above to ensure children in foster care have all available educational opportunities.

Office of Juvenile Justice (OJJ) – The Department entered into a Memorandum of Understanding to develop an integrated case management planning system to identify and serve

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youth who have dual involvement with both systems and in accordance with Act 214 of the Louisiana 2013 regular legislative session. The entities agreed to collaborate in fulfilling statewide implementation of the process for integrated case management by July 1, 2015. The goal of this MOU is to create a coordinated continuum of care to more efficiently utilize public funded services for youth who are dually involved with the child welfare system and the juvenile justice system utilizing joint information sharing, needs assessments, case planning, service identification, and resource allocation.

Update FFY 2016: Child welfare staff continued working with **OJJ** staff to explore an integrated case management system for youth dually involved in both systems. A pilot was implemented in May 2015 and will be evaluated for improvement prior to statewide implementation over the next few years. The Department also worked with OJJ to assure youth receive life skills training.

Activities Planned for FFY 2017: DCFS will conduct and evaluation of the pilot to determine if DCFS and OJJ will continue with integrated case management. The Department will continue working with OJJ to assure youth receive life skills training.

Department of Health and Hospitals (DHH) and the Office for Citizens with Developmental Disabilities (OCDD) – The DCFS entered into this MOU with DHH and OCDD to establish policies and procedures for the referral of children who are in the custody of the DCFS or at risk of placement into DCFS’s custody based on a developmental disability. Referrals include children birth to two years who have been involved in a substantiated case of abuse or neglect qualifying for early intervention services under IDEA (part C), and CAPTA. Children ages three through seventeen are the other group that receives referrals. These children are in the DCFS custody suspected of having a developmental disability determined to meet eligibility. The DCFS, DHH and OCDD assesses for the kind of services and support needed, and work together to meet the placement needs of these children as they approach the age of majority.

The goals and shared outcomes of this MOU are to achieve the following in a team effort:

- To ensure that all potentially eligible children, ages birth through two years are identified in a timely manner for Early Steps;
- To ensure that all stakeholders have timely, accurate and meaningful information regarding the Early Steps program;
- To support the continuity of services for children who are exiting Early Steps, and are eligible for other developmental disability services at age three years through participation in transitional planning to special education or other community services;
- To ensure that DHH, DCFS, and OCDD cooperate in locating placements for children with Developmental disabilities when the DCFS has been unable to locate a family, community placement, or other congregate care settings;
- To ensure that there is continued communication between the DCFS and OCDD;
- To ensure that all appropriate and available resources are identified and utilized in the planning and implementation of services;
- To ensure that there is a plan of support in place for the children eligible for these services within at least twenty four months of the age of majority to assist these children when they age out of care;

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- And finally, to ensure that there is a mechanism for the swift identification and resolution of problems and issues.

Update FFY 2016: In collaboration with DHH/OCDD, the Department refined the process of Linking Foster Care Youth to Services in Bayou Health by identifying two specific health plans when they enter care. In addition, the Department has continued to collaborate with OCDD to deliver services to children and youth with disabilities, including assignment of Medicaid waivers for specialized care services.

DCFS staff has also worked with DHH on the **Louisiana Medicaid Substance Use Disorder Collaborative**. Louisiana is one of seven states participating in the Innovation Accelerator Program for Substance Use Disorders (IAP-SUD) with CMS' Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare and Medicaid Innovation. Refer to the Collaboration section of this plan for more detailed information.

Activities Planned for FFY 2017: Additional elements will continue to be added to DCFS' regular data sharing routine with DHH/OCDD and work will continue with the IAP-SUD.

Infant Mental Health - DCFS staff continue to participate in Infant Mental Health (IMH) Training as part of a partnership with /DHH Office of Public Health. The partnership focused on the care and safety of infants and very young children. DCFS Family Services staff along with staff from the Nurse Family Partnership and DHH Maternal and Child Health participate in this training which focuses on the care and safety of infants and very young children. In FFY 2014, DCFS staff participated in a six session series Infant Mental Health training that began in January 2014 and ending March 2014.

Update FFY 2016: The DCFS child welfare staff continued to strengthen the interagency partnership through cross training opportunities with Nurse Family Partnership and DHH/Maternal and Child Health staff. The staff from each department participated in discussions relative to safety, health and welfare of children and families. The Infant Mental Health training events were scheduled and conducted the following dates in 2015: January 26-27, February 17-18 and April 5-6.

Activities Planned for FFY 2017: For additional information on activities planned in FFY 2017 please refer to the Promoting Safe and Stable Families section of this plan.

The Department will continue to maintain multiple collaborations throughout the state that result in meaningful community, stakeholder, tribe, and court involvement in the assessment, input, decision making, and implementation processes of child welfare services and delivery.

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FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Certification: The DCFS Child Welfare – Home Development (HD) Program is charged with the responsibility of certifying and re-certifying foster/adoptive family homes that can meet the placement needs of children in the Louisiana foster care system. These homes are required to meet the Department’s prescribed minimum licensing standards for the health, safety and well-being of children placed in foster care, as well as those children which become available for adoption. These families are dually certified to foster and adopt. The overall certification process is conducted by means of 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/concerns. A family can be re-certified on an annual or a three-year basis. There are various types of family homes; each requiring a level of expertise and skill necessary to meet the placement needs of the child placed in the home.

To assist interested individuals in determining whether they are ready to become a certified foster/adoptive family, information about certification is available on the Department’s website. This includes: Common Questions about Foster/Adoptive Parenting, Am I Ready Quiz, Minimum Qualifications, and Steps to Certification, Contact Numbers and Orientation/Training Schedules. As the Department moves forward, the current intake application process will be more readily available for prospective foster/adoptive applicants. The Department’s Child Welfare Common Front End Access (CAFÉ) will allow individuals interested in becoming certified to complete an intake inquiry on-line and submit it via a designated provider portal. Applicants will also be able to submit an application via CAFÉ, as well as maintain their profiles (address, phone/cell number, email address, etc.). Although regions have informed prospective foster/adoptive applicants of the on-line process, many applicants continue to utilize the manual process. In addition, there have been some technical issues that have presented challenges in the on-line process; for example, applicants inability to successfully submit information, staff having to input intake information more than once into the system; and receiving double TIPS numbers. Efforts have been made to address the technical difficulties. Based upon feedback from staff, some of the issues were noted as defects within the system. The system’s defect and/or change work has to be worked by the Office of Technology Services (OTS). As stated in the IT (Systemic Factor) section, during the last fiscal year, system processes were consolidated and there’s one OTS for all state agencies. Child Welfare system changes are coordinated at the State Office level and the work is prioritized. There is an ongoing tracking/monitoring of change requests.

The DCFS utilizes the Tracking, Information and Payment System (TIPS) to capture foster/adoptive certification data (e.g., the date of inquiry, orientation, application, clearances, training sessions, certification, closure, capacity, age range of child, as well as, newly certified relative and/or closed homes). In addition to the information tracked in TIPS, each region, on a monthly basis, submits to state office, a Monthly Regional Statistics log. Prior to January 2015, the regional HD was required to submit to State Office HD three monthly reporting logs: Part I. HD Monthly Reporting Log (included, name of applicant/ provider type; date of intake, orientation, training, application and certification; reason for closure; certification date; and age/sex of child for placement); Part II. HD Monthly Regional Statistics (new regular/child

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specific certifications; closures; and transfers). Part III. HD Monthly Recruitment Statistics (brief description of recruitment activity; number of recruitment activities; referrals from recruitment activities; number of Mini-Exchange Presentations/Matches; # of Centralized Exchange Presentations/Matches; and overall total of activities, matches and referrals). Effective January 2015, the statistics log was revised to capture: number of new certified foster/adoptive families, number of closures, total number of homes; number new certified child specific families, number of closures, total number of child specific families; and combined total number of foster/adoptive and child specific families. Information regarding the number of regional transfer in/out cases was removed from the log. The logs were revised, per management decision, in an effort to downsize information received from the regional staff. The decision was made to also help address the issue of staff shortages within the regions. 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, as well as, meeting regional recruitment/retention goals. Prior to the discontinuation of HD Monthly Reporting Logs (Part I, II and III), the information provided by the region allowed the opportunity to track a new certification from intake to certification and/or closure. The logs also provided information on the types of homes being certified (regular/child specific), age groups for which the families were interested in and reason for case closure. The current information only provides number of new certifications and closures.

Regional HD staff is responsible for submitting a copy of the region's Recruitment/Retention plan to the State Office HD Unit. The plan includes: an annual needs assessment (demographics and placement needs of children within the region); goals/objectives, method 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: 1) identified placement needs; 2) types of available home; 3) strategies for increasing the number and types of foster/adoptive families; and 4) 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. Although the regional annual plans are region specific, the common denominator is the need for a surplus of certified foster/adoptive families.

An internal process is used to keep track of the statewide average number of foster/adoptive homes per Calendar Year (CY). The average number is 2,000. For the past two calendar years, the number of newly certified homes was approximately 688 for CY 2014 and 887 for CY 2015. The number of closures was approximately 616 for CY 2014 and 685 for CY 2015. In most cases, certified foster/adoptive families which accept children initially as a foster care placement may later become the adoptive family, particularly if the child has remained in their home since entering foster care.

The licensing standards are applied equally for any prospective applicant. In an effort to ensure the standards are applied equally on a continuous basis, policy/procedures outline the certification process. Please see the below section on "Standards Applied Equally" for additional information.

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Recruitment: Recruitment is a joint department/community effort. However, the HD staff are responsible for taking the lead on 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 that reflect 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. Recruitment plays a vital role in the achievement of permanency for children awaiting adoption.

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. Support visits are conducted by the HD staff in the homes of certified foster/adoptive parents. Other 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 staff in the annual foster/adoptive parent association's conferences; and encouraging foster/adoptive parent's participation in the Performance and Quality Improvement process.

Update FFY 2015: Louisiana's goal for FFY 2015 is to continue engagement of foster families in an effort to improve the retention of foster/adoptive homes. In CY 2014, a survey of Louisiana Foster Parents was conducted through collaboration between the Court Improvement Program, DCFS and The Pelican Center for Children and Families. A similar survey was conducted in 2012. The purpose of the survey was to obtain input from the foster/adoptive family to determine if their issues, problems or questions were being addressed regarding the following information:

- Foster Parents' understanding of court and child welfare terms
- Foster Parents' understanding of their legal rights
- Foster Parents' views on visitation and biological parents
- Foster Parents' ratings of information provided to them
- Foster Parents' perceptions of how they are viewed by others

A total of 2,050 emails were sent out; 50 of which were undeliverable. A total of 1,200 paper copies of the survey were also mailed to those families without a known email address. The mailed surveys were accompanied by a postage paid return envelope addressed to the evaluator. Of the 3,250 surveys, 403 were returned in time for inclusion in the analysis; two were dropped due to the amount of missing information. The analysis is based on the 401 responses.

Survey Results: The survey results show the following:

- Foster parents were asked how well they felt they understood some of the terms related to the legal side of foster care.

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- Family Team Conference (83%)
- District Attorney (75%)
- DCFS Attorney (73%)
- Legal guardianship (72%)
- Case review hearing (68%)
- Permanency Hearing (68%)
- Disposition Hearing (48%).

For each term at least 18% reported understanding the term only “somewhat” or “not very well”. This was as high as 52% on the term “disposition hearing”.

- **Understanding of Their Legal Rights:** The majority of the responding parents knew they had a right to receive notice of disposition, case review and permanency hearings and other court proceedings for children in their care, had the right to attend these hearings and proceedings and had the right to be heard. Between 9 and 18% did not understand these rights (“Disagree or “Don’t Know”) and their understanding was not related to the length of time they had provided care.
- **Foster parents were asked to assess the degree to which they receive various types of information related to the foster care case.** Specifically they were asked how regularly they received information on: upcoming hearings and their right to receive notice, to appear and to be heard; and the case and child at the time of placement. Approximately 60% said they “always” or “often” receive information from the court or attorneys, and a similar percentage (59%) said they “always” or “often” receive this information from DCFS. Sixty percent also reported they “always” or “often” receive adequate information about their foster child at the time the child is placed. However, 21% said this only happened “sometimes” and 18% said it “rarely” or “never” happened.
- **Foster Parents’ Perceptions of How They Are Viewed by Others:** Two-thirds of the responding foster parents said they “always” or “often” feel that the court appreciates their contributions and a similar percentage reported feeling that others viewed them as an important member of the professional team. Although 55% said they did not feel others saw them as involved in foster care for financial gain or to adopt, the other 45% said they felt this way at least some of the time.
- **Comparison of 2012 and 2014 survey results:** In 2012, 247 foster parents responded to the survey. In general the answers given by foster parents in both surveys were similar in regards to understanding of legal terms, understanding of their rights and regarding the profession of the individual who asked them to speak during court hearings. Foster Parents in the 2014 survey were more likely than the 2012 respondents to agree that DCFS and court do a good job of arranging visits and improving access to respite care.

Update FFY 2016: The DCFS continues to seek opportunities to obtain input from certified foster/adoptive parents in an effort to improve the retention of foster/adoptive homes. The Louisiana Child Welfare Training Academy conducted a survey to identify training needs from

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the perspective of the foster/adoptive parent(s) and the DCFS staff. Dr. Corie Hebert with Southeast Louisiana University (community partner) was the survey project lead. The data collection came from three primary sources: 1) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3) an open inquiry sent to the DCFS workers (2015).

In the written survey, foster parents were asked to rank order a list of training topics from MOST important to LEAST important. The survey also included an open ended question which asked foster parents to list additional suggestions for training; 54 surveys were obtained. The descriptive data collected included:

- 4) age range – from 32 to 83;
- 5) gender – 38 female and 16 male; and
- 6) race – 27 African-American; 20 Caucasian; 2 Latino; 1 Native American; and 1 Not Stated.

When the interactive survey of foster parents was conducted:

- 4) 82% agreed foster parents should have prescribed training classes after pre-service training;
- 5) Most preferred guided discussions and role playing in training over videos/lectures; and
- 6) 81% indicated having child care during training was very important.

During the inquiry for feedback from the DCFS Child Welfare staff, responses were received from a variety of staff at different levels: Foster Care Supervisors, Foster Care Workers, consultants to the agency, CQI and some staff asked foster parents for their input. A total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested. The list of proposed trainings included ten topics. The top listings for the workers included: #1 - Mental Health Problems and How to Engage Birth Parents; #2 – Agency Expectations and Foster Parent Roles/Responsibilities; and #3 – Child Development. The top listings for the foster parents included: #1 – Understanding the Foster Child; #2 – Behavior Management; and #3 – Agency Expectations and Foster Parent Roles/Responsibilities. The Foster Parent Feedback on the open-ended questions included the following:

- We need CPR training/certification;
- How to navigate the system for resources for kids/how to work better with case workers;
- How to help teenagers who are aging-out; and
- We want to attend the same trainings workers attend.

The CWTA, using the above survey results, is working towards the development of a comprehensive foster parent training plan. This plan will outline the ongoing training foster parents must receive following initial certification. More details on training are outlined under the Systemic Factor – Training section.

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Standards Applied Equally: It is the policy of the DCFS to ensure that 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).

In FFY 2014, 717 new families were certified. The State Office Home Development Section received 24 licensing waivers, of which 2 were denied and 3 were returned for regional review and approval. The waiver requests were for the following requirements: marital status, age, medical, case clearance (valid), fingerprints, criminal, bedroom space and safety fire inspection.

Licensing Waiver Requests	FFY 2014: State Office Home Development	FFY 2015: State Office Home Development	FFY 2016: State Office Home Development	FFY 2017: State Office Home Development	FFY 2018: State Office Home Development	FFY 2019: State Office Home Development
Marital Status	3	4				
Age	4	2				
Medical	3	2				
Case Clearance (Valid)	7	6				
Finger Prints	2	0				
Criminal	3	1				
Bedroom Space	1	5				
Safety Fire Inspection	1	0				
Total	24	20				

Update FFY 2016: In FFY 2015, 748 families were certified. Out of the 748 families, approximately 20 waiver and/or policy exception requests were submitted to State Office Home Development staff. Ten requests were approved; six were denied; and four were not applicable (for example, regional decision was needed; and determined waiver was no longer needed).

During FFY 2015, the HD program experienced several policy/procedures revisions, which lead to an unusual number of requests for waivers/policy exceptions for certified families. In August 2014, policy was revised to require a fence be installed around a pool, when caring for children age five and under. This revision was made to strengthen safety measures surrounding swimming and/or wading pools. In May 2015, policy was revised to state: no foster/adoptive parent shall have more than five children under the age of 18, including their own children. Previously, a foster/adoptive parent could have no more than eight children. These revisions lead to a total of 40 waivers/policy exceptions; 10 were for capacity and 30 were for pools. Of the 40 requests, 25 were approved; seven - denied; and nine - not applicable (e.g., home closure, exception no longer needed, or home came into compliance). The waivers/policy exceptions

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were necessary to allow families certified prior to August 2014 and May 2015 to maintain ongoing eligibility, while coming into full compliance. Although the DCFS was able to maintain some of the certified families, the department also suffered a loss of multiple families due to the above stated policy revisions.

The DCFS will be looking into a new approach to foster/adoptive parenting. State office staff plans to focus on gaining insight on the Quality Parenting Initiative (QPI). The concept of QPI is having/maintaining quality foster/adoptive parents and a re-branding of foster parenting that reflects that state's needs.

Requirements for Criminal Background Checks: The Regional Home Development Units ensured criminal record clearances were conducted on individuals interested in providing care and supervision of children placed in state custody. Clearances were also conducted on any household member 18 years and older.

The DCFS Internal Audit Division conducts an annual audit on 75% of major federal programs. The Adoption program is one program that is audited annually. In CY 2014, an audit of the Adoption Assistance Program for the period of July 1, 2012 through January 15, 2013 was conducted. The objective of the internal audit was to provide reasonable assurance the Adoption Assistance Program was in compliance with applicable regulations, departmental policies and procedures and internal controls. As a result of the audit, the Adoption Subsidy Workers were unable to provide sufficient documentation to satisfy the adoptive parent(s) criminal records check. In 26 of the 400 adoption subsidy cases tested the audit could not verify receipt of the Criminal Record Clearance.

In an effort to address the findings, State Office Adoption/Home Development Program staff (beginning April 2013) took the following steps:

- Reviewed the policy/procedures relative to Home Development foster/adoptive homes with a finalized adoption; foster/adoptive families receiving adoption subsidies; record retention for foster/adoptive cases receiving and adoption subsidy; and documentation of clearances;
- Revised applicable policies/procedures for Adoption and Home Development Programs; and
- Conducted a review of the revised policies/procedures with the Adoption and Home Development Workers via teleconferences.

In September 2014, a request was made to provide an update on the cases that did not have an identified clearance. The regions were able to locate clearances for 14 of the 26 cases that were identified as not having a criminal clearance in the file during the initial audit.

Update FFY 2016: The DCFS uses the MORPHOTRAK to obtain the criminal clearances. A manual fingerprinting process is used for household members who are physically challenged due to a serious health condition that prevents them from coming to the office. The regional staff maintains a DCFS Child Welfare Fingerprint Log which lists all individuals that are fingerprinted and track the number of fingerprints submitted for clearance. The appropriate

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code, listed at the base of the fingerprint log, is used to identify the applicants. The codes are: (A) Foster/Adoptive; (B) Abuse/Neglect; (C) Parent Custody; (E) DCFS Employee; and (P) Potential Caretaker. The logs are to be retained for audit/tracking purposes in a central file. There is currently no ongoing mechanism in place to conduct a 100% review of all newly certified foster/adoptive family case files.

Additional Activities Planned in FFY 2017: The DCFS will develop a review process for Home Development files to include criminal clearances. The process will include file review and system reviews.

Diligent Recruitment of Foster and Adoptive Homes: In FFY 2015, DCFS Regional Home Development Units continued to develop and implement annual regional, written recruitment/retention plans according to the Department’s recruitment and retention plan policy guide. The Regions’ proposed plans were approved by their Regional Administrators and forwarded to the State Office Home Development Section. The plans included needs assessments that were used to determine the demographics, needs, and placement requirements of the children in each parish of the region. The data identified in the plans was collected from the DCFS Web Focus and INFOPAC systems. The plans also included goals and objectives, methods of recruitment, orientation/pre-service training schedules and the recruitment budget.

Prior to January 2015, as stated previously, regional HD staff submitted monthly logs that identified age groups for which a foster/adoptive parent was certified. This information offered a method of comparing the region’s needs assessment with actual results. There is a targeted statewide goal of increasing the number of certified foster/adoptive families by 2% annually. Although the regional plans are region specific, there’s a statewide need for a surplus of certified foster/adoptive families for all populations (age, gender, medical, sibling, etc.) of children that enter foster care.

As of the end of FFY 2014, there were 4,268 children in care. The data shows 2,280 (53.42%) of the children were Caucasian children while 1,756 (41.14%) were African-American.

At the end of FFY 2015, there were 4,515 children in foster care; 1,770 (39.20%) were African-American and 2,448 (54.22%) were Caucasian.

Children/ Youth in Louisiana Foster Care System	At the end of FFY 2014	At the end of FFY 2015	At the end of FFY 2016	At the end of FFY 2017	At the end of FFY 2018
African American Females	859	885			
African American Males	897	885			
Caucasian Females	1136	1206			
Caucasian Males	1144	1242			
Multi-Race Females	53	87			
Multi-Race Males	80	99			
American Indian/Alaska Native Females	4	2			
American Indian/Alaska					

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Children/ Youth in Louisiana Foster Care System	At the end of FFY 2014	At the end of FFY 2015	At the end of FFY 2016	At the end of FFY 2017	At the end of FFY 2018
Native Males	7	5			
Asian Females	2	2			
Asian Males	0	2			
Native Hawaiian/Other Pacific Islanders Females	2	1			
Native Hawaiian/Other Pacific Islanders Males	3	4			
Total	4268	4,515			

As of the end of FFY 2014, there were 2,528 active certified foster/adoptive families; this number reflects foster/adoptive families that were active at any point during the FFY. Based upon the above racial breakdown for children in care, the two largest populations were Caucasian and African-American. Of the 2,528 certified families 1,536 were Caucasian families and 989 were African-American families.

The demographic data shows the following racial makeup of 844 single parent families:

- 301 Caucasians (289 females and 12 males)
- 533 African-Americans (525 females and 8 males)
- 2 American Indian/Alaska Native (1 females and 1 males)
- 1 Asian (1 female and 0 males)
- 1 Native Hawaiian/Other Pacific Islander (0 female and 1 males)
- 4 Unknown (4 female and 0 males)

Of the 844, 772 were not Hispanic; 6 were Hispanic; and 64 were Unknown.

The remaining 1,686 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,235 (Parent 1) and 1,215 (Parent 2)
- African-Americans – 437 (Parent 1) and 456 (Parent 2)
- American Indiana/Alaska Native – 6 (Parent 1) and 5 (Parent 2)
- Asian – 2 (Parent 1) and 2 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 3 (Parent 2)
- Unknown – 5 (Parent 1) and 5 (Parent 2)

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Of the 1,686 – 1,512 (Parent 1) and 1,512 (Parent 2) were not Hispanic; 19 (Parent 1) and 25 (Parent 2) were Hispanic; and 155 (Parent 1) and 149 (Parent 2) were Unknown.

Louisiana used demographic data as well as assessments from the Regional recruitment plans to develop the statewide recruitment plan. A 2 % statewide recruitment goal has been set for FFY 2015. The following tasks are ongoing in an effort to achieve the goal:

- DCFS (Executive Division) established a partnership with the faith-based community to promote an awareness of the need for foster/adoptive families (through events such as “Over the Edge” and “Wait No More”) and assist in the recruitment of individuals to become certified foster/adoptive families. The partnership was established in 2012 and was targeted to remain until 2015.
- Regional staff were asked to identify homes certified as a result of the 2012 Faith in Families Initiative.
- For FFY 2015, the department began tracking the number of certified foster/ adoptive home to determine if the goal of a 2% increase is noted each year. This information was placed in LaPAS Performance Indicators report and is reviewed quarterly. Comments are to be submitted anytime the actual percentage and the target percentage has a variance of (positive or negative) 5% or greater.
- The baseline number was determined to be the number of homes certified in the 1st quarter of FFY 2014.
- The Adoption/Home Development Program staff conducted a review of the 2014 Regional Recruitment and Retention plan to determine targeted goals for each region (recruitment of for specific populations and overall general recruitment) and methods of accomplishing goals (i.e., orientations, community events, and media).
- The Adoption/Home Development Program staff reviewed regional data monthly on the number of new certifications and closures.

Update FFY 2016: As of the end of FFY 2015, there were 3,000 active certified foster/adoptive families; this number reflects foster/adoptive families that were active at any point during the FFY. Based upon the above (FFY 2015) racial breakdown for children in care, the two largest populations were Caucasian and African-American. Of the 3,000 certified families 1,815 were Caucasian families and 1,164 were African-American families.

The demographic data shows the following racial makeup of 1,011 single parent families:

- 358 Caucasians (347 females and 11 males)
- 647 African-Americans (641 females and 6 males)
- 1 American Indian/Alaska Native (0 females and 1 male)
- 1 Asian (1 female and 0 males)
- 1 Native Hawaiian/Other Pacific Islander (0 females and 1 male)
- 3 Unknown (3 females and 0 males)

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Of the 1,011 single parent families, 936 were not Hispanic; 11 were Hispanic; and 64 were Unknown.

The remaining 1,989 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,457 (Parent 1) and 1,439 (Parent 2)
- African-Americans – 517 (Parent 1) and 532 (Parent 2)
- American Indiana/Alaska Native – 5 (Parent 1) and 6 (Parent 2)
- Asian – 3 (Parent 1) and 3 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 2 (Parent 2)
- Unknown – 6 (Parent 1) and 7 (Parent 2)

Of the 1,989 – 1,834 (Parent 1) and 1,838 (Parent 2) were not Hispanic; 26 (Parent 1) and 33 (Parent 2) were Hispanic; and 129 (Parent 1) and 118 (Parent 2) were Unknown.

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2015 data)	Year 4 – 2018 APSR (FFY 2016 data)	Year 5 – 2019 Final Report (FFY 2017 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	***697 total	IG: Increase by 2% (711) AP: 2.9% increase -total of 717 homes	IG: Increase by 2% (731) AP: 4% Increase – total of 748 homes	Increase by 2% (762)	Increase by 2%	Increase by 2%

The above chart, based on data from the DCFS Tracking Information and Payment System/Louisiana Adoption Resource Exchange System (TIPS/LARE), shows the number of new certified foster/adoptive families. The department’s goal is to increase the number of new certifications by 2% each year. During FFY 2015, there was a 4% increase in the number of new certifications.

The DCFS Child Welfare continues to work with established partners within the faith-based community. In an effort to maintain ongoing collaboration, the DCFS State Office staff meets every other month with the Faith Base Collaborative team. The meeting’s focus is on recruitment and retention of foster/adoptive parents. There is also discussion about supporting the needs of the certified families and ongoing initiatives within the state. Organizations have provided additional support to the certified families through ongoing training, parent’s night out events, hosting holiday parties, donating gifts, hosting walks/runs for adoption awareness, etc. Over the course of the next year, the Faith Base Collaborative members and DCFS will be

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recruiting statewide throughout the faith community for families willing to foster children and support birth families.

Child Specific Recruitment - In March 2014, DCFS implemented the Wendy's Wonderful Kids Model. This model focuses on child specific recruitment for older youth and/or children who have been available for adoption greater than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of 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.

Since March 2014, the recruitment team has finalized three adoptions, three guardianships and two youth have returned to the custody of their mother. The team currently has six youth that are matched with adoptive families and are awaiting finalization.

Update FFY 2016: The Wendy's Wonderful Kids (WWK) model has been used to serve 82 children. There have been six finalized adoptions. Currently, 10 children are placed in pre-adoptive homes awaiting adoption finalization; and six children have been matched with prospective adoptive families.

State use of Cross-Jurisdictional Resources for Permanent Placements: Louisiana has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children.

From October 1, 2013 thru September 30, 2014, 28% of home studies received from other states were completed within 60 days. The data source used was Web focus ICPC Database, and the total number of home studies completed divided by the total number of home studies requested is the methodology used for analyzing the data.

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, high caseloads, licensure of relatives by some states and low priority assigned to interstate home studies.

To minimize placement delays with parents, a provision in Regulation 2, "Public Court Jurisdiction Cases" adopted by AAICPC allows for the court to place children with the non-offending parent and terminate jurisdiction without invoking the compact.

A strategy for minimizing delays in permanency can include expanding the use of purchase of services to place children across state lines. Private licensed agencies case load size is normally low in comparison to public state agencies, and therefore allows for a shorter time period to complete studies.

Update FFY 2016: During FFY 2015, the DCFS' Interstate Compact on the Placement of Children (ICPC) reported a total of 384 home study requests were processed statewide. The

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requests were from public agencies in other states. Of the 384 requests, 111 (29%) home studies were completed within 60 days.

Barriers that cause delay in timely completion of interstate home studies include the following:

- High turnover and insufficient staff at local level
- Workload issues - case managers performing multiple tasks
- Inadequate home study assessments
- Out of state child abuse clearances
- Home study requests reassigned and offices losing track of cases
- Breakdown of the MORPHOTRAK equipment for criminal clearances, and
- Low priority assigned to ICPC cases

Activities Planned in FFY 2017:

Plans to overcome barriers experienced by ICPC include the following:

- The Executive Management Team recognizes that DCFS does not have a sufficient and stabilized workforce and is working to hire and retain staff.
- The Child Welfare Training Academy provides the opportunity to train first line supervisors, and ICPC also provides one to one training for staff.
- ICPC use a tickler tracking system to remind case managers of home study due dates.
- Two regions have had designated staff assigned to handle interstate placement cases.
- The Department has employed retired workers to assist in completing foster/adoptive home studies.

The Department will also continue to have quarterly meetings to discuss data, changes in policy and any other issues, initiatives or feedback that may need to be discussed. The Department will develop a review process for Home Development case files. A work group will be developed to review and revise the Foster Parent Handbook as well as Home Development policy and procedures.

The Department will begin to look at Quality Parenting Initiative (QPI) to incorporate in everyday practice. The Department implement efforts to increase teaming among foster parents, birth parents and professionals. The Department must also recruit for families who are willing and able to team and partner with birth families in order to provide permanency to children. The Department has started the process of modifying the foster parent training curriculum to coincide with the QPI philosophies.

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

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

The Department believes these federal outcome measures could be positively impacted by the revised goals and action steps outlined in the **Updated Plans for Improvement for FFY 2017 Section** of this plan. The revised goals and action steps are aimed at addressing areas identified as needing improvement.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 1:

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

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

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

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

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

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

SAFETY OUTCOMES 1 & 2: As part of its long-term commitment to keep children safe, the DCFS implemented a research-based safety focused approach for assessing child abuse and Transmittal Date June 30, 2016

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

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

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

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

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

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

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

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

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

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

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

Advanced Safety Focused Practice Case Review Results

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

Timeframe	FFY 2015 Q1 Oct 1-Dec 31, 2014		FFY 2015 Q2 Jan 1-Mar 31, 2015		FFY 2015 Q3 Apr 1-June 30, 2015		FFY 2015 Q3 July 1-Sept 30, 2015	
Area	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Identification of Present Danger	100	83.4	100	83.4	85	70.8	107	89.1%
Extent of Maltreatment	34	28.3	60	50.0	55	45.8	63	52.90%
Circumstances Surrounding Maltreatment	48	40.0	59	49.2	65	54.2	73	60.8%

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

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

In FFY 2015 practice related to identifying present danger remained near the original baseline of 81.51%. For quarters 1 and 2, the rating was slightly above the baseline, achieving 83.4%. In Q3 there was a drop to 70.8%. In Q4 performance increased again to 89.1%.

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

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

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

Circumstances Surrounding Maltreatment: This area of assessment describes the events leading up to the maltreatment of the alleged victim. The intent of the parent/caretaker is assessed to fully understand the attitudes of the parents regarding the maltreatment.

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The baseline case review indicates that worker documentation of the circumstances surrounding maltreatment was sufficient in only 29.17% of cases reviewed. Performance declined to 24.17% the following quarter. Performance improved to 35.00% for FFY 2014 Q4. While improvement has occurred, continued efforts need to focus on worker skill in assessing and documenting this area of assessment.

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

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

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

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

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

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

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

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

The baseline case review indicates that worker documentation of General Parenting was sufficient in only 4.17% of cases. By the third review quarter (FFY 2014 Q4) performance

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increased slightly to 10.83% with only 13 cases meeting sufficiency. Substantial effort is needed to improve worker assessment and documentation in this area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Timely Approval: The SDM Initial Risk Assessment is expected to be completed within 30 days of receipt of the report and must be completed prior to validity determination. The SDM

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risk rating should be used by the worker and supervisor to inform recommendations for ongoing services.

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

In FFY 2015 performance in the area of timely review and approval of the SDM Initial Risk Assessment remained relatively the same with no improvement demonstrated. Performance in this area was 62.5% for Q1, 63.3% for Q2, 53.9% for Q3, and 65% for Q4. CQI reviewers have noted issues with dates being documented at the 30 day period before the SDM was completed by staff according to the SDM site. Further exploration is needed to determine how this may be impacting the data.

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

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

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

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

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

Centralized Intake workers and supervisors have engaged in ongoing activities to focus on improving model fidelity to intakes to ensure consistency in assigning appropriate response

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priorities. Modifications to the Investigations component of ACCESS to integrate the ASFP model were completed on March 8, 2015.

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

Update FFY 2016: The CPS program staff developed a series of webinars to include information gathering in the six areas of assessment. The webinars were recorded and are included on the Department's intranet for quick references for staff. Each segment is less than one hour. Targeted ASFP consultation/ training has been and will continue to be provided by the Implementation Specialists and program staff to regions that have requested more assistance with the implementation.

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

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

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

Activities Planned for FFY 2017: DCFS will continue to provide support to regional staff via consultation upon request. This has probably been the most impactful area of support that has led to the improvements shown in practice. In addition to consultation, there will be a focus on building capacity of a core team of reviewers, consultants and managers around ASFP. A safety lead consultant has developed a series of safety related exercises designed to be debriefed in a group setting. The initial group that will be included in this debriefing will include 12 individuals which include consultants, case reviewers and quality assurance reviewers. Upon

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completion of the pilot group, this effort will be extended to include field level managers so that direct practice in the field can be impacted.

Safety Outcome 1:

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

Data Sources: ACESS Report - ACN0004 - Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker Report. During Federal Fiscal Year 2013, 84.34% of alleged victims and 81.63% of at least one parent/caretaker were seen in accordance with departmental policy. In FFY 2014 timely victim contact was accomplished for 78.11% of all alleged victims and 80.83% of at least one parent/caretaker. This contrasts with 69.11% of alleged victims and 69.85% of parent/caretakers seen in accordance with policy during FFY 2010, as DCFS was entering its PIP.

Maltreatment data are available through the Annual Safety Profile provided by the Children's Bureau following NCANDS submission, DCFS dashboard report ACNOOO7 - Absence of Maltreatment Recurrence and dashboard report CFSR S2 - Absence of Maltreatment in Foster Care. Note: Q1, Q2, Q3 and Q4 represented Quarters.

CQI Case Review

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

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-9/30/2015	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 1: Timeliness of Initiating Investigations	Strength	42	84.00%	29	82.90%	43	90.00%	46	79.00%
	Area Needing Improvement	8	16.00%	6	17.10%	5	10.00%	12	21.00%
	Not Applicable	43		54		54		62	

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

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

FFY 2014 Q1 CQI case review found the state had 86.27% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 80.81% and for contact with parent/caretakers was 81.47%.

While there are some differences in the performance measured by case reviews and data reports, the trends are similar with some decrease in performance from Q1 to Q4 for contact with alleged victims. The ACN0004 provides data on 100% of cases. The case review data is a snapshot of a subset of cases that advanced to Family Services or Foster Care.

In FFY 2015 Q1 CQI case review found the state had 84.00% conformity on Item 1. For the same time period, the ACN0004 report indicates the compliance rate for all cases for timely contact with alleged victims was 81.24% and for contact with parent/caretakers was 83.25%.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

Louisiana Data Profile

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Absence of Maltreatment Recurrence	95.4	94.8	94.7	93.5	94.2
Absence of Child Abuse and/or Neglect in Foster Care	99.52	99.28	99.56	99.78	99.7

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

The FFY 2013 Safety Profile indicates Louisiana is at 93.5% while the **standard is 94.6%** for Absence of Maltreatment Recurrence. The 2014 Profile reflects an improvement to 94.2 for FFY 2014.

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Louisiana is above the standard for Absence of CA/N in Foster Care with a Profile measure of 99.7% and a **standard of 99.68%**. Based on the 2013 and 2014 performance, Absence of Maltreatment in Foster Care is not currently an area needing improvement. However, continued monitoring will occur through CQI case reviews and the DCFS dashboard report CFSR S.2. The CQI case review process will also continue to provide additional qualitative data for this item. (For additional information on the case review process, please refer to the Systemic Factors section of this plan). Note: Q1, Q2, Q3 and Q4 represented Quarters.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 2: Repeat Maltreatment Within a 6-month Period	Strength	30	75.00	39	82.98	32	82.05	31	88.57
	Area Needing Improvement	10	25.00	8	17.02	7	17.95	4	11.43
	Not Applicable	80		73		81		85	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-12/31/2015	
		# OF CASES	%	# OF CASES	%	# OF CASES	%	# OF CASES	%
Safety 2: Repeat Maltreatment Within a 6-month Period	Strength	36	83.70	NA	NA	NA	NA	NA	NA
	Area Needing Improvement	7	16.30	NA	NA	NA	NA	NA	NA
	Not Applicable	71	NA	NA	NA	NA	NA	NA	NA

**Repeat Maltreatment, Safety Item 2 was eliminated in the Round 3 OSRI instrument. Louisiana began using the new OSRI in January 2015.*

ACN0007 – ABSENCE OF REPEAT MALTREATMENT WITHING 6-MONTHS OF INITIAL INCIDENT									
DESCRIPTION	Period Start Date								
	10/1/2013	1/1/2014	4/1/2014	7/1/2014	10/1/2014	1/1/2015	4/15	7/15	
% Absent Repeat Maltreatment	94.05%	94.37%	94.70%	95.09%	93.96%	94.22%			
Total Unduplicated Valid Victims-1st 6-months of Period	5,936	6,215	6,787	6,515	6,147	6,610			
Total Unduplicated Valid Victims Without Recurrence	5,583	5,865	6,427	6,195	5,776	6,228			
Total Unduplicated Valid Victims With Recurrence	379	389	390	347	393	418			

❖ *Data extracted on May 9, 2016 from WebFocus ACESS Dashboard*

FFY 2014 Q1 CQI case review found the state had 75.00% conformity on Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.05%. The CQI case review reflects improvement through FFY 2014 to 88.57% in Q4. A similar trend is reflected in the Transmittal Date June 30, 2016

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ACN0007 report with improvement to 94.70% by Q3. Not enough time has elapsed for Q4 reporting on ACN0007. The increase in the number of Valid Victims in period beginning 4/4/2014 is likely a reflection of the phase out of Alternate Response and more children being assessed under investigation criteria.

FFY 2015 Q1 CQI case review found the state had 83.7% conformity on Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.22%. In comparison, Louisiana's performance in this Item decreased from 88.57% to 83.70% from FFY 2014 Q4 to FFY 2015 Q1.

SAFETY OUTCOME 2:

Children Are Safely Maintained In Their Homes Whenever Possible and Appropriate

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Safety 3: Services to family to protect children in the home and prevent removal or re-entry into FC	Strength	51	69.86%	55	73.33%	44	61.11%	43	63.24%
	Area Needing Improvement	22	30.14%	20	26.67%	28	38.89%	25	36.76%
	Not Applicable	47		45		48		52	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Safety 3/2: Services to family to protect children in the home and prevent removal or re-entry into FC	Strength	50	68.5%	35	68.6%	42	76%	50	75%
	Area Needing Improvement	23	31.5%	16	31.4%	13	24%	12	21%
	Not Applicable	47		51		47		53	

**In the Round 3 OSRI, Safety Item 3 was changed to Safety Item 2. Louisiana began using the new OSRI in January 2015.*

Louisiana Data Profile: Re-Entries to Foster Care in Less Than 12 Months

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Measure C1 - 4: Re-entries to foster care in less than 12 months [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]	8.40%	9.80%	7.10%	11.80%	11.60%	14.80%

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

FFY 2014 Q1 CQI case review found the state had 69.86% conformity on Item 3. CFSSR Permanency Item C1.4-Re-entries to foster care in less than 12 months, provides a partial measure of Item 3. Louisiana's annual Permanency Profile for FFY 2013 provides a performance level of 11.60%. This is better than the national median of 15% but still falls short of the 9.9%

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standard. The FFY 2014 Profile reflects a decrease in performance at 14.80%. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

In addition, the DCFS has added two budget performance indicators (LaPAS – developed for the Louisiana Legislature) to its quarterly state performance measures that will provide additional monitoring of this item. These new measures are the percent of valid CPS case not referred to Family Services or Foster Care and percent of children in new Family Services cases that enter Foster Care within 6 months. Note: Q1, Q2, Q3 and Q4 represented Quarters.

LaPAS Measure 13295	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Percentage of valid findings referred to family services (this is an annual measure)	28.37%				
LaPAS Measure 23651	10/1–12/31/2014	1/1–3/31/2015	4/1–6/30/2015	7/1–9/30/2015	
Absence (in percent) of maltreatment of children receiving Family Services for 6 months after validated CPI report (Goal = 95%)	93.55%	92.91%	92.83%	93.73%	

**Data taken from Louisiana Performance Accountability System.*

In FFY 2015 Q1 CQI case review found the state had 68.5% conformity on Safety Item 2, previously Safety Item 3. Performance on this measure has improved during the year with 75% of cases rated as a strength in Q4. In preparation for the 2018 CFSSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

CQI Case Review

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE									
ITEM	OUTCOMES	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Safety 4: Risk assessment and safety management	Strength	77	64.17%	74	61.67%	59	49.17%	68	56.67%
	Area Needing Improvement	43	35.83%	46	38.33%	61	50.83%	52	43.33%

FFY 2014 Q1 CQI case review found the state had 64.17% conformity on Item 4. Performance on this measure has declined during the year with 56.67% of cases rated as a strength in Q4.

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ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Safety 4/3: Risk assessment and safety management	Strength	72	60.5%	63	61%	74	73%	74	62%
	Area Needing Improvement	47	39.5%	39	38.2%	28	27%	46	38%
	Not Applicable								

**In the Round 3 OSRI, Safety Item 4 was changed to Safety Item 3. Louisiana began using the new OSRI in January 2015.*

FFY 2015 Q1 CQI case reviews found the state had 60/5% conformity on Safety Item 3, previously Safety Item 4. Performance on this measure has improved during the year with 62% of cases rated a strength in Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY Q4 data for this item includes case review data for FFY 201Q1.

**PERMANENCY OUTCOME 1:
Children Have Permanency and Stability in Their Living Situations**

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1	FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4		
		10/1-12/31/2013	1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014		
Permanency 5: Foster care re-entries in less than 12 months	Strength	19	95.00%	15	88.24 %	18	85.71 %	17	100.00%
	Area Needing Improvement	1	5.00%	2	11.76 %	3	14.29 %	0	0.00%
	Not Applicable	100		103		99		103	

ITEM	OUTCOME	FFY 2015 Q1 10/1-12/31/2014	FFY 2015 Q2 1/1-3/31/2015
Permanency 5: Foster Care re-entries in less than 12 months	Strength	19 for 95%	N/A
	Area Needing Improvement	1 for 5%	N/A
	Not Applicable	0	N/A

Note: The Permanency Item 5 was eliminated from the 2015 OSRI instrument beginning January 2015.

Louisiana Data Profile: Re-Entries to Foster Care in Less Than 12 Months

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Measure C1 - 4: Re-entries to foster care in less than 12 months [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]	8.40%	9.80%	7.10%	11.80%	11.60%	14.80%

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

FFY 2014 Q1 CQI case review found the state had 95.00% conformity on Item 5. Performance declined for Q2 and Q3 but increased to 100% for Q4. This measure is reported on the annual state data profile as CFSR Permanency Measure C1.4. Louisiana's performance was 11.60% for Transmittal Date June 30, 2016

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FFY 2013. Performance for FFY 2014 was 14.80%, which is a decline in performance compared to the 5 previous fiscal years. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

FFY 2015 Q1 CQI case review found the state had 95.00% conformity on Item 5. The DCFS dashboard report C1.4 provides a mechanism for monitoring of this measure.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 6: Stability of foster care placement	Strength	70	83.33%	62	82.67%	60	80.00%	62	82.67%
	Area Needing Improvement	14	16.67%	13	17.33%	15	20.00%	13	17.33%
	Not Applicable	36		45		45		45	

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/2015	
Permanency 6/4: Stability of foster care placement	Strength	59	78.7%	59	78.7%	57	76%	57	76%
	Area Needing Improvement	16	21.3%	16	21.3%	18	24%	18	24%
	Not Applicable	0		0		0		0	

** FFY 2015 Q2 Item 6 information regarding the stability of foster care placement changed to being captured in Item 4 of the 2014 OSRI.*

FFY 2014 Q1 CQI case review found the state had 83.33% conformity on Item 6. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3 In FFY 2013 Louisiana’s performance on Composite 4 was 92.4, which was below the national standard of 101.5. The composite score remained the same for FFY 2014. However, Louisiana has shown some improvement from FFY 2009 to FFY 2014 in composite score and national ranking. The DCFS dashboard reports are available for interim monitoring of this measure.

In FFY 2015 CQI case review found the state had 78.7% conformity on Item 4, previously Item 6. There was a marginal decline in Q3 and Q4 FFY 2015 from 78.7% to 76%. This measure is reported on the annual state data profile as CFSR Permanency Composite 4 through Measure C4.1, C4.2 and C4.3. Louisiana’s performance on Composite 4 is not yet known as the state’s profile data had not been issued at the time of this report. The composite score remained the same for FFY 2014. However, Louisiana has shown some improvement from FFY 2009 to FFY 2014 in composite score and national ranking. The DCFS dashboard reports are available for interim monitoring of this measure.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

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Louisiana Data Profile: Placement Stability

XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. (Scaled scored for this composite incorporates no components but three individual measures)	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 data not yet available
	State Score = 84.5	State Score = 82.1	State Score = 88.7	State Score = 91.6	State Score = 92.4	State Score = 92.4	
National Ranking of State Composite Scores (see footnote A on page 12 for details)	37 of 51	40 of 51	33 of 51	31 of 51	29 of 51	29 of 51	
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months [national median = 83.3%, 75th Percentile = 86.0%]	77.70%	76.80%	78.60%	82.60%	81.90%	80.50%	
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months [national median = 59.9%, 75th Percentile = 65.4%]	54.30%	51.80%	56.50%	55.00%	60.90%	61.30%	
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months [national median = 33.9%, 75th Percentile = 41.8%]	28.30%	27.80%	35.70%	36.40%	33.80%	34.30%	

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

Measure C4.1 – Two or fewer placement settings for children in care for less than 12 months For FFY 2013, the Louisiana Data Profile reported a performance measure of 81.90%. The Profile reflects a decline to 80.50% for FFY 2014. This falls below both the national standard of 86.0% and the national median of 83.3%.

Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months - For FFY 2013, the Louisiana Data Profile reported a performance measure of 60.90%.

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The Profile reflects an increase to 61.30% for FFY 2014. This falls below the national standard of 65.4% but is higher than the national median of 59.9%.

Measure C4.3 - Two or fewer placement settings for children in care for 24+ months - For FFY 2013, the Louisiana Data Profile reported a performance of 33.80%. The Profile reflects an increase to 34.30% for FFY 2014. This falls below the national standard of 41.8% but is higher than the national median of 33.9%.

CFSR Review Item 7 - does not relate to a specific measure on the state data profile; however, both timely identification of an appropriate case plan goal and diligent efforts to achieve the goal are linked to the other permanency measures.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 7: Permanency goal for child	Strength	56	66.67%	47	62.67%	56	74.67%	52	70.27%
	Area Needing Improvement	28	33.33%	28	37.33%	19	25.33%	22	29.73%
	Not Applicable	36	NA	45	NA	45	NA	46	NA

FFY 2014 Q1 CQI case review found the state had 66.67% conformity on Item 7. Performance declined for Q2 but improved in Q3 and Q4. Current system limitations impact data availability related to the case plan goal. Establishment of goal dates and changes in goal are not captured in a system history table. In addition, there is no capture of a concurrent goal. As part of the AFCARS Improvement Plan, system changes are planned in late 2016 or early 2017 to enable capture and maintenance of goal history. Staff training and dashboard reports will be developed in tandem with the system changes to promote improvement in data quality. The CQI case review process will continue to be the primary source for details related to children whose cases receive an ANI rating.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 7/5: Permanency goal for child	Strength	53	70.7	50	66.7%	52	69%	48	64%
	Area Needing Improvement	22	29.3	25	33.3%	23	31%	27	36%
	Not Applicable	0	NA	0	NA	0	NA	0	NA

** FFY 2015 Q2 Item 7 information regarding the permanency goal for the child changed to being captured in Item 5 of the 2014 OSRI.*

In FFY 2015 Q1 CQI case review found the state had 70.7 % conformity on Item 5, previously Item 7. Performance declined from Q2 through Q4. In the FFY 2014, the ASPR indicated that Louisiana's current system limitations impact data availability related to the case plan goal; and establishment of goal dates and changes in goal are not captured in a system history table. However, in FFY 2015 Q2 Louisiana has been able to capture aggregate data through utilizing

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the OSRI and OMS system to extrapolate data of permanency goal establishment and changes in case plan goals. This is an area needing improvement.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

Permanency Composite 1: Component A contains 3 sub-measures associated with CFSR review Item 8. These are C1.1-Exits to reunification in less than 12 months; C1.2- Exits to reunification-median; and C1.3-Entry cohort reunification.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 8: Reunification, guardianship, or permanent placement with relatives	Strength	29	72.50%	31	72.09%	25	71.43%	28	75.68%
	Area Needing Improvement	11	27.50%	12	27.91%	10	28.57%	9	24.32%
	Not Applicable	80	NA	76	NA	85	NA	83	NA

FFY 2014 Q1 CQI case review found the state had 72.50% conformity on Item 8. Performance for Q4 was 75.68%.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 8: Reunification, guardianship, or permanent placement with relatives	Strength	30	75%						
	Area Needing Improvement	10	25%						
	Not Applicable	0	NA						
ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving reunification, guardianship, adoptions or other planned permanent living arrangement	Strength			51			64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

** FFY 2015 Q2 items 8, 9 (Adoption) and 10(APPLA) information regarding reunification, guardianship, or permanent placement with relatives, changed to be combined into one Item 6 of the 2014 OSRI.*

In FFY 2015 Q1 CQI case review found the state had 75% conformity on Item 6, previously Item 8. Performance declined from Q2 through Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

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Louisiana Data Profile: Timeliness of Reunification

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 data not yet available
Measure C1 - 1: Exits to reunification in less than 12 months [national median = 69.9%, 75th percentile = 75.2%]	65.90%	67.50%	67.40%	71.00%	69.80%	72.10%	
Measure C1 - 2: Exits to reunification, median stay [national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure)]	Median = 9.2 months	Median = 8.7 months	Median = 8.5 months	Median = 7.8 months	Median = 7.4 months	Median = 6.9 months	
Measure C1 - 3: Entry cohort reunification in < 12 months [national median = 39.4%, 75th Percentile = 48.4%]	47.10%	49.00%	45.70%	51.50%	48.10%	44.10%	

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

Measures C1.1 and C1.2 – Exits to reunification in less than 12 months: The FFY 2013 Data Profile for Louisiana indicates that 69.8% of exits to reunification occurred in less than 12 months. FFY2014 saw improvement to 72.10%. Louisiana continues to fall below the national standard of 75.2%. The FFY 2014 median time to exit was 7.4 months, which improved to 6.9 months for FFY 2014. The national median is 5.4 months.

The DCFS dashboard report indicates that for FFY 2015 Q1, 73.55% of exits occurred in less than 12 months with 7.46 as the median number of months to exit.

Measure C1.3 – Entry Cohort Reunification less than 12 months: The Louisiana Data Profile for FFY 2013 reports a performance of 48.1% for this measure. The national standard is 48.4% with a national median of 39.4%. Performance declined to 44.10% for FFY 2014. Louisiana exceeds the nation median but continues to fall below the national standard.

CFSR Review Item 9 focuses on timely achievement of the goal of adoption. This item is related to Data Profile measures captured in Permanency Composite 2, which contains 5 measures. Louisiana exceeds the national standard in 4 of the 5 measures in this composite. In addition, Louisiana has ranked 1 out of 47 states for the last 4 FFYs.

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CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013	53.66%	1/1-3/31/2014	50.00%	4/1-6/30/2014	55.81%	7/1-9/30/2014	71.79%
Permanency 9: Adoption	Strength	22	53.66%	21	50.00%	24	55.81%	28	71.79%
	Area Needing Improvement	19	46.34%	21	50.00%	19	44.19%	11	28.21%
	Not Applicable	79	NA	77	NA	76	NA	81	NA

FFY 2014 Q1 CQI case review found the state had 53.66% conformity on Item 9. Performance improved to 71.79% for Q4. The limited number of applicable cases can result in substantial variations in performance across quarters. The DCFS dashboard report for C2.1 and C2.2 for FFY2015 Q1 indicates that 43.28% of finalized adoptions occurred within 24 months of foster care entry and the median number of months for all finalized adoptions was 26.04. This suggests that Louisiana continues to improve on this measure.

CQI Case Review

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014	53.7%	1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 9: Adoption	Strength	22	53.7%						
	Area Needing Improvement	19	46.3%						
	Not Applicable	0	NA						
ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving Reunification, Guardianship, Adoptions or Other Planned Permanent Living Arrangement	Strength			51	68%	48	64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

* FFY 2015 Q2 Item 9 data regarding Adoption was merged into Item 6 for the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the state had 53.7% conformity on Item 6, previously Item 9. Performance remained the same from FFY 2014 Q4. In preparation for the 2018 CFPSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

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Louisiana Data Profile

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 data not yet available
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 128.1	State Score = 137.1	State Score = 144.8	State Score = 145.8	State Score = 153.5	State Score = 154.3	
National Ranking of State Composite Scores	3 of 47	2 of 47	1 of 47	1 of 47	1 of 47	1 of 47	
Component A: Timeliness of Adoptions of Children Discharged From Foster Care.							
Measure C2 - 1: Exits to adoption in less than 24 months [national median = 26.8%, 75th Percentile = 36.6%]	27.70%	24.10%	26.40%	28.80%	30.70%	37.20%	
Measure C2 - 2: Exits to adoption, median length of stay [national median = 32.4 months, 25th Percentile = 27.3 months (lower score is preferable in this measure)]	Median = 30.7 months	Median = 33.5 months	Median = 31.2 months	Median = 30.8 months	Median = 28.7 months	Median = 27.5 months	
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.							
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year [national median = 20.2%, 75th Percentile = 22.7%]	24.70%	30.50%	31.90%	35.60%	39.20%	36.90%	
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months [national median = 8.8%, 75th Percentile = 10.9%]	13.80%	16.90%	21.20%	17.50%	22.10%	22.20%	
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.							
Measure C2 - 5: Legally free children adopted in less than 12 months [national median = 45.8%, 75th Percentile = 53.7%]	55.20%	67.40%	61.60%	61.00%	64.70%	77.30%	

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

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Measures C2.1 and C2.2 – Exits to adoption in less than 24 months (percent and median)

The Data Profile for FFY 2013 reports that Louisiana had 30.70% children who were discharged to adoption did so within 24 months of foster care entry. For all children exiting to adoption, the median number of months to a finalized adoption was 28.7 months. For FFY 2014, 37.20% of children exited to adoption within 24 months and the median number of months to adoption as 27.5. Both measures were improvements over the previous year. The national standards are 36.6% and 37.3 months.

Measure C2.3 – Children in care 17+ months, adopted by the end of the year: The FFY 2013 Data Profile reflects a performance rate of 39.2%, which exceeds the national standard of 22.7% as well as the national median of 20.2%. FFY2014 performance was 36.90%. While this is a decline from FFY2013, it exceeds the national standard. Louisiana has exceeded the standard on this measure for the last five FFYs.

Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:

Louisiana’s Data Profile for FFY2013 reflects a 22.1% performance on this measure. FFY2014 performance was 22.20%. This exceeds the national standard of 10.9% and the national median of 8.8%. Louisiana has exceeded the standard on this measure for the last 5 FFY.

Measure C2.5 – Legally free children adopted in less than 12 months: According to the Louisiana Data Profile for FFY2013, of all children who became legally free for adoption (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), 64.7% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. Performance for FFY2014 was 77.30%. Louisiana has exceeded the national standard of 53.7% for the last five FFYs.

Louisiana Data Profile

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 data not yet available
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months [national median 25.0%, 75th Percentile = 29.1%]	29.40%	38.30%	37.20%	39.00%	39.70%	40.30%	
Measure C3 - 2: Exits to permanency for children with TPR [national median 96.8%, 75th Percentile = 98.0%]	89.60%	93.40%	93.30%	92.80%	94.30%	95.00%	

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

Measure C3.1 Exits to permanency prior to 18th birthday for children in care for 24+ months: Louisiana’s performance on this measure for FFY 2013 was 39.70% and was 40.30% for FFY2014. Louisiana has exceeded the national standard of 29.1% for the last six FFYs.

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Measure C3.2: Exits to permanency for children with TPR: Louisiana’s performance on this measure for FFY2013 was 94.3%. FFY2014 reflects a slight improvement to 95.00%. The national standard is 98.0%.

CFSR Review Item 10: This Item focuses on Alternate Planned Permanent Living Arrangement. Permanency Composite 3, Component B – Growing Up in Foster Care – is related to this review item.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 10: Other planned permanent living arrangement	Strength	11	47.83	16	80.00	11	52.38	18	85.71
	Area Needing Improvement	12	52.17	4	20.00	10	47.62	3	14.29
	Not Applicable	97	NA	100	NA	99	NA	99	NA

FFY 2014 Q1 CQI case review found the state had 47.83% conformity in Item 10. Performance improved in each subsequent quarter and was at 85.71% by Q4.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 10: Other planned permanent living arrangement	Strength	14	66.7%						
	Area Needing Improvement	7	33.3%						
	Not Applicable	0	NA						
ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 6: Achieving reunification, guardianship, adoptions or other planned permanent living arrangement	Strength			51	68%	48	64%	48	64%
	Area Needing Improvement			24	32%	27	36%	27	36%
	Not Applicable			0	NA	0	NA	0	NA

* FFY 2015 Q2 item 10 data regarding Other Planned Permanent Living Arrangement was merged into Item 6 for the 2014 OSRI.

In FFY 2015 case review data shows the state had 66.7% conformity in Item 6, previously Item 10. Performance improved by 18 % from data provided in FFY 2014; however, this is an area needing improvement. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY Q4 2015 data for this item includes case review data for FFY Q1 2016.

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Louisiana Data Profile

Component B: Growing up in foster care	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015 data not yet available
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]	58.30%	49.20%	49.00%	43.80%	46.40%	35.40%	

Source: Office of Data, Analysis, Research and Evaluation; Administration on Children, Youth and Families

Measure C3.3 – Children emancipated who were in foster care for three or more years:

FFY 2013 Data Profile shows that 46.4% of Louisiana children who were emancipated or aged out of foster care were in care three years or more. Performance improved in FFY 2014 in which only 35.40% of youth exiting to emancipation had spent 3 years or more in foster care. This exceeds the national standard.

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved For Children

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1- 12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1- 9/30/2014	
Permanency 11: Proximity of foster care placement	Strength	63	98.44%	59	96.72%	56	96.55%	54	100.00%
	Area Needing Improvement	1	1.56%	2	3.28%	2	3.45%	0	0.00%
	Not Applicable	56	NA	58	NA	62	NA	66	NA

FFY 2014 Q1 CQI case review found the state had 98.44% conformity on Item 11. DCFS does not have a geographic definition of proximity of placement. However, 40% of children placed in parish of the removal court is used as a state performance measure (LAPAS 23090). This is a Point-In-Time measure calculated as of the last day of each quarter. On the last day of FFY 2013 Q4, 48.19% of children in care were placed in the removal court parish. For FFY 2014 Q4 performance was 49.63%.

ITEM	OUTCOME	FFY 2015 Q1	
		10/1-12/31/2014	
Permanency 11: Proximity of foster care placement	Strength	51	98.1%
	Area Needing Improvement	1	1.9%
	Not Applicable	23	NA

** The Permanency Item 11 was eliminated from the 2015 OSRI instrument beginning January 2015.*

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In FFY 2015 Q2, the Louisiana CQI team began utilizing the Online Monitoring System (OMS) as well as the updated CFSR OSRI instrument which reduced the number of items from 23 to 18. As a result of this change, item 11 was eliminated from the instrument in order to prevent redundancy. The item is encompassed in other items and therefore, it was determined that a separate item was no longer needed. For FFY 2015 Q1, the state had 98.1% conformity on item 11 which was a 2% decrease from the prior quarter.

LaPAS - 23090	12/31/2013	3/31/2014	6/30/2014	9/30/2014	12/31/2014	3/31/2015	6/30/2015	9/30/2015
% of Foster Children Placed in Court Parish	50.95	50.11	50.63	49.63	49.75	49.70	49.61	48.88

❖ *Data taken from Louisiana Performance Accountability System. These data are extracted based on placement location on the last day of each quarter.*

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 12: Placement with siblings	Strength	43	93.48%	38	92.68%	44	91.67%	34	94.44%
	Area Needing Improvement	3	6.52%	3	7.32%	4	8.33%	2	5.56%
	Not Applicable	74	NA	79	NA	72	NA	84	NA

FFY 2014 Q1 CQI case review found the state had 93.48% conformity on Item 12. While performance has fluctuated over the four quarters, Q4 reflects an improvement to 94.44%. The DCFS dashboard enhancement plan includes adding reports on placement with siblings.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 12/7: Placement with siblings	Strength	41	97.6%	35	89.7%	27	96.4%	35	85%
	Area Needing Improvement	1	2.4%	4	10.3%	1	3.6%	6	15%
	Not Applicable	33	NA	36	NA	47	NA	34	NA

* FFY 2015 Q2 Item 12 information regarding the placement with siblings changed to being captured in Item 7 of the 2014 OSRI.

In FFY 2015 Q1 case review found the state had 97.6% conformity with item 7, previously item 12. Although there were drops in performance during Q2 and Q4, the average over time has remained above 90% for this item. The overall average for FFY 2014 was 93% compared to a slight drop in FFY 2015 at 92.2%.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

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CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013	64.71%	1/1-3/31/2014	60.94%	4/1-6/30/2014	46.88%	7/1-9/30/2014	54.39%
Permanency 13: Visiting with parents and siblings in foster care	Strength	44	64.71%	39	60.94%	30	46.88%	31	54.39%
	Area Needing Improvement	24	35.29%	25	39.06%	34	53.13%	26	45.61%
	Not Applicable	52	NA	56	NA	56	NA	63	NA

FFY 2014 Q1 CQI case review found the state had 64.71% conformity on Item 13. Performance has declined over FFY 2014 to 54.39% in Q4. The DCFS dashboard enhancement plan includes adding reports on parent, child and sibling visits to provide ongoing data resources for the frequency of contacts. The quality of visits will continue to be assessed through the case review process.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014	67.9%	1/1-3/31/2015	61%	4/1-6/30/15	66%	7/1-12/31/15	72%
Permanency 13/8: Visiting with parents and siblings in foster care	Strength	38	67.9%	36	61%	29	66%	39	72%
	Area Needing Improvement	18	32.1%	23	39%	15	34%	15	28%
	Not Applicable	19	NA	16	NA	31	NA	21	NA

* FFY 2015 Q2 Item 13 information regarding visitation with parents and siblings in foster care changed to being captured in Item 8 of the 2014 OSRI.

In FFY 2015 In FFY 2015, there was a slight decline from Q1 to Q2; but steady increases from Q2 through Q4. There has been some improvement in this item from FFY 2014 to FFY 2015. The average during FFY 2014 was 56.73%. During FFY 2015, Q4 reached its highest mark at 72% and the overall average was 66.73%, a 10% increase from FFY 2014. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016. This is an area needing improvement.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013	80.72%	1/1-3/31/2014	80.82%	4/1-6/30/2014	65.33%	7/1-9/30/2014	70.67%
Permanency 14: Preserving connections	Strength	67	80.72%	59	80.82%	49	65.33%	53	70.67%
	Area Needing Improvement	16	19.28%	14	19.18%	26	34.67%	22	29.33%
	Not Applicable	37	NA	47	NA	45	NA	45	NA

FFY 2014 Q1 CQI case review found the state had 80.72% conformity on Item 14. Performance declined to 70.67% for Q4.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014	74.8%	1/1-3/31/2015	80.3%	4/1-6/30/15	75%	7/1-12/31/15	73%
Permanency	Strength	54	74.8%	57	80.3%	44	75%	53	73%

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ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
14/9: Preserving connections	Area Needing Improvement	19	26%	14	19.7%	15	25%	20	27%
	Not Applicable	2	NA	4	NA	16	NA	2	NA

* FFY 2015 Q2 Item 14 information regarding preserving connections changed to being captured in Item 9 of the 2014 OSRI.

In FFY 2015 In FFY 2015, Q1 CQI case review found the state had 74.8% conformity on Item 9, previously Item 14 with a 5.5% increase in Q2. There was a decline in Q3 and Q4 of 7%; however, the overall percentages in FFY 2015 reflect improvement on this item from FFY 2014. The overall average in FFY 2014 was 74.4% and in FFY 2015 it increased to 75.8%.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 15: Relative placement	Strength	57	74.03%	54	78.26%	37	52.11%	55	74.32%
	Area Needing Improvement	20	25.97%	15	21.74%	34	47.89%	19	25.68%
	Not Applicable	43	NA	51	NA	49	NA	46	NA

FFY 2014 Q1 CQI case review found the state had 74.03% conformity on Item 15. Q4 performance was 74.32%. The dashboard currently contains limited placement data by placement type, but relative placements is not one of the options. The DCFS dashboard enhancement plan includes additional detailed reports on placement types for children in foster care, which will include relative placements. Data on relative placements is periodically reviewed and assessments have been completed to identify strategies to promote certification of non-certified relative caregivers. This is intended to prepare these caregivers to be in a position to adopt or accept legal guardianship if the child cannot be returned home. In addition, a monthly executive manage report includes % of foster children placed with a relative. This report is provided to the DCFS Secretary, state level executive management team and all Regional Administrators.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 15/10: Relative placement	Strength	52	75.4%	57	79.2%	52	90%	53	74%
	Area Needing Improvement	17	24.6%	15	20.8%	6	10%	19	26%
	Not Applicable	6	NA	3	NA	17	NA	3	NA

* FFY 2015 Q2 item 15 information regarding the placement with relatives changed to being captured in Item 10 of the 2014 OSRI.

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In FFY 2015, case review found Item 10, previously Item 15 to be relatively consistent across Q1, Q2 and Q4 with percentages ranging from 74% to 79.2%. Q3 reached its highest percentage at 90%. The overall average for FFY 2015 was 79.7% which was a 9.8% increase from FFY 2014. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

Executive Management Report

% of Foster Children Placed with Relative (last day of month)											
Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
41.13%	41.57%	43.13%	42.59%	42.53%	41.77%	41.65%	43.11%	41.44%	41.39%	40.87%	40.71%
Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
41.04%	41.07%	42.40%	42.32%	43.18%	43.19%	43.31%	42.43%	42.37%	43.44%	42.88%	43.77%

❖ Data taken from April, 2016 Monthly Executive Management Report

CQI Case Review

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 16: Relationship of child in care with parents	Strength	29	50.00%	21	37.50%	11	20.00%	22	43.14%
	Area Needing Improvement	29	50.00%	35	62.50%	44	80.00%	29	56.86%
	Not Applicable	62	NA	64	NA	65	NA	69	NA

FFY 2014 Q1 CQI case review found the state had 50.0% conformity on Item 16. Performance declined substantially in Q2 and Q3. Q4 suggests some rebound of performance with 43.14% conformity. DCFS does not currently have a dashboard report for visits between foster children and their parents. This is included in the DCFS dashboard enhancement plan.

ITEM	OUTCOME	FFY 2015 Q1		FFY 2015 Q2		FFY 2015 Q3		FFY 2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Permanency 16/11: Relationship of child in care with parents	Strength	26	49.1%	30	60%	25	66%	32	65%
	Area Needing Improvement	27	51%	20	40%	13	34%	17	35%
	Not Applicable	22	NA	25	NA	37	NA	26	NA

* FFY 2015 Q2 Item 16 information regarding the relationship of the child in care with their parents changed to being captured in Item 11 of the 2014 OSRI.

In FFY 2015, CQI case review found increases in Item 11, previously Item 16 from Q1 through Q3 and overall increases from FFY 2014 to FFY 2015. In FFY 2015, there was an increase of 16.9% from Q1 to Q3 and there was a slight 1% drop from Q3 to Q4. Overall, there was a significant increase from FFY 2014 to FFY 2015 with a 22.3% rate of improvement. DCFS made significant improvement in two fiscal years; however, this is an area needing improvement.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

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WELL-BEING OUTCOME 1:

Families Have Enhanced Capacity to Provide For Their Children's Needs

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17: Needs and services of child, parents and foster parents	Strength	63	52.50%	56	46.67%	43	35.83%	65	54.17%
	Area Needing Improvement	57	47.50%	64	53.33%	77	64.17%	55	45.83%

FFY 2014 Q1 CQI case review found the state had 52.5% conformity on Item 17. Performance fluctuated throughout the year with some improvement in Q4 with 54.17% conformity.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17/12: Needs and services of child, parents and foster parents	Strength	68	57.10%	56	54.9	64	63%	65	54%
	Area Needing Improvement	51	42.90%	46	45.1	38	37%	55	46%

** FFY 2015 Q2 Item 17 information changed to being captured in Item 12 of the 2014 OSRI.*

In FFY 2015 Q1 CQI case review found the state had 57.1% conformity on Item 12, previously Item 17. Performance fluctuated throughout the year with declining conformity of 54% in Q4. In comparison, Louisiana's performance in this item decreased slightly from 54.17% for FFY 2014 to 54% for FFY 2015. DCFS has identified (Item 12B) needs and services to parents as an area needing improvement.

The Louisiana case review data collected in FFY 2015 Q1 and Q2 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17A: Needs assessment and services to children	Strength	93	77.50%	94	78.33%	82	68.33%	97	80.83%
	Area Needing Improvement	27	22.50%	26	21.67%	38	31.67%	23	19.17%

FFY 2014 Q1 CQI case review found the state had 77.5% conformity on Item 17A. Performance for Q4 was 80.83%.

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ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17A/12A: Needs assessment and services to children	Strength	95	79.80%	84	82.4%	90	88%	95	79%
	Area Needing Improvement	24	20.20%	18	17.6%	12	12%	25	21%

* FFY 2015 Q2 Item 17a information changed to being captured in Item 12a of the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the state had 79.8% conformity on Item 12A, previously Item 17A. Performance increased in Q2 and Q3, with Q3 reaching 88%, but conformity declined to 79% in Q4. In comparison, Louisiana's performance in this item decreased slightly from 80.83% for FFY 2014 to 79% for FFY 2015.

As with Item 17/12, the Louisiana case review data collected in FFY 2015 Q1 and Q2 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17B: Needs assessment and services to parents	Strength	49	49.49%	44	43.14%	35	34.31%	42	43.75%
	Area Needing Improvement	50	50.51%	58	56.86%	67	65.69%	54	56.25%
	Not Applicable	21	NA	18	NA	18	NA	24	NA

FFY2014 Q1 CQI case review found the state had 49.49% conformity on Item 17B. Performance declined throughout the year with Q4 reflecting 43.75% conformity.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17B: Needs assessment and services to parents	Strength	49	50.50%	41	51.9%	55	63%	58	61%
	Area Needing Improvement	48	49.50%	38	48.1%	32	37%	37	39%
	Not Applicable	23	NA	23	NA	15	NA	25	NA

* FFY 2015 Q2 Item 17b information changed to being captured in Item 12b of the 2014 OSRI.

In FFY 2015 FFY2015 Q1 CQI case review found the state had 50.5% conformity on Item 12B, previously Item 17B. Performance increased in Q2 and Q3, reaching 63%, and ended with 61% conformity in Q4. In comparison, Louisiana's performance in this item increased from 43.75% for FFY 2014 to 61% for FFY 2015. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

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ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17C: Needs assessment and services to foster parents	Strength	71	89.87%	59	85.51%	57	83.82%	64	91.43%
	Area Needing Improvement	8	10.13%	10	14.49%	11	16.18%	6	8.57%
	Not Applicable	41	NA	51	NA	52	NA	50	NA

FFY 2014 Q1 CQI case review found the state had 89.87% conformity on Item 17C. Q4 reflects improvement to 91.43%.

CQI Case Review

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 17C/12C: Needs assessment and services to foster parents	Strength	61	84.7	66	91.7%	62	90%	54	78%
	Area Needing Improvement	11	15.3	6	8.3%	7	10%	15	22%
	Not Applicable	48	NA	30	NA	33	NA	51	NA

* FFY 2015 Q2 Item 17c information changed to being captured in Item 12c of the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the state had 84.7% conformity on Item 12C, previously Item 17C. Performance increased in Q2 with 91.7% and declined to 90% in Q3, ending with 78% conformity in Q4. In comparison, Louisiana's performance in this item decreased from 91.43% for FFY 2014 to 78% for FFY 2015. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 18: Child and family involvement in case planning	Strength	56	47.86%	59	50.00%	40	34.78%	46	41.07%
	Area Needing Improvement	61	52.14%	59	50.00%	75	65.22%	66	58.93%
	Not Applicable	3	NA	2	NA	5	NA	8	NA

FFY 2014 Q1 CQI case review found the state had 47.86% conformity on Item 18. Performance declined in Q3 and Q4 to 34.78% and 41.07% respectively.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 18/13: Child and family involvement in case planning	Strength	60	53.10%	57	59.4%	69	69%	79	68%
	Area Needing Improvement	53	46.90%	39	40.6%	31	31%	37	32%
	Not Applicable	7	NA	6	NA	2	NA	4	NA

* FFY 2015 Q2 Item 18 information changed to being captured in Item 13 of the 2014 OSRI.

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In FFY 2015 Q1 CQI case review found the state had 53.1% conformity on Item 13, previously Item 18. Performance increased in Q2 and Q3, reaching 69% in Q3 before declining slightly in Q4 with 68% conformity. In comparison, Louisiana's performance in this item increased from 41.07% for FFY 2014 to 68% for FFY 2015. Despite the increase in performance this is an area needing improvement.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013	72.50%	1/1-3/31/2014	73.33%	4/1-6/30/2014	55.83%	7/1-9/30/2014	65.00%
Well-being 19: Caseworker visits with child	Strength	87	72.50%	88	73.33%	67	55.83%	78	65.00%
	Area Needing Improvement	33	27.50%	32	26.67%	53	44.17%	42	35.00%

FFY 2014 Q1 CQI case review found the state had 72.5% conformity on Item 19. Performance has declined in each quarter of FFY 2014 with Q4 performance at 65.00%. The DCFS reports caseworker visits with children in foster care based on the federal performance requirements. However, the dashboard enhancement plan includes the addition of a report to capture all face to face visits with children in foster care. While this enhanced report will capture the frequency of documented visits with children, the case review process will continue to be an essential tool for assessing the quality of visits.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014	71.40%	1/1-3/31/2015	83.3%	4/1-6/30/15	86%	7/1-12/31/15	84%
Well-being 19/14: Caseworker visits with child	Strength	85	71.40%	85	83.3%	88	86%	101	84%
	Area Needing Improvement	34	28.60%	17	16.7%	14	14%	19	16%

** FFY 2015 Q2 Item 19 information changed to being captured in Item 14 of the 2014 OSRI.*

In FFY 2015 Q1 CQI case review found the state had 71.4% conformity on Item 14, previously Item 19. Performance increased in Q2 and Q3, with 83.3% and 86% respectively, declining to 84% in Q4. In comparison, Louisiana's performance in this item increased from 65% for FFY 2014 to 84% for FFY 2015. The Annual Federal Caseworker Visits Report indicates 96% conformity, which is the same as FFY 2014 and shows improvement over previous years.

The Louisiana case review data collected in FFY Q1 2015 and FFY Q2 2015 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY Q1 2016.

Federal Caseworker Visits Report Results

MEASURE	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015
% Visits Completed	61%	92%	95%	96%	96%
% Visits In Residence	89%	84%	88%	89%	89%

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Source: Annual Report Submitted to the Children's Bureau on Monthly Caseworker Visits with Children in Foster Care

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 20: Caseworker visits with parents	Strength	36	36.36%	36	35.64%	24	24.24%	35	36.46%
	Area Needing Improvement	63	63.64%	65	64.36%	75	75.76%	61	63.54%
	Not Applicable	21	NA	19	NA	21	NA	24	NA

FFY 2014 Q1 CQI case review found the state had 36.36% conformity on Item 20. Performance declined in Q2 and Q3. Performance for Q4 was 36.46%. While data is available on case worker visits with parents, this is not currently being reported from the information system. The dashboard enhancement plan includes adding a report this item.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/15		7/1-12/31/15	
Well-being 20/15: Caseworker visits with parents	Strength	39	40.20%	34	43%	53	61%	47	49%
	Area Needing Improvement	58	59.80%	45	57%	34	39%	48	51%
	Not Applicable	23	NA	23	NA	15	NA	25	NA

** FFY 2015 Q2 Item 20 information changed to being captured in Item 15 of the 2014 OSRI.*

In FFY 2015 Q1 CQI case review found the state had 40.2% conformity on Item 15, previously Item 20. Performance improved in Q2 and Q3 with 43% and 61% respectively, declining in Q4 with 49% conformity. In comparison, Louisiana's performance in this item increased from 36.46% for FFY 2014 to 49% for FFY 2015, but this is still an area needing improvement.

In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

WELL-BEING OUTCOME 2:

Children Receive Appropriate Services to Meet Their Educational Needs

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 21: Educational needs of the child	Strength	73	83.91%	72	86.75%	59	79.73%	56	81.16%
	Area Needing Improvement	14	16.09%	11	13.25%	15	20.27%	13	18.84%
	Not Applicable	33	NA	37	NA	46	NA	51	NA

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FFY 2014 Q1 CQI case review found the State had 83.91% conformity on Item 21. Performance has fluctuated during the year with Q4 at 81.16% conformity.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2014		1/1-3/31/2015		4/1-6/30/2015		7/1-12/31/15	
Well-being 21/16: Educational needs of the child	Strength	59	78.7%	62	87.3%	61	88.0%	57	83.0%
	Area Needing Improvement	16	21.3%	9	12.7%	8	12.0 %	12	17.0%
	Not Applicable	45	NA	31	NA	33	NA	51	NA

* FFY 2015 Q2 Item 21 information changed to being captured in Item 16 of the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the state had 78.7% conformity on Item 16, previously Item 21. Performance did rise to 88% during FFY 2015 year, but fluctuated ending the year with Q4 at 83% conformity. In comparison, Louisiana’s performance in this Item decreased slightly from 83.91 % in Q1 FFY2014 to 83% in Q4 FFY 2015, with fluctuations throughout both years. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

WELL-BEING OUTCOME 3:

Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 22: Physical health of the child	Strength	83	76.15%	78	72.90%	48	49.48%	74	68.52%
	Area Needing Improvement	26	23.85%	29	27.10%	49	50.52%	34	31.48%
	Not Applicable	11	NA	13	NA	23	NA	12	NA

FFY 2014 Q1 CQI case review found the state had 76.15% conformity on Item 22. Performance in subsequent quarters has been lower than Q1. The DCFS dashboard contains a report on timely initial medical and dental assessments. Additional reports are planned for ongoing medical and dental evaluations. Dashboard reporting will not capture unusual events requiring non-routine medical needs. This level of assessment will continue to be derived through the case review process.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2015		1/1-3/31/2015		4/1-6/30/2015		7/1-9/30/2015	
Well-being 22/17: Physical health of the child	Strength	71	68.3%	65	73%	62	69%	56	58%
	Area Needing Improvement	33	31.7%	24	27%	28	31%	41	42%
	Not Applicable	16	NA	13	NA	12	NA	23	NA

* FFY 2015 Q2 Item 22 information changed to being captured in Item 17 of the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the State had 68.3% conformity on Item 17, previously Item 22. Performance fluctuated during the year with an increase to 73% in Q2. There was a Transmittal Date June 30, 2016

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decrease in overall performance in both Q3 to 69% and 58% in Q4. The Louisiana case review data collected in FFY Q1 2015 and FFY Q2 2015 was collected using the old data system and reflects a discrepancy in this item. The discrepancy affects the item rating less than 1%. DCFS plans to continue the use of OMS, which will result in closer data accuracy. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

CQI Case Review

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013	85.32%	1/1-3/31/2014	79.38%	4/1-6/30/2014	66.04%	7/1-9/30/2014	84.16%
Well-being 23: Mental/behavioral health of the child	Strength	93	85.32%	77	79.38%	70	66.04%	85	84.16%
	Area Needing Improvement	16	14.68%	20	20.62%	36	33.96%	16	15.84%
	Not Applicable	11	NA	23	NA	14	NA	19	NA

FFY 2014 Q1 CQI case review found the state had 85.32% conformity on Item 23. Performance declined in Q2 and Q3. Improvement is reflected in Q4 with 84.16% conformity.

ITEM	OUTCOME	FFY2015 Q1		FFY2015 Q2		FFY2015 Q3		FFY2015 Q4	
		10/1-12/31/2015	82.2%	1/1-3/31/2015	79.5%	4/1-6/30/2015	82%	7/1-9/30/2015	75%
Well-being 23/18: Mental/behavioral health of the child	Strength	88	82.2%	62	79.5%	58	82%	56	75%
	Area Needing Improvement	19	17.8%	16	20.5%	13	18%	19	25%
	Not Applicable	13	NA	24	NA	31	NA	45	NA

* FFY 2015 Q2 Item 23 information changed to being captured in Item 18 of the 2014 OSRI.

In FFY 2015 Q1 CQI case review found the state had 82.2% conformity on Item 18, previously Item 23. Performance declined in Q2 with a rating of 79.5%. There was a slight increase in performance in Q3 with a rating of 82%. Performance decreased to 75% in Q4. In preparation for the 2018 CFSR, Louisiana began bi-annual case reviews in FFY 2015. FFY 2015 Q4 data for this item includes case review data for FFY 2016 Q1.

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UPDATE TO PLANS FOR IMPROVEMENT FOR GOALS AND ACTION STEPS IN 2015 APSR.

STAKEHOLDER PARTICIPATION for STRATEGY 1: The DCFS engaged various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders included a social service director from a federally recognized tribe, the consumer and community stakeholder group (PQI/CQI subcommittee) and the state level PQI/CQI team. Feedback from the regional CQI quarterly case review exit interviews with various levels of staff was also used to inform this process as were other collaborative efforts listed below.

The Children's Justice Act Task Force works with community partners collaboratively to improve investigative, administrative, prosecutorial and judicial processes for child victims of abuse and neglect by advancing systemic reform through innovative and evidence based policies, programs, practices and training. The CJA task force is made up of individuals from law enforcement, Judges, Attorneys, CASA, health and mental health professionals, the DCFS, parents and representatives of parent groups, former victims of abuse and neglect, and individuals who work with individuals with disabilities and homeless children.

The CJA task force has supported trainings for departmental staff, CASA, CAC's and law enforcement regarding child victims with disabilities. The task force has also funded the 15th JDC Family Preservation Court project, human trafficking training with HP Serve, and Powerful Paws. The task force worked with community partners to submit a grant for human trafficking within child welfare.

Stakeholders from the community are also invited to participate in regular scheduled meetings to update the task force on initiatives to support the Department's efforts to address child abuse and neglect. Recent presentations included the Louisiana Sheriff's Association, Louisiana Children or [Child Advocacy Centers (CAC) and CASA], and the East Baton Rouge Coroner's office. CJA also partnered with the Department to provide business cards for all law enforcement, which contains the centralized intake number for reporting child abuse and neglect.

The Together We Can Conference, which is a multi-disciplinary training on abuse and neglect for CASA, CAC, Judges, parents' and children attorneys, social workers, Indigent Defenders, law enforcement, educational and mental health professionals and DCFS staff, is also supported by the task force efforts.

Update FFY 2016: For additional information on stakeholder involvement please refer to the following sections in this plan:

- Collaboration
- Consultation and Coordination Between the State and Tribes
- Systemic Factor - Agency Responsiveness to the Community
- Foster and Adoptive Parent Diligent Recruitment Plan
- Systemic Factor – Foster and Adoptive Parent Licensing, Recruitment and Retention
- Systemic Factor - Staff Training

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STRATEGY 1: Focus on child safety and child and family strengths and well-being

Goal: Improve family engagement, assessment, decision making and trauma- informed care.

Population and geographic information: (Children, under 18 years of age, and families in which there have been reports of abuse and/or neglect). Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. Children

ages 0-5, including substance affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. Services are provided on a statewide basis through 9 regional offices and 48 parish offices.

Action Steps:

1. Implement and Monitor Advanced Safety Focused Practice

- Centralized Intake (CI) – improve information collection to support accurate assessments and appropriate information for decision-making by completing the following:
 - Supervisor review of Intakes by their staff;
 - Ongoing ASFP refresher trainings;
 - ACESS and Policy changes relative to Intake assessments;
 - Monitoring of ASFP implementation;
 - Supervisory ownership of assigned measures for ASFP improvement;
- Fully align and integrate alternate responses and investigative practices into overall CPS assessment practice consistent with best practice in safety and risk assessment;
- In collaboration with Training Academy leadership, participate in the development of safety and risk assessment tools and decision-making module for supervisory certification, and integrating trauma informed practice into ASFP;
- Incrementally expand select staff’s knowledge to produce advanced practitioners in safety and risk assessment practice;
- Through the CQI process, review CPS, FS, and FC cases quarterly to support quality safety and risk assessment practice to seek opportunities to appropriately respond to varying impact of traumatic stress on children, caregivers, families, and others who have contact with the child welfare system.
- Hold quarterly meetings at both state and regional level to review progress and maintain fundamental application of effective safety and risk assessment practice through multiple means;
- Continue to seek opportunities to orient the judiciary and legal system (building on the state wide August 1, 2014 meeting) on effective safety and risk assessment practice, through conferences, regional outreach, and other forums that requests ASFP information;
- Develop/coordinate state and regional implementation plans utilizing statewide CQI ASFP reviews/data to include specific improvement targets in the areas of:

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sufficiency of information collection, recognition of danger, and development of safety and service plans that promote child and family resilience after trauma.

- Develop and implement Family Services and Foster Care program specific Advanced Safety Focused Practices (ASFP) and training for all Family Services and Foster Care staff.

2015 Update on Action Step 1:

- Supervisors are now reviewing all intakes by staff prior to approval
- Centralize Intake (C.I.) has provided on-going trainings for their staff. The focus was on Present Danger, Impending Danger, and the 6 areas of assessment
- New response priorities were implemented by CI and a webinar and overview of new response priorities was conducted
- Policy and ACESS was updated to include the new present and impending danger threats. New Present and Impending Danger Plans were updated and made available in policy management system
- Safety Assessment policy was updated to reflect ASFP practice
- The six areas of assessment were made a part of the C.I. intake process - they ask reporters information related to the 6 areas and documenting.
- Consultations with field staff was/continue to be provided by Implementation Specialists and CPS Consultants.
- Alternative Response (AR) was aligned and integrated in to the overall CPS assessment practice on August 3, 2014
- Program partnered with Marsha Silas and Training Academy to develop specialized supervisory training
- Ongoing work continued on the development of steps in the continuum of learning and application or the safety model
- Specific regional training was developed for Orleans Region and conducted by CPS Consultant and Implementation Specialist
- Consultant Matthew Gephardt offered refresher workshops on ASFP for the region during Nov./Dec. 2014
- Consultant Matthew Gephardt conducted a review of intakes for C.I. at the end of 2013.
- Several webinars were conducted that focused on the overview of safety and on the specific 6 areas of assessment (they were posted on the intranet for staff review at any time
- The CQI staff reviewed (second level reviewed were conducted by CPS program staff) 120 CPS cases a quarter with result utilized to inform policy and training/consultation needs. These reviews and resulting data were shared with each respective region to be utilized in their regional plans to improved ASFP
- ASFP was presented at a Judge's meeting in January in Orleans Parish. Judges state-wide attended
- The fall "Together We Can Conference" had presentations ASFP – panel and workshop which included court ordered safety plans

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- Program staff presented Mandated Reporter trainings at NASW included information on ASFP
- An August 1, 2014 state wide child welfare meeting was held with Bureau of General Consul, Regional Administrators, Area Directors, Operation Managers and state office program staff on safety and court ordered safety plans

2016 Update – Action Step 1:

- The Pelican Center Training and Education Committee met monthly meeting which is held via conference call with attorneys, stakeholders, Judges, DCFS staff, foster parents, and other community partners on education around the Advanced Safety Focused Practice Model.
- In January 2015, the department’s ASFP model was presented at the 2015 City Family Juvenile Judges Conference in New Orleans.
- Each quarter 120 Child Protective Services cases were reviewed by the CQI implementation team to assess the implementation of advanced safety focused practice and strategies for improvements.
- The CQI reviewers consulted with CPS supervisors and workers statewide, quarterly, from January-December of 2015 to discuss CPS Investigation cases randomly selected for review during the sampling period.
- A new Form 5 FAC Safety Assessment for Facilities has been created in ACESS which will be applicable for Residential Care Facilities and Day Care Centers to capture the roles in facility investigations and to create performance metrics for facility investigations.
- The Observation page in ACESS will have an increase in the character limit on each section on the page to 5000 characters to enable better documentation of ASFP (update scheduled for May 2016).
- The AFSP Implementation Team continued to meet weekly, as part of the ongoing strategy to improve the safety practice to develop next steps, review data, and research/develop supports.

2. Provide Supervisor Mentoring and Support

- Each year state office staff will mentor a 20% collective sample of the child welfare supervisors in the CPS, FS and FC programs on integrating ASFP principles in the assessment of safety, risk, and the assessment of family functioning and case planning within the context of their respective programs;
- Develop targeted staff training through various mediums to address challenging practice areas (i.e. vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences);
- Develop a competency assessment tool to be utilized by front line staff, supervisors and managers/consultants with guidance from the Casey Foundation
- In order to improve the relationships of children in care with their parents, fully utilize/increase referrals to the visit coaching services provided by the Family Resource Centers (FRC) statewide by having FRC staff present to staff in each region

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on a quarterly basis and have that staff supported by state office program staff (CQI case review Item 11).

- Conduct a webinar, develop practice pointers and provide ongoing training via the DCFS intranet for field staff on the ways parents can be more involved in their child's care while in foster care. (CQI case review Item 11).

2015 Update on Action Step 2:

- A Safety Plan Development (SPD) curriculum was developed by the State Office Implementation team as a means to strengthen staff's competency in development appropriate safety plans that supported the ASFP model. This developed curriculum was folded into a "two-day workshop" for delivery to staff. The workshops rolled out November 13, 2014 in the regions and concluded in April 2015. Feedback from the workshops were positive and appeared to help staff better understand how to safety plan to keep children safe.
- Formalized mentoring of 20% of the child welfare supervisors is still being developed. However, program staff have been involved in a number of consultative activities with supervisors and their staff around ASFP
- Ongoing work continues with Casey Foundation and the ASFP Implementation team around the refining a competency assessment for front line child welfare staff
- Case Planning training will be made available to staff the fall of 2015 in an effort to develop skills in the area of addressing present and impending danger affecting children and the parental/caregiver's protective capacities.

2016 Update on Action Step 2 CPS & FS:

- A Comprehensive Enterprise Social Services System (ACCESS) was upgraded in March 2015 to reflect Present and Impending Danger assessments.
- All new child welfare staff now receive training on the ASFP model in the New Worker Orientation
- Moving forward with the department's goal to provide additional support and training the field to reinforce the basics of the safety practice, in November and December of 2014, and January 2015 refresher training was conducted by Matthew Gebhardt, consultant, in all the regions.
- The Implementation Specialists and Child Welfare Program Consultants provided over 140 consultations around the safety practice utilizing a mentoring approach with staff's live cases.
- A CPS streamline Pilot was initiated (Lafayette and Covington Regions) with a goal to increase work efficiencies while maintaining/increasing the quality of documentation and assessment in investigation cases.
- Developed a "Behavioral Goal" training curriculum that will address appropriate goal writing to match identified safety threats. Training dates to be later in the year.
- Six (6) Program Consultants from the CPS, Family Services, and CQI programs participated in the Supervisors as Safety Decision Makers Lab on Present Danger, facilitated by ACTION for Child Protection – This was in response to improve internal consultative capacity around the safety practice.

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- Each quarter a regional exit meeting is held with each region to discuss the data with regards to the Child Protective Services cases which were reviewed by the CQI team.
- The Safety Implementation Specialists concluded a statewide ASFP safety plan writing training from January through May of 2015.

2016 Update on Action Step 2 FC:

- A two day training was provided by State Office Foster Care Program staff to field staff statewide on the use of the Safety Focused Practice model in Foster Care practice to utilize the assessed dangers and diminished caregiver protective capacities in targeting goals for enhanced parental functioning to manage the dangers and safely care for the children.
- Teaming practice for engagement and case planning with families was expanded from the pilot regions of Lafayette, Lake Charles, Shreveport and Monroe into statewide practice with the addition of Covington, Baton Rouge, Orleans, Thibodaux and Alexandria regions and incorporation of teaming philosophy throughout Foster Care policy.
- DCFS State Office Foster Care Program staff also provided a one day training statewide to field staff in the Foster Care and Adoptions programs as well as some Family Services staff on the integration of Safety Focused Practice, Structured Decision Making, Assessment of Family Functioning and Case Planning through use of the teaming process to help staff understand how to more effectively manage their day-to-day job responsibilities.

Measures/Data Sources for CI:

- Fidelity Intake Assessment Review Instrument
- TIPS and ACESS Reports
- Dashboard Reports
- Case Crisis Review Feedback Reports

Measures/Data Sources for CPI and FS:

- CQI case review findings (Items: 3, 4, 17, 18, 19, 20)
- CPI case review instrument
- Structured Decision Making (SDM) reviews
- ACESS reports: Initial Face to Face contact (ACN0004) and Investigation Compliance Report ACN0005
- Family Services dashboard reports (Year 2)
- Family Services Quarterly Regional Reports
- Absence of maltreatment recurrence
- Accepted re-referrals
- % children/families requiring on-going services being served in-home/out of home
- % supervisors at basic, intermediate, mastery, and advanced levels of safety and risk assessment practice

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Incremental Improvement Plan:

Centralized Intake - Outcome Measure	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2016 data)	Year 4 – 2016 APSR (FFY 2017 data)	Year 5 – 2017 Final Report (FFY 2018 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Intake Cases Reviewed for Sufficient Information Regarding the Extent of the Maltreatment	48%	92% Achieved	100% Achieved			

CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
CPI - Timely initiation of face to face contact with Alleged Victims	79.64%	IG: 80% AP: 78.11%	IG: 81% AP: 82.06%	82%	83%	84%
CPI – Timely completion of Present Danger Safety Assessments	83.48%	IG: 85% AP: 82.50% (297 yes out of 360 reviews)	IG: 86% AP: 87.03% (416 Yes out of 478 reviews)	87%	88%	89%
FS - Absence of Maltreatment Occurrence (cases with an open date during a period of time)	82.73 **See notes below	IG: 83% AP: 85.18%	IG: 84% AP: 86.17%	85%	86%	87%
FS - Safe reduction of Risk	To be determined in Yr. 2					

❖ Data extracted WebFocus ACCESS Dashboard report ACN0007; data updated 4.27.2016.

❖ Data extracted QATS Rollup Reports from Advanced Safety Focused Practice Case Reviews

Family Services Safety and Permanence Measure: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date). Ex: For FFY 2014 FS Children with an Open Date between 10/01/2013 and 09/30/2014

For the outcome measure FS –Absence of Maltreatment Occurrence, the actual performance rate exceeded the improvement goal of 83%. The performance rate of 85.18 % for the 2014 reporting Transmittal Date June 30, 2016

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period may be attributed to an array of services made available to families through nine Child Welfare Resource Centers and services provided by three Infant Teams. Additionally, Advanced Safety Focused Practice training and consultation has been available to staff statewide, including training, conferences, and onsite practice consultation. Performance for FFY 2015 was 86,17%, which continues to exceed the established Improvement Goal for the reporting period.

In considering measurement of Safe Reduction of Risk, the intent is to capture data by way of dash board reporting. Details of data collection have not been finalized. Based on discussions, this measure may involve examination of SDM risk levels (i.e. higher to lower risk levels or reduction of risk factors), and referrals or incidences involving reoccurrence of child maltreatment.

Update (Absence of Maltreatment in FS) FFY 2016: There continues to be progress in the absence of repeat maltreatment occurrence involving FS families. As cases loads have increased in the FS program, supports continue to address appropriate FS referrals, adherence to practice, policy updates, and the utilization of services that address actual safety threats. Additionally, FS program staff highlighted in case consultation, training, and reviews the importance of information gathering/clarity at transfer staffing as a means to better focus the FS intervention. Consultative opportunities utilize the FS field staff's actual cases to improve upon the practice.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 2:

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

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

Well-being Outcome 2: children receive appropriate services to meet their educational needs; and

Well-being Outcome 3: children receive adequate services to meet their physical and mental health needs.

DATA SOURCES AND ANALYSIS: Please refer to previous pages for data on federal outcome measures for Strategy 2.

STAKEHOLDER PARTICIPATION for STRATEGY 2: The DCFS continues to engage various stakeholders in the review of data and development of strategies, goals and action steps to improve outcomes of safety, permanency, and well-being. Stakeholders, those invited to participate and those who did not participate, included a social service director from federally recognized tribe, the consumer and community stakeholder group (PQI/CQI subcommittee), the state level PQI/CQI team and the DCFS Child Welfare executive management team. Further, feedback from the regional CQI quarterly case review exit interviews which included various levels of staff was also used to inform this process as well as other groups listed below.

The CQI staff continues review of the new Youth in Transition Plan with the specially developed case review instrument. All involved stakeholders continue to be consulted for collaboration in

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developing follow-up training as a result of issues identified through the training process and as additional issues arise in practice.

Through collaborative efforts between the Louisiana Court Improvement Project (CIP) and the DCFS, surveys were developed to obtain input from certified foster/adoptive parents regarding their involvement in the court process. The results of the initial survey(s) were provided to the foster/adoptive parents during the 2013 Foster/Adoptive Parent Association Conference and are being utilized to evaluate foster/adoptive parents training needs, as well as determine the need for additional consultation/policy enhancement.

Update FFY 2016: The Louisiana Court Improvement Program (CIP) has staff assigned to the board of The Pelican Center. By way of a MOU with DCFS and Southeastern Louisiana University, The Pelican Center created the Louisiana Child Welfare Training Academy (CWTA). One of the CWTA's goals is to provide ongoing training to foster/adoptive families; the training is viewed as a means of helping to improve the retention of foster/adoptive families. During FFY 2015, surveys were conducted to obtain input from certified foster/adoptive parents and DCFS staff on training needs of foster/adoptive parents. Dr. Corie Hebert, with Southeast Louisiana University, was the survey project lead. The data collection came from three primary sources: 1) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3) an open inquiry sent to the DCFS workers (2015). In the written survey, foster parents were asked to rank order a list of training topics from MOST to LEAST important. The survey also included an open ended question which asked foster parents to list additional suggestions for training. There were 54 surveys completed; the descriptive data collected included: 1) age range – from 32 to 83; 2) gender – 38 female and 16 male; and 3) race – 27 African-American; 20 Caucasian; 2 Latino; 1 Native American; and 1 Not Stated. When the interactive survey of foster parents was conducted: 82% agreed foster parents should have prescribed training classes after pre-service training; 81% indicated having child care during training was very important; and most preferred guided discussions and role playing in training over videos/lectures.

During the inquiry for feedback from the DCFS Child Welfare staff, responses were received from a variety of staff at different levels: Foster Care Supervisors, Foster Care Workers, consultants to the agency, CQI and some staff asked foster parents for their input. A total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested. The list of proposed trainings included ten topics. The top listings for the workers included: #1 - Mental Health Problems and How to Engage Birth Parents; #2 – Agency Expectations and Foster Parent Roles/Responsibilities; and #3 – Child Development. The top listings for the foster parents included: #1 – Understanding the Foster Child; #2 – Behavior Management; and #3 – Agency Expectations and Foster Parent Roles/Responsibilities. The Foster Parent Feedback on the open-ended questions included the following:

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- We need CPR training/certification;
- How to navigate the system for resources for kids/how to work better with case workers;
- How to help teenagers who are aging-out; and
- We want to attend the same trainings workers attend.

The CWTA, using the above survey results, is working towards the development of a comprehensive foster parent training plan. This plan will outline the ongoing training foster parents must receive following initial certification. More details on training are outlined under the Systemic Factor – Training section.

The DCFS continues to advocate for the inclusion and participation of certified foster/adoptive parents on various departmental projects, such as Continuous/Performance and Quality Improvement (CQI/PQI) processes. The foster/adoptive parents' level of participation is recorded in minute/meeting notes.

Due to efforts of the faith-based and private sector community partners, there has been an increase in activities from a state and regional level related to the recruitment and retention of foster/adoptive parents. The Faith In Families Initiative has continued to provide an avenue to access members of the faith-based community through a key contact (Louisiana Family Forum). There has been a commitment from the organization to not only recruit foster/adoptive parents, but also provide a means of support services for foster/adoptive parents (e.g., respite, mentor, trainings, heart gallery, etc.) and bring about a greater awareness of the DCFS children that are in need of a forever family.

A cooperative agreement was established between the Department and Louisiana Baptist Children's Home. The agreement resulted from the private agency recognizing the Department's need for assistance in the recruitment and retention of foster/adoptive families. The organization provides data on their work within the community (e.g., number of orientations and/or trainings, number of new certifications, etc.).

The Louisiana Adoption Advisory Board held another rally at the State Capitol in an effort to bring attention to the need for foster/adoptive parents and the number of children awaiting foster/adoptive families.

Update FFY 2016: For additional information on stakeholder involvement please refer to the following sections in this plan:

- Collaboration
- Consultation and Coordination Between the State and Tribes
- Systemic Factor - Agency Responsiveness to the Community
- Foster and Adoptive Parent Diligent Recruitment Plan
- Systemic Factor – Foster and Adoptive Parent Licensing, Recruitment and Retention
- Systemic Factor - Staff Training

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STRATEGY 2: Focus on permanency for children in foster care. Concurrently prepare older youth for independent living and provide services to all that ensure their well-being.

Goal: Improve family/youth engagement, trauma-informed care and youth in transition planning

Population and geographic information: All areas of the state are being targeted for improvement efforts. Children and youth in foster care transitioning from foster care to adoption availability status will be served by the proposed improvement efforts.

Action Steps:

1.) Continue implementation of the Family Team Meeting (FTM) Model

- Continue implementation of FTM principles for family engagement and case planning to include expansion statewide;
- Continue implementing Family Teaming process in relation to youth team building for youth transition planning;
 - Improve engagement of families or youth from initial contact. To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
- Family Teaming is required from initiation of case work to closure in every case.
- All Youth Transition Planning shall incorporate Family Teaming in case planning
- Building a Trusting Relationship with Families/Youth
- Engage parent(s)/youth to get to know them and their family.
- Talk with parent(s)/youth about how they would like the department to help them.
- Introduce Family Teaming Process to Families/Youth
- Explain the Family Teaming process and discuss the benefits of creating a team of support to help with case planning and to remain a support for the family/youth after the department is no longer involve with them.
- Work with the family/youth to plan a location and time for the Family Team Meeting.
- Identifying, Locating, and Notifying Team Members for the Family/Youth
- Help parent(s)/youth make a list of people (formal and informal supports) in their life, and identify strengths of those, who can be part of their team.
- Youth ages 14 and older may identify 2 or more people (other than the worker or foster caretaker) to participate specifically as their team members.
- Obtain contact information for people identified.
- Have parent(s) sign a release (may use FTMP form) to allow case manager to contact team members and invite them to be part of the family team (not necessary for youth in DCFS custody).
- Notify parent(s) of scheduled Family Team Meeting by form 475FTM and notify formal supports (all involved attorneys, CASA, FP, IL Provider) by copy of the 475FTM.
- Meeting with the Team Members for the Family/Youth
- Contact team members and engage them by making introductions and advising that they have been identified to be part of a family or youth's team of support.
- Explain what it means to be part of a family team and how to participate in a Family Team Meeting.

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- Assess whether each team member can positively support the family/youth.
- Working with the Family/Youth's Team - The Meeting
- First team meeting is held within 3 to 4 weeks of the parent(s)/youth's contact with the department.
- At the beginning of the Family Team Meeting obtain signatures and dates of signatures on the Family Team Meeting Confidentiality and Sign in Sheet.
- The family/youth tells their story and strengths are identified.
- Review non-negotiable issues for parents related to the child's safety, permanency, and well-being.
- Document goals and action steps related to non-negotiables for parents that are developed with the family in the meeting.
- After the Team Meeting
- Type names of participants into Case Plan Cover sheet in FATS.
- Transfer notes, goals, and action steps from meeting into the appropriate assessment and planning domains on the case plan document in FATS.
- Contact required participants (foster caretaker, attorney, CASA, or IL Provider) who did not take part in the meeting to collect input.
- Any changes to the case plan (after the meeting with non-involved participants) must be discussed with the parent(s)/youth and agreed upon.
- Finalize case plan within 5 days of the final meeting of a team.
- Obtain signatures and dates of signatures for parent(s) and youth (over age twelve) prior to submitting the case plan to the court.
- Initial case plan must be completed with signatures by the 45th day after foster care entry.
- Provide copies of case plan to parent(s)/youth, professional partners, and the court within a minimum of 10 days prior to the next court hearing. Parent(s) may provide non-professional team members copies of the case plan. Caretakers (foster parents) are provided copies of the case plan related to any child placed in their home.
- Meetings to assess progress and update case plans must continue to be held every 4-6 months after the plan is established. (Updates to case plans are required at a minimum of every 6 months from the date the child entered foster care).
- Maintaining the Family Youth Team
- Continue contact with the family/youth and team members throughout the life of the case via phone, email, and/or in-person contacts.
- Utilize the case plan goals to drive each conversation with the family/youth and their team members.
- Document the following: ongoing involvement of team members in case documentation notes in FATS; changes in parental protective capacities in the Assessment of Family Functioning in FATS; and, progress in completing case action steps in the appropriate case plan domain in FATS.
 - Exercise engagement strategies to improve family or youth involvement in case planning; To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:

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- staff shall allow the family to invite individuals to participate in case planning who can support them in enhancing caretaker protective capacities and reducing safety threats (Refer to attached Practice Pointer to determine who would be appropriate to invite.);
- staff shall allow youth ages 14 and older to identify individuals to participate in their portion of case planning who they wish to have as supports and to advocate for them;
- staff shall schedule the Family Team Meeting at the convenience of the family and team members and within reasonable and safe parameters; and,
- staff shall not enter the meeting with a pre-developed case plan.
 - Encourage family or youth to share their family experiences for thorough assessment purposes;
 - Empower family or youth in the planning, decision making regarding case planning, goal setting, and identification of actions to achieve those goals.
- Develop a supplemental review instrument (that will be utilized by CQI staff in conjunction with the OSRI review instrument) to drill down on the effectiveness of the Family Teaming process and the impact on involvement in case planning.
- Utilize the right evidence-based or evidence informed mental health services, when applicable
- Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
- Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

Update FFY 2016 Action Step 1:

- FTM principles for family engagement and case planning was expanded statewide;
- In collaboration with the CWPPG presented the Family Teaming process in relation to youth team building for youth transition planning;
- Family Teaming is now required through policy from initiation of case work to closure in every case of a child in foster care.
- All Youth Transition Planning is expected to incorporate Teaming with the youth and the youth's support system in development of the youth's case plan
 - Federal requirements for youth ages 14 and older to be allowed to include a minimum of two individuals of their choosing in case planning activities was incorporated into policy
 - Webinar training was provided to DCFS staff statewide on the federal requirements and DCFS policy changes
- A supplemental review instrument (that is utilized by CQI staff in conjunction with the OSRI review instrument) was developed to drill down on the effectiveness of the Family Teaming process and the impact on involvement in case planning.
- An observation process was developed for the 4 pilot regions (Lafayette, Lake Charles, Monroe and Shreveport) to allow for a few team meetings per quarter to be monitored by state office program consultants to insure consistency with the Teaming model.

2.) Enhance work efforts initiated through the Faith in Families initiative

- Ensure each child exiting foster care has a permanent connection;

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- Monitoring through CQI reviews;
- Utilize YTP training with staff to promote the of importance of establishing permanent connections;
- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice improvement and tracking potential around concurrent planning;
 - Utilizing supervisory mentoring of FC supervisors by program staff to guide in planning for multiple permanency options in case planning;
 - Develop targeted staff training through various mediums to address challenging practice areas, i.e., vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences, etc.
 - Employ a “ strength based approach” that assists staff in looking for strengths and the capacity to do what is best for children in all families;
 - Partner with other agencies and systems that interact with children and families
 - TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

Update FFY 2016 Action Step 2:

- Ensure each child exiting foster care has a permanent connection;
 - YTP training was provided statewide on two different occasions with all foster care and adoption staff to promote the of importance of thorough case planning, engagement of teams of support in achieving youth goals as well as establishing permanent connections and mentors for youth
 - Chafee IL contract providers were engaged as partners in preparing the statewide YTP training;
 - CASA and older youth were also engaged in the first round as partners in preparing the statewide YTP training
 - The second round of training was provided through collaborative work between the State Office Foster Care Program and CQI staff
- Establish more timely and appropriate permanency for children in foster care;
 - Continued practice improvement and tracking potential around concurrent planning;
 - Policy clarifications were made by program staff to guide field staff in planning for multiple permanency options in case planning;
 - The guidance on staff development of a teaming philosophy in working with families encouraged
 - Employing a “ strength based approach” to assist staff in looking for strengths and the supporting development of the capacity to safely parent the children in the family;

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- Partnering with other agencies and systems that were serving those children and families to coordinate more effective service delivery
- TIPS data collection system improvements continued to be planned for through the AIP process to allow for multiple case goals and a history of case goals for children in foster care.

3.) Improve assessment of developmental/educational status and assure improved and consistent service delivery to promote progress for children in foster care.

Year 1 – Ensure all children entering or in foster care have had an Early and Periodic Screening, Diagnosis, and Treatment (EPDST) assessment (birth – age 20) and referral to the Early Steps (birth – age 3), Louisiana’s Early Intervention system for those infants and toddlers with disabilities upon entrance into foster care according to the Louisiana DHH guidelines . Ensure any recommendations made as a result of these assessments are followed. This is will be tracked in TIPS and other electronic data collection systems, cumulative school records and the school counselor notification form. Collect existing data for baseline.

In a separate effort, work with the DHH to develop a protocol for health screening of children entering foster care within the first 72 hours after foster care entry to establish physical health baselines on children entering foster care and insure immediate identification of any health issues to guide foster caretakers in more effective physical care of the children.

Year 2 – Continue data collection outlined in/from Year 1 and increase compliance by 1%. Host training with Louisiana Department of Education (LDE) regarding trends for Louisiana children. Review a random selection of cases to determine compliance with educational progression. The review will capture whether the youth is in the age appropriate grade, current standardized testing results, and IEP/504 Plan status, if needed.

Year 3 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 2 by 1%.

Year 4 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 3 by 1%.

Year 5 - Continue efforts and data collection outlined in/from Year 1 and increase compliance of Year 4 by 1%.

Update FFY 2016 Action Step 3: Efforts continued to pull Regional DCFS Educational Liaisons together on a monthly basis to review challenges to improved educational outcomes with children in foster care and work collaboratively to identify solutions.

DCFS worked with the DHH to develop a protocol for health screening of children entering foster care within the first 72 hours after foster care entry to establish physical health baselines on children entering foster care and insure immediate identification of any health issues to guide

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foster caretakers in more effective physical care of the children. Within a few months of establishing the contract services and training staff within DHH and DCFS in utilization of the process, budgetary restraints required dissolution of this process. However, other available processes such as Urgent Care Clinics and Emergency Rooms were encouraged through policy when needs were assessed which could not be immediately addressed through the child's current pediatrician. Availability of 72 hour health screenings was also discussed in the process of identifying priority health care plans through the Bayou Health managed care system for the care of children in foster care.

3. a.) Develop measures to show improved educational outcomes and measure work efforts

Year 1 –Fully implement usage of the Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form to more effectively track and support educational progress of children in foster care. Establish baseline for compliance. The Department will host meetings with the tribal, consumer & community stakeholder groups and state level PQI/CQI teams to identify elements to be included in an electronic system which will yield reports regarding the progression of foster youth through the primary, secondary and post-secondary education systems.

Year 2 – Collect information from the 98-B and School Counselor Notification Form to determine compliance with full implementation as established in Year 1 through CQI case record reviews. Compile elements identified in Year 1 team meetings to include in an electronic reporting system once developed. Submit identified elements to DCFS Management for inclusion to any existing systems and any subsequently developed systems.

Years 3- 5 – Continue all efforts outlined in Year 2.

4.) Initiate mental health well-being treatment protocols for children in foster care

- Implement use of psychotropic medication tracking forms;
- Engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children;
- State level psychiatric consultation in decision making regarding children prescribed multiple psychotropic medications;
- Screen for traumatic history and traumatic stress responses to assist staff in understanding a child's and his family's history for alignment with appropriate interventions.

Update FFY 2016 Action Step 4:

- Psychotropic medication tracking forms were implemented;
- Psychotropic medication web-based training was developed and disseminated statewide;
- A form was developed for use in working to engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children in foster care;
- A process is used at the state level to provide psychiatric consultation to field staff in decision making regarding children prescribed multiple psychotropic medications;

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(Adoption/Home Development Programs)

5.) Increase the number of adoption finalizations within 24 months of foster care entry and/or permanent connections

Year 1:

- Enhance collaboration with Faith in Families community partners;
- Monitor work efforts initiated through the Faith in Families Initiative;
- Focus on the population of youth (nine and older) available for adoption without an identified adoptive resource;
- Develop and implement targeted recruitment protocol;
- Conduct quarterly contacts with staff to review progress, enhance communication and reinforce the importance of permanency.

Year 2:

- Review recruitment efforts on children served and recruited families;
- Monitoring through CQI reviews;
- Review and disseminate the Bureau of General Counsel TPR tracking reports to adoption staff for management purposes;
- Conduct quarterly contacts with staff to review placement progress, enhance communication and reinforce the importance of permanency.

Years 3-5:

- Review trends and identify practice that results in timely permanency;
- Provide guidance/consultation to regions in achieving timely permanency goals;
- Conduct quarterly contacts with staff to review progress, enhance communication and reinforce the importance of permanency.

FFY 2016 Update on years 1 & 2 of Action Step 5:

- The Faith Based Collaborative meets every other month to discuss foster parent recruitment needs of the Department and support services needed for current foster parents.
- The Faith Based Collaborative has identified Department Liaisons and Faith Based Liaisons in every region.
- The Department was awarded two grants from the Dave Thomas Foundation to for two Wendy's Wonderful Kids (WWK) recruiters. In addition, the Department utilized adoption incentive funds to employ two more WWK recruiters. The WWK recruiters provide child focused recruitment to children without an identified adoptive resource. The WWK recruiters and adoption and home development staff meet quarterly in each reach to discuss children who are freed for adoption without an identified resource.

6.) Increase the number of newly certified foster/adoptive family resources by 2% each state fiscal year

Year 1:

- Review the foster care population and specifically the children available for adoption to identify special needs population;
- Assess interests and skill level of foster/adoptive family population;

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- Assess regional recruitment/retention plans and review effectiveness for achieving regional placement resource needs;
- Conduct quarterly contacts with staff to review placement progress and reinforce the importance of recruitment/retention based on regional placement needs.

Year 2:

- Develop plan for recruitment/retention;
- Develop plan for tracking foster/adoptive family interests and skills;
- Develop plan to improve current practice for matching families with children;
- Focus on data collection to identify trends and develop plan for analysis of data.

Years 3 and 4:

- Implement plan for recruitment/retention, matching of children and families, data collection/tracking and data analysis;
- Review data with regions to support regional focus for recruitment/retention based on identified regional placement needs;
- Provide mentoring/guidance/consultation to regions in achieving recruitment/retention plan goals.

Year 5:

- Conduct review of foster/adoptive family closure reasons to assess challenges to retention;
- Review trends and identify practice that results in achieving recruitment/retention plan goals.

FFY 2016 Update on Year 1 & 2 for Action Step 6: With regard to data collection and analysis, the HD program's intentions were to utilize the following documents to review and analyze manual data submitted by regional HD staff:

- 1) Annual recruitment/retention plan;
- 2) HD Monthly Recruitment Statistics;
- 3) HD Monthly Regional Statistics; and
- 4) HD Monthly Reporting Log.

These forms would have provided some indication as to whether or not regional HD staff were able to meet the needs/goals outlined in their recruitment plan. The HD Monthly Reporting Log (Part I) captured: inquires, orientation attendance, closure reasons; and certifications (including age/sex of the child families were interested in). The HD Monthly Recruitment Statistics captured: recruitment activity, referrals from the activities and any matches made as a result of the activities.

In January 2015, per management's decision, HD staff were no longer required to complete the HD Monthly Recruitment Statistics and the Monthly Reporting Log. This decision led to an inability to use our proposed plan to identify possible trends.

The regions evaluated their foster parent recruitment needs; and developed a plan to recruit foster parents for the identified populations. As stated above, the WWK recruiters perform child focused recruitment for children with an unidentified resource. The WWK recruiters, adoption

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and Home Development regional staff meet quarterly to staff those children and any new children who may need a WWK recruiter.

The Department started the process of evaluating the Quality Parenting Initiative (QPI) to determine if it should be implemented.

Measures/Data Sources:

- CQI case review findings (Item 18, Item 10, Item 9, and Item 8)
- YTP case review instrument;
- TIPS/INFOPAC reports;
- dashboard reports;
- AFCARS AIP;
- Federal outcomes report;
- FTM data tracking reports;
- Monthly Home Development statistical reports;
- Bureau of General Counsel TPR tracking reports;
- New data measures will be identified or developed;
- Cumulative Medical/Educational Record (98-B) and the School Counselor Notification Form

Incremental Improvement Plan

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2015 data)	Year 4 – 2018 APSR (FFY 2016 data)	Year 5 – 2019 Final Report (FFY 2017 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
*Involvement of family in case planning	Baseline= FFY2013= 72.7%	1.1%+72.7%= Goal 73.8% Actual 55.52%	2%+72.7%= Goal 74.7%	2.5%+72.7%= Goal 75.2%	3%+72.7%= Goal 77.7%	3.5%+72.7%= Goal 78.2%
**Increase % of exits to permanency within 12 months for children in care 12 to 23 months	57.92%	Goal= 58.92% Actual= 59.11	Goal= 59.92% Actual = 56.16%	Goal= 60.92%	Goal= 61.92%	Goal= 62.92%
Increase number of new foster/adoptive families certified	***697 total	IG: Increase by 2% AP: 2% increase -total of 717 homes	IG: Increase by 2% (731); AP 4%; Increase – total of 748 homes	Increase by 2%	Increase by 2%	Increase by 2%

* Baseline revised to include data from CQI reviews in FFY 2013.

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***Using CFSR3 Permanency Performance Area 2: Of all children in foster care on the first day of the 12-month measurement period who had been in foster care between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period. For FFY 2013, the denominator is the children who were in care on 10.01.2012 who had been in care 12 to 23 months. The numerator is the number of those children who exited to permanency (reunification with parents or primary caretakers, living with other relative(s), adoption and guardianship) by 09.30.2013.*

**** Data extracted from the DCFS Tracking and Payment Information System/Louisiana Adoption Resource Exchange System.*

For decreased performance with involvement of family in case planning DCFS identified the following issues in cases reviewed through the CQI process:

- lack of worker discussion with one or all family members regarding needs and services to address needs
- lack of worker efforts to work with one or all family members to establish case goals or evaluate progress in achieving case goals
- Children on runaway status during timeframe reviewed
- parent whereabouts unknown during timeframe reviewed
- lack of worker efforts to locate fathers
- mothers not keeping worker advised of contact information
- no documentation of worker providing mother copy of case plan
- lack of worker efforts to engage ICPC support in working with family and monitoring progress when parents were out of state
- no indication of case plan meeting held
- no case plan developed for fathers
- inconsistent efforts by workers to maintain regular contact with parents.

Update FFY 2015: Based on information from regional staff, the increase the number of newly certified foster/adoptive family resources is attributed to efforts put forth to make orientation and training sessions more accessible to potential applicants. Orientations were held at churches, hospitals, regional/parish offices, libraries and college campuses. Training sessions were held on various days of the week and at least one weekend session monthly, throughout the regions. Ongoing community partnerships and events such as Over the Edge and Wait No More – 2014 have resulted in potential applicants and newly certified families. Four of the nine regions reported certification of homes that were referred to the Department through our partnership with Louisiana Baptist Children’s Home.

Update FFY 2016: During this time period DCFS exceeded its goal in recruiting foster/adoptive parents by 100%. The goal was to increase by 2%, but instead the department increased by 4%. There was an increase in the number of child specific certifications with staff having certified 414 child specific homes compared to 365 in FFY 2014. This is an increase in 49 child specific certification.

Factors contributing to this success include:

- 1) Five of the nine regions showed a regional increase in the number of new certifications (based upon a review of the CY 2015 data);

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- 2) An increase in the number of homes regionally by 10%; regions setting a projected number of new certifications; increased use of recruitment teams; and increased number of orientations (as per a review of seven of the nine regional recruitment/retention plan's targeted goals); and
 - 3) An increased involvement of stakeholders through DCFS' partnership with several faith-based organizations which provide resources to assist with recruitment, certification and retention of foster/ adoptive parents.
- **Efforts to address lack of worker discussion with one or all family members regarding needs and services to address needs included the following:**
 - FTM principles for family engagement and case planning was expanded statewide;
 - In collaboration with the CWPPG presented the Family Teaming process in relation to youth team building for youth transition planning;
 - Family Teaming is now required through policy from initiation of case work to closure in every case of a child in foster care.
 - All Youth Transition Planning is expected to incorporate Teaming with the youth and the youth's support system in development of the youth's case plan
 - Federal requirements for youth ages 14 and older to be allowed to include a minimum of two individuals of their choosing in case planning activities was incorporated into policy
 - Webinar training was provided to DCFS staff statewide on the federal requirements and DCFS policy changes
 - A supplemental review instrument was developed to drill down on the effectiveness of the Family Teaming process.
 - An observation process was developed for the 4 pilot regions (Lafayette, Lake Charles, Monroe and Shreveport) to allow for a few team meetings per quarter to be monitored by State Office Program Consultants to insure consistency with the Teaming model.
 - **Efforts to address lack of worker efforts to work with one or all family members to establish case goals or evaluate progress in achieving case goals included the following:**
 - Please refer to expansion efforts related to the Teaming process noted in the previous item
 - **Efforts to address the issue of children on runaway status during timeframe reviewed included the following:**
 - DCFS has extensive policy to ensure federal guidelines related to NCMEC and NCIC are followed; the state police are notified; efforts to locate the child are implemented; and steps are taken to assess the well-being and meet the needs of the child when returned from runaway status
 - Assessment of the child upon return from runaway status include assessment of any potential risk of involvement in trafficking
 - DCFS also has resources for referral of youth for additional assessment and/or support if behaviors indicate a high or very high risk of runaway behavior
 - This is provided through collaboration with the Chafee IL providers

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- **Efforts to address the issue of parent whose whereabouts were unknown during timeframe reviewed included the following:**
 - DCFS utilizes the Thomson Reuters CLEAR web-based search tool to try to locate parents whose whereabouts are unknown
 - DCFS partners with the Department's, Child Support Enforcement program to utilize the Federal Parent Locator Service to locate parents whose whereabouts are unknown
 - DCFS has policy to guide field staff in consistent, ongoing activities to attempt to locate parents whose whereabouts are unknown
- **Efforts to address the lack of worker efforts to locate fathers included the following:**
 - DCFS has policy to guide field staff in the location, notification and engagement of all parents of a child in foster care, which includes requesting court intervention during case review hearings to have the judge order any parent or other family members present to provide information on any missing parent
- **Efforts to address the issue of mothers not keeping worker advised of contact information included the following:**
 - DCFS has policy to guide field staff in advising all parents of a child in foster care as well as a Parents Rights and Responsibilities document to provide those parents, which includes advising the parent of the responsibility of keeping the worker advised of contact information
 - Additionally DCFS policy guides workers who are experiencing difficulty in this area to request court intervention during case review hearings to have the judge order any parent for whom this is a problem to provide current contact information
- **Efforts to address the issue of no documentation of worker providing mother copy of case plan included the following:**
 - DCFS has policy which requires provision of case plan documents to all parents, youth, foster caretakers of children in foster care and legal stakeholders, including parents' attorneys
 - Policy will be updated to clearly state staff are required to make a case note documenting they actually provided a copy of the case plan to all involved parties as indicated, including the mother
- **Efforts to address the lack of worker efforts to engage ICPC support in working with family and monitoring progress when parents were out of state included the following:**
 - This will be addressed through policy updates in the coming year and through webinar discussion with field staff
- **Efforts to address the issue of no indication of case plan meeting held included the following:**
 - DCFS has policy which requires case plan meetings a minimum of every six months with all families with a child in Foster Care
 - Completion of case plan revisions every six months based on the case plan meetings have to be documented in the TIPs data system in the section for Case Events

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- Staff are required to meet with supervisors every six months to review the department recommendations to be made during the case plan meeting based on parental progress and the best interests of the children
- All of these activities are required to be documented in the case record
- The case plan developed during case plan meetings is required by law and policy to be submitted every six months to the court for case plan review and approval
- **Efforts to address the issue of no case plan developed for fathers included the following:**
 - The information provided in the previous item related to no indication of a case plan meeting would be applicable to the development of case plans developed for fathers
- **Efforts to address the inconsistent efforts by workers to maintain regular contact with parents included the following:**
 - DCFS follows SDM guidelines for contact with parents for the duration of the department's efforts to support the parents in achieving reunification
 - DCFS policy guides staff to continue contacts with parents on a minimum of monthly or more frequently if necessary to achieve the best interests of the child for the duration of the department's work with that family which typically concludes at the point of termination of the parent's rights to all children in the family or the resolution of an appeal following a termination of parental rights
 - Staff are only allowed to minimize contact with parents when parents refuse contact, a parent is in an institution such as a prison which denies agency contact or approved through the court by court order

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

The Department believes these federal outcome measures could be positively impacted by the revised goals and action steps outlined on the following pages.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 1:

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

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

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

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

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

STRATEGY 1: Focus on child safety and child and family strengths and well-being

Goal: Improve family engagement, assessment, decision making and trauma- informed care.

Population and geographic information: (Children, under 18 years of age, and families in which there have been reports of abuse and/or neglect). Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home.

Children ages 0-5, including substance affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. Services are provided on a statewide basis through 9 regional offices and 48 parish offices.

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Action Step 1: Ongoing Monitoring of Safety Focused Practice (SFP)

- Continue efforts to fully align and integrate overall CPS assessment consistent with best practice in safety and risk assessment;
- In collaboration with the Child Welfare Training Academy (CWTA), participate in the development of safety and risk assessment tools and decision-making module for supervisory certification program;
- Develop/coordinate state and regional improvement plans utilizing statewide CQI ASFP reviews/data to include specific improvement targets in the areas of: sufficiency of information collection.

Action Step 2: Assess staff knowledge and skills in family engagement, assessment, case planning and service delivery.

- Analyze CQI findings from case reviews and findings from Teaming Observations to assess integration of the teaming process in staff practice of engaging, empowering and planning with families and their team of support.
- Utilize analysis of CQI case reviews and Teaming Observations to develop training plan to educate field supervisors in more effectively guiding field staff in more supportive and purposeful contacts with families and their teams to engage them more fully, and complete better assessments of family situations, and thus better inform the case planning and service delivery process.
- Train staff statewide via KIT conferences and utilize the Child Welfare Policy & Practice Group (CWPPG) to conduct training on making contacts matter with families, family supports, caretakers of children in foster care and stakeholder more meaningful and productive.
- CQI will develop, pilot and explore implementation of practice focused supervisor consultation with supervisors in the Supervisory Training and Professional Development Program through the Child Welfare Training Academy.
- In the PQI data subcommittee drill down on case review data to client demographic and program specific levels and determine a plan of action.

Measures/Data Sources for CI:

- Fidelity Intake Assessment Review Instrument
- TIPS and ACESS Reports
- Dashboard Reports
- Case Crisis Review Feedback Reports

Measures/Data Sources for CPS and FS:

- OSRI
- Safety Focused Practice (SFP) case review instrument
- Structured Decision Making (SDM) reviews
- ACESS reports: Initial Face to Face contact (ACN0004) and Investigation Compliance Report ACN0005
- Family Services Webfocus/LaPas reports
- Repeat Maltreatment (Webfocus)

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Incremental Improvement Plan:

Centralized Intake - Outcome Measure	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2016 data)	Year 4 – 2016 APSR (FFY 2017 data)	Year 5 – 2017 Final Report (FFY 2018 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Intake Cases Reviewed for Sufficient Information Regarding the Extent of the Maltreatment	48%	92% Achieved	100%			

CPI/FS Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
CPI - Timely initiation of face to face contact with Alleged Victims	79.64%	IG: 80% AP: 78.11%	IG: 81% AP: 82.06%	82%	83%	84%
CPI – Timely completion of Present Danger Safety Assessments	83.48%	IG: 85% AP: 82.50% (297 yes out of 360 reviews)	IG: 86% AP: 87.03% (416 Yes out of 478 reviews)	87%	88%	89%
CPS - Repeat Maltreatment	93.5	94.2				
FS - Repeat Maltreatment Occurrence (cases with an open date during a period of time)	82.73 **See notes below	IG: 83% AP: 85.18%	IG: 84% AP: 86.17%	85%	86%	87%

***FS Repeat Maltreatment Measure: Percentage of children opened in Family Services during the reporting period who did not have a valid CPI and did not come into foster care (while FS case open or within 6 months of closure date). For FFY 2014 FS Children with an Open Date between 10/01/13 and 09/30/14.*

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In considering measurement of Safe Reduction of Risk, the intent is to capture data by way of dash board reporting. Details of data collection have not been finalized. Based on discussions, this measure may involve examination of SDM risk levels (i.e. higher to lower risk levels or reduction of risk factors), and referrals or incidences involving reoccurrence of child maltreatment.

RELATED FEDERAL OUTCOME MEASURES for STRATEGY 2:

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

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

Well-being Outcome 2: children receive appropriate services to meet their educational needs; and

Well-being Outcome 3: children receive adequate services to meet their physical and mental health needs.

STRATEGY 2: Focus on permanency for children in foster care. Concurrently prepare older youth for independent living and provide services to all that ensure their well-being.

Goal: Improve family/youth engagement and youth in transition planning

Population and geographic information: All areas of the state are being targeted for improvement efforts. Children and youth in foster care transitioning from foster care to adoption availability status will be served by the proposed improvement efforts.

Action Steps:

1.) Continue implementation of family engagement and empowerment strategies for case planning

- Improve engagement of families or youth from initial contact.
 - To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
 - Developing family and youth support systems for case planning
 - Preparing supportive partners for participation in case planning
 - Incorporating family, youth and support system recommendations in the case plan goals and actions
- Provide field supervisors statewide training
 - To assess field staff practice to identify areas for development and provide supportive guidance
 - Engaging and empowering families and youth
 - Having more effective and purposeful contacts with families, youth and supportive partners

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- Utilize the case plan goals to drive each conversation with the family/youth and their team members.
 - Continue to engage biological parents in decision making and in provision of authorization for use of psychotropic medications in treating children.
- Increase referrals to Family Resource Centers (FRC) for children and families served in the foster care program
- Promote greater utilization of and involvement in the FRC's Visit Coaching program for both staff and families.
- Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
 - Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

2.) Establish timely and appropriate permanency for children in foster care and ensure each child exiting foster care has a permanent connection;

- Effective 10/2016, implement case review staffings on a subsample of cases from the CQI case review sample in all regions throughout the state. (i.e. process similar to the one utilized in the Alexandria Region in early 2016).
- Follow-up on statewide YTP training to field staff by offering programmatic mentoring to supervisory units to promote the importance of establishing permanent connections and offer guidance in YTP planning around establishing permanent connections;
- Analysis of CQI findings from YTP reviews to identify potential practice improvement opportunities and provide tracking data around concurrent planning for programmatic and supervisory use in staff guidance and support in the case planning process, particularly when youth have a case goal of APLA.
- Make TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.
- Ensure each child exiting foster care has a permanent connection;
 - Monitoring through CQI reviews;
 - Utilize CQI case review staffings using the CASEY modified Permanency Roundtable guidelines for those older youth (16-17) with an unidentified adoptive resource or permanent connection.
 - Follow up on statewide YTP training to field staff by offering programmatic mentoring to supervisory units to promote the of importance of establishing permanent connections, and offer guidance in YTP planning around establishing permanent connections;

Establish more timely and appropriate permanency for children in foster care;

- Continued practice guidance around concurrent planning, particularly for youth with APLA goal

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TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

Provision of policy updates and webinar education to field staff on importance of identification of relatives for placement of children who are capable of achieving certification

- Develop staff awareness of how to effectively educate families on the benefits of certification to the achievement of long-term permanency of children
- Support field staff in the development of strategies for overcoming barriers to relative certification

3.) Assess data on placement stability and analyze reasons for placement disruption.

- Obtain comments entered into OMS for Item 4 of the CQI case review process to identify trends related to placement stability.
- Convene a workgroup of staff, youth, foster parents, residential providers, and behavioral health providers to review identified trends and develop recommendations for improved outcomes.

4.) Increase the number of adoption finalizations within 24 months of foster care entry and/or permanent connections

- Utilize CQI case review staffings, as mentioned in Action Step 2 above using the CASEY modified Permanency Roundtable guidelines, for those older youth (16-17) with an unidentified adoptive resource or permanent connection.
- Review trends and identify practices utilized in the staffing process in the Alexandria Region pilot that resulted in achieving more timely permanency or permanent connections, and communicate through policy as well as providing guidance/consultation to other regions in implementing similar practices.

Measures/Data Sources:

- OSRI
- YTP case review instrument;
- TIPS/INFOPAC reports;
- dashboard reports;
- AFCARS AIP;
- Federal outcomes report;
- Bureau of General Counsel TPR tracking reports;

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Incremental Improvement Plan

FC/AD & HD Outcome Measures	Baseline (FFY 2013 data)	Year 1 – 2015 APSR (FFY 2014 data)	Year 2 – 2016 APSR (FFY 2015 data)	Year 3 – 2017 APSR (FFY 2016 data)	Year 4 – 2018 APSR (FFY 2017 data)	Year 5 – 2019 Final Report (FFY 2018 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
*Involvement of family in case planning	Baseline= FFY2013= 72.7%	1.1%+72.7%= Goal 73.8% Actual 41% (CQI case review Item 18)	2%+72.7= Goal 74.7% Actual = 68% (CQI case review Item 13)	2.5%+72.7= Goal 75.2%	3%+72.7= Goal 77.7%	3.5%+72.7= Goal 78.2%
**Increase % of exits to permanency within 12 months for children in care 12 to 23 months	57.92%	Goal= 58.92% Actual= 59.11	Goal= 59.92% Actual = 56.16%	Goal= 60.92%	Goal= 61.92%	Goal= 62.92%
Placement Stability	92.4%	92.4%				

* Baseline revised to include data from CQI reviews in FFY 2013.

**Using CFSR3 Permanency Performance Area 2: Of all children in foster care on the first day of the 12-month measurement period who had been in foster care between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period. For FFY 2013, the denominator is the children who were in care on 10.01.2012 who had been in care 12 to 23 months. The numerator is the number of those children who exited to permanency (reunification with parents or primary caretakers, living with other relative(s), adoption and guardianship) by 09.30.2013.

*** Data extracted from the DCFS Tracking and Payment Information System/Louisiana Adoption Resource Exchange System.

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**ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM
ASSESSMENT REVIEW:**

AFCARS Review Findings: The official AFCARS Review findings were received February 10, 2014, and the AFCARS Improvement Plan was provided to the Dallas Regions VI ACF office on March 13, 2014.

- Staff identified areas needing modification and initiated planning for changes immediately following the review.
- Some areas of focus are:
 - Reporting population corrections identified:
 - Accurately capturing the foster care population – Removals improperly reported for children in care under 24 hours;
 - Fully capturing the adoption population – Private agency adoptions not reported.
 - Other data element corrections identified:
- Diagnosed Conditions – underreported,
 - Circumstances associated with a child’s removal from home – underreported,
 - Incorrect reporting of the primary basis for a child’s special needs,
 - Need to more fully record all locations of the child while in DCFS custody.
- System Issues recognized:
 - Defaults and Mandatory Screens/Fields,
 - Multiple Systems/Databases,
 - Certain key information is overwritten,
 - Obsolete values and values not representative of what is being collected,
 - Incomplete data collection.
- Data Quality needs recognized:
 - Additional reports to facilitate improvement in data quality,
 - Develop and maintain data quality assurance process that links to a CQI process including OJJ,
 - Ongoing staff training and supervisory oversight
 - Timely Data Entry and Flow of Data Entry/Screen Design.

General Requirements (23)

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

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

Data Elements

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

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

- Changes to service authorization sort to allow for more accurate results;
- The capacity level for institutions was changed from 15 beds to 13 beds;
- Updated major/minor service codes;
- Removed default coding with regards to placement settings;
- “Home of Parent” is no longer coded as “Relative Foster Care”;
- Reassigned values for case closure;
- Updated eligibility and payment codes;
- Remapped disability codes.
- An AIP report was submitted July 15, 2014.

AIP reviews became part of the CQI process in April 2014. Between April 2014 and September 30, 2014 there were 47 cases reviewed. There were many errors identified with date of birth of caretakers. The Hispanic origin of the family and the court location are generally accurately recorded. The reasons for the child’s removal usually include only one reason as opposed to all the reasons for removal. The caretaker family structure documentation is also typically inaccurate. Both the caretaker dates of birth and caretaker family structure typically reflect the initial foster caretaker(s) of the child as opposed to the caretakers from whom the child is removed at initiation of the foster care episode.

Successes in the AIP implementation have included:

- Greater staff awareness of importance of timely, complete and accurate data entry
- Greater staff understanding of the data elements
- Greater program awareness of necessary technological changes and data reporting to support practice

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- Enhanced program and operations collaboration in planning for improved data collection

Concerns in the AIP implementation have included:

- Lack of a SACWIS system for more effective data collection and reporting
- Multiple legacy systems which must be assessed for compatibility and assessed for impact related to proposed technological changes
- Coordination of change efforts with another government agency under another government department
- Lack of clarity on federal expectations regarding some data elements
- Separation of Information Technology staff from DCFS and placement in a centralized agency under another government department with much more strenuous protocols and lengthier timelines for achieving technological changes
- Staff shortages across the department impacting the intensive, focused work needed to achieve AIP goals timely, provide training, improve data entry, etc.

A goal of the Child Welfare Program in the 2015-2019 CFSP was to begin utilizing data more effectively in the management of the program. To achieve this more accurate, complete and timely data entry is necessary. The successes of the AIP have supported this achievement.

AIP tasks completed:

1) General Requirements

- Monthly data report on case events for periodic reviews and case plans completed. Report is provided to CQI staff for each region. CQI staff alert workers regarding reviews coming due or overdue. Workers are required to update data entries. Action to improve data entry is implemented at each phase of the reporting process.
- Conference call held with regional Performance Measures Consultants regarding where the child is removed from a custodial parent and placed with a non-custodial parent with DCFS holding legal custody of the child to inform and achieve more accurate data collection.
- The DCFS piloted a centralized data entry portal for linking all legacy systems called CAFÉ. CAFÉ provides staff with alerts regarding case events coming due and alerts to supervisors when case events are overdue to help monitor timely entry of data. CAFÉ training was provided to training facilitators in CW statewide 3/2014. CAFÉ training was provided to staff in CW statewide 5/2014.
- Management report developed to flag key AFCARS data elements that are potential errors. Training developed and delivered on June 17, 2014 for Supervisors to teach them how to use WEBFOCUS management reports.

2) Elements

- *Local Agency (FIPS Code)* - FIPS code re-mapped to court of original jurisdiction and does not change from point of FC entry. Conference call held with

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Performance Measures Consultants regarding change to court location as the source of the FIPS code. Provided instructions for updating the court screen in TIPS (103 screen).

- *Date of Most Recent Periodic Review* – The DCFS reviewed and confirmed accuracy of code used to extract data from case events. The OJJ corrected data field. Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Has the child been clinically diagnosed with a disability* – A field was added to the case events to identify if the child received an examination. Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Date of first removal from the home* – Coding added to replace open date with first IV-E placement if the first placement is non-IVE.
- *Date child was discharged from last foster care episode* - Gap coding removed. Do not count children in care less than 24 hours. Do not count episodes in which the only placement of the child was a non-IVE placement.
- *Date of placement in current foster care setting* – Gap coding removed.
- *Number of previous placement settings* – Gap coding removed.
- *Actions or conditions associated with child's removal* - Conference call held with regional Performance Measures Consultants regarding this data element to inform and achieve more accurate data collection.
- *Is current placement setting outside of the state or tribal service area* - Changed coding to look at STATE field instead of PARISH field. If STATE is not Louisiana and not blank then value set at out of state. If STATE is not Louisiana and blank then blank stays blank. Otherwise, not out of state.
- *Caretaker family structure* – OJJ completed programmatic corrections.
- *Year of Birth (First Principal Caretaker)* – OJJ completed programmatic corrections.
- *Year of Birth (Second Principal Caretaker)* – OJJ completed programmatic corrections.

AIP Tasks Completed FFY 2014-2015

- Corrected FIPs coding to reflect court of original jurisdiction to ensure it would not change from point of entry for children entering DCFS custody through court order
- Established parish of case record location as FIPS code for children entering by voluntary placement agreement as these cases are only open on a temporary basis, do not have court involvement, and do not change location
- An AFCARS case review instrument was implement
- DCFS developed and delivered training on June 17, 2014 for field supervisors to teach them how to use WEBFOCUS management reports for planning around practice improvement.
- Webinar meetings are held every two weeks with Regional Administrators and Performance Measures Consultants as well as other DCFS staff as appropriate to stress the importance of accurate and timely data entry, provide feedback on identified problem areas, and offer guidance on improved performance

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- Removed system defaults related to child's race and ethnicity
- Modified programming code to determine if a child entered foster care as a safe haven relinquishment and then automatically report FC element 16 (Has the child ever been adopted?) as "unable to determine" to ensure data consistency
- System adapted to capture age of child at previous adoption if child is identified as having been previously adopted
- Removed gap coding related to the way the number of previous placement settings during a removal episode are calculated
- Coding modified to check and accurately reflect in the data submission whether the child's current placement setting is outside of the state service area
- Modified coding to more accurately map to the reason for discharge of the child from foster care
- Completed program coding modifications around the determination of eligibility of the child for IV-E benefits
- Completed program coding modifications to accurately extract information on children still in foster care receiving pre-adoption assistance

Additional AIP Tasks Completed and Underway FFY 2015-2016

- Findings from the AFCARS case review were used to provide a statewide webinar on improving data quality related to the assessed elements
- Webinar meetings continue to be held every two weeks with Regional Administrators and Performance Measures Consultants as well as other DCFS staff as appropriate to stress the importance of accurate and timely data entry, provide feedback on identified problem areas, and offer guidance on improved performance
- Enhanced system to capture more accurately when a child was in DCFS custody less than 24 hours
- Implemented system changes to capture information on private agency adoptions
- Made system change to allow for identification of primary special need in determining child eligibility for adoption subsidy
- Developing a new program code to track placement of a child with a non-custodial parent
- Developing a new program code to track when a child is placed in a certified relative/fictive kin placement, but the placement is opting to receive SSI rather than IV-E eligible maintenance payments
- Improved case event coding for Administrative Reviews, Case Review, and Case Goal establishment
- Provided staff training on accurate and complete data entry related to child race and ethnicity to include data entry related to all identified races of the child
- Worked on ensuring consistency in race data reported in NYTD and TIPS
- Coding changes to more accurately report first removal from home in conjunction with first eligible placement
- Programming code revised to remove gap logic for counting placements and number of removals of the child from the home and determination of when the child was discharged from foster care
- Improved extraction coding related to identification of date of placement of child in current foster care setting

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- Programming changes and staff training to more accurately reflect all actions or conditions associated with a child's removal
- Changes to coding to more accurately reflect child's current placement setting and map to the most accurate description for AFCARS reporting purposes
- Clarification of policy around identification and data entry on caretaker family structure and marital status for both children's parents and foster caretakers
- Modified the program code to check if the child's adoption subsidy agreement is for Medicaid only, and ensured this would map to "yes" for AD element 35 (Is the Child Receiving a Monthly Subsidy)
- Change was made to calculate the monthly adoption subsidy amount by multiplying the payable rate by the number of days in the month. The rate used is from the payment detail record and not from the adoption agreement. AD element 36

AIP Tasks Planned for Initiation in FFY 2016-2017

- Revision of the AFCARS case review instrument to assess quality of data entry in relation to different AIP elements requiring improvement
- Webinar meetings will continue to be held every two weeks with Regional Administrators and Performance Measures Consultants as well as other DCFS staff as appropriate to stress the importance of accurate and timely data entry, provide feedback on identified problem areas, and offer guidance on improved performance
- Development of case plan goal history table showing timeframes for all case goals throughout history of case, including any concurrent case goals and timeframes applicable for those goals
- Development of more accurate disability coding, with capacity to retain a history table of disabilities along with begin and end dates of diagnoses
 - Capacity to enter data only once in the TIPS system and push to other systems automatically where disability information is also stored
 - Revision of TIPS and LARE data systems to align in the manner in which disability information is reflected
- Improved data extraction through improved data entry by continuing staff education on timely, accurate data entry
- Creating capacity to collect and store information on both biological and legal parents of a child who enters care after an adoption, so the original information on the biological parents does not get erased and replaced by the information on the child's current legal parents at re-entry
- Modify programming code to collect date of mother's parental rights termination and date of legal/putative father's parental rights termination
- Improved coding and extraction logic around race and ethnicity of foster caretakers

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SECTION 2: COMPLIANCE WITH FEDERAL REGULATIONS AND LEGISLATION:

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

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

Louisiana's last review was held November 4-8, 2013 and the Department passed the review. The next review is scheduled for January 2017.

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HEALTH CARE OVERSIGHT AND COORDINATION PLAN: The Child Welfare Division of the Department provides comprehensive health care services for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Department of Health and Hospitals (DHH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, DHH and OJJ.

Children will receive health care services according to the following schedule:

1. Initial medical screenings

- A.) For newborns accepted into Foster Care (FC), the examination must occur prior to hospital discharge,
- B.) For children other than newborns entering FC, the examination must occur within 7 calendar days of FC entry,
 - Exceptions Include:
 - Entered foster care from a medical facility,
 - Documentation of medical exam and findings within the past 30 days.
- Will include screening of current development, medications, immunization status, hearing, speech and vision;
- For children under 6 years of age will include universal blood lead screening;
- Will be completed by licensed physician, physician's assistant, or nurse practitioner;
- Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services;

2. Regular periodic medical screenings

- Must occur after birth as follows for children under 2 years of age
 - By 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
 - 18 months
 - 2 years
- All screenings must be at least 30 days apart
- Must occur a minimum of annually for children ages 2 through 17
 - Clarification:
 - Exam to be scheduled no sooner than 12 months from the date of the previous exam and no later than 14 months from that date

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- Exam to occur during this 12 to 14 month time frame even if the child has had other medical exams in the interim
 - Will include screening of current development, medications, immunization status, hearing, speech and vision,
 - In accordance with Louisiana Administrative Code (LAC) 48:V.§7005, will include blood lead screening of children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish in accordance with practices consistent with the current Center for Disease Control and Prevention guidelines and in compliance with Louisiana Medicaid,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner,
 - Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.
3. Will be completed by an assistant, or nurse practitioner
- Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services,
4. Specialized medical exams, services and equipment
- Will not require referral by current treating physician,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner with credentials in area of specialization,
 - Shall result in documented description of child's medical status and recommendation for ongoing care,
 - Medically necessary equipment will be provided to the child according to physician recommendations,
 - Medically necessary transportation will be provided to the child according to physician orders,
 - Medically acute hospital care, emergency room services, rehabilitation of hospital services, psychiatric hospital care, medical tests, laboratory test, x-rays, physical therapy, occupational therapy, speech therapy, and other medically necessary services will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
 - Other specialized medical clinic services such as family planning, prenatal, substance abuse, mental health, dialysis, radiation, sexually transmitted disease, tuberculosis, etc., will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
 - Waiver supports and services are provided as available and based on eligibility,
 - Drug trials or experimental treatment is not provided to any child in Foster Care 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,

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- the child's parents have provided written agreement for the child's participation, and,
- the judge with ongoing jurisdiction in the child's "Child In Need of Care" proceeding is in agreement with the treatment.

5. Initial dental screenings

- At the eruption of the first tooth for infants,
- No later than the child's first birthday if the infant has no teeth,
- Within 60 days of Foster Care entry unless child is under age one with no teeth,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

6. Regular periodic dental screenings

- Every 6 months,
- More frequently as indicated by risk or susceptibility to oral disease,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

7. Interperiodic dental screenings may occur when:

- Oral health concerns arise,
- Will be completed by licensed dentist,
- Shall result in documented description of child's oral health and recommendations for ongoing dental care.

8. Initial mental health screening

- Completed within 15 days of FC entry,
- Completed by child's FC case manager.

9. Follow-up mental health screenings

- Arranged based on indicators:
 - in the initial screening,
 - in child's current level of functioning in child's home, school, and/or social environment,
 - in child's emotional condition.
- Will be completed by professionally licensed and credentialed:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.

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- Shall utilized only tests and diagnostic tools absolutely necessary to adequately assess identified areas of concern,
- Shall result in documented description of child's mental health status and recommendations for ongoing mental health care.

Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;

1. Treatment for identified medical care needs:
 - Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,
 - Immunizations to follow current American Academy of Pediatrics "Recommended Immunization Schedule",
 - Specialized vaccinations to be provided upon recommendation of child's current physician in periods of widespread epidemic,
 - Will be completed by licensed physician, physician's assistant, or nurse practitioner,
 - Shall result in documented description of child's medical status and recommendations for ongoing medical care, equipment and services.

2. Treatment for identified dental care needs:
 - Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by licensed dentist,
 - Shall result in documented description of child's oral health and recommendations for ongoing dental care.

3. Treatment for identified mental health care needs:
 - Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence of child's current level of functioning in child's home, school, and/or social environment,
 - Child's emotional condition,
 - Child's readiness to participate in treatment.

 - Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.

 - Involve medication only when: medically necessary and all other options insufficient, and the minimum necessary dosage are utilized,
 - Documentation of the description of child's mental health status,

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- 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 managers 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 standard of every six months to the parents at case planning meetings,
 - at least every six months through report the court,
 - prior to or at placement with any foster caregivers.
- Information may be provided to the child, foster caregiver or parents at any time needed or requested,
- Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

Development and implementation of an electronic health record

- The DCFS maintains a database form for electronic documentation and updating of child's health record within the case plan system,
- The database is accessible to all departmental staff to track child's health care updates from different areas of the state, when feasible.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided,
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ Foster Care case manager will monitor the child's health status through monthly visits with the child and child's caregiver, collection of

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documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,

- DHH will insure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

Steps to ensure the components of the transition plan development process that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document:

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, also known as a health care proxy or health care mandate. The worker will explain to the youth that a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions for him or herself. The worker will also explain that the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18 and explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself,
- The judicially appointed tutor or curator of the patient, if one has been appointed,
- The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions,
- The patient's spouse, not judicially separated,
- Any adult child of the patient,
- Any parent, whether adult or minor, for his or her child,
- The patient's sibling.

DHH provides the DCFS and OJJ staff information from their databases regarding Medicaid covered services provided to children in custody of the respective agency upon request.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care: Through creation of the Medicaid managed care system known as Bayou Health 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

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circumstances warrant the medical intervention to protect the child or others from harm. The protocol requires parental authorization for psychotropic medication usage if the parents retain parental rights to the child unless emergency situations exist or treatment is court ordered in the best interests of the child. The protocol requires only a psychiatrist or psychiatric nurse practitioner be allowed to prescribe psychotropic medications for a child in state custody. The protocol requires all proposed psychotropic medications be discussed with the child as appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

The Department is also currently partnering with DHH 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.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided,
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ foster care case manager will monitor the child's health status through monthly visits with the child and child's caregiver, collection of documentation of all screenings, examinations, assessment, testing, evaluations or treatments as well as consultation with health care providers as needed,
- DHH will insure the DCFS and OJJ are informed of changes in Medicaid coverage for children in foster care.

Activities Planned in FFY 2015-2019 to improve health care and oversight of children and youth in foster care:

- Research American Academy of Pediatrics for best practice protocols in health care services for children,
- Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding,
- Establish regular data sharing routine with DHH for psychotropic medication monitoring,
- Evaluate and develop extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.

Update FFY 2015: The Child Welfare Division of the Department provides comprehensive health care services for children in foster care with multi-level oversight and ongoing

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consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Department of Health and Hospitals (DHH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, DHH and OJJ. Currently, there are no changes or additions to the Health Care Oversight and Coordination Plan developed previously.

- For children entering FC, an infectious and communicable disease screening by a qualified medical practitioner must occur within 72 hours of the time the child enters custody and the initial physical examination must now occur within 5 calendar days of FC entry. The only exception currently allowed is when the child entered foster care from a medical facility.
- DCFS has re-established the Memorandum of Understanding to with OCDD which ensures a coordinated system of support and services including Early Steps services and Medicaid Waiver services for children and youth with developmental disabilities who are in the custody of DCFS or at risk of placement.
- Psychotropic Medication Use with Children in DCFS custody - Policy expectations regarding oversight and safe, effective use of psychotropic medications by children in foster care have been developed, and teleconference training has been provided to staff.
- DCFS continues to have a regular data sharing routine with DHH which now includes the identification of those children in DCFS custody on multiple psychotropic medications.
- DCFS is conducting bi-weekly scheduled psychopharmacology consultations with an Office of Behavioral Health (OBH) representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications.
- DCFS worked in collaboration with The Louisiana Child Welfare Trauma Project (LCTP) to improve access to needs-driven, evidence-based mental and behavioral health services in child welfare. Training and trauma assessment tools were piloted in the Covington Region.
- Included Adoption staff in CWPPG training on the teaming process in the pilot regions of Lake Charles, Lafayette, Shreveport and Monroe to insure teams of support is built around children available for adoption and families who have committed to adoption to help achieve more timely and successful adoptions.
- Policy revisions for case staffing reviews quarterly by supervisors and workers on each case in foster care to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.

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- Introduced principles of teaming and the use of teaming with children freed for adoption and for families who have committed to adopting a child to build teams of support to help the achieve timely, sustainable adoptions in the five new regions (Baton Rouge, Thibodaux, Covington, Orleans and Alexandria) where teaming will be implemented in the latter part of this FFY (2015) and next FFY (2016).
- Regular Medicaid healthcare providers (Pediatricians and Family Physicians) provided EPSDT services to children through the regular exam protocol documented herein.

Update FFY 2016:

- DCFS continues working in collaboration with The Louisiana Child Welfare Trauma Project (LCTP) to improve access to needs-driven, evidence-based mental and behavioral health services in child welfare. Training and trauma assessment tools are now being provided in the following regions: Baton Rouge, Lafayette, Covington and Alexandria.
- DCFS has continued to partner with a group of stakeholders which includes representatives from DHH-OBH (the state's behavioral health managed care entity), OCDD, OJJ, LDOE and the state Medicaid program in forming a ADHD taskforce working to develop best practices surrounding proper utilization of psychotropic medications, developing and adopting parameters for use of psychotropic medications with children in foster care and discussion of solutions on how to best serve Louisiana youth.
- DCFS staff is being trained on psychotropic medications through the new worker, 24 week training curriculum. Psychotropic medication with children in foster care is also a requirement for part of the in-service training for foster/adoptive parents.
- DCFS has continued to regularly share data with DHH to identify those children in DCFS custody on multiple psychotropic medications. Information is shared via DCFS and DHH data systems (i.e., TIPS, MMIS-MARS).
- DCFS has continued to conduct bi-weekly psychopharmacology consultations with OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications. As a result, practice and procedure regarding the use of psychotropic and children in foster care is being better implemented ensuring best practice methods.
- DCFS has worked with HP Serve to develop both Risk of Homelessness assessments and potential Human Trafficking victim assessments for use in working with youth in foster care to more effectively serve these populations of youth; this is including development of policy around getting medical exams and referring for services when youth are returned from a runaway episode or identified as being involved in sex trafficking.

Activities Planned for FFY 2017:

- Additional elements will be added to the DCFS regular data sharing routine with DHH which includes the identification of those children in DCFS custody on excessive and multiple psychotropic medications.

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- DCFS has been and will continue partnership with a group of stakeholders which includes representatives from DHH-OBH (the state's behavioral health managed care entity), OCDD, OJJ, LDOE and the state Medicaid program in forming an ADHD taskforce working to develop best practices surrounding proper utilization of psychotropic medications, developing and adopting parameters for use of psychotropic medications with children in foster care and discussion of solutions on how to best serve Louisiana youth.
- DCFS has been and will continue to conduct bi-weekly psychopharmacology consultations with OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being on multiple psychotropic medications. As a result, practice and procedure regarding the use of psychotropic and children in foster care is being better implemented ensuring best practice methods.
- DCFS staff will continue to utilize Risk of Homelessness assessment and Human Trafficking victim assessment tools in working with youth in foster care to more effectively serve these populations of youth.

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SERVICES TO CHILDREN UNDER AGE 5

In FFY 2014 the Department served the following children (by **race**) who were age 5 or younger who had a goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1328	49.11%	586	44.13%	1	0.08%	1	0.08%
Male	1376	50.89%	617	44.84%	3	0.22%	1	0.07%
Total	2704	100.00%	1203	44.49%	4	0.15%	2	0.07%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	1328	49.11%	662	49.85%	43	3.24%	2	0.15%	33	2.48%
Male	1376	50.89%	661	48.04%	52	3.78%	2	0.15%	40	2.91%
Total	2704	100.00%	1323	48.93%	95	3.51%	4	0.15%	73	2.70%

In FFY 2015, the Department served the following children (unduplicated count, by **race**) who were age 5 or younger and had a goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	1383	49.52%	587	42.44%	2	0.14%	1	0.07%
Male	1410	50.48%	635	45.04%	3	0.21%	1	0.07%
Total	2793	100%	1222	43.75%	5	0.18%	2	0.07%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	1383	49.52%	701	50.69%	54	3.90%	1	0.07%	37	2.68%
Male	1410	50.48%	670	47.52%	57	4.04%	1	0.07%	43	3.05%
Total	2793	100%	1371	49.09%	111	3.97%	2	0.07%	80	2.86%

❖ *Data extracted on April 29, 2016 from WebFocus Developer Studio*

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal of reunification in FFY 2014.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	1328	49.11%	42	3.16%	1,172	88.25%	114	8.58%
Male	1376	50.89%	34	2.47%	1,221	88.74%	118	8.58%
Total	2704	100.00%	76	2.81%	2,393	88.50%	232	8.58%

The table below addresses **ethnicity** of children who were age 5 or younger who had a goal of reunification in FFY 2015.

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Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	1383	49.52%	47	3.40%	1244	89.95%	92	6.65%
Male	1410	50.48%	34	2.41%	1278	90.64%	98	6.95%
Total	2793	100%	81	2.90%	2522	90.30%	190	6.80%

❖ *Data extracted on April 29, 2016 from WebFocus Developer Studio*

In FFY 2014 the Department served the following children (by **race**) who were age 5 or younger who had a goal other than the goal of reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	597	46.97%	222	37.19%	0	0.00%	1	0.17%
Male	677	53.14%	251	37.24%	3	0.45%	1	0.15%
Total	1274	100.00%	473	37.21%	3	0.24%	2	0.16%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	597	46.97%	338	56.62%	25	4.19%	0	0.00%	11	1.84%
Male	677	53.14%	372	55.19%	37	5.49%	2	0.30%	8	1.19%
Total	1274	100.00%	710	55.86%	62	4.88%	2	0.16%	19	1.49%

In FFY 2015, the Department served the following children (unduplicated count, by **race**) who were age 5 or younger and had a goal other than reunification.

Gender	Total	% Gender	African-American	% African American	American Indian	% American Indian	Asian	% Asian
Female	735	46.11%	269	36.60%	0	0.00%	0	0.00%
Male	859	53.89%	311	36.20%	2	0.23%	0	0.00%
Total	1594	100%	580	36.69%	2	0.13%	0	0.00%

Gender	Total	% Gender	Caucasian	% Caucasian	More than 1 race	% More than 1 race	Native Hawaiian	% Native Hawaiian	Missing Data	% Missing Data
Female	735	46.11%	424	57.69%	30	4.08%	0	0.00%	12	1.63%
Male	859	53.89%	481	56.00%	50	5.82%	2	0.23%	13	1.51%
Total	1594	100%	905	56.78%	80	5.02%	2	0.13%	25	1.57%

❖ *Data extracted on April 29, 2016 from WebFocus Developer Studio*

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The table below addresses **ethnicity** of children who were age 5 or younger who had a goal other than the goal of reunification in FFY 2014.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	597	46.97%	19	3.18%	548	91.79%	30	5.03%
Male	674	53.03%	14	2.08%	613	90.55%	50	7.39%
Total	1271	100.00%	33	2.60%	1,191	91.13%	80	6.28%

The table below addresses **ethnicity** of children who were age 5 or younger what had a goal other than reunification in FFY 2015.

Gender	Total	% Gender	Hispanic	% Hispanic	Non-Hispanic	% Non-Hispanic	Missing Ethnicity	% Missing Ethnicity
Female	735	46.11%	15	2.04%	678	92.24%	42	5.71%
Male	859	53.89%	11	1.28%	789	91.85%	59	6.87%
Total	1594	100%	26	1.63%	1467	92.03%	101	6.34%

❖ *Data extracted on April 29, 2016 from WebFocus Developer Studio*

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

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

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

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

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

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

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

The numbers of children and families served are listed below:

- **Baton Rouge Infant Team** –
 - In SFY 2012-2013 the infant team worked with 85 children representing 67 families.
 - In SFY 2013-2014 the infant team worked with 69 children representing 65 families.
 - In SFY 2013-2014 the infant team worked with 69 children representing 65 families.

- **Tulane Infant Team** –
 - In SFY 2012-2013 the infant team worked with 60 children representing 51 families.
 - In SFY 2013-2014 the infant team worked with 56 children representing 27 families.
 - In SFY 2014-2015 the infant team worked with 56 children representing 27 families.

- **Orleans Infant Team** – (services provided through Louisiana State University Health Sciences Center).

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- a. In SFY 2012-2013 the infant team worked with 34 children representing 29 families.
- b. In SFY 2013-2014 the infant team worked with 55 children representing 32 families.
- c. In SFY 2014-2015 the infant team worked with 55 children representing 32 families.

Approach for working with this group: DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the Department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents. DCFS foster/adoptive parents certified prior to May 1, 2015, were allowed eight dependents including foster children and their own children. They could not care for more than six foster children at any given time and there could not be more than two children under the age of two years, including their own children. Effective May 1, 2015, DCFS changed its policy to allow only five children in the home with two children under the age of two. The plan is to keep the capacity as 8 for families certified prior to May 1, 2015 and for families certified after May 1, 2015 the capacity is five.

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

Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

How the state addresses training and supervision of caseworkers and foster parents and other providers regarding this population: Information related to child development is integrated into all training initiatives provided through DCFS. Specifically child welfare training has a child development component in new worker training entitled "Separation and Attachment" and "Basic Interviewing".

The Department's MAPP/GPS training contains a child development component which also focuses on separation and attachment, stages of development, impact of placement on children's growth and development; behaviors exhibited by abused/neglected children, discipline and behavior management. Additionally, the DCFS Foster Parent Handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child,

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starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five.

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

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in foster care to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.

The Department works with the DHH Nurse and Parent Partnership program to gain greater access to this program for child welfare families and youth in the early months of caring for their first child to insure knowledge and skills in caring for these young children to prevent foster care entry of the infants.

Update FFY 2016: Baton Rouge Infant Team (Infant Child and Family Services-ICFC): In SFY 2014-2015 the infant team worked with 99 children, representing 76 families. The ICFC team also worked collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care and mental health care systems. In the goal to reduce the chance of further maltreatment, they provided services to improve developmental trajectory of children and strengthen child/caregiver relationship. Louisiana policy in the Baton Rouge region requires that all children under the age of 6 years who are involved with DCFS, including all substance exposed newborns be referred to ICFC. Families involved with Family Services Program where children are in home are also referred to ICFC if they have children who are 0-5. This program is funded by an alternate funding source (TANF).

Orleans Infant Team (services provided through Louisiana State University Health Sciences Center). In SFY 2014-2015 the infant team worked with 43 children, representing 41 families.

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- 25 parents participated in the evaluation process
- 17 parents participated in treatment
- 53 additional adults worked with the team as relative or non-relative potential caregivers; for 38 of these children, a permanent placement was achieved
- 22 children were reunified with at least one of their biological parents
- 12 children were adopted by relatives
- 4 were adopted by non-relatives
- 20 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Tulane Infant Team - In SFY 2014-2015 the Tulane infant Team is no longer a standalone program but has been incorporated and included in the Tulane Parent Education Program as a Family Resource center. Through T-PEP families receive a variety of services including assessments and services for children ages 0-5

Activities Planned FFY 2017: There are plans to continue to work toward a standard format for reporting clients served and agreed upon outcomes for the infant teams. The two infant teams use different data systems and have differing ways in which they track information. ICFC has changed their data system several times. We anticipate that this will allow them to provide additional data. Work will continue with T-PEP to see if there are ways to report on children who are 0-5 from the population they are serving so that it can be reported in our infant mental health services rollup. More opportunities to collaborate on outcome measures are planned to identify ways to capture and quantify the progress and value of the work they are accomplishing with children in foster care. Both the Baton Rouge and Tulane programs currently serve families where children remain in the home. This is an area for greater collaboration so that data related to services/barriers of the in-home family population can be captured.

The Department will continue its efforts with the FRC's and regional liaisons to increase the number of referrals by 10% in FFY 2017 to ultimately improve staff referrals by 30% over the next five years and improve services being provided by the Family Resource Centers. Review of the fidelity measures currently being used by the centers for Family Skill Building and Visit Coaching. This review will include efficiency as well as effectiveness of the forms prior to finalization.

The Department will vet multiple Peer Review Processes and select and implement one that meets the needs of the centers as well as the department. Continued work is being done to develop the resource center peer review process. Prevent Child Abuse Louisiana (PCAL) currently has a contract to lead the peer review process. Efforts were made to begin pairing sites and visiting sites to initiate the first peer review. These efforts were halted when it was determined that additional work was needed to prepare sites for the peer review process. Along with the assistance of departmental staff, PCAL is working to choose the most appropriate process that will meet the needs of DCFS as well as the resource centers. Ensuring that the most appropriate data is collected is the top priority of the peer review process. It is expected that the new Peer Review process will begin no later than October 1, 2016.

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Through a review of data on the effectiveness of the Nurturing Parenting Program by comparing the rate of recidivism, DCFS will determine if it continues to be the most effective parenting program for the families served.

Several centers have begun enhancing their service array by becoming trained in programs that will address additional client problems such as substance abuse, domestic violence and mental illness. The Department will determine the need for additional services to address these concerns and whether the resource centers are the most appropriate setting to provide resources. A thorough review of these services will be conducted to ensure they are psychoeducational and beneficial to the ongoing needs of our clients.

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

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

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

In 2005 the state expended \$1,300,615 of the grant on foster care maintenance. Non-federal funds expended by the state for foster care maintenance payments for FFY 2005 were \$433,538. The state assures that funding for this service will not exceed the 2005 expenditure levels. DCFS budget and fiscal staff confirm that none of these funds were used for child care or adoption assistance payments.

For this CFSP, the Department will continue to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS child welfare practice principles will guide the service delivery process as well as the ongoing implementation of the Advanced Safety Focused Practice Model (ASFP) [also known as Safety Focused Practice (SFP)], the process implemented by DCFS which is similar to the Family Team Meeting (FTM) Model and continuous quality improvement efforts. The Department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

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

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CHILD PROTECTIVE SERVICES (CPS)

Child Protection Service (CPS) Description: CPS is a legally mandated, specialized social services for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include an investigation to determine if the child(ren) has been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the home or facility and determination of whether a safety plan/intervention is needed to protect the child from imminent, or moderate, or severe harm, an assessment of future risk of possible harm, a provision of emergency, short term and concrete services as needed, participation in court hearing, and timely referral to Family Services (FS) and/or community service providers in order to protect the child(ren).

Service Coordination: Advanced Safety Focused Practice (ASFP) was initially implemented in the CPS Program as a component of the Program Improvement Plan (PIP) with support from the National Resource Center for Child Protective Services and Action for Child Protection. As noted above, after implementation in CPS, the Department made the decision to implement ASFP as a component of Centralized Intake. The implementation of ASFP in intake was supported by Action for Child Protection through the development of training material for intake staff and providing on going technical and fidelity reviews during the first six months of implementation. The addition of ASFP in Centralized Intake resulted in better information collection regarding who to serve and how quickly field staff should respond to assess the family.

Safety of children is the guiding mission of the Department through all programs. ASFP was introduced into the FS and Foster Care (FC) programs. Safety planning and case plan development will continue to focus on providing safety for children who remain in the home with their parents as well as when they return home. Safety is addressed in the case planning process and remains a key focus of case planning to address the threats which brought the family to the Department's attention.

Services are coordinated with field staff in FS and FC when cases are transferred for further assessment and services. Cases with safety threats, safety plans, high and very high SDM's are transferred to FS if the child(ren) can remain in the home with an in-home safety plan. Safety planning is coordinated with the family and others in the family's support environment who agree to provide monitoring and oversight of the safety plan.

CPS will continue to work with community stakeholders to provide quality services to clients. Referrals to programs such as Early Steps, Addictive Disorder Professionals, and Mental Health Practitioners will continue to ensure service needs of the family are being met. There is on-going collaboration between professionals proficient in trauma informed care to provide child welfare staff information regarding best practice with the children served by the Department. Staff development and training in collaboration with infant mental health professional assists are the primary focus with staff that primarily works with children under the age of three.

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Goal: Improve family engagement, assessment, decision making and trauma- informed care.

Population and geographic information: (Children, under 18 years of age, and families in which there have been reports of abuse and/or neglect). Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. Children ages 0-5, including substance affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. Services are provided on a statewide basis through 9 regional offices and 48 parish offices.

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

Statistics				
FFY	CPS Intake Cases Established	Number of CPS Investigations	Total number of ARFA cases	CPS Unduplicated Victim Report
Baseline				
2013	49,889	21,563	6,574	10,919
2014	49,992	23,490	3,445	12,392
2015	51,969	25,825	0	12,749
2016				
2017				
2018				
2019				

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

Update FFY 2015: Safety of children is the guiding mission of the Department through all programs. All policies were updated to reflect Safety Focused Practice in December 2014. The A Comprehensive Enterprise Social Services System (ACCESS) was upgraded in March 2015 to reflect Present and Impending Danger assessments. Due to policies and systems being updated, information is now consistent statewide. The State’s goal of all new Child Welfare Staff receiving training on the Advanced Safety Focus Practice (ASFP) model in the New Worker Orientation and program specific trainings has been reached as currently all new Child Welfare Staff having received the New Worker Orientation have received the ASFP training.

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In November, December of 2014, and January 2015 CPS staff, Regional Administrators, Child Welfare Managers, and Supervisors were able to receive refresher training with regards to ASFP by National Consultant Matthew Gebhardt moving forward with the State's goal of providing additional support and training to reinforce and extend expertise in safety and risk assessment practice, and to guide others in the fidelity application of the programs.

Implementation specialists, as well as Child Welfare Program Staff, are responsible for providing training and consultation to field staff to ensure staff is able to effectively identify Present and Impending Danger within a family. Implementation specialists and Child Welfare Program Staff are assigned to specific regions where they provide case specific consultation as requested by the region. The Implementation Specialist and Child Welfare Program Consultants have provided 140 consultations. During these consultations front line staff are able to ask questions about safety decisions that are being made on open CPS cases. This addresses the goal the State set to have consultations available for field staff to further knowledge and development of skills to support ASFP.

The state set a goal to improve in the sufficiency of information collection, the recognition of danger and the development of safety plans. In August 2014, an overview of ASFP and Instant Court Ordered Safety Plans was held in Baton Rouge for DCFS Bureau of General Counsel, Regional Administrators, and Child Welfare Managers. State Office Field Operations, Child Welfare Program Staff and the Department of Children and Family Services (DCFS) Training staff participated in the workshop. This workshop provided information with regards to ASFP to the DCFS legal team statewide. In addition, information was presented regarding the new Instant Court Ordered Safety Plans which was included as an alternative to removal as a result of a bill passed in the 2014 Legislative Session. Implementation Specialist provided a series of workshops on how to write a Present Danger and Impending Danger plan to alleviate the safety threats identified during the department's intervention with families. This training was implemented in October and has been completed in every region.

Additional ASFP training regarding Present and Impending Danger plans was implemented in September 2014 after the initial ASFP training in October 2013. The Implementation Specialists developed training to meet the need of staff. The training provided additional information discussing how to write a Present and Impending Danger plan, assessment to determine an appropriate safety monitor for a family if needed, how to engage a family in the safety plan decision making process, and how safety threats are identified and used to develop case plans for foster care and family services. Staff was taught how to develop a plan that should provide services to enhance the parent's protective capacities. Staff was taught that information collection in the six areas of assessment, (extent of maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting, and disciplinary practices) is critical as this information is used to assist foster care and family services with their Family Teaming. There was an opportunity for feedback and evaluation to measure the application of the implementation regarding the training. This training has been completed in every region.

Advanced Safety Focus Practice was introduced into the FS and Foster Care (FC) programs. Safety planning and case plan development will continue to focus on providing safety for children who remain in the home with their parents as well as when they return home. Safety is

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addressed in the case planning process and remains a key focus of case planning to address the threats which brought the family to the Department's attention.

The state set a goal to work with court personnel to support ASFP and the Court Improvement Project (CIP) in efforts to continue to work with legal stakeholders in collaboration with the State to provide training and consultation in the foundational aspects of ASFP. In October 2014, Stakeholders, DCFS Staff, Foster Parents, Public Defenders, District Attorney's, and other Legal representatives were able to receive information regarding ASFP. Information was provided on how ASFP will assist in making safety decisions for children as it relates to the LA Children's Code. In January 2015 information was provided at the 2015 City Family Juvenile Judges Conference in New Orleans with regarding ASFP. Numerous Judges and attorneys from across the state were in attendance at this training.

Addressing the state's goal to complete competency assessment and evaluations to determine if additional training and support is needed for field staff, each quarter 120 CPS cases are reviewed by the CQI implementation team to assess the implementation of the safety focused practice. Below you will find a chart of the data for pulled from the department's Quality Assurance Tracking System (QATS) for FFY 2014 and 2015 with regards to ASFP. It should be noted that FFY 2014 Q2 was baseline data.

Area of Practice	FFY 2014 Q2 Jan 1-March 31, 2014 (Baseline=7 regions)			FFY 2014 Q3 April 1- June 30, 2014		FFY 2014 Q4 July 1- Sept 30, 2014		FFY 2015 Q1 Oct 1-Dec 31, 2014	
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %
Identification of Present Danger	119	97	81.51%	96	80.00%	95	79.17%	100	83.4%
Extent of Maltreatment	120	26	21.67%	23	19.17%	33	27.50%	34	28.3%
Circumstances Surrounding Maltreatment	120	35	29.17%	29	24.17%	42	35.00%	48	40.0%
Child Functioning	120	9	7.50%	11	9.17%	21	17.50%	27	22.5%
Adult Functioning	120	4	3.33%	7	5.83%	4	3.33%	7	5.8%
General Parenting	120	5	4.17%	5	4.17%	13	10.83%	133	10.8%
Disciplinary Practice	119	3	2.52%	7	5.83%	10	8.33%	10	8.3%
Caregiver Protective Capacities	119	25	21.01%	29	24.17%	53	44.17%	50	41.7%
Identification of Impending	119	57	47.90%	67	55.83%	67	55.83%	61	50.8%

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Area of Practice	FFY 2014 Q2 Jan 1-March 31, 2014 (Baseline=7 regions)			FFY 2014 Q3 April 1- June 30, 2014		FFY 2014 Q4 July 1- Sept 30, 2014		FFY 2015 Q1 Oct 1-Dec 31, 2014	
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %	# of Cases Meeting Practice	Baseline %
Danger									
Correct Household	118	110	98.22%	117	97.50%	119	99.17%	114	95.0%
Timely Approval	118	60	50.85%	56	46.67%	71	59.17%	75	62.5%
Consistency	118	76	64.41	73	60.83%	83	69.17%	66	55.0%

***The number of cases for FFY Q3 2014, FFY Q4 2014, FFY Q1 2015 is 120.

Area of Practice	FFY 2015 Q1 Jan 1-March 31, 2015 (Baseline=7 regions)			FFY 2015 Q2 April 1- June 30, 2015			FFY 2015 Q3 July 1- Sept 30, 2015		
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Reviewed	# of Cases Meeting Practice	%	# of Cases Reviewed	# of Cases Meeting Practice	%
Identification of Present Danger	120	100	83.4%	120	85	70.8%	120	107	89.1%
Extent of Maltreatment	120	60	50.0%	120	55	45.8%	120	63	52.90%
Circumstances Surrounding Maltreatment	120	59	49.2%	120	65	54.2%	120	73	60.8%
Child Functioning	120	33	27.5%	120	48	40%	120	51	42.5%
Adult Functioning	120	17	14.2%	120	24	20%	120	28	23.3%
General Parenting	120	17	14.2%	120	37	30.8%	120	36	30%
Disciplinary Practice	120	23	19.2%	120	39	32.5%	120	40	33.3%
Caregiver Protective Capacities	120	39	32.5%	120	47	38.3%	120	51	42.5%
Identification of Impending Danger	120	54	32.5%	120	52	43.3%	120	73	60.9%
Correct Household	120	113	94.2%	120	110	91.7%	120	114	95%
Timely Approval	120	76	63.3%	120	74	61.7%	120	78	65%
Consistency	120	52	43.3%	120	58	48.3%	120	53	44.2%

Note: There were no safety focused reviews conducted in Q4 of the CQI case review process.

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Below is a comparative analysis of the Advanced Safety Focused Practice (ASFP) quarterly review for FFY 2014-2015. The sampling period began January 1st and ended December 30th for both 2014 and 2015 fiscal year. The cases reviewed were pulled from a statewide random sample derived from all cases served during the sampling period based on the assigned worker and the worker's location in the department's Comprehensive Enterprise Social Services System (ACCESS) and Tracking Information Payment System (TIPS). The following key points are assessed during the life of a case for a comprehensive family assessment:

- Identifying and assessing present danger
- Sufficiency of information collection for the determination of impending danger and identifying Caretaker Protective Capacities
- Identifying and assessing Impending Danger
- Accuracy and timeliness in completion of the SDM tool

Identifying and assessing present danger: One area of assessment is the present danger assessment. Present danger is easy to detect because it is totally transparent and happening right in front of you. Being able to identify when children are in present danger is essential to assuring safety. With the exception of the 3rd quarter, FFY 2015 had an increase of assessing present danger accurately compared to FFY 2014. In 2014, there was a decrease in assessing present danger in the first, second, and third quarter.

Sufficiency of Information: Assuring sufficient information is captured during the information-gathering phase leads to better decision making regarding safety, risk and case disposition. An additional component to complete the six areas of assessment (extent of maltreatment, circumstance surrounding the maltreatment, child functioning, adult functioning, general parenting, and disciplinary practices) is identifying caretaker protective capacities. During the FFY 2015 review period, changes were made to the Advanced Safety Focused Practice instrument to obtain a more accurate data. When assessing the accuracy of sufficient information gathered in 2015, partially sufficient was removed leaving sufficient and insufficient as ratings for each of the assessment areas. Therefore, sufficient and partially sufficient data for FFY 2014 were added together to provide an overall percentage of sufficient information collected.

The data indicates that there continued to be improvement in obtaining sufficient information in the six areas of assessment. There was an increase of gathering sufficient information in FFY 2015 data in the areas of extent of maltreatment and circumstances surrounding the maltreatment compare to FFY 2014 data. There was a slight increase in 2015 data compare to 2014 in the areas of child functioning, adult functioning, general parenting, and disciplinary practices.

Assessing the Caregiver Protective Capacities (CPC) is crucial during the family functioning assessment. Caregiver protective capacities are personal characteristics that contribute to a person being protective of their children. These capacities are apparent in three domains: cognitive, emotional, and behavioral. The presence of threats always requires an assessment to determine whether a caretaker has the ability to be protective. Data indicates that there was a slight increase in assessing CPC in the FFY 2015 2nd and 3rd quarter compare to the 2nd and

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3rd quarter in FFY 2014. In FFY 2015 4th quarter, there was a slight decrease compare to FFY 2014 4th quarter data.

Identifying and assessing impending danger assessment: Impending Danger refers to threats to a child safety that are not obvious or occurring at the onset of CPS investigation. To thoroughly assess impending danger, a comprehensive family assessment is needed surrounding the six areas of assessment, as well as, the caretaker's protective capacities. The data indicates that for the second quarter of FFY 2014, 47.9% of cases accurately assessed impending danger, 55.83% accurately assessed impending danger for the third quarter, and 55.83% accurately assessed impending danger for the fourth quarter. For FFY 2015, 50.8% of cases accurately assessed impending danger in the first quarter, 32.5% of cases accurately assessed impending danger in the second quarter, 43.3 % assessed impending danger accurately in the third quarter, and 60.9% in the fourth quarter. Based on the data, there was a decrease in assessing impending danger in the second and third quarter of 2015 compared to the second and third quarter in 2014. In the fourth quarter of 2015, there was an increase in assessing impending danger compared to the fourth quarter in 2014.

Structured Decision Making (SDM)/Risk Assessment: SDM is an evidence-based assessment instrument that promotes safety and well-being for children who are most at risk. Since the Risk Assessment is used to guide decision-making regarding the ongoing need for services, it is important that the SDM is created on the correct household, completed based on all information gathered surrounding the six areas of assessment and the caretaker's protective capacities, and approved timely to prevent delay of services, if warranted.

The accuracy of the SDM is based on the three following factors:

1. SDM completed on the correct household
2. Timely approved
3. SDM consistency

In 2015, 94.2% of the risk assessments were created on the correct household in the second quarter. This was an increase from 2014 second quarter which was 93.2%. In 2014, the third quarter had 97.5% and fourth quarter had 99.17% of the risk assessments completed on the correct household. In 2015, the third quarter had 91.7% and the fourth quarter had 95%. There was a slight a decrease in creating the risk assessment on the correct household in the second and third quarter of 2015 compared to the third and fourth in 2014.

In August of 2014, A Structured Decision Making (SDM) approval check box was added to the department's A Comprehensive Enterprise social Services system (ACESS) for CPS Investigation type In-Home-Family. The SDM approval check box was added to ensure that Supervisors reviewed and concurred with the information the CPS worker endorsed on the instrument tool. Since the addition of the SDM approval box, the department continued to make improvement on approving the SDM instrument tool. The data for approving the risk assessment timely in the second quarter of 2014 was 50.9%, the third was quarter 46.7%, and fourth quarter was 59.2%. In 2015, the percentage of cases timely approved in the first quarter was 62.5%, second quarter was 63.3%, third quarter 61.7%, and fourth quarter was 65%. Based on the data, there was an increase in approving the risk assessment timely in 2015 compared to 2014.

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In 2015, there was a decrease in completing the risk assessment accurately compared to 2014. In the second quarter of 2014, 64.4% of the instrument tool was completed accurately, 60.8% for the third quarter, and 69.7% for the fourth quarter. In 2015, 55.0% was completed accurately for the first quarter, 64.4% of the instrument tool was completed accurately for the second quarter, 60.8% for the third quarter, and 69.2% of the instrument tool was completed accurately for the fourth.

Based on the data from FFY 2014 and FFY 2015, progression was made in 2015 in applying the ASFP model. However, more emphasis is needed on gathering sufficient information in the six areas of assessment, in particularly child and adult functioning, as well as, the caretaker protective capacities to adequately assess impending danger. This information is crucial in decision making to determine if children are safe or unsafe. Ongoing training and consultations were scheduled in 2015 to enhance the staff knowledge of the ASFP application model.

Safety Implementation Team: As part of the implementation and progression of learning of the Advanced Safety Focused Practice (ASFP) model, a team composed of ASFP Implementation Specialists, Child Welfare Program Staff, and stakeholders met every Thursday from January–December of 2015. The team discussed innovated strategies to enhance field staff knowledge of Advances Safety Focused Practice to improve present and impending danger assessments and safety decision making to ensure the safety of our children.

Child Protective Services Consultant (CPS), Continuous Quality Improvement (CQI), and ASFP Implementation Specialist: The CPS, CQI, and the DCFS Advanced Safety Focused Practice Administrators experts supported field staff in improving ASFP which ultimately led to improving services to families we served, increased positive outcomes, and provide supported continuous learning of the ASFP ensuring the safety of our children. From January through December of 2015, the safety experts reviewed a random sample of 120 in-home child protection investigation cases statewide on a quarterly basis. A strenuous in depth protocol was implemented to further discuss cases reviewed and closed with child safety concerns.

DCFS/CPS System Improvement: A Comprehensive Enterprise Social Services System (ACCESS); Tracking, Information and Payment System (TIPS), and DCFS/CPS Policy Management System were streamlined from January-December of 2015 to incorporate accessible tools essential to assess safety, provide consistency in safety decision making, and gather accurate data critical for improving safety and well-being of our children.

Substance Exposed Newborns (SEN): It is the policy of DCFS to investigate all reports of substance exposed newborns. DCFS responsibility under federal and state law is to assure there are plans for the safe care for these vulnerable newborns.

Substance or Alcohol Exposed Newborns - It is the policy of DCFS to investigate all reports of substance exposed newborns. As per Louisiana Children’s Code, Article 610 G (1) 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

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issue a report, as soon as possible, in accordance with this Article. If the test results are negative, all identifying information shall be obliterated if the record is retained, unless the parent approves the inclusion of identifying information. Positive test results shall not be admissible in a criminal prosecution. Further, the Louisiana Children's Code, Article 610 G (2) also addresses symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning that a physician has cause to believe are due to the chronic or severe use of alcohol by the mother during pregnancy, the physician shall issue a report in accordance with this Article.

DCFS is responsible to assure there are plans for the safe care for these vulnerable newborns. Departmental policy requires that the following be included in the plan:

- Verification of the prenatal drug and/or alcohol exposure (may be provided by the physician and the hospital medical records);
- Verification of prescription/legal use of the controlled substance by the mother
- (i.e. methadone or similar prescribed drugs) if applicable to case circumstances;
- Documentation of the verification of the prescription/legal use of the controlled substance by the mother, including methadone or similar prescribed drug shall be obtained and attached to the CPS ACESS record;
- Determination of the condition and any special needs of the newborn and any other children in the home;
- Plan of Safe Care (determined with a present and impending danger safety assessment and, if necessary, a safety plan);
- Review of departmental history to determine if the mother has a prior valid finding of drug and/or alcohol affected newborn; and
- Contact with the biological father to determine his ability to care for the child and his knowledge regarding the mother's substance use during her pregnancy.
- Documentation of safe sleep
- Documentation of diligent efforts to verify drug use

The Department continues to see a rise in the overall number of substance exposed newborns. Policy, effective 12/2015, requires workers to document the type of drug and/or alcohol dependencies alleged for each household member in the CPS case on the Drug/Alcohol Identification Page in ACESS by selecting the appropriate drug from the Drug Category list. There are 13 drug categories, but the street names of the drugs in those categories are listed in ACESS.

Additional DCFS policies were updated to ensure all cases involving a substance newborn receive a Priority 1 (24 hour) response by CPS staff to determine the safety of the newborn infant. The CPS policy prioritizes these reports to make contact with the mother prior to discharge from the hospital. The development of an investigative plan between the worker and supervisor are required on all cases involving a substance exposed newborn. These cases require a high risk staffing with the Parish Child Welfare Manager. The present danger plan is to be completed within 24 hours of initial contact with the parent and infant. The father shall be contacted to determine his level of care and commitment to the infant, his knowledge of the mother's substance use during pregnancy, and to assess him for substance abuse, mental health

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issues and domestic violence. All individuals who will be assisting with the care of the infant will be assessed for the same items.

If Present Danger is assessed a safety plan must be put into place immediately. The safety plan can either be an in-home safety plan or an out-of-home safety plan (foster care through a court order). If an in-home safety plan is appropriate, the Department’s Bureau of General Counsel is contacted to determine if a protective order or a petition should be filed to assure the family’s compliance with the safety plan. The case is then transferred to Family Services for continued assessment and service provision.

The Department strengthened policy relating to a family’s second substance exposed newborn. The Bureau of General Counsel must be consulted to pursue necessary court intervention if agency history reveals this is a subsequent substance exposed newborn.

The chart below provides specific data on the number of CPS cases where substance exposed newborns were identified and the disposition of the case:

Disposition of # of children w/allegation of SUBSTANCE EXPOSED NEWBORNS (SEN)							
FFY	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Valid	1,113	1,301	1,395				
Not Valid	143	131	125				
Total	1,256	1,432	1520				

**Note: Information regarding: Structured Decision Making (SDM), A Comprehensive Enterprise Social Services System (ACCESS), and Centralized Intake (CI) can be found in the CAPTA section.*

Update FFY 2016:

Child Protection Service (CPS): Action for Child Protection provided six safety implementation team members with the supervisors as “Safety Decision Makers Training”. This training began in March 2015 and ended in November 2015 and included nine days of in-person training. This module focused on Present Danger and after this training was completed all six implementation team members were able to correctly assess present danger according to Action for Child Protection. These six implementation team members are now considered experts in assessing present danger.

The Pelican Center Training and Education Committee have a monthly meeting which is held via conference call with attorneys, stakeholders, Judges, DCFS staff, foster parents, and other community partners to teach these providers about the Advanced Safety Focused Practice Model. This is to ensure that the model is being implemented correctly in all professions, and professionals have the same understanding of present and impending danger. By having these meetings this ensures better consistency in services and better outcomes for our families and children as all stakeholders, Judges, community partners, legal, DCFS Staff, etc. all understand safety. This call provides an opportunity for concerns regarding services and needs that require attention.

Each quarter a detailed report is developed from the case reviews and this report is provided to executive staff. The report entails the purpose of the review, the overall assessment for

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identifying present danger, the summary of data regarding assessment of present danger, sufficiency of information, overall assessment for sufficiency of information, overall analysis of safety assessment/impending danger, and overall analysis of risk assessment/SDM.

The Safety Implementation Specialists launched a statewide ASFP safety plan writing training from January through May of 2015. The ASFP safety plan writing was piloted and tested in Lake Charles and Thibodeau regions in September of 2014. Alexandria, Covington, Orleans, Monroe, Shreveport, and a statewide makeup safety plan training was held January through May. The ASFP safety plan writing training objective was to give field staff a thorough understanding of child safety decisions as it relates to a comprehensive assessment of the family's strengths, caretaker's protective capacities, child functioning, present/impending danger assessment, safety analysis, safety planning, and the management of Present and/or Impending Danger threats to child safety. The Safety Implementation Specialist also presented an ASFP safety seminar at Together We Can conference in October of 2015.

The CPS consultants conducted quarterly ASFP exits from January-December of 2015 with the Regional Administrators, Area Directors, and Managers to discuss ASFP case review data and assess additional support and training to reinforce and enhance field staff expertise in safety and risk assessment practice to continue improvement of the ASFP. As a result, the CPS Consultants conducted several refresher ASFP trainings with Child Welfare Managers, Supervisors, and Workers. The areas of focus were gathering sufficient information and using critical thinking skills to assess safety and decision making.

The CQI experts consulted with CPS Supervisors and Workers statewide quarterly from January-December of 2015 to discuss CPS Investigation cases randomly selected for review during the sampling period. The consultations focused on identifying and assessing present/impending danger, sufficiency of information collection, and identifying the caretaker's protective capacities.

The CPS Regional Consultants conducted statewide consultations from January-December of 2015 to discuss present/impending danger safety, sufficiency of information documented in the six areas of assessment, utilizing information gathered to assess safety and decision making.

The Safety Implementation Specialist conducted several statewide onsite consultations to provide a comprehensive assessment of CPS Investigations as it related to present/impending danger assessments, child functioning, adult functioning, caretaker protective capacities, and sufficiency of information. From July through December of 2015, the Safety Implementation Specialist provided consultations in Lafayette, Monroe, Shreveport, and Lake Charles regions.

CPS new employees are required to attend four consecutive weeks of new worker orientation. Prior to the orientation, the supervisor and worker complete pre-class assignments. The orientations are scheduled between one week and six weeks of the worker's hire date. The new worker orientation curriculum provides a series of trainings designed to prepare the worker with the knowledge and skills needed to effectively perform the duties of a CPS worker. January through December of 2015, 260 CPS workers attended the new worker orientation.

Each quarter a regional exit meeting is held with the each region to discuss the data with regards to the child protective services cases which were reviewed by the CQI team. In attendance in Transmittal Date June 30, 2016

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each meeting are the Regional Administrator, Area Directors, Supervisors, Managers, CPS Consultants, FS Consultants, CPS Child Welfare Program Manager, and the FS Child Welfare Program Manager. Information is provided to the region with regards to the six areas of assessment, identifying Present and Impending Danger, identifying Caretaker Protective Capacities, and Structured Decision Making (SDM). The regions data is discussed through a PowerPoint presentation to reflect the regions current data as well as prior data from previous quarters. CPS Program Consultants lead these meetings and provide feedback for the regions during these conferences.

DCFS continues to strengthen the policies and procedures and trainings to ensure that all children who are under the age of three are referred to Early Steps when a developmental delay is suspected. Certain cases have a mandatory referral to Early Steps despite the fact that the worker does not suspect that the child has a developmental delay. Through our collaborative effort with multiple addictive disorder professionals DCFS has continued to place an emphasis on ensuring that addiction services are available to all clients. DCFS also partnered with DHH through the Substance Use Disorder Collaborative as alternative medications may be utilized to some clients who have substance abuse disorders. On November 30, 2015 the agency no longer utilized Magellan for mental health or behavioral health services. The Bayou Health Plans became the new provider for mental health and behavioral health services to DCFS clients.

Substance Exposed Newborns: In December 2015 the Department added the Drug/Alcohol Identification page to the ACCESS system. Training and DCFS policy as to how to correctly complete the Drug/Alcohol Identification page was completed in December 2015 to ensure that all CPS workers were educated on this change. When substance abuse/drug use is alleged, the CPS worker assesses whether the parent or caregiver has a past or current substance abuse/alcohol abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug or alcohol use is not considered an alcohol or drug problem. The worker makes diligent efforts to verify the drug use and documents the findings in CPS case record. Examples of diligent efforts include drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use.

Interference in the parent's or caretaker's functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement,
- Marital or family relationships, ability to provide protection, supervision, and care for the child.
- Arrest in the past two years for driving under the influence or refusing breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

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The worker must complete this page on every household member who has a drug/alcohol addiction. The worker first selects the client who they are completing the Drug/Alcohol Identification page for. The worker then enters the drug/alcohol category (i.e. Opiates, Benzodiazepines, Cannabinoids, Alcohol, Amphetamines, Barbiturates, Cocaine, MDMA, Methadone, Methamphetamines, Phencyclidine, Propoxyphene, and other) Next the worker enters the Diagnosis Category. If the infant was diagnosed by a Physician with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder then the category which the doctor diagnosed the child with is endorsed. Last the worker enters any comments they have concerning the client they are completing the page on. This is a mandatory field if other is identified for the drug alcohol category.

With this new drug/identification page the department will be able to identify trends within the substance exposed newborns with respect to geographical areas, medical concerns, and the needs for treatment programs within certain geographical areas.

The Department has designated members from the CPS Program, FS Program, and regional managers to serve on the Neonatal Abstinence Syndrome Committee. This workgroup is also comprised of community partners such as hospital staff, the Nurse Family Partnership, Intensive Home-based Service providers, and members of our court system. The goal of this group is to reduce the Neonatal Abstinence Syndrome in Lafayette Parish by 15% before December 2018 as measured by Department of Child and Family Services, Medicaid Patients, Lafayette General Data, Our Lady of Lourdes, Women and Children's Hospital, Drug Court Data, Office of Public Health, and Local Treatment or Public Health Services. The objectives of this group is to increase collaboration among public, private, and non-profit agencies, integrate behavioral health into primary care, and increase policy initiatives to protect unborn children. This committee meets monthly to work on their strategies to be able to complete their objectives and goals.

The Department has a designated member who works with DHH on the Substance Use Disorder Collaborative. (The mission of this collaborative is to “The Substance Use Disorder Collaborative exists to lead Louisiana’s efforts in SUD treatment reform through inter-departmental prevention efforts, early identification, enhanced benefit design, data-driven decision-making, integrated care models, innovative delivery and payment models.) The project also hopes to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels”.

Activities Planned for FFY 2017:

Child Protection Service (CPS): Form a stronger partnership with the Quality Assurance (QA) process to identify, target, and apply focused improvement strategies regarding the safety practice that can be monitored by regional leadership that changes practice in real time.

Continue to work with community stakeholders including judges, legal partners to provide quality services, and training to provide better services for clients.

Create a report for intranet posting that details strengths and areas for improvement regarding the safety focused practice utilizing regional data.

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Continue to increase capacity of program and regional management staff around strengthening the ASFP.

Reinforce the use of community experts/programs such as; Early Steps, Addictive Disorder, and Mental Health Practitioners to assess and ensure service needs of the family that promote child safety.

Policy updates to include the work of the Tulane Trauma Project as it implements a process to screen children for PTSD and other mental health needs.

Substance Exposed Newborns: The Department will collect data with regards to the type of substances in which people are using so targeted treatment opportunities can be utilized for the areas of need. This data will assist to provide early intervention in these areas.

The Department will continue to work with the Substance Use Disorder Collaborative and the Neonatal Abstinence Syndrome Committee to bringing awareness to the public regarding substance exposed newborns and reducing the numbers of substance exposed newborns. Focus will continue on early identification of substance use in mothers during their child bearing years and early intervention services for the infant and caregiver.

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PREVENTION AND FAMILY SERVICES

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

Prevention and Family Services	
FFY	# of Families Served
Baseline: 2013	3,193
2014	3,792
2015	4,007
2016	
2017	
2018	

Note: Unduplicated Families: (Web FOCUS ad hoc report <FS_Cases>)

Update FFY 2015: DCFS staff participation in the Department of Health and Hospitals (DHH) sponsored Infant Mental Health (IMH) Training has been ongoing since 2013 as a result of the DCFS Child Welfare Division/DHH Office of Public Health partnership focused on the care and safety of infants and very young children. DCFS Family Services staff has been invited to participate in cross training with staff of the Nurse Family Partnership and DHH Maternal and Child Health staff. Infant mental Health training is offered to DCFS staff two times each year. During the FFY 2014, DCFS staff participated in a six series Infant Mental Health training beginning January 2014 and ending March 2014. Approximately twenty Family Services Workers were trained in Infant Mental Health assessment and intervention during this period. The six session series include the following topics: Introduction, Social-emotional development, Attachment, Social and ethnic influences on parenting, Parenting styles, Risk factors, Pathology, Assessment including child and maternal health, and Interventions.

ASFP training was offered in Shreveport and Monroe Regions during FFY 2015. Three training sessions were offered in the Shreveport Region during the month of November 2013 with approximately 81 Family Service (FS) and Foster Care (FC) staff participating. Two training sessions were offered in the Monroe Region during November 2013 with approximately 50 FS and FC staff participating. Two additional training sessions were offered in the Monroe Region during December 2013 with approximately 50 FS and FC staff participating. Advanced Safety Training consultations were offered and remain available to staff in all Child Welfare programs statewide.

Per the Department's goal to continue to update policy, several policy updates were made to strengthen practice, specifically policies referring to families in FS where their cases are being

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closed due to compliance and completion of the case plan. Specific FS policy revisions were completed in an effort to provide further clarification and guidance in the following areas: Assessment of Safety and Risk, Frequency and Nature of Contacts with Families and Collaterals, Visitation Expectations, Family Engagement and Assessment, Working with the Court, Case Closure and After Care Planning.

Per the goal initially set efforts were made to enhance supervisors and field staff’s knowledge, skills and practice related to safety, risk and family functioning as FS program consultants conducted refresher SDM® workshops to improve practice, completion, and timeliness of the SDM® tool in Alexandria (February 2014), Lafayette (March 6, 2014), and Lake Charles (March 19, 2014). Trainers accommodated 30-60 per SDM refresher session. Moreover, webinars were offered to all field staff on topics such as the six areas of assessment.

In FFY 2015 and FFY 2016, FS staff was able to participate in the following teleconferences/webinars:

FFY 2015 Teleconferences and Webinars for FS Staff:	
Date	Topic
12/04/2013	Achieving Sufficiency in the Six Areas of Assessment
03/25/2014	2014 Behavioral Health Partnership Update
04/16/2014	Human Trafficking
05/07/2014	ICPC
06/04/2014	Family Resource Centers (FRC and Visit Coaching)
08/13/2014	FATS and YTP Changes

FFY 2016 Teleconferences and Webinars for FS Staff:	
Date	Topic
01/30/15	AAPI (Adult & Adolescent Parenting Inventory)
03/04/15	Guardianship
03/20/15	Exposure to Violence & Child Development
03/24/15	Reasonable Candidacy
04/17/15	Empathy & Building Nurturing Families
05/06/15	Indian Child Welfare Act (ICWA)
08/05/15	LA Legislative Update
09/08/15	Women, Infants, and Children (WIC)
12/02/15	An Overview of Visit Coaching: Building on Family Strengths to Meet Children’s Needs

Update FFY 2016: DCFS, Child Welfare (CW) staff, cross training opportunities with Nurse Family Partnership and DHH/Maternal and Child Health staff continue to strengthen the interagency partnership. Staff from each department participates in discussions and share details, including success, and challenges experienced relative to safety, health and welfare of children and families. DCFS FS case workers were allowed to participate in training sessions during FFY 2016. Infant Mental Health (IMH) training events were scheduled and conducted on the following dates: January 26-27, 2015; February 17-18, 2015; April 5-6, 2015. IMH Training

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topics included the following: Infant Mental Health 1 (overview, social-emotional development, attachment, values); Keys to Caregiving; Infant Mental Health 2 (social and cultural impact of parenting, parenting styles and roles); Infant Mental Health 3 (psychopathology); Infant Mental Health 4 (assessment: environmental, parent, infant, relationship); Infant Mental Health 5 (implications and interventions).

In partnership with the Louisiana Child Welfare Centers, DCFS child welfare case workers were invited to participate in the Nurturing Parenting Program Facilitator. The three day training event was held on July 22-24, 2015 in Baton Rouge, LA. The training was facilitated by staff of Prevent Child Abuse Louisiana (NPP Trainer/Consultant), and Family Resource Center NPP Trainers. Family Services staff from several DCFS regions attended the sessions to become trained as NPP facilitators, and gain knowledge of the Nurturing Parenting Program Curriculum.

Trauma Informed Practice is a focus of DCFS staff. In partnership with Tulane University, DCFS state office CW staff is committed to training of staff in all regions of the state, with follow up consultation on the Trauma Behavioral Health (TBH) Screening Instrument. Provider training on Youth PTSD (YPT) was conducted in Baton Rouge region on January 1/20/15; Lafayette region on April 2, 2015; Alexandria region on 9/29/15; and Monroe region on 12/15/15. As of March 14, 2016, approximately 4000 TBH screens have been completed. TBH training in the Covington region was conducted in 2014, with implementation in Baton Rouge, Lafayette, and Alexandria regions in 2015. Regions for future TBH expansion during years 2016-2017 include Monroe, Orleans, Thibodaux, Shreveport and Lake Charles. Trauma Behavioral Health 2015 training dates for Baton Rouge, Lafayette, and

Alexandria Regions are included below:

Baton Rouge Region TBH Training Dates: (January 6, 2015, January 12, 2015, January 13, 2015), with approximately seven follow up consultative visits to offices within the Baton Rouge Region during the months of February 2015 through June 2015.

Lafayette Region TBH Training Dates: (May 7, 2015, May 8, 2015), with approximately fifteen follow up consultative visits to offices within the region during the months of June 2015 through September 2015.

Alexandria Region TBH Training Dates: (October 22, 2015, October 23, 2015), with approximately nine follow up consultative visits to offices within the region during the months of November 2015 through January 2016.

Future plans are being discussed regarding incorporating Trauma Behavioral Health (TBH) training into DCFS Child Welfare New Worker Orientation. TBH training is currently available in Moodle. TBH Quarterly Steering Committee meetings include members from Department of Children and Family Services, Department of Health and Hospitals, State Medicaid and Bayou Health representatives.

Family Services Consultants participated in New Worker Orientation to review essential policies pertaining to child safety, assessment of risk, safety planning, family assessment, home visitation

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expectations, and case planning. Family Service (FS) Consultants offer practice guidance, consultation, and participate in skill building activities with Case Management and Supervisory staff assigned to the Family Services Program. During New Worker Orientation and during subsequent staff training and consultation, FS Consultants and staff discussions include Child Welfare Client Rights and Responsibilities (CW Client E & R – FS, Revised May 2015). DCFS deny the benefit of services and activities offered by the Department. DCFS staff will assist clients and families with translation needs, such as translator services and tools to aid in communication. Families are encouraged to request special accommodations necessary to ensure understanding and clarity of the DCFS involvement.

FS staff participated in Family Team Meeting (FTM) training events during the 2015 calendar year. FTM observations and consultative sessions were offered in an effort to enhance family engagement skills, needs and strengths identification, as well as, appropriate planning and service provision. FTM 1 training consists of a two day training session on “Facilitating the Family Team Meetings Process.” FTM 2 training consists of one training session on “Incorporating Teaming into Everyday Practice.”

FTM training events were scheduled and conducted as follows:

Alexandria Region:

FTM 1 Training: (9/8/15-9/9/15; 9/10/15-09/11/15; 9/28/15-9/29/15; 9/30/15-10/1/15);

FTM 2 Training: (10/19/15; 10/26/15; 11/24/15; 12/8/15);

Baton Rouge Region:

FTM 1 Training: (9/1/15-9/2/15; 10/19/15-10/20/15; 10/21/15-10/22/15);

FTM 2 Training: 10/26/15; 10/28/15; 11/2/15);

Covington Region:

FTM 1 Training: (10/15/15-10/16/15; 10/27/15-10/28/15; 10/29/15-10/30/15; 11/2/15-11/3/15;
11/4/15-11/5/15);

FTM 2 Training: (11/10/15; 11/12/15; 11/13/15; 11/19/15; 11/20/15);

Thibodaux Region:

FTM 1 Training: (9/15/15-9/16/15; 10/26/15-10/27/15; 10/28/15-10/29/15);

FTM 2 Training: 11/5/15; 11/9/15; 11/23/15);

Orleans Region:

FTM 1 Training: (9/23/15-9/24/15; 10/13/15-10/14/15; 10/15/15-10/16/15);

FTM 2 Training: (11/3/15; 11/4/15; 11/15/15);

ASFP training with follow up ASFP consultation was offered throughout the 2015 calendar year. Training events were scheduled and conducted for staff in Alexandria, Covington, Lake Charles, and Orleans Regions during the month of January and February 2015. During the first quarter of 2015, training sessions primarily focused on effective and appropriate safety plan development. Subsequently, during the months of February, March, and April 2015, additional ASFP training and follow up staff development activities were scheduled and conducted for staff in the

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following regions: Monroe, Shreveport; consultative sessions were also offered for staff throughout the state. Safety plan development activities continued into the second quarter of 2015. During the second quarter (May 2015), ASFP training was offered for staff in Lake Charles. ASFP review and refresher training was offered for staff in Thibodaux Region during the month of May 2015. During the third quarter of 2015, ASFP consultation sessions were offered for staff in Lafayette Region in July 2015.

Additionally, follow up ASFP consultative sessions were conducted for staff in the Monroe region during the month of August 2015. Staff in the Lafayette region received follow up ASFP consultation during the month of September 2015. During the fourth quarter of 2015, DCFS staff presented an ASFP conference workshop during the “*Together We Can Conference*” during the month of October 2015 in Lafayette, LA. In October 2015, ASFP consultation was offered for staff in Shreveport Region. Subsequently, during the month of November 2015, ASFP consultation was offered to staff in Lake Charles and Lafayette Regions. Finally, during the month of December 2015, ASFP consultation sessions were offered to staff in Central and North Louisiana, including Lafayette, Lake Charles, and Shreveport Regions.

FS policy was updated to include the Indian Child Welfare Act (ICWA). Policy Reference is FS Program Policy, Chapter 5: Appendix 5-C, with an effective date of May 1, 2015. As of May 2015, Indian Child Welfare Act (ICWA) course offering is available in Moodle.

FS policy was updated to include human trafficking. Policy Reference is FS Program Policy, Chapter 5: 5-1100 with an effective date of August 1, 2015. Human Trafficking and Trauma training was provided to child welfare staff in all nine regions of the state beginning March 2015 through June 2015. Human trafficking training was offered to foster caregivers or providers, residential providers, and Court Appointed Special Advocates (CASA) staff.

Activities Planned in FFY 2017:

- FS consultants will continue to advance CW practice by providing practice guidance, case review information and consultation for CW staff in regions throughout the state.
- FS consultants will assist in the development of case plan training curricula for effective case planning with families.
- Training and consultation will be offered to FS staff in an effort to support families in formulating specific, reasonable, behavioral goals and expectations for caregivers and family members.
- Child welfare staff will focus efforts on staff development in the areas of child safety and enhanced caretaker protective capacities, employing the concepts of ASFP.
- Child welfare staff will foster interagency coordination efforts and continue involvement with community partnerships to address service needs of families with Drug Affected Newborns (including Neonatal Abstinence Syndrome), Substance Use Disorders, and Mental Health conditions.
- Lafayette regional staff will continue involvement in the 15th Judicial District Court Preservation community collaborative.

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- DCFS will expand Trauma Informed Practice efforts in partnership with Tulane University to train DCFS staff and providers in the use of Trauma Behavioral Health (TBH) Screening Instrument and Trauma Informed Practice.
- Child welfare staff will focus on the development and training of staff in the areas of Addictive Disorders and Domestic Violence, with a focus on family engagement, assessment, treatment, and child safety.

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

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

FFY	Cumulative FFY
Baseline: 2013	7,437
2014	7,973
2015	8,406
2016	
2017	
2018	

❖ *Data obtained from Web Focus Report*

Update FFY 2015:

The following services reflect the Department’s foster care activities.

Safety Focused Practice case studies were completed on safety assessments being completed by staff and then consultation was provided to staff to help improve assessment skills based case study findings.

In the area of risk assessment, SDM refresher training was provided statewide to Foster Care staff, supervisors and managers with guidance on using along with safety assessments. SDM trainings were held between January and March 2014 in all regions and State Office.

Case Planning efforts continued the partnership with Casey Family Programs and the Child Welfare Policy and Practice Group (CWPPG) to continue to develop basic knowledge of the teaming process for case planning in Lafayette, Lake Charles, Shreveport and Monroe regions, as well as continuing to build Facilitators and Coaches in those regions to support sustainability of the process over time. DCFS also partnered with Michael Seider in this work to assist the implementing regions in managing court system relationships and providing guidance to field supervisors in how to supervise differently to support staff development in the use of the teaming process.

- **Youth Transition Planning** - YTP trainings were held between May and August 2014 in all regions and State Office for DCFS staff and foster caretakers. Trainings were developed with input from CFCIP providers, youth, CASA, foster caretakers and staff.
- The Department supported the education of staff and stakeholders on unique issues faced by older youth transitioning to adulthood through the youth conferences. Conference dates include:

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YOUTH CONFERENCE DATES						
Region	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Alexandria/Shreveport	June 5	June 4	June 2			
Lafayette/Lake Charles	June 6	June 4	June 2			
Baton Rouge/Covington	June 9	June 1	May 26			
New Orleans/Thibodaux	June 11	June 11	June 2			
Monroe	June 12	June 11	June 9			

The Youth in Transition program was developed for youth aging out of care at 18, within one year of completing secondary education program, planning to continue in secondary education program, and performing satisfactorily. Below is a list of the number of educational stipends awarded to youth in Louisiana's foster care system.

YOUTH IN TRANSITION DCFS STIPENDS						
Region	Vouchers Awarded SFY 2014	Vouchers Awarded SFY 2015	Vouchers Awarded SFY 2016	Vouchers Awarded SFY 2017	Vouchers Awarded SFY 2018	Vouchers Awarded SFY 2019
Alexandria	3	0	0			
Baton Rouge	0	0	2			
Covington	9	4	3			
Lafayette	4	2	2			
Lake Charles	2	0	1			
Monroe	1	2	0			
Orleans	7	1	1			
Shreveport	7	2	5			
Thibodaux	0	1	1			
Grand Total	33	12	15			

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

DCFS collaborated with the Louisiana Housing Corporation (LHC) to offer housing options in the state that were more accessible to youth aging out of foster care. The LHC allotted 25 housing vouchers to DCFS for assignment to older youth. The LHC also agreed to use a youth's status as aging out of foster care to prioritize these youth for consideration in other housing programs as well. From the periods of July 2014 through April 2015, there were total of nine (9) referrals made, and two (2) vouchers awarded as opposed to the previous years' referrals of fifty

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three (53) and twenty-five (25) awarded vouchers. Two vouchers were awarded in the July/2014-April/2015 period either because a youth lost his/her voucher due to some form of non-compliance, or because a youth decided to give up the voucher due to other living arrangements. It is at that time the Department has the opportunity to offer those vouchers to other youth on a waiting list for the service. Vouchers are non-renewable, and are only awarded at two year time frame intervals. Consequently, during the months of July and August, most vouchers will expire and become available to other youth exiting foster care.

Not all referrals result in a voucher award as there are insufficient awards to meet the demand. The referrals are prioritized based upon the number of available vouchers at the time. A youth with a child is prioritized over a youth with no child. Youth with no connections or relatives is prioritized over a youth that does have identifiable, documented and supportive connections and relatives. A youth with a child results in the consumption of two vouchers as opposed to one, according to LHC guidelines.

Vouchers are lost by youth as a result of a variety of situations including the following:

- youth allowing other people to reside within the rental property;
- youth not following the rules of the property in relation to such things as noise level;
- youth not maintaining sanitary conditions within the dwelling.

On a few occasions, the LHC had to work with property owners due to unhealthy living conditions that prevented the youth from moving in to the property right away. In those instances, LHC allowed landlords a brief time frame to improve the conditions or find a replacement rental situation.

- **Human Trafficking Service Continuum** – DCFS continues to collaborate with legal and faith based organizations to fully identify and serve survivors of human trafficking (labor and sex), reduce high risk behaviors, and improve permanency outcomes for those children from foster care involved in these situations. Departmental staff that serve on the task force through the Governor’s office include many public and private organizational representatives. In partnership with Louisiana Baptist Children’s Home, a few specialized foster homes were developed for sex trafficking victims in foster care. These homes experienced many challenges in the care of the placements they received, and further work will be needed to sustain these specialized types of homes. In partnership with HP Serve, a faith based organization with specialized training in providing support to sex trafficking victims, DCFS was able to identify sex trafficked victims from foster care with resources to cope with their victimization. A specialized tool was developed for foster care workers to use with youth returning from runaway status to assess potential involvement in sex trafficking activities.

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Update FFY 2016:

Safety Focused Practice – Dates for the upcoming training have not been set at this time.

Case Planning –The FC supervisor mentoring program began in February 2016 with bi-monthly meetings and supervisor participants. The training will provide the supervisors with 6 Modules and an optional 7th module focused on Youth Transition Planning.

Casey Family Programs and CWPPG – The Department will continue work with the Casey Family Programs and the CWPPG. The teaming process training has been completed statewide. All nine regions have been trained and teaming has been implemented.

Master Coaches were developed by CWPPG in the Lake Charles, Lafayette, Shreveport and Monroe regions in the beginning of the fiscal year 2015 to become practice experts for ongoing consultation. Currently master coaches are monitoring teaming in process and providing immediate feedback on the implementation of the teaming principles. The coaches provide follow up feedback and training as requested.

Youth Transition Planning – A baseline for the quality of Youth Transition Plans is being developed. CQI staff continue to review and evaluate the accuracy of the Youth Transition Plans to ensure compliance and completion.

The Department will continue to support the education of staff and stakeholders on unique issues faced by older youth transitioning to adulthood through the youth conferences.

Human Trafficking Service Continuum - DCFS has continued its work to combat Human Trafficking. In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. In March 2013, screening for Human Trafficking was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. In addition to the screening tools, procedures were added to the policy regarding identification of trafficking and specialized staffings to determine needs and services. Between July 2015 and August 2015 additional policy regarding Human Trafficking was added for Child Protective Services (CPS), Family Services (FS), and Foster Care (FC). The additional policies include updated definitions of Human Trafficking/Sex Trafficking, lists of criteria for determination of “Confirmed/Identified Victim,” “High-Risk of Trafficking”, or “At Risk of Trafficking”, procedures to identify and assess trafficking victims, and guidance regarding service provision for sex trafficking victims. DCFS has established protocol for Centralized Intake to assess for Human Trafficking and refer for further services as indicated. The policy and additional training to support the protocol for Centralized Intake is currently in draft. Screening tools for the FS and FC programs have been developed and submitted for addition to the Family Assessment Tracking System. These tools align with the identification lists already in policy and screen for Sex Trafficking with categories of, “Confirmed/Identified Victims”, “High-Risk of Trafficking”, and “At Risk of Trafficking”. Policy will direct FC case managers to complete the screening tool on all children/youth age 10-17 a minimum of once every six months, prior to any identification of trafficking, along with the regular assessment

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updates. The screening tool for FS will be completed upon indication by policy of the need to do so. During FFY 2016 CPS will also be implementing a screening tool for Sex Trafficking.

DCFS continues to work to collect data regarding human trafficking victims within Louisiana. This has required many meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015 annual report to the Louisiana Legislature on Human Trafficking in Louisiana, which is the 2nd report completed of this type.

A representative from the data unit and from CPS, have been participating as one of the three state/county child welfare representatives on the HHS Human Trafficking Work Group. This group has been developing the data elements to enhance ACF's capability of collecting data on human trafficking and child welfare. The work group is scheduled for a final wrap up on May 10. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACCESS and TIPS, to be able to identify and track which cases have human trafficking involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group continues to meet and make plans to improve collection of data.

Beginning in 2015, DCFS attended meetings regarding combating human trafficking within Louisiana with a group that included representatives from the Court Improvement Program (CIP), Louisiana State Police (LSP), and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continues to meet and plans to have the screening tool developed and in use prior to the end of 2016. Through these meetings DCFS was able to work with LSP to create an MOU regarding protocol and information sharing for Human Trafficking cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children's Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on Human Trafficking that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of Human Trafficking. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents, residential care providers, and CASA workers were also invited to attend. This training was performed as in-person training in all regions of the state. DCFS is currently working with the Pelican Center for Children and Families to post the training on their website for viewing by all. In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for Human Trafficking. DCFS has partnered with the Child Welfare Training Academy (CWTA) and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the train the trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are also underway to bring Love 146 to Louisiana to

Transmittal Date June 30, 2016

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provide a train the trainer for their Not a #Number curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and Louisianachildren.org will be working with stakeholders to partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis. A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have been part of the placement group work. The group has been working to develop specialized foster homes for youth who are victims of human trafficking or are at high-risk of human trafficking. The work regarding these homes includes development of policy, procedure, board rates, criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group has also been working with current residential providers to ensure they receive training on human trafficking on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff are being engaged to discuss what their needs are relative to housing this population and what types of supports are warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing a protocol/best practices quick reference guide for placement providers to utilize once a child is placed with them that is a victim of human trafficking. Work on development of this guide should continue through FFY 2016 and possibly into FFY 2017.

DCFS continues work with multiple stakeholders to combat human trafficking. Meetings with stakeholders are held at different times within the year by DCFS, Louisianachildren.org, or HP Serve and have included work with the following for FFY 2015 and FFY 2016:

- The Court Improvement Program
- Department of Juvenile Services (BR)
- Louisiana Children's CJA Task Force
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff's Association
- Louisiana State Police
- Office of Juvenile Justice
- Louisiana Baptist Children's Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries
- Child Advocacy Centers of Louisiana

Activities Planned FFY 2017:

Safety Focused Practice – The Department will develop a plan to review cases and evaluate effectiveness to ensure the training has increased safety measures for foster youth.

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Case Planning – The Department will evaluate the developmental stages of a FC supervisor mentoring program and if it will be effective in supporting supervisor’s ability to guide their staff in the utilization of the safety assessment and risk assessment. FC Consultants will provide case consultation within the regions. During the case consultation process the consultants will determine if the mentoring program has provided supervisors with the skills needed in order to provide effective and adequate case planning.

Youth Transition Planning – In following up with the Youth Transition Planning training that was completed in 2016, a follow up training is being developed. FC will develop a program that provides additional training for Behaviorally Based Case Plan Goals. The training is being developed to assist staff with developing measureable goals for clients to determine, assess and evaluate his/her progress in case plan completion. The additional training will allow for staff to become more proficient with goals, writing and evaluation of goals for their clients.

Human Trafficking Service Continuum – DCFS will work on the development of specialization and expertise within the department for work on human trafficking, the establishment of specialized multi-disciplinary staffings for human trafficking cases, and further outreach and development of support services specific to victims of Human Trafficking, to include mental health providers.

DCFS will also continue to work in collaboration with other community partners in developing resources to serve victims of human trafficking. Policy has been developed for Foster Care to guide staff in serving these youth. A human trafficking tool has been developed and placed in policy. This tool is used for youth that are at risk or have indicated his/her involvement in human trafficking. The tool is also being updated to be added into our data system to ensure all children from age 10-17 year of age are assessed to determine if he/she are at risk of being a victim of human trafficking. DCFS will continue to serve on the Human Trafficking Task Force through the Governor’s Office.

DCFS will continue to ensure all children entering or in foster care have had an Early and Periodic Screening, Diagnosis, and Treatment (EPDST) assessment (birth-age 17) and referral to the Early Steps (birth-age 3), Louisiana’s Early Intervention system for those infants and toddlers with disabilities upon entrance into foster care according to DHH guidelines. Ensure any recommendations made as a result of these assessments are followed. Identified areas of disability will be tracked in TIPS with greater detail regarding the children’s conditions provided through other electronic data collection systems such as FATS, cumulative school records and the school counselor notification form. Collect existing date for baseline. This is also an ear for extensive revision and greater data collections through the AIP process.

DCFS and the Children’s Code Committee are part of legislated task force (2015/2016 – HCR 125; 2016/2017 – HCR 34) charged with reviewing and improving DCFS policies and Louisiana laws around continued contact between children, families, siblings and relatives when a child is involved in a CINC case. DCFS revised it policies in February 2015 and is planning statewide webinar in September 2016. DCFS has been revising pre-service training for foster parents and the Child Welfare Training Academy is going to revise New Worker Orientation (NWO) training.

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MONTHLY CASEWORKER VISITS: DCFS has worked/will work to ensure that by FFY 2015 and thereafter, 95% of the children in the custody of the state will be visited each and every month by their caseworker and 50% of these visits take place in the home of the child.

Departmental policy requires that caseworker visits occur each and every month in the home of the child and also allows a supervisor to temporarily assign another worker to a case when the normal worker is out of the office for an extended period. If this type of reassignment occurs, it is documented in the electronic case record activity log.

Use of Monthly Caseworker Visit Funds:

- A portion of the additional IV-B, Subpart 2 funds will be used for travel and associated costs to support caseworker visits.
- Support for core competencies that include teaching the skills required to conduct quality visits which focus on engagement with emphasis on the necessity to see each child every month.
- Stress the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, in foster care program supervisory mentoring, and in on-going training on risk and safety assessments, family engagement, assessment of family functioning, and case planning.
- Ongoing implementation of the training program for new child welfare workers. The new workers remain in trainee status for a six month period after employment and are trained using a competency-based training model which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Encrypted laptops with air cards will be provided to field staff to support a more mobile workforce.
- The Department will continue implementation of a teleworker plan to increase staff mobility and opportunities for teleworking will improve case work as well as improve staff retention.
 - The Department will continue to focus resources on how staffing issues related to funding reductions might impact key performance indicators. DCFS will continue to develop strategies for managing the workload effectively in a climate of staff reductions as well demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. In addition, the Department will continue examination of trends in performance indicators in the context of human resources data (staff on board, FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).
- Support and upgrades for the Family Assessment Tracking System (FATS) which is the electronic mechanism for documenting the dates, locations and purposes of worker visits.
- Streamlining and modernization efforts including the ongoing implementation and fine tuning of a Common Access Front End (CAFÉ), which is movement toward a paperless workplace. DCFS staff will be able to conduct interactive interviews and input electronic case notes, which reduces duplicative data entry and key strokes.
- Document imaging, the electronic storage and indexing of key child welfare documents to support future efforts to develop an electronic case record and provide additional functionality for mobile workers and teleworkers.

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The DCFS utilizes the FATS in providing the required data regarding monthly case worker visits. Data is extracted from the Tracking, Information and Payment System (TIPS), state identification numbers (ID) and foster care entry and exit dates of all children served in foster care from October 1st, through September 30th, annually will be extracted from TIPS. The entry and exits will be concatenated such that each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs will be matched against electronic case record notes to extract all face to face visits with each child that were made by an assigned caseworker or supervisor. If multiple visits occurred in the same month, only one visit will be counted. If any one of the qualifying visits was made in the child's residence, the month was included in the numerator for visits in the residence.

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MONTHLY CASEWORKER VISITS/DATA (Statistical and Supporting Information)

This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care. The Department’s sampling methodology is provided below.

The table below tracks the annual progress of 95% of children in foster care being visited by their worker each and every month with 50% of the visits taking place in the child’s residence.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child’s residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2013	90%	94.62%	50%	88.36%
2014	95%	95.86%	50%	88.73%
2015	95 %	96.34%	50%	89.26%
2016	95%		50%	
2017	95%		50%	
2018	95%		50%	
2019	95%		50%	

Activities Planned for FFY 2015-2019: In order to continuously monitor and improve compliance with monthly case worker visits, the DCFS will do the following:

- Continue monthly Performance Measures Consultant teleconferences to review regional performance in completion of caseworker visits in the child’s residence.
- Systems unit provides % of visits held with children held monthly to Operations unit. (This report is reviewed in state office and also sent to regional management for review. The case for every visit not made is reviewed to insure this is not just a documentation error.)
- In some regions all caseworker visits to children are required by a certain point in the month, and then the manager has to monitor unachieved visits and the worker has 1 week to complete the visit from that point.
- DCFS Systems to develop a dashboard report to daily reflect for workers statewide the current status of all caseworker visits for ease in monitoring compliance.

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

1. The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application that supports data from Lotus Notes and DB2.

2. Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care and which months were not full months in care. The extraction criteria also identified the months that contain a recorded face-to-face visit and the months that do not reflect a face-to-face visit.

3. The data file generated by the OJJ SAS data warehouse was merged with the data file from DCFS. The merged file was then analyzed by DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits that occurred in the child's residence.

4. Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were also conducted to verify the accuracy of the extraction logic.

5. Data submitted to the Department included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.

6. The DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services Administration for Children & Families from the combined DCFS and OJJ data sets.

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

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

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

Data Reporting Population:

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

Data Utilized for Computation and Verification:

1. Web Focus Business Intelligence reporting application was used to develop reports related to caseworker visits with children in foster care. Web Focus is a robust application that supports such as integration of data from multiple sources TIPS and FATS and languages (DB2, SQL).
2. Case level data was extracted from TIPS using basic AFCARS and visitation inclusion criteria (in state custody and in a qualified placement for at least one full month during the FFY). The extraction criteria included a data 'flag' to identify which months were full months in care and which months were not full months in care. The TIPS extraction file served as the reporting population.
3. Case level data was extracted from the FATS for all children indicated as foster children in FATS. The extraction criteria included a data flag to identify the months that contain a recorded

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face-to-face visit and the months that did not reflect a face-to-face visit. An additional flag was created as an indicator of visits occurring in the child’s residence or not in the child’s residence.

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

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

Calculation of Percentages:

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

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

For FFY 2014 and 2015, DCFS continued with activities listed in the CFSP as they have proven successful in meeting the federal outcome measures for caseworker visits. DCFS child welfare achieved/exceeded the goals of 95% of the children in the custody of the state visited each and every month by their caseworker and 50% of these visits take place in the home of the child.

FFY	# of Children Served in FC at Least 1 Full Month FFY 2014 (unduplicated)	# of Full Months in Care	# of Full Months in Care with Face to Face Visit by Assigned Worker	# of Qualifying Visit Months with a Visit in the Child’s residence	% of Full Months in Care with Face to Face Visits	% of Qualifying Visits that occurred in the Child’s Residence
2014	6,695	47,294	45,338	40,227	95.86%	88.73%
2015	6,828	49,313	47,510	42,407	96.34%	89.26%

❖ *Data extracted on March 3, 2016 from Web Focus Developer Studio*

Activities Planned for FFY 2017: The Department will continue to implement the same strategies to ensure that children in foster care are visited by their worker each and every month with 50% of the visits taking place in the child’s residence.

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

Regional Analysis of Children Transferred from DCFS to OJJ:

Number of Children Custody Transferred						
Region of Child's Domicile	FFY 2013 Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
No Court Identified	0	0	1			
Orleans/Jefferson	2	3	3			
Baton Rouge	1	1	1			
Covington	1	1	3			
Thibodaux	0	0	1			
Lafayette	0	1	1			
Lake Charles	0	2	0			
Alexandria	0	0	0			
Shreveport	0	2	1			
Monroe	1	0	0			
TOTAL	5	10	11			

- Data extracted on March 3, 2016 from WebFocus Developer Studio

Contextual Information: The provide data reflects DCFS database information on children who changed custody statewide in a specified federal fiscal year. The data is on children whose case was opened in the state's foster care system and who had their custody transferred to the Department of Corrections (DOC). DOC has responsibility for children adjudicated to the OJJ, the state's juvenile justice system. The information presented above was obtained through a DCFS Web-focus Report.

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FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families that meet the needs of the infants, children, youth served by the child welfare agency. Please refer to the Systemic Factor portion of this plan on Foster and Adoptive Parent Licensing, Recruitment and Retention for additional information on foster/adoptive parent recruitment.

Characteristics of children for whom foster and adoptive homes are needed: Children who enter the Louisiana foster care program are from diverse racial and ethnic backgrounds. Many of these children have various medical, emotional, behavioral, developmental and/or psychiatric needs. In addition, other characteristics include: adolescents, older youth and sibling groups. One of the Department's goals is to have a sufficient number of foster/adoptive parents to meet and/or match the various placement needs. On April 14, 2014 there was 1817 (African-American); 2160 (Caucasian); and 233 (Other) children in foster care which equates to 43% being African-American; 51% being Caucasian; and 06% other. (This is information obtained from Web Focus.)

The regional Home Development program staff is responsible for preparing an annual recruitment/retention plan that is tailored to address the region specific temporary and/or permanent placement needs. A copy of the plan is made available to the state office level Home Development program for monitoring purposes.

Update FFY 2016: On May 2, 2016, there were a total of 4,361 children in foster care. The racial breakdown shows that 1,720 were African-American; 2,385 were Caucasian; and 256 were Other. (This is information obtained from WebFocus.)

Specific strategies to reach out to all parts of the community: The DCFS continuously, through ongoing efforts seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the 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 Louisiana Foster/Adoptive Parent Association, members of the Faith in Families Initiative, the cooperative agreement with the Louisiana Baptist Children's Home, the Court Improvement Project and Wendy's Wonderful Kids.

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

The DCFS continued to partner with Dave Thomas Foundation. The department was awarded two grants to employ two child focused Wendy's Wonderful Kids (WWK) recruiters. The WWK also trained two additional staff members as WWK recruiters. The WWK program served 82

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children and finalized six adoptions. There are currently 10 children placed in pre-adoptive homes awaiting adoption finalization; and six children have been matched with families who are awaiting placement.

Activities for FFY 2017: The DCFS will begin to look at Quality Parenting Initiative (QPI); and over the course of the next few years will begin to incorporate the initiative into the department. The DCFS will look at modifying the foster/adoptive parent training curriculum to coincide with the QPI model. The concept of the QPI is having/maintaining quality for foster/adoptive parents and changing the perspective of foster parenting to match the needs of the children and families served by the state.

The DCFS has identified faith based liaisons in every region who will work with the DCFS's regional liaison in helping to recruit foster/adoptive parents as well as provide additional support to the foster/adoptive parents. The Faith Base Collaborative will continue to meet every other month to discuss recruitment and support needs for foster/adoptive parents and ongoing initiatives within the state.

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community:

- 1.) General recruitment, which will focus on bringing about an awareness of the need for foster/adoptive families;
- 2.) Targeted recruitment, which will focus on the specific needs of the children and youth in care, through the use of demographic data (e.g., characteristics of children in care and characteristics of certified families); and
- 3.) Child specific recruitment will focus on seeking adoptive resources for a child and/or a sibling group who are without an identified adoptive resource.

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.
- 2.) Targeted recruitment activities: invite certified foster/adoptive parents who are placement resources for a particular population of children (medically fragile children, adolescents, or, older youth) to participate on the pre-service training panel; and invite older youth (awaiting adoption and/or aged out of care) to participate on the pre- service training panel session; provide demographic information on children in care and certified families during training sessions and presentations at community events; and faith and community based partnerships.

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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.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:

Develop orientation/training pre-service schedule to cover at least a six-month period of time; post community partners' information on the DCFS website; send notification via e-mail to community partners regarding DCFS regional orientation/pre-service training schedules once posted on-line; opening 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: DCFS utilizes the MAPP/GPS pre-service training curriculum to train new Home Development staff and designated foster/adoptive parent co-trainers. This is a two week training course with the first week focusing on leader certification. During week one, the curriculum outlines the following topics: overview of foster/adoption, how children enter care, helping children with grief/attachment issues, discipline and assessing the impact of fostering or adopting on a family. The second week focuses on MAPP/GPS facilitation skills with an emphasis on various tools and techniques to assist trainers in making effective presentations, observing group dynamics, family assessments and specific presentation skills. There is a wealth of information regarding working with diverse communities available via the AdoptUsKids website. The free resources, as per the AdoptUsKids website, are developed and gathered by a diverse team of child welfare professionals who work with the National Resource Center for Diligent Recruitment.

The following steps will be implemented to provide staff with information on working with diverse communities:

- 1.) Research and secure free resource information from various adoption websites, e.g., AdoptUsKids, National Resource Center for Adoption, etc.
- 2.) Review information and prepare information for presentation to staff;
- 3.) Conduct presentations for staff, via webinar and/or teleconference, on specific topics, such types of recruitment strategies, good customer service, identifying prospective foster/adoptive parents' strengths during pre-service training, and involvement of certified foster/adoptive parents in recruitment/retention process.

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The Department participates in various trainings and/or conferences throughout the fiscal year. Designated training staff provides information, via e-mail, to staff regarding various class room and webinar training (e.g., Cultural Competency in Diverse Environments: Surviving in the Context of Cultural Differences).

The following steps will be implemented to provide staff with training focused on working with diverse communities:

- 1.) Conduct an internet search on working with diverse communities;
- 2.) Review and present information to staff (via teleconference and/or webinar); and
- 3.) Encourage staff to participate in related trainings.

Update FFY 2016:

The DCFS offered training entitled “Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems”. The State Office Home Development Program compiled information on “Working With Diverse Families” and “Good Customer Service” to be handed out and discussed with regional staff.

Activities Planned for FFY 2017:

The DCFS will:

- 1) Present information to staff on working with diverse communities (via teleconference);
- 2) Present information to staff on working with families who are adopting children of a different race; and
- 3) Work with the Child Welfare Training Academy to offer training on cultural diversity that will be available to foster parents and staff.

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 also allows staff to utilize the bilingual services when communicating with families who do not use English as their first language. Of course, staff can also seek assistance from other staff that may be proficient a language other than English.

Non-discriminatory fee structures: DCFS does not charge a fee for individuals that are interested in becoming certified as foster/adoptive parents.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement: A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective

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foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two week period. The DCFS also partners with faith-based communities to feature the “Heart Gallery” and assist with child specific digital stories.

Update FFY 2015: Characteristics of children for whom foster and adoptive homes are

needed: As of the end of FFY 2014, there was 1,756 (African-American); 2,280 (Caucasian); 133 (Multi-Race) and 99 (Other) children in foster care which equates to 41.14% being African-American; 53.42% being Caucasian; 3.11% being Multi-Race; and 2.33% Other.

The recruitment/retention plans (2014) from five of the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objective (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams). The staff obtained data from the DCFS Child Welfare Dashboard (WebFocus). The recruitment strategies were developed based upon the regional data. As of the end of FFY 2014, there were 2,528 active certified; this number reflects foster/adoptive families that were active at any point during the FFY. There were 4,268 children in care. Based upon the above racial breakdown for children care, the two largest populations were Caucasian and African-American. Of the 2,528 certified families 1,536 were Caucasian families and 970 were African-American families.

Based upon a review of the recruitment information submitted by the staff, most regions were utilizing the strategies set forth in their plans. Orleans Region set a goal of increasing the new certifications by 10%; their 2014 numbers showed 105 new certified compared to the prior year number of 84. The majority of the Orleans’s recruitment activities were child specific; there main focus was on adoptive resources for the child awaiting adoption. Covington Region projected an increase in new certifications and public awareness. There was slight increase by four new certifications; and the recruitment activities included presentations at churches, libraries, restaurants, etc. Thibodaux Region showed a slight decrease in the number of new homes by four. The region’s plan was to mainly utilized general and child specific recruitment. Lake Charles region noted the region’s need for families of all races and ethnic background willing to accept children of any age and with a special need. The region presented information about foster care/adoption at some of the following functions: Community Health Walk, annual community baby shower, Kiwanis Club; Walk for Cystic Fibrosis and Making Stride against Breast Cancer Walk. Alexandria Region set a goal of 55 new homes; for FFY 2014, they certified 58 new homes.

In FFY 2014 there was an increase (717) from the previous year in the number of new families. There was a decrease (688) in the number of closures from the previous. The average number of new families can range from 600 to 700 and these numbers also reflect an average for the number of closures per fiscal year. In some cases, the new certifications are child specific for fostering and/or adoption; when this is the case, this does not allow the department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals they have a connection/bond with. The department’s families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that’s awaiting adoption.

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Update FFY 2016: Characteristics of children for whom foster and adoptive homes are

needed: As of the end of FFY 2015, there was a total of 4,515 children in foster care; of which 1,770 were African-American; 2,448 were Caucasian; 186 were Multi-Race; and 111 were Other. This equates to 39.20% being African-American; 54.22 % being Caucasian; 4.12 % being Multi-Race; and 2.46% being Other.

The recruitment/retention plans (2015) from seven of the nine regions were reviewed. Each plan indicated the demographics of the children and the certified families, as well as the targeted objective (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations).

In FFY 2015 there was an increase of 126 new foster homes; totaling 843 newly certified homes. There was a decrease of 29 home closures from the previous year; totaling 659 total homes closed. Many of the new homes certified were child specific. This does not allow the department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals they have a connection/bond with. The department's families that are initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home that's awaiting adoption.

The staff obtained data from the DCFS Child Welfare Dashboard (WebFocus). The recruitment strategies were developed based upon the regional data. As of the end of FFY 2015, there were 3,000 active/certified families; this number reflects foster/adoptive families that were active at any point during the FFY. There were 4,515 children in care. Based upon the above racial breakdown for children in care, the two largest populations were Caucasian and African-American. Of the 3,000 certified families, 1,815 were Caucasian families and 1,164 were African-American families.

Activities Planned for FFY 2017: The DCFS will continue to recruit foster/adoptive families willing to take children of all races and ages; but more focus will be placed on the recruitment of families willing to take older teens, large sibling groups, children with behavioral needs, children diagnosed with autism and youth who identify as LGBTQ and who are at risk or who have been sex trafficked. Louisiana does not have any policies in place that limit its ability to recruit foster/adoptive parents that reflect the diversity of children in care. This includes any statewide bans, restrictions or limitations, as well as any practices on the part of contract service providers, to restrict same sex couples or lesbian, gay, bisexual or transgender individuals from becoming resource parents.

The DCFS will train foster/adoptive parents on how to parent youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ). The department has identified partners in the community (Healing Place and HUB) who are willing to provide training and additional support to foster parents willing to care for youth who have been sex trafficked or who are at risk for being sex trafficked.

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

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community: A review of the listing of some of the regions' recruitment activities shows that staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to: maintain an awareness of the need for foster/adoptive families for provide temporary care of children in foster care; focus on specific needs of children in care; and seek out potential foster/adoptive resource for children awaiting adoption.

The results of a follow-up survey to foster/adoptive parents was completed in collaboration with CIP. This data is listed under the Foster/Adoptive Parent Certification, Recruitment and Retention section.

Update FFY 2016: The DCFS continues to seek opportunities to obtain input from certified foster/adoptive parents in an effort to improve the retention of foster/adoptive homes. The Louisiana Child Welfare Training Academy conducted a survey to identify training needs from the perspective of the foster/adoptive parent(s) and the DCFS staff. Dr. Corie Hebert with Southeast Louisiana University (community partner) was the survey project lead. The data collection came from three primary sources: 1) a written survey administered to foster parents at a Foster/Adoptive Parent Association Conference (2014); 2) an interactive survey of foster/adoptive parents attending the 2015 conference; and 3) an open inquiry sent to the DCFS workers (2015).

In the written survey, foster parents were asked to rank order a list of training topics from MOST important to LEAST important. The survey also included an open ended question which asked foster parents to list additional suggestions for training; 54 surveys were obtained.

When the interactive survey of foster parents was conducted:

- 7) 82% agreed foster parents should have prescribed training classes after pre-service training;
- 8) Most preferred guided discussions and role playing in training over videos/lectures; and
- 9) 81% indicated having child care during training was very important.

During the inquiry for feedback from the DCFS Child Welfare staff (Foster Care Supervisors, Foster Care Workers, consultants to the agency, and CQI), a total of 113 suggestions were solicited and the suggestions were condensed into 41 needs. Of the 41 needs, some were suggested numerous times; therefore, the needs identified by the workers were placed in ranked order, based on the number of times a specific need was suggested. When collecting the responses to the open ended questions, it was noted that the foster/adoptive parent(s)' expressed needs were basically the same topics that the DCFS workers suggested.

Activities Planned for FFY 2017: The DCFS will continue to partner with the Faith Based Collaborative in the recruitment of foster parents; the WWK recruiters will continue to conduct child focused recruitment for those children freed for adoption without an identified resource. The regions will identify targeted populations to recruit families (i.e., nursing conventions, autism associations, high schools, etc.).

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Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information: The Faith in Families Initiative has continued to seek out faith-based organizations to bring about an awareness of the need for foster/adoptive parents. Through the initiative, the Family Forum hosted the Over the Edge and Wait No More events in May 2014.

Louisiana Baptist Children's Home (LBCH) continues to work with the department to recruit and provide orientation/training for potential foster/adoptive parents; and provide support to certified foster/ adoptive families. Four of the nine regions reported the certification of homes that were referred through LBCH. The Louisiana Heart Gallery staff and the department have worked on a draft protocol to facilitate professional photography of children awaiting adoption and are without an identified adoptive resource. The Heart Gallery, during 2014, has featured approximately 70 children. The Heart Gallery was set up at the: May 2014 Over the Edge and Wait No More events; DCFS Statewide Centralized Adoption Exchange Training/Meeting in May and November; Louisiana Adoption Advisory Board's Adoption Awareness event in November; Orphan Sunday event in November at Healing Place Church. In addition to the Louisiana Heart Gallery, there are at least four Heart Gallery websites listed for Louisiana. The sites also feature children that are in the custody and care of DCFS. The children awaiting adoption are also featured on Adopt Us Kids website and the DCFS website. Within the regions, the following methods of dissemination of information were used: presentations, flyers, billboards and media (television and newspaper).

Update FFY 2016: The Louisiana Heart Gallery, during FFY 2015, featured approximately 80 children. The Heart Gallery was displayed approximately 10-15 times in Louisiana. It was displayed at the Louisiana State Capitol steps, Louisiana Foster/Adoptive Parent Association's Conference, Together We Can Conference, Governor's Prayer Breakfast, Over the Edge, and several churches throughout the state.

The Louisiana Heart Gallery filmed three youth in FFY 2015. The films have been posted on the AdoptUsKids and the Louisiana Heart Gallery's websites. The films are shown at regional MAPP/GPS classes and other recruitment events.

Activities Planned for FFY 2017: The DCFS will continue to partner with the Louisiana Heart Gallery to assist in the recruitment of families for children in need of forever homes. Children and youth will continue to be filmed and the department will work with local television stations to feature those videos.

The DCFS will more effectively utilize the AdoptUSKids website. There will be one manager of the system who will more effectively keep the site up to date and better coordinate with workers, recruiters and interested families in the matching of children with families.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community: DCFS Home

Development staff prepares schedules for orientation and pre-service trainings and send the information to State Office Home Development Section. Each region submitted a listing of the region's scheduled orientations and pre-service training for calendar year 2014. The information

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was posted on the DCFS website for community access. A review of the 2014 calendar year listing of orientations shows there were approximately 152 orientations held statewide. Orientations were held at various locations: churches, hospitals, regional/parish offices, libraries and college campuses. Regional staff held approximately 50 pre-service trainings statewide on various days and at various times. On Tuesdays, there were 10 evening trainings (7 sessions each) and a one day training (4 sessions); on Thursdays, there were 19 evening trainings (7 sessions each); and on Saturdays, there were 19 trainings (two – three sessions each). The trainings were held in various locations: parish offices (17); regional offices (19); churches (11); college campus (3); library (2) and hospital (2). This indicates the working relationship between the department and community partners.

Update FFY 2016: A review of the 2015 calendar year listing of orientations show there were approximately 142 orientations held statewide. Orientations were held at various locations, such as, universities, community centers, churches and libraries. Regional staff held approximately 47 pre-service trainings statewide on various days and times. The locations of these training sessions were held at various locations in the community: church (2); college campus (2); library (1); parish office (16); and regional office (26). The department continues to enhance their relationships with community partners.

Activities Planned for FFY 2017: The DCFS in partnership with the Child Welfare Training Academy (CWTA) will offer foster parents fifteen hours of in-service training. The CWTA will also post all trainings offered to foster parents on their website, including those offered by Louisiana Healthcare Connections, Cross Roads NOLA and Louisiana Baptist Children's Home. Louisiana Healthcare Connections will offer the following trainings to the foster parents throughout the state: Trauma Training; Providing Culturally Affirming Care; Human Trafficking; and Providing Services to LGBTQ Youth in Care.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: Information on working with diverse communities was explored/research via the internet. This information will be presented to the staff via teleconference and/or webinar.

Update FFY 2016: The DCFS staff received Competency in Practice with LGBTQ youth in the child welfare system.

Activities Planned for FFY 2017: The DCFS in partnership with CWTA will offer trainings on working with youth who identify as LGBTQ in addition to the training offered by the department on cultural diversity. The department will work with the CWTA to offer training on cultural diversity that will be available to foster parents and staff.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:

Please refer to Adoption Service section of this plan for additional information.

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Update FFY 2016: From January 2015 – December 2015, regional staff held approximately 61 pre-service trainings statewide in various locations to accommodate potential applicants. See previous section which outlines the number of orientations and trainings that were held during calendar year 2015. There were approximately 843 newly certified families during calendar year 2015.

Activities Planned for FFY 2017: As stated above, the DCFS will begin to look at Quality Parenting Initiative (QPI). The DCFS has identified faith based liaisons in every region who will work with the DCFS' regional liaison in helping recruit foster parents as well as provide additional support to the foster parents. The Faith Based Collaborative will continue to meet every other month to discuss recruitment and support needs for foster/adoptive parents and ongoing initiatives within the state.

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ADOPTION

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

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

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

In addition to foster care adoptions and adoption assistance functions, the DCFS AD Program is responsible for managing the Louisiana Voluntary Registry. This entails providing information to adopted persons from closed adoption records as allowed by state law, management of the state's adoption petition file room, and the handling of all Louisiana public and private agencies, 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

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

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

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

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

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

The 2013 Faith in Family Initiative is an ongoing collaboration with the faith-based community to identify adoptive resources for children who are without identified permanent families. The initiative seeks to reduce the number of child in foster care, decrease the time children spend in the foster care system, and also seeks to ensure each child that enters care has a permanent connection when they exit foster care. The outcome of the initiative is to recruit 100 families for 100 children. Services are coordinated through the collaborative efforts between the DCFS and the Louisiana Family Forum.

The 2012 cooperative agreement with Louisiana Baptist Children's Home (LBCH) is an ongoing collaboration between the Department and LBCH. LBCH has partnered with the DCFS to provide the following services: statewide development of recruitment efforts, supportive services to certified families, orientation, pre-training, certification and in-service training. LBCH staff work closely with the Home Development staff when a family is recruited and is seeking certification.

In continued efforts to address the ongoing need to increase the number of certified foster/adoptive families for older youth, the Department was awarded a Wendy's Wonderful Kids grant. In 2014 two dedicated recruiter positions were established and now there are four full time recruiters. The recruiters focus on child specific recruitment for older youth and/or children who have been available for adoption greater than one year and for whom no permanent adoptive resource has been identified. The recruiters work in collaboration with the assigned DCFS Adoption Specialist and identified child. The recruiters utilize the Wendy's Wonderful Kids Child Focused Model to accomplish this task. Performance expectations include that each recruiter matches a minimum of 10 children with a permanent family.

In conjunction with the FC program, AD staff will continue implementing the Advanced Safety Focused Practice concept throughout the foster/adoptive process.

The Department utilizes behavioral health services for families through the Louisiana Behavioral Health Partnership (LBHP). Services include outpatient therapy, assessment, Coordinated System of Care (CSoc), and other services. Adoptive families can self-refer their child for services utilizing the Medicaid card and/or private insurance.

Strengths of the AD program include: Increase in foster/adoptive parent adoptions; Continual increase in the number of adoptions over the past five years; HD staff worked closely with community partners to identify adoptive resources and/or permanent connections; Diligence in preparing the child for the adoption process; Provides continued support to families throughout

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the adoption process and; Ongoing assessment of adoptive family's eligibility for adoption subsidy services.

Barriers in the AD program include: Lack of consistent practice regarding involvement of adoption staff early in the case, at the point of permanency goal change and; lack of sufficient adoptive resources.

Population Served: Children placed by the Department as a result of child abuse and/or neglect are typically rendered available for adoption through the legal processes of involuntary termination of parental rights, a voluntary act of surrender of parental rights or parental death. The majority of foster children available for adoption with a goal of adoption and who are in need of an adoptive placement are older, special needs, and/or members of sibling groups.

Number of Individuals/Families Served: As of April 1, 2014 there were 4,208 children in foster care; 461 were available for adoption and 360 were in need of adoptive placements. Of the 360 children, 99 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 99 children actively photo-listed, 67 were males and 32 were females, 32 were white, 66 were African American, and 1 was listed as other race, 13 were members of a sibling group and approximately 75% were deemed physically, emotionally or intellectually challenged.

As of April 2014, adoptions were subsidized for 5,890 children. Of this number, 513 families are living out of the state of Louisiana. Additionally, there are 659 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,172 families.

Collaboration: DCFS makes every effort to reach out to state and local agencies and organizations in an effort to promote adoption.

- The Adoption Section collaborates with the Louisiana Adoption Advisory Board (LAAB). The central mission of LAAB is to bring various members of the adoption community together to share different perspectives, seek common understanding and promote initiatives that pertain to adoption.
- Louisiana collaborates with other states to provide Medicaid coverage for adopted children who live in another state and for those children that move from other states to Louisiana.
- The DCFS HD staff (in designated regions) works with CASA to recruit families for children and youth freed for adoption without an identified placement resource.
- The DCFS will continue to work in partnership with the Louisiana Family Forum on the Faith in Families initiative which focuses on adoption awareness and/or permanency connections and the recruitment/retention of foster/adoptive families for older youth.
- The DCFS began working in partnership (via a grant) with the Dave Thomas Foundation to implement the Wendy's Wonderful Kids child focused adoption recruitment model. The population served will be older youth (12-17); younger children with special needs; sibling groups; and children with an Alternative Permanent Living Arrangement goal.

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Adoption Activities Planned for FFY 2015-2019: Departmental staff will reach out to state, local agencies and organizations to promote adoption, to develop working relationships, to enhance involvement of foster/adoptive parents in promoting foster/adoption awareness, to coordinate Annual Governor's Adoption Celebration, and to increase adoption awareness. Staff will also provide information to the community regarding adoption services, support child specific recruitment (e.g., statewide exchange meetings, heart gallery, digital stories), and to provide pre- and post-adoption services to families and children, including private and international adoptions. Technical assistance and consultation will be provided to adoption staff and staff will promote Voluntary Registry awareness.

Update FFY 2015: Number of Individuals/Families Served: As of April 2015 there were 4,314 children in foster care; 473 were available for adoption and 133 were in need of adoptive placements. Of the 473 children, 117 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 117 children actively photo-listed, 79 were males and 38 were females, 37 were white, 79 were African American, and one was listed as other race, 13 were members of a sibling group and approximately 90% were deemed physically, emotionally or intellectually challenged.

As of April 2015, adoptions were subsidized for 6,140 children. Of this number, 87 families are living out of the state of Louisiana. Additionally, there are 1,297 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance provides services for 1,384 families.

The department's collaboration with the faith-based community has been consistent. The community partners have provided services to help identify foster/adoptive resources for children awaiting adoption and to increase public awareness of the need for adoptive families.

In May 2014, the department participated in two activities hosted by the Focus on the Family organization: Over the Edge and Wait No More. The Over the Edge activity took place in downtown Baton Rouge on May 8th and 9th. The focus of the activity was to raise community awareness about foster care and adoption; and to recruit foster/adoptive families. The event was attended by: the Louisiana governor's wife, celebrities, foster/adoptive families, prospective foster/adoptive families, local organizations, lawmakers and DCFS staff.

The Wait No More event was held in Baton Rouge at the Istrouma Baptist Church on May 10, 2014 from 10 a.m. – 2 p.m. Based upon information received from the host, Focus On the Family, more than 200 people attended the event. Those individuals represented approximately 80 different families. Of those in attendance, 22 families initiated the process of adoption from foster care at the event; and nine families indicated their desire to get involved by praying, wrapping around an adoptive family or giving support to Wait No More. There were 13 agencies (inclusive of DCFS Home Development/Adoption staff) and ministries on-site to answer participants' questions and help start the process of fostering/adoption; approximately 60 churches were represented. All participating families received complimentary copies of Focus on the Family resources: Handbook on Thriving as an Adoptive Family; Wait No More: One

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Family's Amazing Adoption Journey; Wrapping Around Adoptive Families; Attachment in adoption; Sensory Deprivation; and Love and Loss in Foster Care.

In May and November of 2014, the department held two Centralized Exchange Meetings at DCFS State Office in Baton Rouge. In addition to the departmental staff, invitations were sent out to at least six local organizations (private adoption agencies and faith-based community partners). Refer to the Adoption Incentive Section for more detailed information on the Centralized Exchange Meetings.

During the month of November, there are several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The Annual Governor's Adoption Celebration was held in November 2014 to celebrate families that adopted children during FFY 2014. There were 630 children adopted by 450 adoptive families. Staff from across the state participated in this event.

Around the state, during the month of November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) "Walk for Adoption" followed by a balloon release; this included foster/adoptive parents, family/juvenile court judges, and community partners; 3) hosting fun day for foster/adoptive families; 4) regional selection of an adoptive family of the year; one region partnered with the mayor of the city and CASA to show appreciation and celebrate adoptive families.

November 20, 2014 Louisiana Adoption Advisory Board (LAAB) in conjunction with DCFS and community partners held a recruitment activity at the Louisiana State Capitol to bring awareness to the need for adoptive families.

Local and state level foster/adoptive parent associations seek ways to: 1) promote foster/adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; participate in legislative lobbying to obtain laws that will help them be more effective in their community. In some regions, local associations will select an Adoption Specialist as "Worker of the Year"; provide care packages for the children; and provide support to newly certified foster/adoptive parents.

In the department's effort to promote Voluntary Registry awareness, DCFS enhanced the DCFS website by establishing an e-mail address and making the necessary document for Voluntary Registry available to the public. This website is in addition to the 1-800 inquiry line for the registry. For all adoption recruitment activities, the community is provided with brochures on the Louisiana Adoption Voluntary Registry.

Update FFY 2016: As of April 2016, there were 4,361 children in foster care; 467 were available for adoption. Of the 467 children, 101 were photo-listed on the Louisiana Adoption Resource Exchange and registered as active with AdoptUSKids website at www.adoptuskids.org/states/la. Of the 101 children actively photo-listed, 67 were males and 33

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were females; 33 were Caucasian, 65 were African-American and 2 were listed as other race; 20 were members of a sibling group; 42 were age 9-13; and 48 were 14 and older.

As of May 2016, adoptions were subsidized for 6,499 children. Of this number, 656 families are living out of the state of Louisiana. There are 677 adoption subsidy families from other states living in Louisiana. The Interstate Compact on Adoption and Medical Assistance (ICAMA) provides services for 1,237 families.

During FFY 2015, approximately 87 children were served through guardianship subsidies. Since October 2011 to May 2016, an approximate total of 118 children have received a guardianship subsidy.

The department's collaboration with the faith-based community has been consistent. The community partners have provided services to help identify foster/adoptive resources for children awaiting adoption and to increase public awareness of the need for foster/adoptive families. They have continued to provide supportive services to families; assisted the department in identifying training needs; and assisted in the recruitment of adoptive families for children who are in need of a forever family.

In May 2015, the department participated in two activities hosted by the Focus on Family organization: Over the Edge and Wait No More. The Over the Edge activity took place in downtown Baton Rouge on June 19th. The focus of the activity was to raise community awareness about foster care and adoption; and to recruit foster/adoptive families.

During the month of November, there were several activities conducted throughout the state in recognition of November as Adoption Awareness Month. The Annual Governor's Adoption Celebration was scheduled to be held on November 6, 2015, but unfortunately there was severe weather and the event was cancelled. However, staff from across the state participated in events within their regions to celebrate adoption and those 662 children who were adopted and their families.

Around the state, during the month of November, the adoption units participated in the following activities geared toward promotion of adoption awareness: 1) presentation of the annual adoption proclamation by city-parish president; 2) "Walk for Adoption", followed by a balloon release; this included foster/adoptive parents, family/juvenile court judges and community partners; 3) Race for a Forever Home, followed by a fun day for foster/adoptive families; 4) 5K Race and Fun Run; 5) Orphan Sunday, an event to raise awareness about the plight of children needing homes; 6) a regional selection of an adoptive family of the year; and 7) one region partnered with the mayor of the city and CASA to show appreciation and celebrate adoptive families.

Local and state level Foster/Adoptive Parent Associations seek ways to: 1) promote foster/adoption awareness; 2) enhance their abilities to meet the needs of the children in state custody; and 3) support DCFS staff. The state level association provides assistance/support to certified foster/adoptive parents that are interested in establishing a new association; participate in legislative lobbying to obtain laws that will help them be more effective in their community.

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In some regions, local associations will select an Adoption Specialist as “Worker of the Year”; provide care packages for the children; and provide support to newly certified foster/adoptive parents.

Activities Planned for FFY 2017: Ongoing collaboration with the Faith Based Collaborative will continue. The Collaborative consists of the DCFS, Healing Place Church, Crossroads NOLA, Catholic Charities, Louisiana Baptist Children’s Home, and Louisiana Foster/Adoptive Parent Association. Each region in the Department will be assigned a faith based liaison, who will work with DCFS Home Development Liaison to assist in the recruitment of homes, coordination of an adoption exchange and providing support services to families.

The Adoption Program will continue to work with the Louisiana Heart Gallery to ensure that pictures of all children, without an identified adoptive resource, are taken and posted on AdoptUSKids. The Louisiana Heart Gallery and the Adoption Program will continue to create professional videos of those children free for adoption. The videos will be placed on the Louisiana Heart Gallery’s website as well as shared with the adoption staff, Wendy’s Wonderful Kids’ recruiters and Home Development staff to be played at events and foster parent trainings.

The Adoption Program will continue to partner with local media to spread awareness about adoption and the need for adoptive families.

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ADOPTION & LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Services the state expects to provide to children and families using Adoption & Legal Guardianship funds: DCFS anticipates utilizing the adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services, will include, but not be limited to the following: media, contract assistance for timely completion of home studies for families interested in adoption, child specific recruiter, and statewide match exchanges.

Should there be additional funds as a result of the changes to how adoption incentive funds are disbursed by the ACF, Children’s Bureau, the Department will assess the feasibility of increasing the number of days for post adoption respite beyond the current 25 day limit allowed in the adoption subsidy. Additionally, the Department will assess the feasibility of covering therapeutic services for those families that are ineligible to receive services through Louisiana Behavioral Health Partnership.

The state’s plan to ensure timely expenditure of the funds in accordance with section 473A (e) of the Act: To ensure timely expenditure of the funds DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditures use; identify cost of services and; coordinate with the Department’s budget section to ensure funds are appropriately utilized and expended within allocated timeframe.

During the FFY 2013 and 2014 the state has not encountered any issues or challenges relating to expending adoptive incentive funds in a timely manner.

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child (age 9 and older)	Amount Awarded
FFY 2013	739	733	179	\$1,692,000
FFY 2014	630	624	141	\$1,400,808
FFY 2015	662	645	125	**\$606,571
FFY 2016				
FFY 2017				
FFY 2018				

Data extracted on March 3, 2016 from WebFocus Developer Studio.

***This grant amount includes adoption and legal guardianship.*

NOTE: Special Needs adoptions include all finalized adoptions during FFY in which either a payment or service subsidy is provided.

NOTE: During FFY 2015, approximately 87 children were served through guardianship subsidies. Since October 2011 to May 2016, an approximate total of 118 children have received a guardianship subsidy.

Update FFY 2015: Adoption incentive funds were utilized to: 1) support ongoing recruitment efforts (e.g., purchase of informational booklet to help educate the community about the foster/adoptive process); 2) adoption subsidies (e.g., non-recurring expenses); 3) assist in alleviating barriers to adoption (Adoption Purchase of Service contracts); and 4) child specific recruitment.

In FFY 2014, a total of 630 children were adopted. In prior years, the department was able to

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access data from the National Resource Center for Child Welfare Data and Technology that provided a preliminary estimate on the number of special needs and older children. Within the last two reporting periods, this information has not been available; therefore, going forth there will be no reporting on the number of special needs and older children, until the data is made available.

During the 2015 FFY, adoption incentive funds were utilized to secure adoption services assistance in other states for children adopted outside of Louisiana. There were seven Purchase of Service Agreements completed to assist in the placement of eight children with seven certified adoptive families residing in other states. The adoption incentive funds have been used in conjunction with the Wendy's Wonderful Kids (WWK) grant award to staff five WWK positions (four recruiters and one supervisor). Information regarding WWK is outlined under the Child Focused Recruitment Section.

In May and November 2014, a Statewide Centralized Exchange Training/Meeting was held at the State Office in Baton Rouge. The purpose of the meeting was to: 1) bring together DCFS regional Adoption/Home Development (AD/HD) staff, community partners and stakeholders; 2) facilitate the matching of children awaiting adoption with available adoptive families; 3) provide our community partners and stakeholders with an understanding of the needs of the children in the custody of DCFS; 4) facilitate the sharing of recruitment ideas among the AD/HD staff; 5) update on department permanency efforts, initiatives and strategies, and 6) identify existing barriers as well as regional strategies and practices that have positively impacted timely permanency outcomes for children. Approval was granted for each regional Adoption and Home Development supervisor and one staff person to attend the training/meeting.

In May 2014, in addition to the departmental staff, invitations were sent out to at least six local organizations (private adoption agencies and faith-based community partners). The speaker was the director of Mississippi Families of Kids organization; she provided information on the placement of children with private agency families. There were in attendance approximately 36 regional staff, 10 state office staff, 10 staff persons from private/community organizations. During this training/meeting, each regional Adoption Unit presented two children awaiting adoption and each regional Home Development Unit presented two families awaiting placement of a child. There was at least one potential match made; however, it did not move toward adoption finalization due to the adoptive family experiencing some unexpected family issues.

In the November 2014, there were approximately 53 individuals in attendance at the training/meeting; there were 33 AD/HD staff; four DCFS Wendy's Wonderful Kids recruiters and one supervisor; two Dave Thomas Foundation for Adoption staff; six community partners (private adoption agencies and faith-based community partners); and seven State Office staff. One of the focuses of the training/meeting was the presentation of children and adoptive families to facilitate the matching of children awaiting adoption with available adoptive families. The AD staff featured approximately 18 children awaiting adoption and the HD staff featured approximately 18 certified foster/adoptive families that were awaiting an adoptive placement. The private adoption agencies were also given an opportunity to feature their adoptive families.

The training for staff centered on new federal legislation; staff was provided an opportunity to

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discuss the AD/HD policy revisions/updates. In addition, information was provided on the WWK Child-Focused Model by the Dave Thomas Foundation for Adoption and WWK staff. There was also discussion and stories shared regarding adoption successes, challenges and lessons learned.

Update FFY 2016: Prior to the current FFY, the Department utilized the chart above to show data regarding foster child adoption, special needs, older child (age 9 and older) and the Adoption Incentive Award amount.

The Adoption Incentive Program was renamed the “Adoption and Legal Guardianship Incentive Payments” program. In FFY 2015, the Department was awarded \$606,571 in Adoption and Legal Guardianship Incentive Payments.

The DCFS will use the incentive funds to continue to perform child focused recruitment for children freed for adoption without an identified adoptive family and explore additional child focused adoption recruiters whose primary focus is to work with children who have been available for adoption for more than 12 months without an identified adoptive resource. Departmental staff will explore crisis intervention services to prevent adoption disruption and explore expansion of behavioral health services to include the entire family rather than just the identified patient. DCFS will also explore services to maintain the adoptive placement and to work toward reunification if the adopted child is not currently placed with the adoptive family. DCFS will continue to hold an annual adoption exchange, utilize media to recruit homes and contract home studies for child specific certification.

The Department will explore the availability of medical services requested by adoptive families on a limited basis if they relocate to Medicaid non-reciprocal states. Also staff will explore activities for adoptive families to allow for expression of adoption issues to include support groups for adopted youth and their families and mentoring/education opportunities.

In order to ensure timely expenditure of the funds, DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditures use; identify cost of services; and coordinate with the Department’s budget section to ensure funds are appropriately utilized and expended within allocated timeframe.

During FFY 2015 and beyond the state has not encountered any issues or challenges relating to expending adoptive incentive funds in a timely manner.

The DCFS did not have a statewide adoption exchange. However, each month the Wendy’s Wonderful Kids (WWK) recruiters would come together to discuss available children and homes that were available for placement. A statewide exchange is being coordinated for June 2016.

The Department’s WWK grants were renewed for an additional year. The DCFS employs two child focused WWK recruiters under the grants and two additional recruiters are employed with the adoption incentive funds. The WWK model served 82 children and finalized six adoptions. There are currently 10 children placed in pre-adopt homes awaiting finalization; and six children have been matched with families who are awaiting placement.

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Activities Planned for FFY 2017: It is anticipated that the Adoption and Legal Guardianship Incentive Payments will be used in conjunction with the Wendy's Wonderful Kids (WWK) grant award to continue to staff five WWK positions (four recruiters and one supervisor). The DCFS will host an annual state adoption exchange. The exchange will provide training to staff along with an opportunity to match children with families from around the state. It is anticipated funds will be used to recruit adoptive homes and provide support services to ensure timeliness to permanency.

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SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES:

Activities that the state has undertaken to support the families of children adopted from other countries: Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program which assists families to record adoptions in Louisiana and then obtain a revised birth certificate. Additionally, regional Family Resource Centers provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody that experience adoption disruption and/or dissolution Louisiana provides/provided ongoing foster care services, to include: board rate, independent living, and educational support services, medical assistance, psychological support, and clothing replacement services.

Inter-country Adoption Data

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
Baseline 2012-13	27
2013-14	23 (1 of which ended in disruption/dissolution)
2014-15	11
2015-16	
2016-17	
TOTAL	61

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

Activities Planned for FFY 2015-2019 to support children adopted from other countries, including the provision of adoption and post-adoption supports: The Department will conduct a quarterly review of adoption dissolution reports, identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

Update FFY 2015: Each month, a DCFS production report is provided which identifies children that have been adopted with a status of adoption disruption and/or dissolution. This report is reviewed and contact is made with the appropriate region to determine the current status.

DCFS continues to provide services to one child who was originally adopted internationally. The 17 year old female from China continues in foster care. Her previous placement, of approximately 1½ years, with a foster family in Zachary, Louisiana disrupted in January 2015. The reason for the disruption was due to the family’s inability to cope with the child’s reestablished relationships with her adopted sister and godmother in Colorado. After she reconnected with the adopted sister and godmother, she was making plans to move to Colorado

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after graduation. However, these plans are no longer viable. The female teen is currently in a non-certified foster home placement. This placement setting is in the family home of the grandmother of one of her friends. She is in the 11 grade at Zachary High School. She has a grade point average of 3.0; additionally, she scored a 20 on her ACT test. The family with whom she is currently residing is going through the foster/adoptive certification process. At this time they are committed to making a permanent connection with the teenager after she reaches the age of majority. Also, the teenage has established additional relationships with another foster family in the area where she on occasions will spend weekends and join the family for dining out. This family too has expressed an interest in maintaining permanent connections with the teenager.

Agency Who Handled the Placement/Adoption: According to DCFS legal staff in the Baton Rouge Region, multiple attempts were made to find out the name of the private adoption agency the adoptive family worked with during the placement and foreign adoption finalization. At the point the adoption disrupted, the family was not cooperative with providing information, even after being court ordered to do so. It was learned that the child was adopted from China and the Chinese adoption was made executory in Louisiana. The legal documents that were obtained by the Department from the adoptive parents did not identify the adoption agency.

Reason for Disruption or Dissolution: - As previous reported, the child (then 14 years old) was presenting serious behavioral issues (e.g., standing over the adoptive father at bedtime with a knife, being aggressive at school and fighting). She was hospitalized in November 2011 at a psychiatric facility. At the time of her discharge, her adoptive parents failed to pick her up thereby abandoning the child. Subsequently, the child entered foster care the latter part of November 2011.

Plans for the Child: - The child's goal is adoption. A family has been identified as a potential adoptive resource. In the most recent update for FFY 2015, the family had begun the foster/adoptive certification process. Another family has also been identified as a potential permanent connection.

The DCFS continues to provide services to one female child from China who was originally adopted internationally. She is 18 years of age. During September 2015, she was approved for participation in the Youth in Transition Program, from October 8, 2015 through May 31, 2016. She has been enrolled and classified as a senior at Zachary High School. She is in good academic standing. She has an anticipated graduation date of May 2016.

She was set to receive a monthly stipend as long as she was progressing well in school. This young lady was also provided information regarding Education and Training Vouchers, should she decide to attend a post-secondary institution prior to her 21st birthday. It was noted if she plans on selecting engineering, medicine or education as a field of study, she should apply for the Brave Heart Scholarship. Information was also provided regarding a possible scholarship through the Foster Parent Association. Lastly, she was provided a contact name and number of a case manager with Catholic Charities Archdiocese of New Orleans. Thru the organization's services, she could benefit from follow-up services until she turns 21 years of age.

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Agency Who Handled the Placement/Adoption: As stated during the previous FFY, multiple attempts were made to find out the name of the private adoption agency who handled the placement and foreign adoption finalization. However, according to DCFS legal staff in the Baton Rouge Region, this information was not made available. At the point the adoption disrupted, the family was not cooperative with providing information, even after being court ordered to do so. It was learned that the child was adopted from China and the Chinese adoption was made executory in Louisiana. The legal documents that were obtained by the Department from the adoptive parents did not identify the adoption agency.

Reason for Disruption or Dissolution: - This child was 14 years old at the time of disruption. She was presenting serious behavioral issues (e.g., standing over the adoptive father at bedtime with a knife, being aggressive at school and fighting). She was hospitalized in November 2011 at a psychiatric facility. At the time of her discharge, her adoptive parents failed to pick her up thereby abandoning the child. Subsequently, the child entered foster care the latter part of November 2011.

Update FFY 2016: Plans for the Child: - As of October 2015, the child's goal was changed to Independent Living. She has been residing with the same foster family. As stated above, she has been provided several options toward pursuing a post-secondary education.

Activities Planned for FFY 2017: The Department will conduct a quarterly review of adoption dissolution reports, identify foreign adoptions, monitor service provision to children who have entered protective custody and provide adoption recruitment services.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING
VOUCHER PROGRAMS - APPLICATION FOR FFY 2016**

NOTE: In a previous APSR and CFSP it was inaccurately reported that Catholic Charities subcontracts services in the Baton Rouge and Thibodaux Regions. Catholic Charities does not subcontract out those services.

Under the seven proposed goals and accompanying strategies, the Department accomplished the following activities supporting the Chafee Foster Care Independence and Educational Training Vouchers programs:

**PURPOSE/GOAL 1: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18
TRANSITION TO SELF-SUFFICIENCY BY PROVIDING SERVICES:**

Objective 1.1: Improve youth transition planning to enhance competence to exit foster care.

Strategy 1: Develop and conduct training regarding working with youth transitioning from foster care with DCFS staff, foster caregivers, youth, and CFCIP providers.

- The training “Working with Youth Transitioning from Foster Care” was developed for the DCFS staff, foster caretakers, youth, and CFCIP providers. Youth contributed to the training by providing input on their experiences when transitioning from care and explaining what they needed from their case managers and other support systems. A CASA representative also presented at each training to explain their services to participants. The trainings were held across the state from May to August of 2014.

Strategy 2: Monitor quality Youth Transition Plans developed by DCFS staff through the addition of the YTP plan in the online case planning database and through the CQI YTP reviews and Program review of CQI reviews. The Youth Transition Plan (YTP) was revised with input from youth and added to the online case planning database. A sample of the completed plans is evaluated through the CQI process on a quarterly basis, with second-level reviews occurring by State Office staff. The review instrument assesses the following which are based on “Positive Youth Development” principles:

- Completion of the plans according to policy;
- Quality of the plans in achieving the desired outcomes for youth with individual circumstances;
- Ensuring youth are active participants in the planning process;
- Ensuring youth have permanent connections and a plan to establish/maintain the relationship; and,
 - Ensuring youth have opportunities to demonstrate success in mastery, independence, generosity, and sense of belonging.

Strategy 3: Track development of Youth Transition Plans through TIPS case events.

- DCFS continues to track the completion of Youth Transition Plans through case events in TIPS.

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Strategy 4: Assist youth in recognizing the importance of designating a healthcare proxy through transition planning.

- All youth ages 16 and older continue to be informed by their foster care, adoption or juvenile justice worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. (Many children's attorneys are available to assist in execution of a health care proxy if a youth desires.) Youth are provided information about health care proxies at each YTP update while in the state's foster care system.

Strategy 5: Assist youth in completing credit clearances and resolving identified problems.

- Staff are required to conduct credit clearances on all youth ages 16 and 17 on an annual basis. The Department is currently in negotiations with the three major credit reporting agencies to develop guidelines for this process to overcome challenges and accommodate recent changes to federal law. TIPS continue to generate case events for the credit clearances to monitor compliance with completion of the clearances and resolution of problems. Any problems indicated by the credit clearances are resolved with the assistance of departmental staff.

Update FFY 2016: The Department continues to contract with CFCIP providers in each of the nine regions of the state which covers all 64 parishes. Catholic Charities serves the Baton Rouge, Orleans, and Thibodaux Regions, with offices in Baton Rouge, Gretna, and Houma, Louisiana. Gulf Coast Social Services serves Lafayette and Lake Charles Regions, with offices in Lafayette and Lake Charles, Louisiana. Southeastern Louisiana University serves Covington Region with an office in Hammond, Louisiana. Methodist Children's Home serves Monroe Region, with an office in Ruston, Louisiana. Goodwill Industries serves Shreveport and Alexandria Regions, with offices in Alexandria and Natchitoches, Louisiana.

The CFCIP providers are contracted to provide transitional living services to youth ages 14 to 17 in DCFS or OJJ foster care and former foster youth ages 18 to 21. The newly released RFP requires CFCIP providers to assist former foster youth up to age 26 in obtaining services to meet their needs. It is estimated the contracted CFCIP providers will serve approximately 1000 youth during FFY 2017. The Department and the CFCIP providers with tribes in their regions reach out to the tribes on a regular basis to inform of referral processes, services available, trainings, and annual youth conferences.

The Department has been involved in negotiations with the three major credit reporting agencies, Experian, Equifax, and TransUnion to improve DCFS access to credit clearances.

The Department delivered an updated version of "Working with Youth Transitioning from Foster Care" to foster care and adoption staff throughout the state focused on improving youth transition planning and enhancing engagement of youth in that process. The contract Independent Living Skills Providers assisted in the trainings for the regions they serve to provide specific information about their programs. A total of 467 staff members attended the training from January to March 2016. The training included guidance on the development and implementation of adequate transition plans for youth who are approaching adulthood. An

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essential component of the training was the importance of a youth determining who his or her healthcare proxy will be upon reaching adulthood.

The Department monitors the quality and completion of adequate Youth Transition Plans for youth ages 14 to 17 by conducting case record reviews each quarter, although this will be changing to every six months in October 2016. Each of the nine regions has three YTP reviews each quarter for a total of 108 reviews each year. The CQI team presents the findings of the reviews to regional management after the reviews in order to provide guidance to further improve practice. State Office Program staff is available to assist CQI staff or the field with any issues regarding quality, completion and implementation of adequate YTPs.

DCFS has developed a contractual relationship with a transitional living program that is focused on providing specialized services for the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population. The Department encourages foster caretakers and residential providers to be sensitive to all of the needs of youth in foster care and to refrain from projecting personal biases onto the youth. Youth who express an interest in purchasing clothing of their identified gender are allowed to do so within the allotted clothing allowances. Youth who identify as LBGTQ are allowed the same opportunities to participate in age and developmentally appropriate activities as other youth.

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

DCFS offered training entitled “Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems”. The State Office Home Development Program compiled information on “Working with Diverse Families” and “Good Customer Service” to be handed out and discussed with regional staff.

The Department and CFCIP providers have adopted “Choosing the Best” curriculum to promote healthy sexual relationships, sexual abstinence, and making good sexual choices with youth. The curriculum is focused on the health advantages of delayed sexual activity and empowers youth to make the healthiest choices, in order to reduce unplanned pregnancies and Sexually Transmitted Diseases, improving the outcomes for youth and their families. The DCFS has reviewed the list of FYSB-funded grantees and currently has a working relationship with six of them.

HP Serve and DCFS collaborated on the Louisiana Collaborative Intervention Model (LaCIM) planning grant for the purpose of improving the well-being, safety, and permanency of children in foster care and those exiting foster care that are at the most risk of homelessness. These entities worked to identify risk and protective factors that lead to children becoming homeless and designed services to deter homelessness. HP Serve was not selected to receive the implementation phase of the grant.

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The Department is an active participant in the legislated task force on Youth Aging out of Foster Care. This task force was established in 2015 to explore public policy for programs and services that assist youth aging out of foster care to achieve successful independence while considering the potential for homelessness in this at-risk population. The task force focused on the six outcome measures collected by NYTD: financial self-sufficiency, educational attainment, connections with adults, homelessness among former foster youth, high risk behaviors (substance abuse, incarceration, and teen pregnancy/parenthood), and access to health insurance.

Financial Self-Sufficiency: 26% of Louisiana youth surveyed reported having a part or full-time job or training program.

Educational Attainment: 80% of Louisiana youth surveyed reported being enrolled and attending school. 7% had completed high school.

Connections with Adults: 94% of Louisiana youth surveyed reported having a positive connection with an adult.

Homelessness among Former Foster Youth: 6% of Louisiana surveyed in 2011 reported being homeless at some point.

High Risk Behaviors: 22% reported a substance abuse referral; 31% reported having been incarcerated; 5% reported being a parent.

Access to Health Insurance: 93% of Louisiana youth surveyed reported having Medicaid coverage and 2% reported having some other type of health insurance.

The Louisiana Housing Corporation conducts a point in time survey of all homeless individuals on a particular date. The survey was conducted on January 25, 2016. For the first time, the survey included questions related to the prevalence of a foster care history among the homeless population in order to get more accurate data. There are some reservations regarding the data gathered from the point-in-time survey, as this population of youth is difficult to locate and many do not actually reside on the street but instead have unstable housing and “couch surf”. Once the results of the survey are received by the Department, the results will guide future planning for youth aging out of foster care.

CFCIP providers are able to assist youth facing homelessness by helping youth identify housing options and assisting in the housing application process. Providers are able to assist with deposits for housing and utilities within their individual budget allowances. Providers are able to assist with enrollment in educational and vocational programs to allow youth the opportunity to have more job skills, thereby reducing their risk of homelessness. Once the youth is age 18, the youth must voluntarily contact the CFCIP providers to seek their assistance in educational/vocational training and housing.

At this point in time the State does not technically contract with or partner with programs funded by the Runaway and Homeless Youth Act (including Transitional Living Programs). Some youth exiting foster care at age 18 do take advantage of programs funded by the Runaway and Homeless Youth Act for housing when they have no other options. Examples are Covenant House in New Orleans; and, Youth Oasis in Baton Rouge. Additionally, youth aging out of foster care with no other options are supported by DCFS staff and Chafee Foster Care Independence Program contract providers in completing housing program applications with the Louisiana Housing Corporation which may include application for housing offered through programs funded by the Runaway and Homeless Youth Act. Louisiana does utilize transitional

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living programs for some of our 16 and 17 year old youth to help prepare them for living independently. These programs are funded through Chafee funds. They include Nora's House in Ponchatoula, Diversity House in Baton Rouge and Cane River in Natchitoches. Diversity House is a transitional living program specifically designed for LGBTQ youth. Jim Kelley of Covenant House, Nicole Sweazy of the Louisiana Housing Corporation, and Laura Jensen representing Nora's House, Diversity House and Cane River all serve along with the Department and other stakeholders on the legislated Youth Task Force to research and develop recommendations for improved service delivery to youth aging out of foster care in Louisiana.

At this time the Department does not formally support sites utilizing the Family Unification Program (FUP) vouchers for youth nor is DCFS involved in efforts to support the new demonstration between FUP and HUD's Family Self-Sufficiency Program. Through the Youth Task Force, Nicole Sweazy has instituted a survey with all FUP program providers to identify program participants with previous foster care involvement to collect data to inform the recommendations for change developed by the task force in relation to improved service delivery to youth aging out of foster care in Louisiana.

DCFS is not currently partnering with FYSB-funded grantees or others to educate youth in foster care about pregnancy prevention. The Department does receive free educational supplies including instructor guides and pupil workbooks from the Louisiana Youth for Excellence (LYFE) program on a curricula called "Choosing the BEST" which focuses on sexual abstinence. These materials are provided to the Chafee Foster Care Independence Program contract providers to use in the training they provide youth on responsible sexuality. The partnership with FYSB-funded grantees is planned for development over the coming year.

Activities Planned in FFY 2017:

- The Department will complete negotiations with the three credit reporting agencies and institute practice changes as necessary to ensure timely completion of the credit clearances and resolution of problems.
- The Department will develop plans to mentor field staff in the development of adequate YTPs for youth transitioning to adulthood.
- The Department will develop policy on ensuring quality transition plans for youth approaching adulthood.
- CQI and program staff will continue to monitor YTPs and address practice concerns identified through the review process and feedback loop.
- The Department will finalize upgrades to the TIPS system to track completion of initial, ongoing and final youth transitions plans in case events.
- The Department will provide information to staff and foster caretakers on working with diverse communities.
- The Department will continue to participate with the LGBTQ Taskforce on development of policy and identification of available resources.
- The Department will reach out to the FYSB-funded grantees to connect them and their local CFCIP providers to partner in addressing homelessness and pregnancy prevention.
- The Department will develop policies on utilizing the screening tool for homelessness to assist CFCIP providers in serving this population more effectively.

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Objective 1.2: Expand and strengthen services provided by CFCIP providers.

Strategy 1: Increase numbers of youth served by CFCIP providers.

- The Department developed an online process to submit referrals to CFCIP providers. CFCIP providers continue to meet with DCFS staff on a regular basis to inform field staff of their services. The Department provided CFCIP providers with additional funds to increase service provision through case management services as well as concrete services necessary to establish their own living situation for youth ages 18-21 beginning July 1, 2013.

Strategy 2: Improve curricula and increase youth involvement in program development and delivery.

- Each CFCIP provider has funds dedicated to hire a youth worker who participates in the Louisiana Youth Leadership Advisory Council (LYLAC) and assists in contracted service provision. These youth workers also participate in the development of the annual youth conferences.

Strategy 3: Offer more experiential learning opportunities for youth, to include offering educational and planning services to foster caregivers which coincide with the youth's services.

- The "Working with Youth Transitioning from Foster Care" training was held to include DCFS staff, CFCIP providers, and foster caretakers. The training stressed the importance of providing youth with opportunities for experiential learning. The CFCIP providers incorporate experiential learning into independent living classes provided to the youth.

Strategy 4: CFCIP providers provide on-going support as a long-term resource to youth.

- The Department continues to monitor the provision of contract services to youth by the CFCIP providers through monthly documentary review and quarterly site visits.

Update FFY 2016:

- Program Staff conducted trainings in each region to reinforce the necessity of all youth ages 14 and older being referred to CFCIP providers for services.
- Continued monitoring of contractor activities to serve the individual needs of youth during their transition to adulthood (ages 14 to 21).
- Secured a former foster care youth to assist the Department in recruiting for the LYLAC board and provide a youth voice in policy development.

Activities Planned for FFY 2017: DCFS will initiate a review of curricula and make adjustments as necessary.

Objective 1.3: Provide opportunities for youth, departmental staff, foster caregivers, and CFCIP providers to network, participate in program development, receive resources and education regarding youth in foster care.

Strategy 1: Hold annual youth conferences throughout the state through the CFCIP providers in collaboration with youth, community partners, and DCFS staff.

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The Department conducted annual youth conferences in 2014 on the following dates:

- June 5, 2014 (Alexandria/Shreveport)
- June 6, 2014 (Lafayette/Lake Charles)
- June 9, 2014 (Baton Rouge/Covington)
- June 11, 2014 (New Orleans/Thibodaux)
- June 12, 2014 (Monroe)

The DCFS staff and foster caretakers joined youth in training sessions and received training credit during the annual youth conferences.

Update FFY 2016:

Regional youth conferences will be held according to the following schedule:

- Baton Rouge/Covington Regions: May 25, 2016
- Alexandria/Shreveport Regions: June 2, 2016
- Lafayette/Lake Charles Regions: June 2, 2016
- New Orleans/Thibodaux Regions: June 2, 2016
- Monroe Region: June 9, 2016

CFCIP providers have consulted with youth in each region to determine activities, topics for breakout sessions, and themes for each of the conferences. Each conference will have a panel of youth speak about their personal experiences transitioning from foster care to independence. The conferences also include access to different resources which may assist the youth in their transition. Examples of stakeholders participating in the conference include representatives from post-secondary educational institutions and the Louisiana Bar Association, caretakers, residential providers, Office of Juvenile Justice Staff, and Department staff.

Activities Planned for FFY 2017: Youth conferences will be held on an annual basis and will continue to include input from youth involved. Suggestions from the evaluations of the 2016 youth conferences will guide arrangements and topics of the 2017 youth conferences.

The following chart reflects the baseline data for the number of youth transition plans completed.

*Outcomes Measure	Baseline FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
% Initial YTP's completed timely	20%				
% Final YTP's completed timely	**Unable to determine				

Goal 1, Measurement 1: Completion of Youth Transition Plans

* Based on number due within the SFY.

**Case event under development for future tracking.

The following chart reflects data on youth conferences conducted statewide.

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Outcome Measure	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Number of youth conferences held	*5	5	5			
*% of youth in attendance overall	*191 (19.9% of the eligible population of youth)	243 (26.1% of the eligible population of youth)	264 (33.5% of the eligible population of youth)			
Number of DCFS staff in attendance overall (unduplicated)	*96	105	100			
Number of foster caregivers in attendance overall	*13	38	69			
Number of youth participating in conference planning/delivery overall (unduplicated)	*48	81	58			

Goal 1, Measurement 2: Youth Conferences

**Base determined by number attending out of number invited/eligible for attendance*

The chart below reflects the number of youth served by CFCIP providers by region.

Youth served by CFCIP providers (DCFS, OJJ, Other)						
Provider/Region	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
CCANO/Orleans	265 TOTAL 249 DCFS; 16 OJJ	231 TOTAL 191 DCFS; 40 OJJ	252 TOTAL 214 DCFS; 38 OJJ			
CCANO /Baton Rouge	99 TOTAL 99 DCFS; 0 OJJ	60 TOTAL 56 DCFS; 4 OJJ	71 TOTAL 69 DCFS; 2 OJJ			
CCANO /Thibodaux	63 TOTAL 63 DCFS; 0 OJJ	77 TOTAL 77 DCFS; 0 OJJ	94 TOTAL 91 DCFS; 3 OJJ			
GCTFS/Lafayette	48 TOTAL 48 DCFS; 0 OJJ	52 TOTAL 52 DCFS; 0 OJJ	90 TOTAL 90 DCFS; 0 OJJ			
GCTFS/Lake Charles	37 TOTAL 21 DCFS; 16 OJJ	44 TOTAL 33 DCFS; 11 OJJ	119 TOTAL 68 DCFS; 51 OJJ			
LMCH/Monroe	288 TOTAL 130 DCFS; 158 OJJ	271 TOTAL 108 DCFS; 163 OJJ	267 TOTAL 79 DCFS; 188 OJJ			
SELU/Covington	48 TOTAL 48 DCFS; 0 OJJ	32 TOTAL 32 DCFS; 0 OJJ	77 TOTAL 77 DCFS; 0 OJJ			
Goodwill/Alexandria	63 TOTAL 59 DCFS; 4 OJJ	77 TOTAL 66 DCFS; 11 OJJ	56 TOTAL 46 DCFS; 10 OJJ			
Goodwill/Shreveport	89 TOTAL 56 DCFS; 33 OJJ	87 TOTAL 63 DCFS; 24 OJJ	54 TOTAL 33 DCFS; 21 OJJ			

Goal 1, Measurement 3: Youth Served by CFCIP providers

PURPOSE/GOAL 2: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 RECEIVE THE EDUCATION, TRAINING, AND SERVICES NEEDED TO OBTAIN EMPLOYMENT:

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OBJECTIVE 2.1 Make youth aware of educational and vocational options.

Strategy 1: Collaborate with the Louisiana Workforce Commission (LWC), formerly Louisiana Department of Labor, to refer youth for employment and training opportunities.

- a) The Department replaced the Statewide Reality City Youth Conference by expanding the regional NYTD Youth Conferences.
- b) CFCIP providers incorporated job skills into independent living classes and invited local businesses to provide information on employment opportunities.
- c) CFCIP providers assisted youth in completing employment applications and obtaining needed supplies for employment.
- d) Information on accessing job skills training and employment opportunities are presented to youth during the annual NYTD Conferences provided by the Department.
- e) CFCIP providers employed a former foster youth to assist with implementation of the regional programs.

Update FFY 2016: The Department is collaborating with many stakeholders including LWC as part of a Task Force on Youth Aging Out of Foster Care to identify the best way to work together in providing youth the skills necessary to transition successfully into adulthood. The recommendations of the Task Force will be presented to the Louisiana legislature for financial support in helping youth in several areas including financial self-sufficiency and educational attainment.

The State provided the members of the Youth Task Force with copies of the 2011 NYTD Louisiana Snapshot document as well as the ACF developed NYTD briefs 1, 2, 3 and 4. NYTD brief 3 with the 6 outcome areas impacting youth success in the transition to independence is being used as the guideline for the task force report to the legislature. The Department's Independent Living Coordinator and NYTD lead, Elizabeth Anthon, has monthly phone conferences with all Chafee Foster Care Independence Program contract providers and their foster care alumni staff to review their progress in locating foster youth for NYTD follow-up surveys. The contacts with the youth by the contract providers and foster care alumni staff are conducted not only to encourage NYTD survey participation, but also to sustain contact with youth and reiterate availability of ongoing Chafee services for the youth.

Specific efforts by DCFS and contract providers which have improved NYTD data collection are: maintaining contact and relationships with the youth after they age out of foster care; social media searches; and, collection and retention of information from youth when contacts are made regarding other important people/connections in their life in addition to their own information.

Activities Planned for FFY 2017:

- Continued work with the Task Force on Youth Aging Out of Foster Care to develop plans for specific services to meet the needs of youth transitioning from foster care.
- Collaboration between the Department and LWC in particular to assess existing services which can be expanded to include the goals of this program.

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PURPOSE/GOAL 3: HELP YOUTH PREPARE FOR AND ENTER POST-SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS:

GOAL 3: HELP YOUTH LIKELY TO REMAIN IN FOSTER CARE UNTIL AGE 18 PREPARE FOR AND ENTER POST SECONDARY TRAINING AND EDUCATIONAL INSTITUTIONS.

Objective 3.1: Provide educational/vocational services, including costs of education or vocational training, books, supplies, fees, GED tests, college admission tests and any other services needed to gain admission to all youth under age 18 and to youth over age 18 based on availability of funds.

- The Department continues to fund the educational needs of youth in foster care prior to age 18.
- CFCIP providers assist with educational needs of former foster youth ages 18-21.
- Educational Training Vouchers (ETV) are available for post-secondary education or vocational training through collaboration with LOSFA.
- LOSFA does outreach with financial aid advisors at each accredited post-secondary educational and vocational institution in Louisiana.
- The Department provides youth a monthly stipend when turning 18 if within one year of completing their secondary educational program, planning to complete the program and performing satisfactorily.
- The Department held an outreach event with foster youth interested in attending Baton Rouge Community College in collaboration with the college to advise youth, their caretakers and local DCFS staff of services offered.
- LSU and the Department have initiated collaboration to reach former foster youth enrolled at the university and advice of services to support success.
- Criteria for ETV eligibility were increased to include youth who are dually-enrolled in a secondary and post-secondary program.

Update FFY 2016:

- The Department has provided monthly stipends to youth who have aged out of foster care but have not completely finished their secondary education, but will do so by their 19th birthday.
- The Department has continued to collaborate with LOSFA to distribute ETVs to eligible youth.
- Program staff conducted the training “Working with Youth Transitioning from Foster Care” throughout the state and reiterated the criteria for the monthly stipend for youth completing their secondary education and for ETVs.
- The department provided a trust fund out of Chafee funds in the amount of \$2500 to a youth who was in Foster Care but placed in a Youth Challenge Program when the youth achieved age 18. The supportive service was provided to the youth due to his ongoing, specialized, controlled, placement in an educational/vocational program at the time of achieving age 18 and being released from DCFS custody which prevented department intervention to establish a more permanent plan for transition to independence for this

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youth. This same type of trust fund will be provided to youth in the future in the same type of situation with the Youth Challenge Program or Job Corps Program at the time of achieving age 18, and policy will be developed to reflect the availability of this service for this group of youth. As a prerequisite to acquiring the funds held in trust the youth was required to meet with the CFCIP provider in the region where he lived for a minimum 3 hour appointment to review: career goals and available supports; ongoing educational goals and available supports; planned living situation and available supports; financial resources and available supports; permanent connections; assessment of youth skill level in managing daily care needs and available supports; availability of continued case management services through CFCIP provider; availability of ETV funds for educational/vocational support; and assistance in preparing a budget for the use of the trust in establishing and maintaining an independent living situation.

- The CFCIP providers continue to assist youth in accessing available funds for secondary and post-secondary education. Youth over the age of 18 receive assistance by self-referral and when surveyed for NYTD.

Activities Planned for FFY 2017:

- The Department will continue to publicize ETV criteria to field staff in order to increase the number of youth who receive ETV funds.
- The Department and LOSFA will maintain contact with post-secondary institutions to ensure the needs of current/former foster youth are met in order to increase utilization of ETV funds.

Objective 3.2: Make available vouchers for education and training, including post-secondary education to youth who have aged out of foster care.

Strategy 1: The DCFS will support Louisiana Office of Student Financial Assistance (LOSFA) in managing the Education Training Voucher (ETV) program.

LOSFA is the channel by which ETV funds are distributed to eligible youth. LOSFA has an established relationship with post-secondary educational institutions throughout the state. Finding youth who are eligible for ETV is not the responsibility of LOSFA. ETV eligibility is stressed by IL providers during IL classes and annual youth conferences. DCFS staff are provided information on ETV to forward to youth so they are aware of the funds available to them. Post-secondary institutions are providing State Office contact information to youth who feel they are eligible for Chafee funds based on the foster care question on the FAFSA. More youth have recently been requesting information about the eligibility criteria in order to determine their eligibility for funds. Any youth who contact the Department to inquire of the eligibility for Chafee funds are assisted.

- The Department's staff and CFCIP providers continue to be available to assist youth in applying for educational programs, vocational programs, and financial assistance;
- Information regarding the ETV program continue to be supplied to youth by the DCFS staff and the CFCIP providers during updates to the Youth Transition Plans and annual youth conferences;
- DCFS partnered with LOSFA to distribute ETVs to eligible youth.

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Strategy 2: DCFS staff will assess youth's knowledge of the ETV program during YTP development.

- Information regarding ETVs is provided on the DCFS Youthlink website;
- Policy regarding the availability of ETVs was updated for field staff.

Update FFY 2016:

- The Department has maintained a positive working relationship with LOSFA in order to distribute funds effectively to eligible youth.
- FFY 2015 saw an increase in the number of youth who received ETV and the trend has increased again for FFY 2016.
- Department and LOSFA staff are available to assist any youth who encounter challenges in obtaining funds.
- Field staff are encouraged to provide youth with an official documents indicating their eligibility in order to expedite the process of receiving funds.

Activities Planned for FFY 2017:

- Program staff and CFCIP will continue to inform field staff and youth of the availability of ETV funds for eligible youth to assist in the obtainment of post-secondary education.
- Department staff will pursue consistent contact with OJJ staff to ensure their youth are aware of the availability of funds.
- ETV flyers will be distributed to workers and relevant stakeholders to review with youth aging out of foster care.

PURPOSE/GOAL 4: PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS:

Objective 4.1: All department staff will have the skills to located permanent connections for youth and will use the skills to assure that each youth has at least one caring and continuous adult relationship.

Strategy 1: Training will be provided to DCFS staff (will offer training to CFCIP providers and CASA also) to further knowledge regarding locating permanent connections for youth and strengthening existing connections to focus on the youth's needs. (WebEx)

- The Department revised its policy on developing permanent connections for youth to guide staff work efforts;
- The Department provided training on the use of the CLEAR system to search for prior connections of youth;
- On April 2, 2015, a WebEx was presented on APPLA as a case goal and the importance of permanent connections to Regional Administrators and Regional Performance Measures Consultants for Child Welfare;
- The DCFS worked with Support Enforcement to ensure greater access to the Federal Parent Locator Service to find relatives of children.

Update FFY 2016:

- A WebEx was held on February 3, 2016 on Federal and State Laws on Youth Transition Planning. The WebEx explained the importance of establishing and maintaining

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permanent connections. One third of field staff participated in the WebEx and a recording was made available to all staff via the DCFS intranet.

- The Department provided “Working with Youth Transitioning from Foster Care” training to assist staff in understanding an effective youth transition plan, to include permanent connections.
- CQI continues to evaluate the adequate completion of YTPs for all youth ages 14 – 17 and provides results to determine effectiveness of the training.

Activities Planned for FFY 2017:

- The results of the CQI evaluations of YTPs will determine future steps needed to ensure youth have adequate transition plans.
- Program staff will continue to assist field staff with case-specific needs of youth.

Objective 4.2: Increase the number permanent connections in the community available to youth aging out of foster care.

Strategy 1: DCFS will collaborate with stakeholders to explore possible resources for mentors within the community to partner with in working with youth. Permanent connections for older youth are assessed through the Youth Transition Plans.

- 1) The Department initiated the Faith in Families Initiative which emphasized the importance of connections for youth after foster care and providing older youth mentors;
- 2) The Department has collaborated with HP Serve on a homeless grant and a human trafficking grant to better serve those sub-groups of youth through mentors;
- 3) In partnership with Casey, Sue Badeaux provided training to staff and foster caretakers related to special needs of older youth and the importance of mentoring programs.

Strategy 2: DCFS will work to recruit and develop foster parent resources specific to older youth willing to serve as permanent connections for these youth.

- The Department will conduct a webinar with statewide home development staff to encourage the development of a plan to target family resources willing to serve as mentors and permanent connections to older youth aging out of care.

Update FFY 2016:

- Sue Badeau provided training on permanency to Department staff on October 16, 2015. Representatives from management, field staff, and the CQI team from each region were present to relay information to additional staff.
- The Department continues to work with stakeholders to develop additional resources for mentors for children in foster care.
- The Department is collaborating with HP Serve to develop mentors for youth who are victims of sex trafficking through the Louisiana Children’s Anti-Trafficking Initiative (LACAT).
- The Department and HP Serve collaborated on a homeless grant through September 2015; however, the grant was not renewed for FFY 2016.

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- The Department developed an agreement with a newly licensed youth transitional living program which specializes in transitional services for LGBTQ youth.
- The department along with 20 stakeholders on the Task Force for Youth Aging Out of Foster Care compiled research on placement options for youth.
 - Training was provided to a larger group of stakeholders as a result of this work by Mark Kroner on housing options for independent living programs
 - Consultation of the Task Force members and a state legislator with Mark Kroner addressed how the state and stakeholders could move forward in improving service delivery to older youth aging out of foster care to reduce negative outcomes.

Activities Planned in FFY 2017:

- Task Force collaboration will continue.
- DCFS development of placement options with particular skills in working with older youth in successfully transitioning to adulthood will continue.
- A training module for foster care supervisors will be developed and implemented related to enhanced youth transitional planning.

Objective 4.3: CFCIP providers will continue to provide aftercare services to youth from age 18 to 21 in locating needed services through case management, continued contact with the youth to assess needs, including counseling for emotional crisis, as requested by the youth, after the youth has left care.

Strategy 1: CFCIP providers will provide case management services to youth after aging out of foster care if the youth is interested.

- CFCIP providers located 79.8% of youth age 21 to complete the NYTD surveys;
- Referrals were made to CFCIP providers to continue case management services when the youth reached age 18;
- Case management services offered to youth ages 18-21 were monitored during site visits with the CFCIP providers;
- CFCIP providers were available to assist youth ages 18-21 with problem resolution.

Strategy 2: The Department has developed a contact plan for CFCIP providers to assist in maintaining contact with 17 year old NYTD Baseline youth, until the age of 21, that are interested in further services.

- CFCIP providers were responsible for maintaining regular contact with youth from 18 to 21 in order to increase success of completing NYTD follow-up surveys*. Youth were sent Birthday and Christmas cards each year, as well as periodic letters and postcards. Youth were contacted through social media, by email, and by phone as well. All contact attempts included requests of updated contact information by the CFCIP providers, reminders of services available to youth upon request, and reminders of when the next NYTD survey would be requested.

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DCFS conducts monthly calls with IL providers to report on progress of surveying follow-up youth. Strategies to contact hard-to-reach youth are discussed during the calls, with providers seeking assistance from each other to locate youth. The “snap shot” format for each state on the NYTD portal is not working. This data has been used in the past to guide conversations with stakeholders to determine how resources can be best utilized to serve youth transitioning out of foster care to independence.

IL providers are responsible for maintaining regular contact with youth ages 18 to 21 in order to provide case management services and to increase success of locating youth to complete NYTD follow-up surveys. Providers are required to contact youth via different methods on at least a bi-monthly basis in order to build a relationship with the youth and determine the need for ongoing services. Logs of their contact with these youth is provided to State Office on a monthly basis and is reviewed during quarterly site visits by program staff. The 2011A follow-up youth were surveyed according to the following chart:

Region	Provider	Surveys Completed	Sample Size	Percentage	Methods of contact for acquiring surveys
Alexandria	Goodwill	9	9	100%	In-person/phone contact; located via vinelink.com, relatives, Facebook
Baton Rouge	Catholic Charities	8	11	73%	Phone contact; 2 unable to locate; 1 deceased
Covington	Southeastern	9	12	75%	Phone contact; contact with jail/relatives/former case worker; 3 unable to locate
Lafayette	Gulf Coast	8	10	80%	In-person/phone contact; Facebook; 2 unable to locate
Lake Charles	Gulf Coast	6	8	75%	In-person/phone contact; Facebook; 1 unable to locate; 1 declined participation
Monroe	Methodist	6	9	67%	Phone contact; Facebook; 3 unable to locate
Orleans	Catholic Charities	8	9	89%	In-person/phone contact; mail; contact via jail; 1 unable to locate
Orleans	Catholic Charities	8	9	89%	In-person/phone contact; mail; contact via jail; 1 unable to locate
Shreveport	Goodwill	9	12	75%	In-person/phone contact; vinelink.com; relatives; 2 unable to locate; 1 deceased
Thibodaux	Catholic Charities	6	9	66%	In-person/phone contact; mail; 3 unable to locate
Totals		69	89	77%	

* Attempts to locate youth who were unable to be contacted include: Phone, Mail, Social media, Contact with former case managers and caretakers for current contact information, Vinelink.com, and Relatives.

Update FFY 2016:

2011B Follow-Up Youth

Region	Provider	Surveys Completed	Sample Size	Percentage
Alexandria	Goodwill	11	12	92%
Baton Rouge	Catholic Charities	6	12	50%
Covington	Southeastern	7	9	78%
Lafayette	Gulf Coast	5	17	29%

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Region	Provider	Surveys Completed	Sample Size	Percentage
Lake Charles	Gulf Coast	6	11	55%
Monroe	Methodist	9	12	75%
Orleans	Catholic Charities	9	13	69%
Shreveport	Goodwill	9	11	82%
Thibodaux	Catholic Charities	10	12	83%
Totals		72	109	66%

*Attempts to locate youth who were unable to be contacted include phone, mail, social media, contact with former case managers and caretakers, vinelink.com, relatives, Medicaid database, CLEAR searches, and food stamp database.

Activities Planned in FFY 2017:

- CFCIP providers will continue to offer case management services to youth ages 18-21.
- CFCIP providers will continue to form relationships with youth to increase completion rates of follow-up surveys.
- The Department and CFCIP providers will continue to have monthly teleconferences to determine progress with case management services, follow-up NYTD surveys, and regional LYLAC boards.

Objective 4.4: Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC).

Strategy 1: The DCFS Program staff will support CFCIP providers in continued development and maintaining Regional LYLAC Boards and meetings through monthly development calls.

- Regional LYLAC meetings were held on a monthly basis in 2014 through June of 2015.

Strategy 2: LYLAC State Board meetings will be held quarterly alongside the CFCIP provider meetings to encourage greater participation of youth and provide youth a transportation resource through the CFCIP providers.

- The state LYLAC meetings were held on a quarterly basis in conjunction with the CFCIP providers meeting in order to increase youth participation as follows:
- November 26, 2013 (Baton Rouge, LA.)
- February 21-22, 2014 (Dubach, LA.)
- June 17, 2014 (Baton Rouge, LA.)
- September 13, 2014 (Metairie, LA.)

Strategy 3: LYLAC will assist in planning and training at the annual youth conferences as long as they are interested in doing so.

- LYLAC members contributed to the regional youth conferences by providing input on session topics and themes. Each region had local youth present at the conferences.
- Youth participated in the Together We Can Conference in October 2014, with the majority of the participants being legal stakeholders.
- Youth presented at the annual Foster Parent Conference in February 2015 about the importance of working with youth transitioning from foster care.

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Update FFY 2016:

- Statewide LYLAC board meetings were held on November 24, 2015, February 16, 2016, and April 12, 2016. The next board meeting will be scheduled in August 2016.
- The LYLAC board continues to focus on recruitment and outreach to youth to encourage participation in LYLAC.
- The Department is attempting to finalize an internship with an aged-out youth during the summer 2016 to focus on efforts to recruit youth for participation in LYLAC.
- LYLAC members presented information to stakeholders during the Together We Can conference in Lafayette, LA in October 2015 and the Foster Parent Conference in Baton Rouge, LA in February 2016.
- LYLAC members participated in interviews with stakeholders to share their experiences in order to provide personal testimony to guide policy and practice change.
- LYLAC members are currently revising the “Know Your Facts” booklet which is provided to youth age 12 and older in foster care.

Activities Planned in FFY 2017:

- CFCIP and the Department will continue to encourage youth participation in statewide and regional LYLAC activities.

The following chart reflects the average number of youth who participate in LYLAC quarterly scheduled meetings.

GOAL 4, MEASUREMENT 1: THE AVERAGE NUMBER OF ATTENDEES AT STATEWIDE AND REGIONAL LYLAC BOARD MEETINGS

Statewide LYLAC Participation and Activities – Average number of attendees at Statewide and Regional LYLAC board meetings						
	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Average number attending State LYLAC board meetings	7	5	4			
Average number attending Regional LYLAC meetings	5.7	5.1	4			

Update FFY 2016:

- Regional LYLAC boards continue to meet on a monthly basis and initiated socialization activities to encourage participation of youth.
- Some regional LYLAC meetings occur at the same time and location as foster parent training in order to increase youth attendance.

Activities Planned in FFY 2017:

- Program staff and CFCIP providers will aggressively recruit additional foster youth to participate by meeting with youth prior to turning 18 or being adopted and inform them of the benefits of involvement. The group will set incremental goals for attendance and participation based on feedback from each region.

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PURPOSE/GOAL 5: PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION, AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN 18 AND 21 YEARS OF AGE.

- Youth who age out of foster care at age 18 continued to complete their secondary education program within one year. Monthly stipends continued to be available by the Department to assist in maintaining placement in order to achieve completion of the secondary program.
- Policy was updated to include information on the dynamics of the Youth in Transition Program.

Number of Youth receiving YTP stipends						
Baseline:	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Education stipend	*26	28	12			
Med/Dev. transition stipend	*0	0	0			

Goal 5, Measurement 2: Number of youth receiving YTP stipends

- *Based on SFY 2014 beginning 8/1/2014*

Update FFY 2016:

- The Department provided “Working with Youth Transitioning from Foster Care” training to remind staff of the Youth in Transition Program which assists youth in stabilizing their placement after turning 18 if they have not yet obtained their high school diploma or GED.
- Program staff encourages CFCIP providers to follow-up with aged out youth to assess their educational progress and determine their eligibility for the Youth in Transition Program.
- If a youth was previously determined to be ineligible for the program due to insufficient grades or educational progress, then youth are provided information on ongoing case management services with the CFCIP providers to support the youth’s ongoing educational/vocational pursuits.

Activities Planned in FFY 2017:

- Program staff will continue to promote the Youth in Transition Program through webex, training, and/or email.
- CFCIP providers will continue to be required to offer ongoing case management services to all interested youth aging out of Foster Care in Louisiana.

PURPOSE GOAL 6: MAKE AVAILABLE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST-SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE

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

Strategy 1: DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or OJJ custody or tribal custody, and/or who are in post-secondary institutions at the time they reach 18 years of age) and notify them of their potential ETV eligibility (Years 1-5).

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- The DCFS continues to work with youth exiting foster care, youth in OJJ or tribal custody, youth adopted after age 16, and youth entering a guardianship arrangement after age 16 to apprise of their eligibility for ETVs.

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

- The Department continues to distribute ETV funds by LOFSA to eligible youth.

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

- The DCFS contracted with LOFSA to verify satisfactory academic progress prior to requesting ETV funds;
- The DCFS continues to verify the youth's eligibility for ETV funds after a request for ETV funds is made through LOFSA.

Update FFY 2016:

- The Department provided "Working with Youth Transitioning from Foster Care" training in which staff were reminded of the Education Training Vouchers available to eligible youth in obtaining post-secondary education.
- Program staff encourages CFCIP providers to follow-up with aged out youth to assess their educational progress and determine their eligibility for ETV.
- If a youth was previously not enrolled in a post-secondary educational program, then program staff or CFCIP providers follow-up with the youth to determine their ongoing eligibility.
- The Department continues to provide field staff, adoptive or guardianship parents, and stakeholders with information on ETV eligibility criteria and contact information with the Department and LOSFA for further assistance if needed.
- DCFS has a "Youth Link" on the department website with information on resources available for youth aging out of foster care with specific information on availability of ETVs and eligibility criteria.
- Information on ETV was added to Department policy in January 2015 to advise staff on the availability and eligibility criteria for funds.
- LOSFA has increased publicity around ETV to post-secondary educational institutions. The Department has seen an increase in the number of applications for ETV during FFY 2016. While some of the youth do not meet the criteria for funds, the increased number of applications is a result of the extra publicity of the program. The Department advances funds from upcoming fiscal years when exceeding the budget in order to reach as many youth as possible.

Activities Planned in FFY 2017:

- LOSFA and the Department will reach out to educational institutions to remind of the eligibility criteria and assist with any verification of eligibility.
- Program staff will continue to promote ETV through webex, training, and/or email.
- Program staff will reach out to field staff to determine if any youth in foster care are eligible for funds based on their circumstances.
- Program staff will reach out to the Office of Juvenile Justice on a regular basis to encourage youth in their custody who are eligible to ETV to apply for funds.

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The chart below reflects the number of ETV applications the state received in the state’s school fiscal year (Aug 2014-May 2015).

Number of ETV Applications					
FFY 2013 (Baseline)	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
116	105	117	141		

Goal 6, Measurement 1: Number of ETV Applications

The chart below reflects the number of ETV vouchers issued in the state’s school fiscal year (Aug. 2014-May 2015).

Number of Education and Training Vouchers Issued						
Total number of ETV vouchers awarded each year and the number of new vouchers awarded each year						
	Baseline: FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Total Vouchers	98	84	82	99		
New Vouchers	36	25	28	33		

Goal 6, Measurement 2: Number of ETVs issued each state school fiscal year & the number of new ETVs issued

Louisiana does not have a high post-secondary education enrollment rate as a state overall. Those youth in foster care struggle to meet current academic standards to achieve a secondary education and are not motivated to pursue higher education. The majority of youth in foster care are well below grade level and accessing convenient, appropriate tutoring programs is a challenge. Youth in foster care also have challenges with time and transportation for participating in educational support services. At age 18, most youth are no longer offered financial support via the Department and education is not the youth’s priority. Their focus is meeting their basic survival needs of food, clothing, and shelter. Some youth are focusing on gaining employment to meet these needs. The Department has provided training to staff to increase knowledge of available services for transitioning youth and how to successfully plan for a youth’s ongoing educational/vocational needs and available resources as well as the youth’s transition to independence.

The Chafee Foster Care Independence Program contract providers work extensively with youth to educate them on the importance of completing their education and the availability of post-secondary educational programs for continuing their educational/vocational development as well as resources to support that development. Additionally, this past year DCFS staff spoke at the state foster parent association conference in relation to helping youth transition successfully to adulthood which included information on resources available to support the youth in post-secondary educational/vocational development. During the NYTD conferences (held statewide during May and June each year for all youth in foster care and who have recently exited foster care) presentations to the youth typically include information on the importance of completing their education and the availability of post-secondary educational programs for continuing their educational/vocational development as well as resources to support that development. Some of the presentations to the youth include presentations by other youth regarding the significance of accessing the resources available through the department to improve the transition to independence.

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Purpose 7: Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption:

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

Strategy 1: Assure that CFCIP Providers continue to provide services to youth who have left foster care for adoption or kinship guardianship at age 16 or older.

- CFCIP providers were available to assist youth who were adopted or entered a guardianship agreement after age 16.

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Update FFY 2016:

- The Department continues to provide field staff, adoptive or guardianship parents, and stakeholders with information on ETV eligibility criteria and contact information of the Department and LOSFA for further assistance if needed.
- FFY 2016 has seen an increase in the number of ETVs issued to eligible youth.
- Youth who are adopted or entered a guardianship agreement after the age of 16 are provided with information on Chafee services upon their exit from foster care.

Activities Planned in FFY 2017: Program staff will monitor youth who have exited care and provide them with available resources on a regular basis.

Youth Involvement in Plan and Other State Department Efforts:

- Youth conferences were held across the state in June 2014.
- Youth and CFCIP providers guided organization of the conferences including development of the agenda and preparation of youth for providing presentations at the conferences.

Activities performed since the 2015-2019 CFSP submission and planned for FY 2017 to involve the public and private sectors in helping adolescents in foster care achieve independence: The Department has partnerships with the following to assist with helping adolescents in foster care achieve independence:

Louisiana Housing Corporation: Previously, there were 25 vouchers available to assist with housing for youth who have aged out of foster care. Currently, the vouchers are not available.

Healing Place (HP) Serve: The non-profit has partnered with DCFS to continue the Louisiana Collaborative Intervention Model (LaCIM) for the purpose of improving the well-being, safety, and permanency of children in foster care and those exiting foster care that are most at risk of homelessness. The partnership allows for identification of other opportunities to support this unique population. HP Serve and DCFS also have a memorandum for both entities to partner to serve foster care youth who are at risk of trafficking and to build the capacity of child welfare systems to prevent human trafficking among the most at-risk youth/young adults with child welfare involvement.

Office of Juvenile Justice (OJJ): DCFS and OJJ have entered into an agreement to collaborate in case planning with youth who have contact with both child welfare and juvenile justice programs. Policy was initiated in July 2015 to address procedures for ensuring going case planning for the transition to independence for these youth.

Office of Citizens with Developmental Disabilities (OCDD): DCFS and OCDD work together to determine which youth qualify for Medicaid waivers based on their disabilities and how their needs can be met while in foster care.

Department of Health and Hospitals (DHH): DCFS and DHH have established the Health Care Oversight and Coordination Plan for children in foster care to ensure ongoing quality medical and behavioral health services to children in foster care. Bi-weekly scheduled

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psychopharmacology consultations with a Board Certified Child Psychiatrist and staff, are held on children in foster care identified as being outside of the recommended psychotropic medication parameters.

Louisiana Office of Student Financial Assistance (LOSFA): LOSFA is the state agency which distributes funds for post-secondary education programs. LOSFA distributes funds to those youth who are eligible for ETV.

4-H: DCFS State Office was contacted by the state 4-H to provide assistance to children in foster care. During the summer of 2015, the state level 4-H conference attendees provided decorated Lifebooks to the Department for distribution to youth in foster care.

Crossroads NOLA: DCFS has provided guidance to Crossroads NOLA in their potential development of a transitional living program in the greater New Orleans area.

Update FFY 2016: There were five regional youth conferences held across the state in June 2015. Feedback by youth for the 2015 youth conferences was used to plan for the 2016 youth conferences. Overall, youth like the opportunity to gather information on transitional services and have some unstructured time with peers in similar situations.

Activities Planned in FFY 2017: Feedback from the 2016 youth conferences will be used to plan for the 2017 youth conferences. Input from youth will be used to guide development of the topics of breakout sessions and themes of the event

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

EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):

The chart below reflects the continuing and new ETVs issued by year according to the state's school fiscal year.

Continuing and New ETVs by Year		
School Year	Total Vouchers	New Vouchers (First Time)
School Year 2013 (Baseline)	103	33
School Year 2014	92	26
School Year 2015	52	27
School Year 2016	65	29
School Year 2017		
School Year 2018		

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PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II: The DCFS utilizes funds for family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. State and local share spending for Title IV-B, Subpart 2 for FFY 2013 (for comparison with the 1992 base year amount) indicates \$8,177,068.00 was spent, \$6,132,801.00 of which was federal funds and \$2,044,267.00 was state general funds and in-kind funds.

State and local share spending for Title IV-B, Subpart 2 for FFY 2014 (for comparison with the 1992 base year amount) indicates \$7,855,735.00 was spent, \$5,891,801.00 of which was federal funds and \$1,963,934.00 was state general funds and/or in-kind funds. The 1992 base year amount was \$2,772,015.

The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (FPSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)
- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child’s home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 which allowed peer-to-peer mentoring and support groups for parents and primary caretakers as allowable.)
- Adoption Promotion and Support Services (APSS) – 20% - Services and activities designed to encourage more adoptions out of foster care as well as pre and post-adoptive services and activities.

Services provided through the use of Promoting Safe and Stable Families (PSSF) funds include Family Resource Centers and Infant Teams.

Service/Program Description - Family Resource Centers (FRC) Services provided by the center address FPSS, FP, TLR and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are nine (9) Family Resource Centers contracted to provide services. The current Family Resource Centers are listed below:

- 1.) Discovery FRC-Southeastern University, Baton Rouge Region

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- 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

Each FRC provides services to parishes in their geographic area so that services are available throughout the state. These centers receive referrals from DCFS of families who are involved with the Department due to neglect and abuse of a child. FRC provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a multi-year contract.

- **Parent Education:** Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, STEP including Effective Black Parenting
- **Visit Coaching:** Primarily targeting children in foster care, but this service benefits in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. For families in the Nurturing Parenting Program (NPP) program, the "family time" component will be expanded to accommodate this service and will serve as that parent's visit.
- **Family Skills Building:** The Family Skills Building (FSB) service provided through the FRC provides customized support, mentoring, guidance, and teaching on identified needs that are not readily addressed by other services, such as parenting education or visit coaching. FSB targets areas of family skills identified as areas of concern or problem in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.

Decision making process for Family Support Services - The FRCs were selected as providers through the Request for Proposals (RFP) process. DCFS placed ads requesting that interested parties submit proposals. After the closing date the proposals were reviewed and the agencies/organizations demonstrating the most qualifications aligned with our standards were selected as providers. These programs were expected to be community based and located within

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the community they were requesting to serve. Housed in one central location within their region, many of the providers have satellite locations that allow them to have a more visible presence.

Population Served - The Family Resource Center provides services to families referred by the Department and the Office of Juvenile Justice Family in Need of Services (FINS) Program. DCFS refers families with children ages 0-17 who are receiving services from the agency as a result of abuse or neglect. The DCFS can refer families involved with CPS, FS, FC, and Adoptions programs. Foster and adoptive parents are able to self-refer when there is a need for services to enhance their skills or stabilize placements. There is emphasis placed on referrals for children ages 0-5 which have been identified at greatest risk for abuse and neglect. The Nurturing Parenting Program has a specialized curriculum to work with children and families in this age group.

Gaps in Services - Transportation continues to be an issue for families accessing services through the FRC. Lack of consistent transportation makes it difficult to engage families in group-based services. This often requires many families to receive individual services in their home disrupting the class based curriculum expected by programs such as Nurturing Parenting Program. The Family Resource Centers are required to assist families in the development of a transportation plan when rendering services.

Considering current capacity building efforts of the Louisiana Family Resource Center Network, the Department's plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

Program staff along with the FRC Network met the goal of developing service guidelines for each of the core services provided by the resource centers. The service guidelines for visit coaching and the Nurturing Parenting Program have been implemented. These service guidelines will help to guarantee fidelity among the resource centers and help safeguard continuity of service delivery should a family move from one location to another. Program staff and regional liaisons will monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines.

Tulane Parenting Education Program has continued to provide consultation resources to FRCs across the state. These consultations have occurred twice per month as set in the initial goal. Consultation services included on-going training, support and guidance to FRC staff in implementing parenting programs for clients, including Visit Coaching.

Activities Planned for FFY 2015-2019 a Request for Proposals has been completed and is in the final stages of approval within the department for a functional FRC within the Monroe Region. Following the final approval within the department it will be submitted to the Office of State Purchasing (OSP) for approval and release. It is the expectation that the Monroe region will have access to FRC services by October 1, 2015. In order to fill the gap in services in the region, the department contracted with Tamara Thompson Parent Education Services to provide Family Skill Building and Visit Coaching Services. Community Support Programs Inc. from the

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Shreveport region provided two Nurturing Parenting Program (NPP) courses in the Monroe region in 2014.

FRC Update FFY 2015: The Department achieved the goal of entering into a contract with Prevent Child Abuse Louisiana (PCAL) to improve and monitor model fidelity, develop a data collection and utilization plan, and implement a peer review process for ongoing evaluation of FRC services. PCAL started compiling data relative to the NPP. The data will be placed into a database for analysis to monitor the effectiveness of the program and its outcomes for families served.

In efforts to reach the goal set for program staff, regional liaisons and FRC staff to collaborate and develop a plan that will improve staff referrals, over the past year the contract monitors have worked with the Family Resource Centers and the regional liaisons to target efforts to increase referrals. With the assistance of regional staff, FRC directors visited local offices and met with staff and administrators to explain the services offered and the benefits to clients, and how the services support the efforts of the DCFS case workers. Additional efforts to increase referrals to the FRC's have been incorporated into trainings offered throughout the department such as Structured Decision Making Training, Advanced Safety Focused Practice Training and New Worker Orientation and Training. These efforts are projected to increase referrals. The chart below gives the projective goals for referrals and well as the number of referrals received during a Federal Fiscal Year with FFY 2014 serving as the baseline measurement.

GOALS FOR FAMILY RESOURCE CENTER REFERRALS									
Family Resource Center	Number of Referrals (Baseline FFY 2014)	Goal for # of Referrals FFY 2015	Actual # of Referrals FFY 2015	Goal for # of Referrals FFY 2016	Actual # of Referrals FFY 2016	Goal for # of Referrals FFY 2017	Actual # of Referrals FFY 2017	Goal for # of Referrals FFY 2018	Actual # of Referrals FFY 2018
Alexandria	140	147	169	162		178		187	
Baton Rouge	210	221	194	243		267		280	
Covington	202	212	222	233		257		269	
Lafayette	178	187	186	206		226		237	
Lake Charles	264	277	198	305		335		352	
Monroe	No Center	No Center	No Center	No Center		No Center		No Center	
Orleans	206	216	174	238		262		275	
Shreveport	161	169	235	186		205		215	
Thibodaux	56	59	50	65		71		75	
Total	1417	1488	1428	1638		1801		1890	

FRC Update FFY 2016: A Request for Proposals (RFP) was released on October 12, 2015 for the Monroe Region Family Resource Center. The department received proposals from three agencies. The RFP review team selected the Children's Coalition for Northeast Louisiana to provide resource center services for Region 9.

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Contract monitors along with regional liaisons have continued to work with the resource centers as well as the local office staff to increase referrals. Overall the centers saw less than a 1% increase in the number of referrals for FFY 2015. While several centers saw significant increase in their number of referrals some centers declined. Continued efforts across regions will aim to increase referrals across all regions. Some of the efforts utilized to increase these efforts include monthly calls, increased presence in the local offices by FRC staff, as well monitoring and reinforcement of appropriate referrals by regional liaisons.

Several centers began piloting the fidelity measures for Visit Coaching and Family Skill Building. All centers began using the tools March 1, 2016. During quarterly meeting in July 2016 DCFS will begin collecting data and looking at the tools to determine the need for changes or updates and whether the tools are useful. Changes and updates will be made as needed.

Continued work is being done to develop the resource center peer review process. Prevent Child Abuse Louisiana (PCAL) currently has a contract to lead the peer review process. Efforts were made to begin pairing sites and visiting sites to initiate the first peer review. These efforts were halted when it was determined that additional work was needed to prepare sites for the peer review process. Along with the assistance of department staff, PCAL is working to choose the most appropriate process that will meet the needs of the department as well as the resource centers. Ensuring that the most appropriate data is collected is the top priority of the peer review process.

FRC Activities Planned in FFY 2017:

- The Department will continue its efforts with the FRC's and regional liaisons to increase the number of referrals by 10% in FFY 2017 to ultimately improve staff referrals by 30% over the next five years and improve services being provided by the Family Resource Centers.
- Review of the fidelity measures currently being used by the centers for Family Skill Building and Visit Coaching. This review will include efficiency as well as effectiveness of the forms prior to finalization.
- The department will vet multiple Peer Review Processes and select and implement one that meets the needs of the centers as well as the department. It is our expectation that the new Peer Review process will begin no later than October 1, 2016.
- Through a review of data on the effectiveness of the NPP by comparing the rate of recidivism we will determine if it continues to be the most effective parenting program for the families we serve.
- Several centers have begun enhancing their service array by becoming trained in programs that will address additional client problems such as substance abuse, domestic violence and mental illness. The department will determine the need for additional services to address these concerns and whether the resource centers are the most appropriate setting to provide resources. A thorough review of these services will be conducted to ensure they are psychosocial/educational and beneficial to the ongoing needs of our clients.

Service/Program Description: Infant Team Services address FPSS, FP, TLR services. Infant mental health services are provided by three infant teams in the state. The infant teams provide

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comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence based assessments that are used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad is asked to complete an interaction assessment and parent perception interview.

Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

Population served: The target population is children age 0-60 months that have experienced maltreatment in their families. There are three infant teams in the state. The team in New Orleans receives referrals from the 0-3 Court Team Program when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Jefferson infant team receives referrals for children 0-5 who enter foster care in that parish and also serve children from St. Bernard, Orleans and Plaquemines Parishes by arrangement. One of the goals of these teams is to assist the Department in developing a treatment plan aimed at achieving permanency as quickly as possible. The infant team in Baton Rouge (the Infant Child and Family Center – ICFC) serves clients in Baton Rouge and the surrounding parishes including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville, and Pointe Coupee. Services are provided to children and their families who are either involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol.

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

Infant Team Update FFY 2015: In keeping with the goals initially set, Tulane Infant Team was incorporated into the Tulane Parent Education Program (T-PEP). Tier II services, including assessment and intervention, are provided to families identified as needing additional services that are referred. These families are not limited to those having children from 0-5 although many of these families do have children within this age group. The Tulane team and Orleans Infant Team leaders met, coordinated service referrals and outline a plan for the Orleans region staff. The plan included information informing Orleans staff when to refer families to the T-PEP and

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when services would be provided by the Orleans Infant Team. The Baton Rouge Team continues to serve families in both Family Services and Foster Care. The chart bellows shows the numbers of families served. For additional information on the Infants teams please refer to the section for services for children under age 5.

Infant Team	Numbers Served FFY 2014	Numbers Served FFY 2015	Numbers Served FFY 2016	Numbers Served FFY 2017	Numbers Served FFY 2018
Tulane Parent Education Program	110	**			
Infant Child and Family Center	134	175			
Orleans Infant Team	73	80			

***Tulane Parent Education Center numbers are not available separately for this age group as these numbers are included in numbers served by the FRCs*

Infant Team Update FFY 2016:

Baton Rouge Infant Team - (Infant Child and Family Services-ICFC): In SFY 2014-2015 the infant team worked with 99 children, representing 76 families. The ICFC team also worked collaboratively with a variety of systems affecting the lives of infants and toddlers, including child welfare, legal, educational, health care and mental health care systems. In the goal to reduce the chance of further maltreatment, they provided services to improve developmental trajectory of children and strengthen child/caregiver relationships. Louisiana policy in the Baton Rouge region requires that all children under the age of 6 years who are involved with DCFS, including all substance exposed newborns be referred to ICFC. Families involved with the Family Services Program where children are in home are also referred to ICFC if they have children who are 0-5. This program is funded by an alternate funding source (TANF).

Orleans Infant Team - (services provided through Louisiana State University Health Sciences Center). In SFY 2014-2015 the infant team worked with 43 children, representing 41 families.

- 25 parents participated in the evaluation process
- 17 parents participated in some treatment
- 53 additional adults worked with the team as relative or non-relative potential caregivers; for 38 of these children, a permanent placement was achieved
- 22 children were reunified with at least one of their biological parents
- 12 children were adopted by relatives
- 4 were adopted by non-relatives
- 20 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

Tulane Infant Team - In SFY 2014-2015 the Tulane infant Team is no longer a standalone program but has been incorporated and included in the Tulane Parent Education Program as a Family Resource center. Trough T-PEP families receive a variety of services including assessments and services for children ages 0-5.

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Infant Team Activities Planned in FFY 2017: There are plans to continue to work toward a standard format for reporting clients served and agreed upon outcomes for the infant teams. The two infant teams use different data systems and have differing ways in which they track information. ICFC has changed their data system several times. We anticipate that this will allow them to provide additional data. Work will continue with T-PEP to see if there are ways to report on children who are 0-5 from the population they are serving so that it can be reported in our infant mental health services rollup. More opportunities to collaborate on outcome measures are planned to identify ways to capture and quantify the progress and value of the work they are accomplishing with children in foster care. Both the Baton Rouge and Tulane programs currently serve families where children remain in the home. This is an area for greater collaboration so that data related to services/barriers of the in-home family population can be captured.

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TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training that supports the goals and objectives of the 2015-2019 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives that reflect the ever changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

DCFS, in partnership with the Universities Alliance and the Pelican Center, has established a Child Welfare Training Academy (CWTA). While the work in strengthening the CWTA continues, the academy is working to provide comprehensive and consistent education and training to departmental staff and other key child welfare stakeholders including judges, attorneys, Court Appointed Special Advocates (CASA), and foster parents.

This training plan is supported by the use of child welfare trainers, university partners and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX-Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds provided by DCFS and the Universities Alliance and general fund supported costs of trainers and trainees provided by public agencies other than DCFS. Full implementation of this plan is contingent upon funding and resources.

Training Needs Assessment: A comprehensive training needs assessment was conducted. This needs assessment encompassed input from all levels of staff and stakeholders. In addition, Continuous Quality Improvement (CQI) case review data, aggregate data measures, and targeted case reviews, as needed, contributed to the assessment of training needs. Building instructional design skills of internal staff was found to be an area in need of improvement. DCFS contracted with Langevin Learning Systems to provide training on the Langevin Instructional Design model. DCFS staff developed training for all DCFS programs, and stakeholders identified as key partners in the CWTA during the week long training. In October, 2014, a second training was held for an additional cohort of trainers identified as having responsibility for developing training for staff.

The Department adopted various definitions and principles about training and professional development through new knowledge gathered from the trainings. These principles shaped the training needs analysis conducted. The following are key concepts from this model:

- **Training** prepares a person to do a specific job; the person leaves training able to immediately begin to apply the knowledge and skills learned (ex. How to complete a safety assessment; How to write behaviorally specific case plans; 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; The effects of commonly abused drugs).

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- **Professional development** refers to on-the-job training (ex. coaching, mentoring, and various forms of supervision such as task supervision, reflective supervision, or supervision for licensure).

Training, education, and professional development opportunities should always be considered in the following instances:

- Someone is preparing for or is new to a job
- There is a new policy, area of focus, or practice expectation (new law, initiative, etc.)
- There is a gap in performance determined to be a result of lack of knowledge or skill.

The decision to offer training, education, or professional development – or a combination of all three – should be carefully considered, and based on the expected outcome.

DCFS is committed to assuring that employees and foster parents are well prepared to work in a competent manner; therefore, a combination of training, education, and professional development opportunities will be provided. CWTA will develop a comprehensive catalog of courses and instructional material. The initial work to develop a comprehensive catalog began in FFY 2015. Due to change in staff, this activity is not complete. The CWTA will continue to work on developing a comprehensive course catalog with a goal of completing the initial catalog by January 2017. At this time, all training opportunities are announced and made available to DCFS Child Welfare staff and community partners through email announcements, the DCFS Intranet Calendar, CLARO site, and the CWTA website. CWTA has worked with university partners and the Pelican Center for Children and Families to offer exceptional learning opportunities such as job aids, individual courses, specialty certifications and master's degrees. Ultimately, job specific competency assessments will be constructed that will guide staff and foster parents in the development of an individualized professional development plan. Individual development plans based on job specific competency assessments are utilized and have been developed for new supervisors that participated in the Child Welfare Supervisors Certification and Professional Development Program in April 2015 and January 2016. At this time approximately 44 Supervisors have professional development plans based on a competency based supervisory assessment. The Department's investment in staff and foster parents is expected to result in high levels of competency, job satisfaction and retention in Child Welfare (CW).

The training, education, and professional development needs assessment will be informed by:

- Human Resources and performance data including: new hires, CQI case reviews and case crisis reviews;
- Consultations with CW Programs and Operations leaders regarding new initiatives, laws, and areas of focus;
- Input solicited from field staff and foster parents on topics where education, training and professional development is needed.

Applying the above guidelines, the CWTA will focus its efforts as follows:

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- Someone new to a job: Front line workers (New worker training) – Year 2
- Supervisors (12 Month Training and Professional Development Plan) – Year 1
- Foster parents (3 year post-certification prescribed training plan) – Year 2

A new policy, area of focus, or practice expectation:

- Advanced Safety (safety planning) – Year 1
- Permanency Planning – Year 1

- Case Planning for Youth in Transition – Year 1
- Assessment and Case Planning through a Trauma Lens – Year 2

Identify key performance measures. (System to individual level)

Expected performance – actual performance = performance gap

COMMON CAUSES FOR A PERFORMANCE GAP	
Cause	Response
Lack of clear standards/expectations	Vision/mission/values/policies; communication plan
Conditions (tools, equipment, resources)	Assure essential conditions exist to meet expected performance
Standards not being measured (accurately)	Clear definitions
Personal capacity (physical/mental)	Update job requirements/testing
Lack of motivation	PES planning
Lack of targeted feedback	Implement policies and expectation that incorporate formal/ informal, frequent, timely, and targeted feedback
Lack of knowledge or skills	TRAINING

Key performance measures indicating training may be needed:

- Repeat maltreatment rate;
- Percent of alleged victims who were victims within the previous 6 months;
- Percent of children achieving permanency within federal timelines;
- Re-entry into foster care.

Data from CQI reviews:

- Safety assessment (Present, Impending Danger; Sufficient info in circumstances surrounding the maltreatment, and adult functioning; Accurate and timely completion of Structured Decision Making (SDM®))
- Sufficient efforts towards permanency
- Involvement of parents/caretakers in case planning
- Assessment of child needs and appropriate services to meet needs

Data from case crisis reviews:

1. Safety Assessment completed accurately
2. SDM® risk assessment completed accurately

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3. Assessment of family functioning captures relevant, sufficient information on diminished parental protective capacities, and case plan is relevant to enhancing those capacities.

Training Needs Assessment/Implementation of Findings Update FFY 2016: The training needs assessment and resulting plan compiled in FFY 2015 continued to provide the framework for course offerings. In addition to those courses planned for FFY 2016, various trainings were developed based on case review data, input of staff and stakeholders and department initiatives. The Department continued to explore a greater use of online training. .

Activities Planned in FFY 2017: The Department will continue to use the information provided in the training needs assessment and plan compiled in FFY 2015, to continue to provide the framework for course offerings. Additional trainings will be developed based on case review data, input of staff, and stakeholders and department initiatives.

Statewide Training - Staff is offered various training opportunities throughout the year and the Department provides a competency-based Child Welfare curricula. A twenty-four (24) week new worker training model was implemented, which encompasses basic and specialized training content. This training is offered four to six times per year depending on the need. Other opportunities for training are through conference participation allowing staff to collaborate with other service providers.

Child Welfare (CW) Training provides twenty-four (24) week competency based Child Welfare curricula for new workers. This training was provided 14 times during the year and was provided to 246 new DCFS employees. CW Training included conference participations and local trainings offered to staff within their own region.

Update FFY 2015: The CWTA assumed responsibility for all in-service trainings provided by DCFS Child Welfare. The CWTA in collaboration with the Court Improvement Project (CIP), CASA, community and university partners continue to develop training for new Child Welfare Supervisors, Permanency Workers, and Child Protection Workers in regards to Safety Focused Practice.

Statewide Training Update FFY 2016: In January 2016, the CW Training Unit, under the leadership of the CWTA, began working on additional updates to the 24-week new worker training model based on recommendations of the New Worker Orientation workgroup made up of local office staff, new workers, program staff, and university partners. The new model will include competency-based CW curricula that will include more activities to better prepare new child welfare staff for their positions within DCFS. The new curriculum will include simulation activities well as additional activities to ensure workers are “job ready” as soon as they are assigned cases. This would include the reduced caseload which is during the first six months employment as well as when staff have assumed a full caseload after the first six months of employment.

Statewide Training Activities Planned for FFY 2017:

- Finalize updates to the comprehensive 24 week new worker training model so that it meets the needs of new child welfare workers and ensures job readiness.

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- Update all CW training policy to ensure it includes current courses provided, requirements of the Louisiana Board of Social Work Education, and current legislation and laws.
- Develop criteria for selecting, assessing, and ensuring in-service trainings provided through the CWTA meet the goals and needs of all CWTA.

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

Update FFY 2015: All DCFS staff regardless of their program was offered trainings. Staff was provided opportunities to attend trainings by contacting the CW Training unit through their Regional Trainer. Regional Trainers provided Child Welfare staff information regarding upcoming trainings provide by community partners in their local areas.

Regional Training Update FFY 2016:

1. The “Road to Success” classroom training provided by the Regional Trainers was provided to 248 DCFS staff between May 2015 and December 2015. This training was provided in 47 sessions.
2. The two-day instructor lead training for CW Supervisors was provided to all Child Welfare Supervisors in FFY 2016.
3. The following quarterly supervisors training were provided in FFY 2016:
 - Leading, Motivating and Supporting Employees – October 1, through December 31, 2015
 - Tools for Effective Supervision – February 18, through 19, 2016
 - Tools for Effective Supervision – February 25, through 26, 2016
 - DCFS Fraud Policy 2016 – January 1, through March 31, 2016
 - Leadership, Mentoring and Coaching – April 1, through July 31, 2016

Regional Training Activities Planned for FFY 2017:

There are no new activities planned at this time. The regional trainers will continue to provide quarterly two day training for all new DCFS supervisors. They will also continue to provide a monthly orientation to all newly hired DCFS employees. Supervisory trainings are mandatory on a quarterly basis and will be provided to all DCFS supervisors with the exclusion of CW supervisors currently enrolled in the Supervisors Certification and Professional Development Program.

Training and Staff Development:

Use of Technology to Implement the Training Plan: The Department utilizes a number of resources to support training and staff development. They include a learning management system, webinars, video conferencing and teleconferencing.

1. **MOODLE** - The Modular Object-Oriented Dynamic Learning Environment (MOODLE) is the Department’s Learning Management System (LMS). The Department of Children and Family Services (DCFS) will continue to work with IT staff, and consultants to

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utilize MOODLE for the development, publishing, posting, and tracking of web-based training. Additional enhancements will be made to MOODLE based on the Department's needs, funding and resources. Efforts to increase user proficiency with the tool and to ensure that this system is fully supported within the context of the Department's vision and the Transformation Project will continue.

2. **Web-Based Training** - In order to effectively meet the demands and needs of the Department for the developing, publishing, and tracking of computer based training, DCFS coordinates and collaborates with the appropriate staff to develop computer-based courses to supplement classroom training.
3. **Video Conferencing** - DCFS staff participate in video teleconferences sponsored by national leaders in child welfare such as the National Child Advocacy Center.
4. **Webinars and Teleconferences** - The Department utilizes the WebEx format and teleconferences to support the transfer of learning and enhance the learning experience.

Methods to Measure/Outcome Measures: Trainers are required to complete and submit an evaluation summary after every training session along with submitting the individual trainees' training evaluations. Feedback is utilized to make revisions in the core curriculum and other training courses to address specific or additional training needs.

The Department is exploring the ability to obtain and provide evaluation information regarding all courses and sessions through MOODLE. The ability to capture detailed information is being explored and the process will be obtained by the Department pending availability of resources and technical support.

In SFY 2015, the CWTA developed a training evaluation based on research and the need to capture more information related to course content. The CWTA decided to utilize a similar evaluation used by the New Jersey Child Welfare Training Academy. This evaluation, although similar to the DCFS evaluation, addresses the trainers' ability to engage participants, demonstrate knowledge, skills, and practical experience and answer questions. The evaluation also includes questions on the content presented, activities, and addresses if the training is appropriate and beneficial to CW practice. The DCFS evaluation address presentation of information, overall knowledge of the participant, training content, and offers participants the opportunity to make suggested improvements to the training. The focus on content is very important as the CWTA moves forward to developing more training and ensures participants obtains skills needed to preform and grow as child welfare professionals.

In March 2015, the CWTA contracted with Louisiana State University (LSU) to provide assistance in measuring the results of training evaluations and pre and post-test results. A graduate student was assigned by LSU to work with DCFS to show the average pre and post-test scores, improvement of the overall class as it relates to pre/post test scores, and the percentage of student that scored under the 80% standard for achieving competency in each course. The results of the pre and post-test and evaluations of trainings held in 2015 are listed below (Please note the information below was calculated by a graduate student at LSU. The student graduated in December 2015, and was unable to complete all information for the year):

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New Worker Orientation Groups 2-8 (February through October 2015)

Session	Group 2	Group 3	Group 4
Week 1	22	22	23
Week 2	26	23	23
Week 3	26	23	23
Week 4	25	24	24
Total	99	92	93

Session	Group 2	Group 3	Group 4
Week 1	22	22	23
Week 2	26	23	23
Week 3	26	23	23
Week 4	25	24	24
Total	99	92	93

Total Participants, All Groups: N =677

Overall Participant Evaluation (All Sessions Combined, n=668)

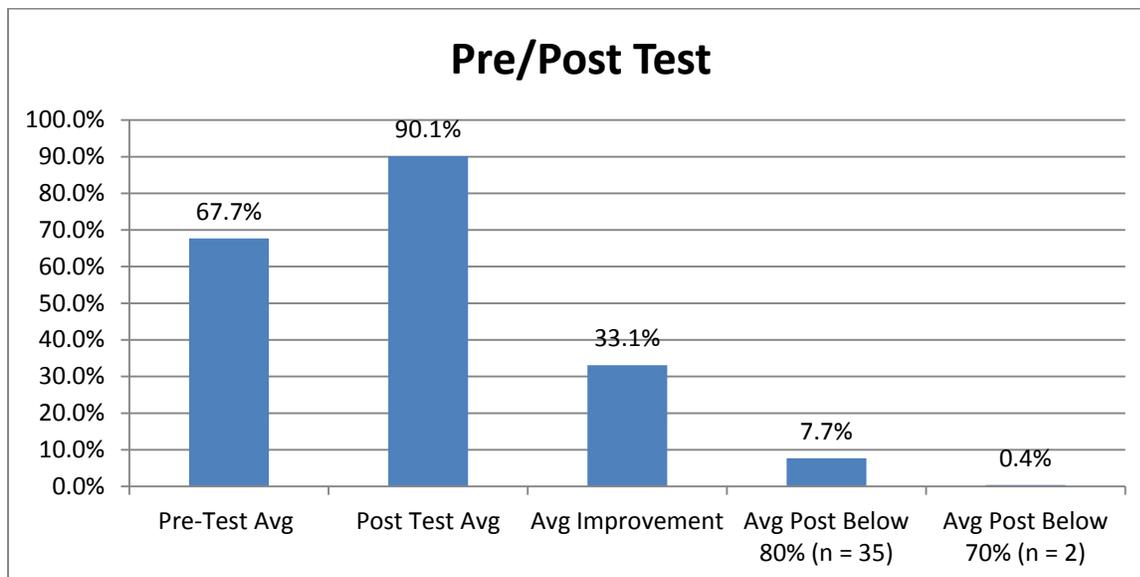
Question	Not at All (1)	Less than Expecte (2)	Average (3)	More than Average (4)	Absolutely (5)
1. The trainer was able to engage the participants.	0.0% n = 0	0.6% n = 4	8.8% n = 59	16.2% n = 108	74.4% n = 497
2. The trainer demonstrated expertise related to the training topic through his/her knowledge, skills and practice experience.	0.0% n = 0	0.0% n = 0	6.6% n = 44	15.1% n = 101	78.3% n = 523
3. The trainer was able to answer participants' questions.	0.0% n = 0	0.1% n = 1	5.2% n = 35	13.5% n = 90	81.1% n = 542
4. The content of the material presented provided me with knowledge/skills needed to meet my responsibilities in this area of work.	0.1% n = 1	1.0% n = 7	10.9% n = 73	13.9% n = 93	74.0% n = 494

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Question	Not at All (1)	Less than Expecte (2)	Average (3)	More than Average (4)	Absolutely (5)
5. The instructional materials (manual, etc.) were helpful to building knowledge and skill in this topic.	0.1% n = 1	0.7% n = 5	10.8% n = 72	19.9% n = 133	68.4% n = 457
6. The activities (small group exercises, etc.) were helpful to building knowledge and skill in this topic.	0.4% n = 3	0.3% n = 2	9.7% n = 65	18.4% n = 123	71.0% n = 474
7. The timing of this training was appropriate for my level of experience.	0.7% n = 5	2.2% n = 15	12.0% n = 80	14.1% n = 94	71.0% n = 474
8. Ultimately, children and families will benefit from knowledge and skills participants' gained during this training.	0.1% n = 1	0.1% n = 1	9.4% n = 63	17.4% n = 116	87.6% n = 485
9. Overall, the training was a useful experience.	0.1% n = 1	0.7% n = 5	8.8% n = 59	16.9% n = 113	73.4% n = 490

Overall Pre/Post Test Averages

(All Sessions Combined, Pre-test: n = 460; Post-test: n = 457): Average Percent Correct



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The following information was completed by a student worker at Southeastern Louisiana University (SLU) in March 2015, and is a continuation of the information gathered by LSU.

New Worker Orientation Groups 2-8 (February through October 2015)

Session	Group 9	Group 10	Group 11
Week 1	16	28	26
Week 2	16	27	24
Week 3	16	27	24
Week 4	16	27	22
Total	16	28	26

Total participants, all groups: N= 70

Overall Participant Evaluation (All Sessions Combined, N = 267):

Question	Not at All (1)	Less than expected (2)	Average (3)	More than average (4)	Absolutely (5)
1. The trainer was able to engage the participants.	0.0% n = 0	1.1% n = 3	8.2% n = 22	17.6% n =47	73.0% n = 195
2. The trainer demonstrated expertise related to the training topic through his/her knowledge, skills and practice experience.	0.0% n = 0	0.7% n = 2	3.0% n = 8	17.2% n =46	79.0% n = 211
3. The trainer was able to answer participant's questions.	0.0% n = 0	0.0% n = 0	4.5% n = 12	16.1% n =43	79.4% n = 212
4. The content of the material presented provided me with knowledge/skills needed to meet my responsibilities in this area of work.	0.0% n = 0	1.9% n = 5	13.5% n = 36	17.6% n = 47	67.0% n = 179
5. The instructional materials (manual, etc.) were helpful to building knowledge and skill in this topic.	0.0% n = 0	1.5% n = 4	11.6% n = 31	18.0% n = 48	68.9% n = 184
6. The activities (small group exercises, etc.) were helpful to building knowledge and skill in this topic.	0.0% n = 0	2.2% n = 6	11.6% n = 31	14.2% n = 38	72.3% n = 193

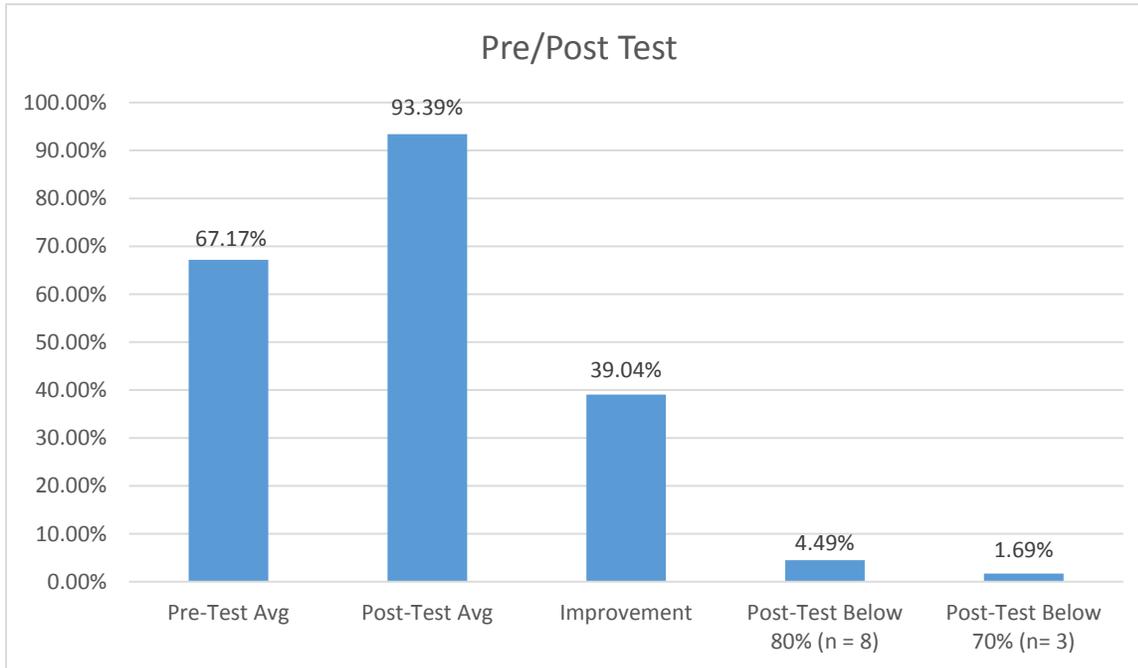
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Question	Not at All (1)	Less than expected (2)	Average (3)	More than average (4)	Absolutely (5)
7. The timing of this training was appropriate for my level of experience.	0.4% n = 1	1.1% n = 3	15.0% n = 40	16.5% n = 44	66.7% n = 178
8. Ultimately, children and families will benefit from knowledge and skills participant's gained during this training.	0.4% n = 1	0.7% n = 2	8.6% n = 23	18.4% n = 49	71.9% n = 192
9. Overall, the training was a useful experience.	0.7% n = 2	1.1% n = 3	7.9% n = 21	19.9% n = 53	70.0% n = 187

Overall Pre/Post Test Averages

(All Sessions Combined, Pre-test: n = 178; Post-test: n = 178):

Average Percent Correct



Update FFY 2016: DCFS Training is currently uploading all course evaluations to MOODLE. The current version of MOODLE used by DCFS does not have the capacity to provide evaluation information. In October 2015, DCFS began testing of MOODLE version 2.9. It was later placed on hold due to budgetary constraints. Trainers complete and submit evaluation summaries after trainings and workshops along with individual trainees' training evaluations. This feedback ensures trainings meet expectation and the course content meets the goals of the training.

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Based on the information obtained in training evaluations CW Training continues to make edits to the 24 week course for new worker orientation. DCFS has provided the CWTA information on the appropriateness of activities, content utilized in training, and effectiveness of information presented. Information obtained from evaluations assists trainers and training developers and ensures training is effective and meets the needs of DCFS staff and partners. For example: a number of new workers have stated that information provided in the program specific training week would have been better utilized in week two or week four of the orientation. CW training is currently working to ensure this content is provided in a way that is best suited to prepare staff for their duties as new child welfare staff.

The Department continues to explore the ability to obtain and provide evaluation information regarding every course or training session in MOODLE.

In FFY 2015, staff participated in the following teleconferences/webinars:

FFY 2015 Teleconferences and Webinars:	
Date	Topic
10/14/2013	Youth in Transition
11/06/2013	Centralized Intake
12/04/2013	Achieving Sufficiency in the Six Areas of Assessment
01/07/2014	Medicaid Expansion
02/19/2014	HiSet and Equivalency Education Changes
03/25/2014	2014 Behavioral Health Partnership Update
04/16/2014	Human Trafficking
05/07/2014	ICPC
06/04/2014	Family Resource Centers (FRC) and Visit Coaching
07/02/2014	Education Liaisons
08/06/2014	2014 DCFS Legislative Updates
08/13/2014	Family Assessment Tracking System (FATS) and Youth Transition Plan (YTP) Changes
08/13/2014	School Counselor Notification "Louisiana Believes"
08/27/2014	Louisiana WIC Program Overview
09/03/2014	Trauma-Informed Practice with LGBTQ Youth

FFY 2015 Teleconferences and Webinars:	
Date	Topic
10/01/2014	Legal Services for Youth and Screening for Education Issues
11/05/2014	Louisiana Behavioral Health plan Expansion
08/13/2014	Family Assessment Tracking System (FATS) and Youth Transition Plan (YTP) Changes
01/30/2015	Understanding the AAPI-2 Assessing Parenting Attitudes
02/04/2015	Psychopharmacology Updates
03/20/2015	Exposure to Violence and Child Development
04/04/2015	Guardianship
04/17/2015	Empathy: Building Nurturing Families for the Prevention of Child Abuse and Neglect
05/04/2015	Transition Living Programs
05/13/2015	Indian Child Welfare Act (ICWA)
06/03/2015	AFCARS Information
07/01/2015	Youth Transition Plan Policy
08/05/2015	Recent Legislation
08/28/2015	MAPP GPS Updates

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FFY 2015 Teleconferences and Webinars:	
Date	Topic
09/08/2015	WIC

DCFS will continue to provide staff the opportunity of teleconferences and webinars to support education, learning and to strive towards best practice. The CW Training unit will continue to utilize web-based trainings, webinars, and teleconferences supporting an enhanced learning experience for new staff.

FFY 2016 Teleconferences and Webinars:	
Date	Topic
10/07/2015	Psychotropic Medications
11/04/2015	Case Worker Visitation
12/02/2016	An Overview of Visit Coaching: Building on Family Strengths to Meet Children's Needs
02/03/2016	Youth Transition Planning
02/05/2016	Understanding Adverse Childhood Experiences: Building Self-Healing Communities
03/02/2016	Normalcy and Prudent Parent Standard
03/30/2016	Changes to Random Moment Sampling System (RMS)
04/06/2016	Child Care Services for Child Welfare Clients
04/29/2016	Brain Development and the Impact of Toxic Stress on Children and Teens
05/04/2016	Navigating Bayou Health Plans
06/17/2016	Communities with R-E-S-P-E-C-T

Partnerships/Collaboration: The Department has entered into an agreement with the Pelican Center for Children and Families, and Southeastern Louisiana University. The agreement is to develop and maintain a training and staff development program that is comprehensive and responsive to the needs of DCFS staff, foster parents, federally recognized Native American tribes and other key stakeholders.

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 Child Welfare 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*. The *Together We Can* conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training contemplated by the Fostering Connections to Success and Increasing Adoptions Act of 2008. Attendance historically has been and is projected to be 500 to 600 persons.

The following is a quick overview of the *Together We Can* conference registrants/attendees information from 2012 – 2013.

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Together We Can Conference Registration Data:		
	2012	2013
Registrations	532	639
Standard TWC Registrations	532	549
LFAPA & TWC Registrations	0	90
CEU Requests	262	161
CLE Requests	55	54
LPC Requests	0	0
Active Steering Committee Members	14	17
Speakers	63*	84*
Sessions	64	82
Previous TWC Attendees	62%	62%

**Several speakers and moderators were involved in more than one session.*

Attendees were asked to select a field of work area that best fit them. The results are included in the chart below:

TWC Attendees by Work Area Specified:		
Category	2012	2013
Attorney	14	12
Attorney – DCFS BGC	10	18
Attorney – Children’s	28	23
Attorney – Parent’s	6	1
Court Staff	8	11
DA / Indigent Defenders	4	4
Total Attorney’s	70	69
TWC Attendees by Work Area Specified:		
Category	2012	2013
Judge	3	4
CAC	26	22
CASA	195	191
Mental Health	1	4
DCFS – State Office	24	29
DCFS – Social Worker	100	124
Total DCFS (Not including BGC Attorneys)	124	153
Education	19	20
Faith-based	3	2
Foster Parents	16	88
Law-Enforcement	7	4

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TWC Attendees by Work Area Specified:		
Category	2012	2013
Medical	1	6
Non-Profit Organization	21	28
Social Work	28	23
Tribal Representatives	2	0
All Other Categories	18	26

The 2013 *Together We Can* conference was the 11th year of this event. This year was a milestone for collaboration as the conference moved forward with a partnership between the TWC event sponsors and a new partner, Louisiana Foster and Adoptive Parents Association (LFAPA). The initial brainstorming had the two groups fully merged, but the leadership of the LFAPA asked that the conference allow them to not fully merge during this first year.

Applications for continued education unit (CEU) were approved. There were 13.5 CEU approved by the National Association of Social Workers-Louisiana Chapter. Of these, 11 workshops were designated to have clinical status, one ethics workshop, and the remaining sessions were considered general. The CEU certificates were distributed within the 30 day timeframe via email. Attendees received a CD with handouts.

The following is a quick overview of the 2014 and 2015, *Together We Can* conferences held in Lafayette, Louisiana in October, 2014 and 2015.

TWC Registration Data	2014	2015
Registrations	574	608
Standard TWC Registrations	574	608
LFAPA & TWC Registrations	0	0
CEU Requests	257	304
CLE Requests	43	37
LPC Requests	4	Not offered
Active Steering Committee Members	16	14
Speakers	51*	83*
Sessions	56	59
Previous TWC Attendees	56%	54%

**Several speakers and moderators were involved in more than one session.*

TWC Registration Data		
Category	2014	2015
Attorney	43 Overall	31
• Attorney	11	6
• Attorney – DCFS BGC	11	8
• Attorney – Children’s	18	13
• Attorney – Parent’s	3	4
• Court Staff	7	17
• DA/Indigent Defenders	6	5
Judge	4	5

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TWC Registration Data		
CAC	24	26
CASA	225	195
Mental Health	9	10
DCFS (does not include BGC Attorneys)	141 overall	152 overall
• State Office	33	40
• Social Worker	108	112
Education	20 Overall	11 Overall
• Educators	11	
• Students/Interns	9	
Faith-based	7	2
Foster Parent	12	16
Former Foster Youth	4	Not tracked – 9 as panel members
Law Enforcement	1	1
Medical	2	4
Nonprofit Organization	38	73
Social Worker	23	24
Tribal Representatives	1	1
All other categories	12	21

2015 Conference Sponsors:

- LouisianaChildren.org
 - Children’s Advocacy Centers of Louisiana
 - Louisiana CASA Association
- Louisiana Children’s Trust Fund
- Louisiana Department of Child & Family Services - Children’s Justice Act
- Louisiana Foster & Adoptive Parents Association
- National Association of Social Workers – Louisiana Chapter
- Pelican Center for Children & Families
 - Louisiana Supreme Court – Court Improvement Project

2015 National Organizations Supporting and/or Attending the Conference (speakers or exhibits):

- Casey Family Programs
- ChildFocus Inc.
- Child Welfare Information Gateway
- Generations United
- Georgia Center for Children’s Advocacy
- National Center for Child Welfare Excellence
- National Center for Missing and Exploited Children
- ProKids
- The Purple Project
- U.S. Citizenship and Immigrations Services
- U.S. Immigration and Customs Enforcement

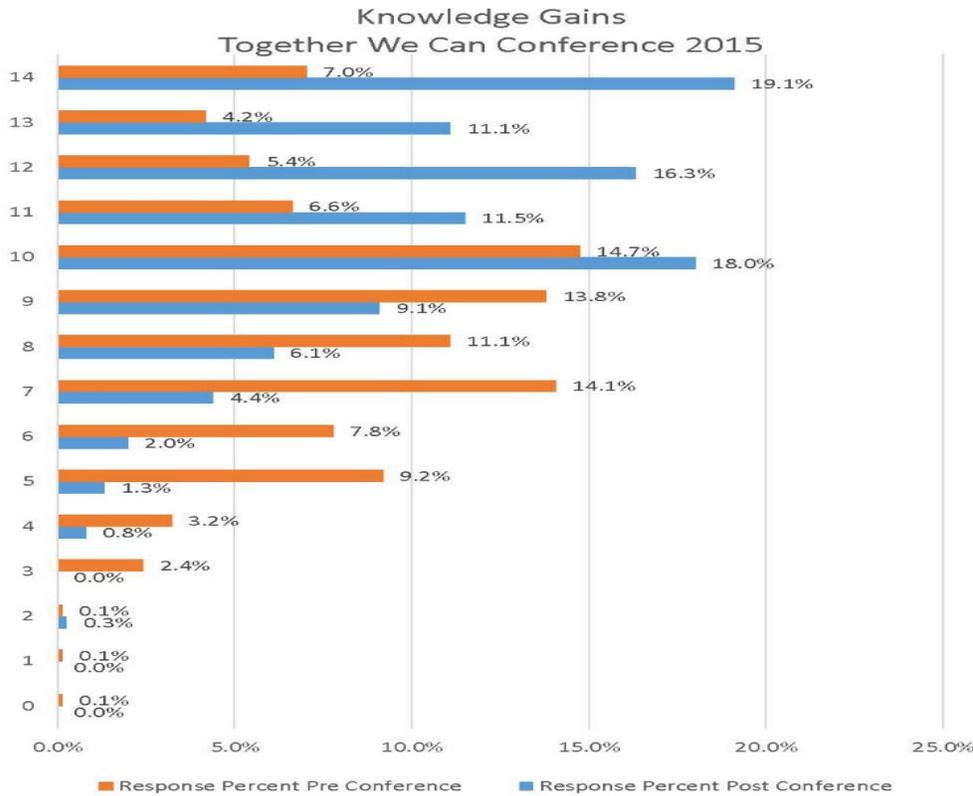
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Exhibitors:

- Accessories Etc.
- Advocacy Center
- Amerigroup Louisiana Inc.
- AmeriHealth Caritas Louisiana
- Badeau, Sue – Keynote Speaker/Author
- Bikers Against Child Abuse (BACA)
- Child Welfare Information Gateway
- Child Welfare Training Academy
- Ekhaya Youth Project/Fresh Start Behavioral Health Program
- Family & Youth Counseling Agency
- Louisiana DCFS-Adoption Recruitment
- Louisiana DCFS-Children’s Justice Act Task Force
- Louisiana Children’s Trust Fund
- Louisiana Foster & Adoptive Parents Association
- Louisiana National Guard – Youth Challenge Program
- LouisianaChildren.org
- Magellan of Louisiana
- National Abandoned Infants Assistance Resource Center
- National Center for Missing & Exploited Children
- Pelican Center for Children & Families
- Platform for Children
- St. Elizabeth Foundation
- United Healthcare
- Way Maker Ministries Each One Help One: Housing Crisis Center for Children & Families
- Wesley Center

Update FFY 2016: The 13th Together We Can conference was held October 13-15, 2015. The conference was held at the Lafayette Cajundome due to increasing event growth. The conference received many glowing comments from attendees who felt the location was open, not crowded and had space for conversations, meetings and networking. The registration goal for the 2015 conference was to reach 600 registrations and it reached 101.3% of the target by reaching 608. The number of exhibitors participating increased due to space and recruitment efforts. There were 25 exhibit spaces reserved – exceeding last year by 10 additional exhibitors.

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Attendees were requested to rank their pre-conference knowledge of subjects presented and their post-conference knowledge for a means of tracking knowledge gains attributed to the conference. The chart at the left shows the growth. Applications for continued education unit (CEU) were approved. There were 14 CEU contact hours approved by the National Association of Social Workers-Louisiana Chapter and the MCLE Committee approved 14 hours for legal professionals. Of these, 3 workshops were designated to have clinical status, one social work ethics workshop, three legal ethics workshops, three legal professionalism workshops and the remaining sessions were considered general. The CEU certificates were distributed via email within the 30 day timeframe and the spreadsheet submitted to NASW-LA for recording hours. Legal hours were entered online within 10 days of the conference. Attendees were able to download handouts for any of the sessions for 90 days following the conference on the conference website: www.latwc.com.

The conference addressed many critical issues including: trauma-informed care, ICWA, psychotropic medications, school/education connections, juvenile sexual trafficking, transition planning for foster youth, children coming to court, legal and social worker ethics and professionalism, among others. The goal of the conference was to build a strong, statewide foundation of skills and knowledge in those charged with protecting children. Following the conference, *Together We Can* practice toolkits were published by conference collaborators to reinforce and expand upon conference topics.

The DCFS Home Development section collaborates with Louisiana Baptist Children’s Home (LBCH) to provide Empowered to Connect (ETC) Parent Training. This is an interactive Transmittal Date June 30, 2016

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learning experience designed specifically for adoptive and foster parents. This training is provided to foster/adoptive parents and DCFS employees throughout the State. Thirty-five DCFS employees participated in the Empowered to Connect (ETC) Conference held April 8, through April 9, 2016.

Partnerships/Collaboration (including *Together We Can*) Activities Planned for FFY 2017:

The 14th annual Together We Can conference will return to the Doubletree Hotel (formerly the Hilton) in Lafayette due to construction at the Cajundome. The steering committee has most of the scheduled speakers on key topics and keynotes filled, including Dr. William Bell, Casey Foundation; Dr. Carole Shauffer, Quality Parenting Initiative; Dr. Gary Mallon, National Center for Child Welfare Excellence; Sue Badeau; Elaine Kelley, U.S. Immigration Services; and Ashley Rhodes-Courter, Author & Former Foster Youth. The theme for this conference is “Building Community, Creating Hope!” Scheduled topics for sessions will include: implicit bias; courtroom testimony; LGBTQI and foster youth; trauma-informed practice; transitioning youth; whole-brain parenting; Parent Partners mentoring program; child sex trafficking; adolescent brain development; youth tech-communications; CINC 101; normalcy; fatherhood engagement; special education issues for foster youth; and ethics/professionalism. A special project has been embraced and will feature two mock court sessions. The sessions will utilize pre-recorded vignettes that follow a case in part one from removal to adjudication and part two will focus on disposition, case review and the permanency hearing. Thailund Porter Green with the Pelican Center for Children & Families has taken the lead role on coordinating these two three-hour sessions. There will be 5 keynote/plenary sessions, 48 1.5 hour workshops and 6 three-hour sessions/institutes. The conference will be able to accommodate 21 exhibitors and up to 575 registered attendees. The steering committee has reserved space for fall of 2017 at the Cajundome in Lafayette.

Universities Alliance - DCFS continued to collaborate with all public university’s Schools of Social Work through the Louisiana Universities Alliance. For FFY 2014, \$913,232.37 was billed for IV-E reimbursement through the DCFS contract with Northwestern State University. The charges included university faculty salaries, stipends to social work students, curricula development, training, recruitment/retention activities, supplies, and equipment. For FFY 2015, \$1,825,200.45 was billed for IV-E reimbursement through the DCFS contract with Northwestern State University. The charges included university faculty salaries, stipends to social work students, curricula development, training, recruitment/retention activities, supplies, and equipment. The Alliance is currently working to develop a standardized procedure for recruiting and selecting Title IV-E stipend recipients. The Alliance is working with DCFS to address issues such as ways to recruit licensed social workers to DCFS and ways to retain Child Welfare employees. The contract between the DCFS and Northwestern State University continues to be monitored by CW Training. The multi-year contract renewed in June 30, 2012, ended June 30, 2015.

The DCFS training site established at Southern University in Baton Rouge has expanded to include two classroom and three offices. In FFY 2015, and FFY 2016, approximately 75% of all CW trainings are held in the Southern University Social Work Department. Other training sites include Grambling State University, which provides a centrally located training site for northern Louisiana and the Southeastern Louisiana University School of Nursing. The establishments of

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these training sites has enhanced the working relationship between DCFS and the public universities as well as provided CW Training a permanent site to conduct and deliver training.

Universities Alliance Update FFY 2016:

1. Effective July 1, 2015, the Title IV-E program is administered through a sub-contract between Northwestern State University and Southeastern Louisiana University. Northwestern State University continues to services as the lead of the Title IV-E program and monitors the following universities: Grambling State University, University of Louisiana at Monroe, Southern University Baton Rouge, Southern University at New Orleans, and Louisiana State University.
2. The Title IV-E program with Southeastern Louisiana University is monitored by DCFS as a part of the large Southeastern Louisiana University contract which includes the CWTA.
3. Northwestern Louisiana University is leading the Alliance in standardizing procedures for recruitment and selection of Title IV-E stipend recipients. Grambling State University began piloting recruitment activities and the selection process in February 2016. The Alliance meets quarterly to finalize procedures.
4. In October 2015, a workgroup which include Alliance members, DCFS local supervisors, and program staff were developed to assist in developing a manual and training for supervisors of Title IV-E recipients. This training for supervisor and the manual provided to them is the first step in ensuring all stipend recipients have a similar experience which includes activities that will better prepare them for employment with DCFS in their internship with DCFS.
5. All universities utilized the Realistic Job Preview/Child Welfare Recruitment video “*Is Child Welfare The Job for You?*” developed by DCFS and a part of their recruitment activities.

Universities Alliance Activities Planned in FFY 2017:

1. Update the current Title IV-E Agreements between the student, university, and DCFS based on prior experience and remove some of the gaps identified in the agreement.
2. Develop a procedure manual for Title IV-E Students, Title IV-E Supervisors, and the University Alliance which includes timelines and standardized procedures for administering the program.

Pelican Center: The Pelican Center Training and Education Committee has worked with its DCFS and University Alliance partners to develop a comprehensive CW training and education curriculum for Louisiana, all in accord with the Pelican Center’s mission and vision. The committee continues to meet monthly and has adopted a standard curriculum format for each training module to be developed as well as a policy to approve curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument has been developed. The information gleaned from this format and these processes will help to ensure consistency.

Louisiana CIP funds will be used to:

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- Support data collection and analysis, interdisciplinary training and education and to assess and implement strategies designed to improve the quality of legal representation to children and indigent parents;
- Improve the quality of court hearings, focusing on efforts to ensure that children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings;
- Improve safety decision-making across systems by educating and training stakeholders on the principles of the Department's Advanced Safety Decision-making initiatives; Focus on working with transitioning youth, LGBTQ youth in foster care; Identifying and working with human trafficking victims and ICWA.

Pelican Center Update FFY 2016: Pre-and post-test results are analyzed to determine level of increase in knowledge for training participants. Test questions (usually 10 to 25, depending upon the length of the training program) are designed to determine transfer of learning on key principles of the curriculum. This information is reviewed to determine a threshold level of knowledge acquisition. In the event that certain questions result in a high number of wrong responses, the question is analyzed first to determine if the wording is confusing. If so, edits are made to make the question clearer. If it is determined that the question is satisfactory, then a review would be made of the content and presentation methodology for possible revision. In addition to pre-/post-testing, the Pelican Center Training and Education Committee has also adopted a universal course evaluation form which is administered and collected at the conclusion of each training event. Both of these evaluation and assessment processes are conducted by Pelican Center staff in consultation with course faculty.

For FFY 2016, the Pelican Center Training and Education Committee plans to develop several Law and Best Practices Bulletins. Topics and identified workgroups for each topic are given below:

- Drug-exposed Newborns - Ann Spink, Corie Hebert, Kathy Cook
- Guardianship as a Permanency Option – Judge Simon, Becky May-Ricks and Ayanna Butler
- Preventing Sex Trafficking and Strengthening Families Act – Jasmonique White, Corie Hebert
- ICWA – Judge Simon, Karen Austin
- LGBTQ Youth in Foster Care – Jasmonique White, Kathleen Richey, Richard Pittman, Rhenda Hodnett, Gary Mallon and DCFS staff person
- Pre-permanency Hearings – Orleans Pilot Judge Gray, Mark Harris, Ramona Jordan
- Psychotropic Medications – Appropriate Utilization in Foster Care Population – Becky May-Ricks, Franchesca Hamilton-Acker and Kathy Cook
- Safety Decision-making – Corie Hebert, Mark Harris, Becky May-Ricks, Linda Carter and/or Kim McCain
- Special Immigrant Status Youth – Kathleen Richey, Karen Hallstrom, Ayanna Butler
- Reasonable Prudent Parent Standards – Kathleen Richey, Richard Pittman, Ann Spink, Corie Hebert
- Cross Over Youth – Becky May-Ricks, Franchesca Hamilton-Acker, Richard Pittman and Jasmonique White

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- Transitioning Youth – Franchesca Hamilton-Acker, Kathleen Richey, Toni Buxton

The ABA Center on Children and the Law will collaborate with the Pelican Center to serve as the primary author of 4 of the bulletins and will provide subject matter consultation and editing of an additional 4 of the bulletins. At least 8 of the bulletins are expected to be completed by September 20, 2016.

In addition, the following training needs have been addressed by the Pelican Center Training and Education Committee have been or will be addressed during FFY 2016:

Improving the Quality of Legal Representation for Indigent Parents

- Juvenile Defenders and 40 Parent Attorneys received 2 day training (Feb 18-19) sponsored by the Pelican Center. Single case presented in plenaries and breakouts. Covered safety, fundamental rights of parent, representation, trauma, strategies after removal and developing case plans.

NASW – Louisiana Chapter Conference, March 16-18, 2016

- Pelican Center sponsored a keynote speaker.

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Child Well-being Summit, Pelican Center will sponsor 2 days, June 23-24, 2016, in Baton Rouge.

- Summit theme – Trauma Informed Practice

“Trauma-informed Decision-making,” Judges’ Summer School, June 5-9, 2016

- Dr. Kristyn S. Carver will be sponsored by the Pelican Center to speak at the Judicial College’s summer school in Sandestin. Dr. Carver is the sole person in Louisiana qualified to train on trust-based relational intervention. She will also participate in the Child Well-being Summit (above).

“Introduction to Child Welfare” - late July/early August

- Interdisciplinary child welfare basics (approximately 6 hours) curriculum (roles and responsibilities of stakeholders, dynamics of abuse and neglect, childhood development, overview of federal and state law, ethics and professionalism, understanding trauma) to be developed by the Pelican Center in collaboration with the National Association of Counsel for Children. The Pelican Center Training and Education Committee will approve the curriculum when developed and the Pelican Center will own it once finalized. It is expected that this curriculum would be available for delivery on a quarterly basis with venues rotating around the state. This curriculum will serve as a primer for new judges, attorneys, child welfare agency staff, CASAs, IV-E stipend students, foster parents, community partners and others.

Mock Trial Skills Building Part I (Removal to Adjudication)

Mock Trial Skills Building Part II (Disposition/Case Review/Permanency Hearing)

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- These 2 three-hour curricula will be developed over the summer of 2016 and debuted at Together We Can 2016. These programs will combine a video graphed representation of court proceedings for typical legal events in a child in need of care proceeding and a facilitated discussion of key decision points and information that courts need in order to make an informed decision about the best interests of children in the foster care system. As with all Pelican Center programming, materials will include a curriculum, instructor’s manual, participant materials and a pre-/post-test.

Pelican Center Activities Planned in FFY 2017: The Pelican Center expects to continue its collaborative efforts through data collection and analysis and training and education to support the following:

- Competent legal representation for children and indigent parents
- An informed judiciary to hear CINC cases
- Strong advocacy for children through CASA
- Continued development of a comprehensive, interdisciplinary child welfare training curriculum as a partner of the Louisiana Child Welfare Training Academy

Educational Stipends: Educational stipends will be awarded to non-employees with the expectation that the individual agrees to work for DCFS after graduation. Upon graduation, DCFS Field Operations will place each student based on staffing needs in the allowable programs of Family Services, Foster Care and Adoption. The chart below shows the number stipends awarded through State Public Universities.

Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of BSW / MSW Stipends SFY 2014	# of BSW / MSW Stipends SFY 2015	# of BSW / MSW Stipends SFY 2016	# of BSW / MSW Stipends SFY 2017	# of BSW / MSW Stipends SFY 2018
Southern University at New Orleans (SUNO)	3 BSW 5 MSW	7 BSW 2 MSW	3 BSW 5 MSW		
Grambling State University (GSU)	6 BSW 2 MSW	3 BSW 3 MSW	4 BSW 2 MSW		
Southern University Baton Rouge (SUBR)	3 BSW 0 MSW	6 BSW 0 MSW	4 BSW 0 MSW		
University of Louisiana at Monroe (ULM)	5 BSW 0 MSW	4 BSW 0 MSW	3 BSW 0 MSW		
Northwestern State University (NSU)	2 BSW 0 MSW	4 BSW 0MSW	4 BSW 0 MSW		
Southeastern Louisiana University (SLU)	6 BSW 0 MSW	6 BSW 0MSW	3 BSW 0 MSW		

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Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of BSW / MSW Stipends SFY 2014	# of BSW / MSW Stipends SFY 2015	# of BSW / MSW Stipends SFY 2016	# of BSW / MSW Stipends SFY 2017	# of BSW / MSW Stipends SFY 2018
Louisiana State University (LSU)	0 BSW 2 MSW	0 BSW 5 MSW	0 BSW 3 MSW		
Annual Total # BSW Stipends / Cost (\$6,500 each)	25 BSW \$6,500 each \$162,500	30 BSW \$6,500 each \$195,000	21 BSW \$6,500 each \$136,500		
Annual Total #MSW Stipends / Cost (\$8,500 each)	9 MSW \$8,500 each \$76,500	10 MSW \$8,500 each \$85,000	10 MSW \$8,500 each \$85,000		

For SFY 2014 and SFY 2015, the stipend amount for the BSW student is \$6,500, for all universities. The stipend for the MSW student is \$8,500. The stipend amounts are distributed through the contract with Northwestern State University who in turn contracts with the other six public/state universities. During the 2014/2015, school year educational stipends were awarded to forty non-employees attending school at one of the seven public school of social work with the expectation that the student agrees to work for DCFS after graduation. Ten of these students graduated in December 2014, and are currently employed with DCFS. Child Welfare Training and Operations sections are currently working with students for job placement upon graduation in May 2015, based on staffing needs in the allowable programs of Family Services and Foster Care.

Educational Stipends Update FFY 2016: For SFY 2015, the stipend amount for the BSW and MSW students remained the same. The stipend amounts are distributed through the contract with Southeastern Louisiana University and subcontract between Southeastern Louisiana University and Northwestern State University, who in turn contracts with the other five public/state universities. During the 2015/2016 school year educational stipends were awarded to forty non-employees attending school at one of the seven public school of social work with the expectation that the student agrees to work for DCFS after graduation. One recipient was dismissed from her field placement and from the universities Social Work program in November 2015. Seven of these students graduated in December 2015. Of the seven students, three declined employment with DCFS; one deferred employment to attend graduate school; and one offered employment with DCFS was later terminated. Based on staffing needs in the allowable programs of Family Services and Foster Care child welfare staff are currently working with students for job placement upon graduation in May 2016. DCFS and the Universities Alliance are working diligently to improve the selection and recruitment of Title IV-E recipients. New standards include increasing the grade point average of students selected to a 3.0 overall GPS and focusing on selecting students who display the 10 Child Welfare Worker Entry Level Competencies.

Education Stipend Activities Planned in FFY 2017:

1. The University Alliance in partnership with DCFS will continue update and finalize the recruitment and selection criteria for Title IV-E Stipend recipients.

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2. The Internship Experience workgroup will develop an manual of standardized activities that Title IV-E recipients and their supervisors will follow to ensure their internship provides the educational an developmental activities need to become competent child welfare workers.
3. A one day training course will be developed and provided to all Title IV-E Supervisors.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) - The CIP has been working on the development of a Center (now known as the Pelican Center) to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant CW stakeholders. Through the partnership with the DCFS and the University Alliance, all parties work together in FFY 2015 develop and implement training and education of CW practitioners including children's and indigent parents' attorneys, judges, CASAs, and district attorneys.

Update FFY 2016: The following multi-disciplinary training efforts have been undertaken or will be completed in FFY 2016.

Mosaic Dimension Training.

Summary: The Mosaic Dimension is based on the assumption that children who are moving through the foster care system are as culturally unique and different as mosaic patterns. This curriculum was developed to address the systemic issue of disproportionate minority representation in child welfare and the court systems. Patsy Wilkerson will take you through an experiential, scenario-based training, designed to go beyond traditional programs to explore this topic on a broader level.

In most cultural competence and diversity training programs, we generally focus on primary and secondary dimensions. The primary dimensions (race, ethnicity) are basic and cannot be changed by the person. Secondary dimensions (education, geography) can be influenced or changed more easily. These patterns are sometimes invisible or undiscovered and may require us to look beneath the surface and question our previous beliefs and assumptions.

October 10, 2014 – New Orleans

Number Trained: 37

Pre and post testing was not available.

November 14, 2014 – New Orleans

Number Trained: 37

Pre and post testing was not available.

February 20, 2015 – New Orleans

Number Trained: 20

7.6% increase in knowledge

May 4, 2015 – Lake Charles

Number Trained: 23

3.7% increase in knowledge

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June 25, 2015 – New Iberia

Number Trained: 43

14.9% increase in knowledge

Mosaic Dimension comprehensive curriculum completed September 2015.

The Red Book II: Advanced Litigation Skills for Child Welfare Attorneys

This “practice focused” training to be developed by the National Association of Counsel for Children for Louisiana will include the following: (1) Integrating the “business of childhood” into CW advocacy, (2) Child development and legal advocacy, (3) Developing a trauma-informed position, (4) Skills for interviewing, questioning, and examining the child-client, (5) Motion, writs, and appeals, and (6) other material focused on local practice needs. Training held July 31, 2015 – New Iberia; Number Trained: 67; 36.0% increase in knowledge.

“**Introduction to Child Welfare Law**” –sponsored by the Pelican Center an introduction to child welfare law, this interdisciplinary program was developed and delivered by the National Association of Counsel for Children. The goal of the program was to introduce the legal underpinnings of the child welfare system to a broad range of stakeholders, lawyers and non-lawyers alike. Attendees included DCFS staff and administration, CASAs, children’s and parents’ attorneys, foster parents, Title IV-E stipend students and others. The success of this program led to the identified need for the development of the Introduction to Child Welfare curriculum currently under development by NACC in collaboration with the Pelican Center. This “new” curriculum will be more Louisiana-centered and become a permanent part of the Louisiana Child Welfare Training Academy’s catalog of offerings. Training held September 24, 2015 – Lafayette, LA; Number Trained: 73; 22.0% increase in knowledge.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA) Update FFY 2016:

Louisiana CASA, in collaboration with the Court Improvement Program, has been engaged in strategic planning for the growth of the CASA programs in Louisiana; training, both pre-service and in-service training for CASA volunteers as well as multi-disciplinary trainings for stakeholders in the child welfare system; and, planning for addressing the needs of special populations, particularly the LGBTQ youth in foster care. In 2015-2016, Louisiana CASA actively participated in planning and coordination of the Together We Can Conference, and projects coordinated by the Pelican Center's Training and Education Committee, specifically, the Mock Trial work group. Additionally, Louisiana CASA launched *Indigo* an online training program for CASA volunteers state-wide and hosted a state-wide, multi-disciplinary training on transitioning youth. Louisiana CASA and the Program Advisory Council has been reviewing data and cost projections in order to finalize a state wide growth plan to achieve the goal of a CASA volunteer for every child in an IN Need Of Care case. Additionally, Louisiana CASA has reconvened the LGBTQ Task Force which had been dormant for several years. The Task Force is formulating surveys for foster youth, foster parents and CASA volunteers regarding the needs and challenges faced by this population in order to inform the strategic direction of the Task Force.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA)- Activities Planned for FFY 2017:

In 2016-2017, Louisiana CASA will have completed a written strategic growth plan with a specific implementation process outlined.

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It is anticipated that implementation of the growth plan will begin in 2017. Additionally, Louisiana CASA will continue to actively participate in the conference committee for the Together We Can Conference and the Pelican Center's Training and Education Committee. In addition to organizing and hosting training events, both for CASA volunteers and staff and multi-disciplinary training events for stakeholders, Louisiana CASA expects to grow *Indigo* to its full capacity of 12 training modules. Louisiana CASA will continue to provide leadership and staff support to the LGBTQ Task Force in 2016-2017

Collaboration with Tribes Update FFY 2016 Update: In order to develop knowledge of the ramifications of ICWA, the CIP Judicial Fellow, Judge Anne L. Simon (Retired) monitors the websites of NICWA and NARF for updates on jurisprudence. Judge Simon joined the National ICWA Constituency Group and have participated in two online meetings. She has also been in email exchanges with Scott Trowbridge of the ABA.

During this period Judge Simon made two presentations on ICWA: one at *Together We Can* October 2015 and one at the Meeting of the Juvenile and Family Court Judges Winter Meeting January (That meeting was held at the Tribal Headquarters of the Tunica-Biloxi.) Additionally, the Fellow had opportunities to announce her availability to help with ICWA issues at the meetings of CJA, the Children's Code and Persons Committees of the Louisiana Law Institute, and during contacts with the tribes in her capacity as an Associate Appeal Court Judge for the three of the four federally recognized tribes of Louisiana – the Chitimacha, Coushatta and Tunica-Biloxi. Judge Simon has met with the fourth tribe, the Choctaw Band of Jena, as they develop their judicial organization. The Fellow has worked with the Adoption section of DCFS to add ICWA inquiry to their practice.

Judge Simon's availability to assist with ICWA compliance appears to be widely known. The Fellow has received four telephone calls from courts seeking ad hoc guidance when they have been confronted with the possibility of Native American heritage. She also receives informal information from attorneys for children that courts are asking the necessary questions with more regularity.

Collaboration with Tribes Activities Planned in FFY 2017: Judge Simon will again present on ICWA at the Together We Can in October 2016. The Fellow will continue to monitor compliance in contacts with CINC stakeholders and take advantage of every opportunity to offer assistance to the courts and continue to seek out opportunities to learn of developments.

Training Activities Planned for FFY 2015-2019 (Please also refer to the systemic factors section on Staff Training for additional information.):

SFY 2014

Key activities to be accomplished include:

Administrative

1. Develop the vision and mission for training academy;
2. Create infrastructure including a governance structure;
3. Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
4. Develop MOU between DCFS, Pelican Center, and lead university (SLU);

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5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
6. Establish an initial budget for DCFS training and enter into a contract with SLU and others as needed to initiate the transfer of training responsibilities.

Service Delivery

1. In collaboration with the Pelican Center, compile a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance;
2. Plan and conduct at least one training function as a partnership between the Pelican Center, University Alliance, and DCFS;
3. Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of 3 additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
4. Produce *Together We Can* conference on key areas of child welfare practice.

Update FFY 2015 & Activities Planned for FFY 2016:

1. Developed the vision and mission for the Child Welfare Training Academy (CWTA).
 - a. Mission: To provide training and professional development to child welfare staff and stakeholders.
 - b. Vision: Through a partnership between the DCFS, the Pelican Center, and the University Alliance, the Child Welfare Training Academy will provide high quality training and professional development opportunities to develop a professional, competent, and stable workforce.
2. Create infrastructure including a governance structure;
 - a. A comprehensive infrastructure is being built. DCFS has committed one full-time executive level staff (CWTA Director) to ensure the Department's priorities are represented, and the university partnership can be maximized. This position reports to the Deputy Secretary of Programs who in turn reports to the Secretary. However, the Secretary is fully accessible and in frequent contact with the CWTA Director. The CWTA is fully staffed with Southeastern employees; policies and procedures have been put into place for hiring, contracting, payments, etc. The contract between DCFS and Southeastern and the MOU between DCFS, Southeastern, and the Pelican Center detail the responsibilities of each party.
3. Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
 - a. A University Alliance meeting is held at least once per quarter to plan with and update all partners on the progress of the CWTA. Individual meetings are held at least once per year to review the DCFS vision for the CWTA/university partnership, DCFS' commitment to workforce development, and the role each university can play in this vision.
4. A MOU between DCFS, Pelican Center, and lead university (SLU) was created.
5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
 - a. Written updates are provided to the Secretary and DCFS executive management on a monthly basis, and an in-person meeting is held with the Secretary to review progress, challenges, and to resolve any issues. Updates are provided to field staff

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at each monthly Web-ex hosted by the Secretary. Additional updates are provided to the Regional Administrators and State Office Programs and Operations staff at least quarterly during the regularly scheduled Operations meetings held the third Wednesday of each month. The CWTA Director participates in numerous CW Program workgroups and bi-weekly conference calls with program leaders, operations leaders, and key stakeholders to ensure integrated implementation of all CW efforts. The CWTA is on the advisory board of the Pelican Center and co-chair of the training advisory group for the Pelican Center.

Service Delivery

- In collaboration with the Pelican Center, a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance was compiled.
- Plan and conduct at least one training function as a partnership between the Pelican Center, University Alliance, and DCFS;
 - The Trauma Conference and the *Together We Can* conference were both held in partnership between DCFS, Pelican Center, and the University Alliance.
- Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of three additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
 - Marsha Salus conducted a multi-session training program for a cohort of 22 supervisors over a four month period. Three additional DCFS staff participated in an effort to build internal capacity. These staff members will be responsible for helping to replicate the program using in-state personnel as trainers.
- Produce and hold the *Together We Can* conference on key areas of child welfare practice.

SFY 2015

Service Delivery

- Conduct a training needs assessment of DCFS staff and stakeholders;
 - The training needs identified in year one continues to be the focus of attention.
- Prioritize areas of focus based on the needs assessment for the next three years, and develop a plan for implementation;
 - Safety Plan Training: Advanced Safety Focused Practice was expanded to include training on “Creating Safety Plans”. A full day training for all levels of staff and an extra half day for supervisors. Pre and post tests were administered to track gains in knowledge, and a criterion test measured ability to create a safety plan meeting policy criteria.
 - Creating Permanency: The CWTA partnered with the National Association of Social Workers to sponsor a 10-session certificate program “Creating Permanency: Foster Care and Adoption Advanced Competency Certificate Program”. DCFS identified 22 staff from across the state to

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participate in this intensive training. In addition to those participating, five people (four DCFS employees and one stakeholder) were identified, trained, and mentored by the presenter during and following each session in preparation to proceed with implementation of the program.

- Develop and implement phase one of a multi-level professional development plan for supervisors;
 - The CWTA through SLU contracted with LSU to lead the development of a 12-month Training and Professional Development Plan for New Supervisors. This training is based on developing core skills in administrative, educational, and supportive supervision. In addition to developing these skills, the Department customized the curriculum to include more case related material and specific policies/practices applicable in Louisiana. The comprehensive plan was developed with the input of an advisory group of supervisors and managers over a period of several months
- In collaboration with SLU, engage each University Alliance member in exploring and establishing their role within the training academy;
 - Engaging each university in the development and implementation of the CWTA is an ongoing effort. See above details of each university's area that has been identified. Progress has been made and this will continue to be developed.
- Transition child welfare in-service training to the University Alliance and/or the Pelican Center. All in-service training is currently provided through the CWTA or the Pelican Center.
- Produce *Together We Can* conference on key areas of child welfare practice.

The Pelican Center Training and Education Committee is fully staffed and functional. The Committee continues its work with DCFS and University Alliance partners to develop a comprehensive CW training and education curriculum for Louisiana, all in accord with the Pelican Center's mission and vision. The committee continues to meet monthly. The committee has adopted a standard curriculum format to each training module to be developed, and a policy to approve curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument. The information gleaned from this format and these processes will help to ensure consistency.

Activities Planned for FFY 2017 - 2019:

SFY 2016

Service Delivery

- Implement Level 1 priorities from needs assessment;
- Establish key partnerships for advanced level training in areas such as domestic violence, mental health, and substance abuse;
- Produce *Together We Can* conference on key areas of child welfare practice.

SFY 2016 Areas of Focus

Administrative

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Personnel (Transition DCFS-CW trainers and manager to CWTA; hire specialist to develop online training; hire training assistant to coordinate logistics and conduct educationally appropriate material)

Financing (Construct new budgets with all university partners and put into place monitoring procedures to ensure sufficient funds are generated to support the current budget)

Policy and procedures (Develop a comprehensive policy and procedural manual to cover all activities of the CWTA.)

Evaluation (Design and implement overall evaluation guided by federal expectations)

Website (Establish website connected to DCFS/Pelican Center/universities/CLARO so that resources can be shared; will serve as hosting site for various recorded webinars, etc.)

Training: New Worker

Competencies (Adoption of new worker competencies)

Curriculum development (Development of 24 weeks of intensive training for new caseworkers; numerous modules to be developed)

Identification and preparation of trainers (Determine the number of trainers needed to competently train new worker content; identify trainer competencies and attempt to hire those with the required competencies; develop plan to increase competencies of current trainers who do not already have necessary competencies)

Training: In-service

Substance abuse (Assessing the impact of substance abuse on parenting; what you need to know to assess the safety of substance exposed newborns)

Mental Health (Understanding how to assess the impact of mental health issues on parental protective capacity)

Domestic Violence (Understanding how to assess the impact of domestic violence issues on parental protective capacity)

Engaging Difficult Clients (Core components of Motivational Interviewing)

Adolescent Development (In context of trauma/cw involvement; normalcy)

Stipend Program

Reallocation of stipends (Implement recommendations of workgroup to prioritize DCFS staff for MSW stipends toward a goal of ½ of all supervisors in each CW office having a MSW or related degree)

Internship experiences (Develop standardized experiences for all interns and create a supervisor's guide; integrate new worker training)

Data collection and evaluation (Establish clear goals and data necessary to track in order to evaluate effectiveness.)

Foster Parent Training

Certification (Review up-to-date models and determine best model for LA)

Post-certification (Create 3 year plan for prescribed training; identify content experts for Year 1 choices; develop and implement plan for Year 1)

Continuation of New Supervisor and Permanency Certificate Programs (2 cohorts per year)

SFY 2017

Service Delivery

- Implement Level 2 priorities from needs assessment.

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- Produce annual Together We Can interdisciplinary conference on key areas of child welfare practice involving safety, permanency and the well-being of children in or at risk of entering the foster care system.

SFY 2018

Service Delivery

- Implement Level 3 priorities from needs assessment.

SFY 2015-2019

Administrative

- Evaluate progress of CWTA implementation and effectiveness each year, and in 2019, conduct evaluation over the past five years. Develop new CFSP based on additional research, data analysis, and lessons learned.

Service Delivery

- Continue to operate a fully functioning CWTA for all CW staff and stakeholders, including a focus on recruitment, hiring, and retention as well as research and program evaluation.
- Produce Annual Together We Can conference on key areas of child welfare.

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Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E and Title IV-B and Title XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100% time study conducted by all Child Welfare (CW) Trainers. Each trainer accounts for all hours in the work week, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters that information into a database.

The database, which was created to document and track training activities, contains all courses from the CW training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff.

Random Moment Sampling (RMS) procedures are in place and field staff is sampled on an ongoing basis. The process identifies activities that staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

In FFY 2013, DCFS expended \$9,729,115 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$1,921,500 were allocated for foster care training and \$510,779 for adoption training. In FFY 2014, DCFS expended \$3,983,126 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$2,574,894 were allocated for foster care training and \$84,985 for adoption training. In FFY 2015, DCFS expended \$3,584,590 (amount includes federal funds and state general funds) in allowable Title IV-E training expenditures, state general funds, in the amount of \$789,455 were allocated for foster care training and \$106,693 for adoption training.

Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Please note the reduction of actual cost for FFY 2015, associated with training expenditures in the categories below are a result of the reorganization of DCFS and the CW Training Section. All in-service trainings provided by CW Training were moved into the DCFS contract with Southeastern Louisiana University (SLU) to develop and implement a CWTA. CW Training experienced a reduction of staff and expenditures during this time period. CW Training staff was responsible for the implement and training or New Child Welfare Worker Orientation. The contract with SLU is included in "Other Charges" listed on the Projected Training Expenditures chart.)

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Projected Training Expenditures					
Category of Expenditure	Actual FFY 2014	Projected FFY 2015	Actual FFY 2015	Projected FFY 2016	Actual FFY 2016
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$2,270,382	\$5,579,376	\$662,487	\$662,487	
Travel	\$2,897	\$7,282	\$64,394	\$64,394	
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$13,654	\$40,810	\$11,769	\$11,769	
Supplies	\$843	\$6,879	\$598	\$598	
Acquisitions	0	0	0	0	
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$781,380	\$3,169,562	\$1,758,677	\$1,758,677	
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$914,813	\$1,041,704	\$1,086,664	\$1,086,664	
Total	3,983,126	\$9,845,613	\$3,584,589	\$3,584,589	

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 most training is held at the state office located in Baton Rouge, Louisiana. If there is a cluster of trainees in a particular area the training is conducted there. Less travel costs are incurred using this method. The average cost per person will vary based on lodging and meal allowances. The majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below were developed using the formula below and is applied to all child welfare training courses.

Travel Costs - Travel and Training costs from October 1, 2013 – September 30, 2014, are as follow:

- Lodging: Avg. \$104.00 (low for Tier I - \$77.00 – high for Tier 2 - \$131.00 per night excluding taxes and surcharge)

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- Meals: Average of \$47 per day; (Tier I - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; Tier II (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)
- Trainees' workbooks: average cost \$8 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For trainings held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/workbook = \$1590 (\$159/trainee)
 - With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)
 - With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)
 - With Contract Trainer \$1900 = \$3490 (\$349/trainee)
- Maximum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)
 - With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)
 - With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)
 - With Contract Trainer \$1900 = \$6193 (\$229/trainee)

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

Update FFY 2015:

Travel Costs: Travel and Training costs from October 1, 2014 – September 30, 2015, are as follow:

- Lodging: Avg. \$117.00 (low for Tier I - \$83.00 – high for Tier 2 - \$151.00 per night excluding taxes and surcharge)
- Meals: Average of \$53.50 per day; (Tier I - \$51 per day: Breakfast \$9; Lunch \$13; Dinner \$29; Tier II (including New Orleans) - \$56 per day: Breakfast \$10; Lunch \$16; Dinner \$30.)
- Trainees' workbooks: average cost \$15 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$2000/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

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Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- **Minimum Cost:** For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$117 + \$54.50 for meals and \$15/workbook = \$1865.00 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$2,425.00 (\$242.50/trainee)
 - With two DCFS trainers (\$1,120.00) = \$2,985.00/day (\$298.50/trainee)
 - With Contract Trainer \$2000 = \$3865.00 (\$386.50/trainee)
- **Maximum Cost:** For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$117 + \$53.50 for meals and \$15 for workbooks = \$5,595 (\$186.50/trainee)
 - With one DCFS trainer (\$560.00) = \$6,155.00 (\$205.16/trainee)
 - With two DCFS trainers (\$1,120) = \$6,715.00 (\$223.83/trainee)
 - With Contract Trainer \$2000 = \$7,595.00 (\$253.16/trainee)

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

Update FFY 2016:

Travel Costs: Travel and Training costs from October 1, 2015 – September 30, 2016, are as follows:

- **Lodging:** Avg. \$117.00 (low for Tier I - \$83.00 – high for Tier 2 - \$151.00 per night excluding taxes and surcharge)
- **Meals:** Average of \$53.50 per day; (Tier I - \$51 per day: Breakfast \$9; Lunch \$13; Dinner \$29; Tier II (including New Orleans) - \$56 per day: Breakfast \$10; Lunch \$16; Dinner \$30.)
- **Trainees' workbooks:** average cost \$15 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- **Contract Trainer Cost:** \$2000/day (daily rate inclusive of consultant fee and expenses)
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

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

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CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN: The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized with Title IV- B funds and Social Services Block Grant (SSBG) funds in Louisiana to prevent, identify, and treat child abuse and neglect situations. These are coordinated with the Child and Family Services Plan (CFSP) when possible.

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 will also provide notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were 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. Additionally, 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.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b)(1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

A.) ALLOWABLE AREAS:

- Intake, assessment, screening, and investigation of reports of child abuse or neglect;
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

SERVICES PROVIDED:

A. Child Protective Services including:

1.) **Common Access Front End** - Transformation Phase I included the implementation of a Customer Call Center, Document Management System, and a Common Access Front End System (CAFÉ). In Transformation Phase II, DCFS envisions a continuation of Transformation Phase I, ideally building upon the investments made, to ultimately achieve the complete

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replacement of the Department's legacy mainframe systems. The Transformation Phase II planning team was tasked with identifying opportunities for modernization or replacement of the current DCFS "legacy systems".

In June of 2014, Child Welfare functionality was added in CAFÉ. CAFÉ provides a public facing provider portal for the submission of foster/adoptive parent applications, emergency preparedness plans, requests for reimbursement, and viewing of payment history. The CAFÉ worker portal includes functionality that includes submission of foster/adoptive parent applications, approval of reimbursement requests, referrals for vendor services to specific vendors and the management of provider case activities. The worker portal provides an assignment dashboard, scheduling that integrates with Outlook, cross program case search to view data from other program areas (as allowed by law), rules and regulations, tasks and alerts. It also allows for presentation of case information from TIPS, data entry wizard with integration with TIPS, staffing wizard for recording and storing of case staffings, and a IV-E wizard to automate the IV-E process. [For additional information on Information Systems, please refer to the state's 2016 Annual Progress and Services Report (APSR) and the Systemic Factor for Information Management.]

FFY 2016 Update: The Department continued to refine and enhance CAFÉ and its interface with TIPS. The Transformation Phase II Planning Team continues to work towards planning for the development and implementation of legacy system modernization/replacement for the Child Welfare Program. The Annual Advanced Planning Document Update was submitted to all federal partners in January 2016 and it provided an overview of activities and project timelines for Transformation Phase II. Due to the change in DCFS priorities, which includes the dire need for a modernized comprehensive solution for Child Welfare and the uncertainty regarding the impact of the budget on the long-term planning efforts, timeframes for FFY 2016 project tasks were adjusted, leaving the need to re-evaluate the timeframe for future project tasks when submitting the 2017 Annual APD. With the assumption that the Child Welfare Systems replacement initiative will be fully staffed beginning with FFY 2017, the implementation period for a new comprehensive Child Welfare solution has been targeted for late 2018.

Activities Planned FFY 2017: Transformation Phase II will continue its planning efforts for developing a comprehensive child welfare solution. Planning tasks completed to date include the development of programmatic goals/needs, a review of all technical systems with involved stakeholders, completion of a gap analysis, and defining and documenting the Child Welfare Business requirements. Remaining tasks include completion of an assessment of the different approaches/options available; and an analysis of the costs/benefits associated with each option. Upon completion of these tasks, DCFS will determine if and when it is appropriate to submit a formal request for federal funding to develop the proposed solution.

2.) Centralized Intake (CI) Service Description – A centralized intake (CI) system was developed by DCFS in 2011. The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The hotline is operated by Child Protection Services (CPS) teleworkers who will work from home and are stationed throughout the state.

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The centralized child abuse hotline is operated by approximately 46 teleworkers, ten supervisors, three managers, and two support staff. 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.

CI staff have been trained in the Advanced Safety Focused Practice (ASFP) Model also referred to as Safety Focused Practice (SFP) and CI managers provide individual training and mentoring to the supervisors and CI specialists on an ongoing basis. Managers travel statewide to provide community education to mandated reporters such as law enforcement, medical and school personnel.

Update FFY 2016:

CALLS RECEIVED BY CENTRALIZED INTAKE												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Calls Received 2014-2015	8275	8635	9367	8973	7607	7162	8167	7434	8864	8929	8517	7796
# of Calls Received 2015-2016	8285	9380	9602	9693	8373	7742	7941					

NUMBER OF INTAKES RECEIVED AND PERCENTAGE OF INTAKES ACCEPTED FOR INVESTIGATION												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Reports Received 2014-2015	3914	4170	4638	4868	3720	3832	4300	3834	4748	4556	4461	4007
# of Reports Accepted 2014-2015	1907	2218	2375	2365	1684	1779	2237	2006	2435	2462	2435	2059
% of Reports Accepted 2014-2015	48.7	53.1	51.2	48.6	45.3	46.4	52.0	52.3	51.3	54.0	54.6	51.4
# of Reports Received 2015-2016	4120	4668	4916	4725	4188	4038	4445					
# of Reports Accepted 2015-2016	2068	2451	2548	2481	2093	1956	2221					
% of Reports Accepted 2015-2016	50.2	52.2	51.8	52.5	50.0	48.4	50.0					

The breakdown of calls received through CI are as follows:

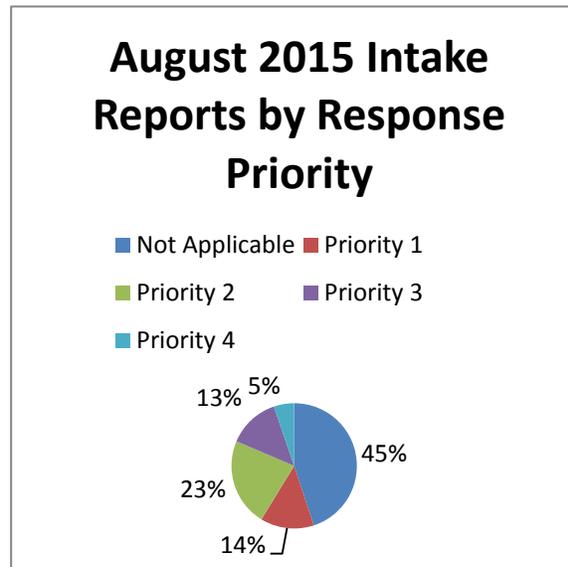
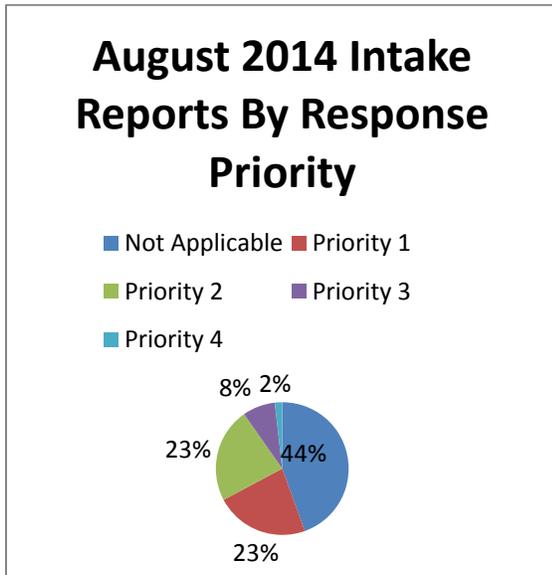
- 100,000 calls per year
- 48,000 are informational
- 52,000 are reports of alleged abuse and neglect requiring a disposition
- 26,000 are reports of abuse and neglect that are accepted for investigations by CPS.

Based on the numbers cited above, CI staff experience an average of 450 calls daily. Divided by a 7.5 hour work day (this equals one staff person) this results in a need of 60 intake workers. At this time, DCFS has only 46 workers. During high call volume times, callers are frequently experiencing long hold times. With the new system, callers now have an option to leave their number for a call-back from an intake worker. There is a wait time associated with this during high call volume times.

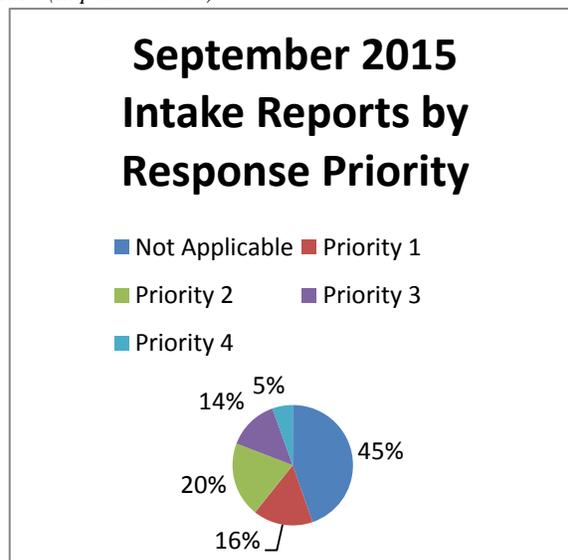
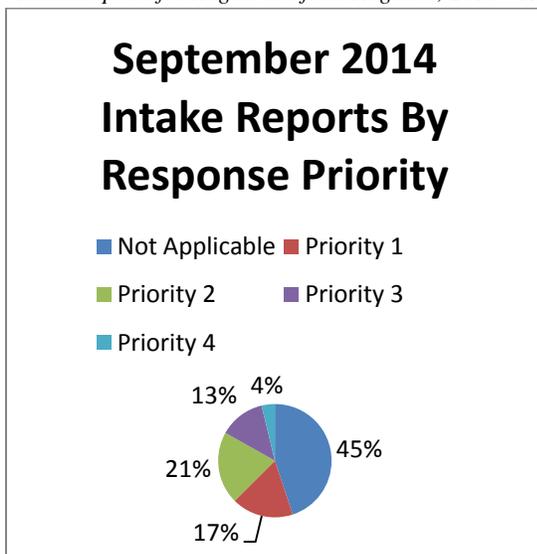
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CI Area of Focus: In August 2014 DCFS made changes to the response priority for reports of abuse and neglect. Subsequent to this practice change, a new response priority instrument was implemented and CI managers have continued to monitor implementation.

From August 2014 to November 2014 there was a predictable shift in data indicating a reduction in cases identified as Priority 1 and Priority 2. There was a five percent increase in Priority 3 cases, and Priority 4 cases doubled. Not Applicable cases increased by one percent. See data indicated in graphs below:



**Intake reports for August are from August 4, 2014 – August 31, 2014 (Implementation)*



The new response priority system continued with improved outcomes as evidenced by a reduction of Priority 1's from 23% in August 2014 to 16% in September 2015. Priority 2's were 23%, September 2015, 20%. Priority 3's, August 2014 were 13%, September 2015, 14% and finally, Priority 4's were 4% and September, 5%. Managers worked closely with supervisors to train their staff on the response tool and continue the progress with SFP decision-making. The

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quality assurance measure of reviewing calls has continued with 20 recorded calls each month and 30 recorded when possible. The assistance of a Child Welfare Consultant separate from the CI unit was utilized to support an optimal environment for objectivity and for greater transparency of possible issues or concerns. A two-day training of the managers working with the supervisors was held on December 4-5, 2015 to continue to refine decision-making. This training supported more face-to-face interactions to enhance working relationships. Workers went to local office trainings to connect with local office staff and assure their continued networks with other child welfare staff.

Activities Planned for FFY 2017: CI managers will continue to complete fidelity reviews and work with supervisors to refine decision-making. They will provide additional support to staff through face-to-face interactions. CI workers (who are teleworkers) will also continue to build relationships/networks with other child welfare staff in local offices. Turnover will be addressed by increased face-to-face contact with workers, continued encouragement of local office staff activities, and stay interviews. CI will continue to request additional staff in order to reduce wait times for callers, call backs and to ensure the best possible service delivery.

3.) Structured Decision Making Service Description – The SDM® model incorporates a set of evidence-based assessment tools and decision making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM® model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision making points that range from intake to reunification. The SDM® model also utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Update FFY 2016: The Department continues to implement several efforts to improve consistency and quality of desired outcomes for children and families within their homes by focusing on the risk assessment. This risk assessment is designed to assist workers in making critical decisions such as determining the likelihood of future maltreatment without intervention. The Child Protective Services (CPS) worker conducts a thorough assessment of the family dynamics by obtaining information in the six areas of assessment using the ASFP surrounding the six areas of assessment. This information is used to help accurately complete the risk assessment.

2014 STRUCTURED DECISION MAKING TIMELINESS AND CONSISTENCY						
Area of Practice	Q1	Q2 Baseline	Variance	Q3	Q4	Variance
Correct Household	n/a	98.22	n/a	97.50	99.17	1.67
Timeliness	n/a	50.85	n/a	46.67	59.17	12.5
Consistency	n/a	64.41	n/a	60.83	69.17	8.34

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2015 STRUCTURED DECISION MAKING TIMELINESS AND CONSISTENCY						
Area of Practice	Q1 Baseline	Q2	Variance	Q3	Q4	Variance
Correct Household	95.0	94.2	.8	91.7	95.0	3.3
Timeliness	62.5	63.3	.8	61.7	65.0	3.3
Consistency	55.0	43.3	11.7	48.3	44.2	4.1

STRUCTURED DECISION MAKING STATISTICS						
Area of Practice	FFY 2014 Baseline	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Correct Household	98.30	93.98				
Timeliness	52.23	63.13				
Consistency	64.80	47.7				

In comparing data from 2014 average quarter data to 2015, there was a decrease of 4.32% in data completing the risk assessment on the correct household. The 2014 and 2015 data comparison revealed a significant 10.9% increase in timely approval of the risk assessment. However consistency of information documented in the case record to the indices endorsed on the risk assessment shows a decrease from 2014 to 2015 of 17.1%. This highlights a decline in staff correctly identifying the household and collecting information consistent with their risk assessment endorsements. However, a sharp increase was noted in the timely completion of the risk assessments with families. The risk assessment along with accurate safety decision making assists the worker in determining the appropriate disposition of a case and determining the need for continued services through departmental or community service providers.

An integral part in assessing timely approval of the risk assessment was adding a risk assessment approval box into ACESS to ensure better supervisory oversight, review, and concurrence of the information endorsed on the initial risk assessment. Correctly endorsed items ensure the risk level is accurate and appropriate decisions are made by the Department regarding on-going services to the family. Ongoing consultation was provided by CQI staff and the CPS program consultants during Case Crisis Reviews (CCR), ASFP case review exits, CQI reviews, and case consultations.

Activities Planned for FFY 2017: The Department will continue to implement strategies and provide on-going consultation/evaluation around accurately and consistently assessing initial child safety and risk, including such factors as domestic violence, mental health, and substance abuse issues to prevent repeat maltreatment and strengthen families. The following steps and processes for improving risk assessment for children and families are planned:

- Provide additional training on the risk assessment instrument with CQI and quality assurance reviewers to increase the reliability among ratings in identifying the correct household, timeliness, and consistency. This will assist DCFS in ensuring that resources are targeted for families with the highest level of risk and need.

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- Improve CPS staffs' abilities to assess risk for future maltreatment through ad hoc training opportunities around the correct use of the risk assessment instrument, accurate endorsement of factors via webinar and in-person formats.
- Ongoing consultation for CPS supervisors and workers on accurately completing the risk assessment via, ASFP and case crisis reviews, and requested case consultations.
- Utilize CPS email address, DCFS.ChildProtectiveServices@la.gov, addressing policy questions and concerns as it relates to the risk assessment and the completion of the risk assessment instrument.

4.) ACCESS - Service Description – The Department has A Comprehensive Enterprise Social Services System (ACCESS) which is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (Centralized Intake) 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 investigations until the development and implementation of On-Base. ACCESS also provides some case management tools. The Department continues to address system issues for optimal performance.

Over the last decade, DCFS has made modifications to ACCESS to align the information system with policy and practice changes. Some examples include modifications made in August 2014 to change the response priorities for CPS cases; coerced abortion was added to the allegation framework for abuse and neglect after 2014 legislation was enacted; with the implementation of ASFP [also referred to as SFP] ACCESS was modified to include the six areas of assessment including: the extent of maltreatment, circumstances surrounding maltreatment, child functioning, adult functioning, parenting general, and disciplinary practices.

Update FFY 2016: DCFS has continued to make refinements and updates to ACCESS. In December 2015, changes were made to TIPS to correct an issue when a non-involved caretaker was changed to one with an involvement; both were initially showing instead of the non-involved code changing to the involved code and being counted once.

Activities Planned FFY 2017: System updates to ACCESS and TIPS are being planned as follows:

- The Observation page in ACCESS will have an increase in the character limit on each section on the page to 5,000 characters to enable documentation for SFP Assessment.
- A new Form 5 FAC - Safety Assessment for facilities is being created in ACCESS, which is only applicable for residential care facilities and day care centers. The new safety assessment screens will capture the data from new Form 5 FAC along with using new involvement codes to capture the roles in facility investigations and to create performance metrics for facility investigations.
- An ACCESS system change is being made to modify the expungement report page to include the final finding date, the date of expungement, and the final finding disposition. This will ensure that records are destroyed timely according to the expungement law.
- Corrections are being made to two questions in the intake response priority assessment at intake to clarify the meaning of the questions.
- The Department is updating ACCESS and TIPS with a new CPS open reason code for the allegation of "Life Threatening Injury/Near Fatality". This is for an anticipated

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requirement by National Child Abuse and Neglect Data System (NCANDS) for the Department to track all cases in which a life threatening injury has occurred.

- A system change is planned to enable the Department to notify valid perpetrators in facility and daycare investigations that they have the right to request a Risk Evaluation Panel (REP) decision as the Form XI in ACESS currently does not disclose this process to the employee/owner. In June 2016 the Notice of Intent will reflect that employees of daycare and residential facilities or owners of these facilities have 10 days from receipt of the notification of the valid finding to request an REP determination. In order to comply with the notice of intent the Form XI-A will need to reflect the REP process.
- An ACESS improvement is slated to occur in that the Intake Summary Form will provide a cell phone in addition to the home and other phone numbers that are displayed on the form as well the directions to the home will display on the form as well. These changes will improve the field staff ability to have more information on the Intake Summary Form which is used by investigation staff to bring with them when they go out of the office to locate and meet with the subjects of the report.
- A change is being requested to correct the language in the Form 480 instructing reporters to contact the hotline if they have questions regarding the disposition of the report and to speak with the supervisor of the day. This language will be removed from the form as this is no longer the practice. The supervisor cannot discuss details of the intake case with them due to the inability to verify their identity over the phone. This change will reduce call volume which will support the field's workload.
- A repair is being researched for the integration of cases from ACESS to TIPS. When an investigation is being completed, ACESS transfers information to TIPS (i.e. validity decision, case closure date, etc.). Sometimes technical difficulties occur and ACESS does not integrate the necessary information into TIPS. When the integration is not successful a worker will receive a task which states the ACESS number, and a message saying that the integration was not successful. Although this error message is sent to the worker the message is not sent to the supervisor who is responsible for the case closure. An edit is being pursued to deny the ability to close a case in ACESS if the case has not successfully integrated into TIPS.
- A system change is being pursued to remove an edit that is received currently in ACESS to prevent a not accepted additional information report with a response priority level other than low from occurring. Often times a report may have a moderate or high risk and still not meet the criteria to be a report so the disposition would be not accepted. Currently, intake staff is required to endorse that a report is low risk even if it is incorrect.
- A new mandatory dropdown field is being requested to be added to the Client Intake screen under demographics section to record reporter's knowledge of intake client's membership or eligibility in an Indian tribe in the system and for that information to populate on the Intake Summary Form.
- A special closure reason is being considered for reports of a child being born exposed to drugs or alcohol and the child has been placed for adoption and the worker is unable to make contact with the family prior to the placement.
- A change is needed to allow updates to information in intake cases if there is a need to correct or update information that is not modifiable. A new intake case must be entered and the old case is linked but closed opened in error. This creates duplicative work as there are approximately 11 pages in an intake that must be completed. Addition of fields

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which allow updates would be a time and cost saving measure in addition to allowing the agency to track all changes regarding a single intake report in one case.

- A change is being researched to ensure that an edit in ACCESS will display and prevent a supervisor from approving the allegation/finding page if a SDM tool was not created and completed for the current investigation. An exception to the edit appearing was requested for special closures (UTL, CNC, OIE, etc.). The SDM approval applies to in-home cases only. It does not apply to out-of-home investigations.

B.) ALLOWABLE AREA:

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

SERVICES PROVIDED:

Criminal Record Clearances - DCFS continued use of the MORPHTRAK Motorola Live Scan equipment which was previously known as PRINTRAK during FFY 2014 to complete fingerprint based criminal record clearances through the Louisiana State Police (LSP) and the FBI. Criminal record clearances were obtained on prospective foster/adoptive parents (both DCFS and private agency) prior to certification, on relative caretakers, and on residential direct care staff prior to employment to insure the safety of children placed in the care of these individuals. Additionally, all DCFS staff that are “new hires” receives criminal record clearances prior to hire to insure safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers who will be working for long stretches of time alone with a child to receive criminal record clearances as well since they are the caretakers of the child while they are alone with the child. Additional information can be found in Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Update FFY 2016: DCFS continued the use of MORPHTRAK to complete fingerprint based criminal record clearances through the state police and FBI. New workers, mentors, visiting resources, foster/adoptive parents and potential applicants and volunteers continued to undergo the fingerprinting process for safety assessment purposes. During this time period DCFS worked to establish a structured protocol with the state’s sheriff departments to acquire fingerprint based criminal clearances. The sheriff departments have the same equipment and connections to the LSP and FBI. This will expand accessibility for families and relieve DCFS of the responsibility of maintaining equipment compatible with the technology at the Louisiana State Police. It will also provide a backup system when DCFS experiences equipment malfunctions in an area of the state.

Activities Planned for FFY 2017: DCFS will continue to complete criminal record clearances and build partnerships/protocols with law enforcement. Policies and procedures will be updated to include this information and staff will conduct a review of cases to determine compliance with criminal record expectations.

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SERVICES PROVIDED:

1.) Nurturing Parent Program - The Nurturing Parent Program (NPP) is a family based parenting program with a proven record of preventing and treating child abuse and neglect. Nurturing Parent groups are offered by the state's Family Resource Centers (FRC) located in every region of the state. Technical assistance on implementation of the model is provided to the Family Resource Centers.

This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parent, two parents, step-parent or paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families could be intact or families with the goal of reunification families. Families should not be actively using substances or in recovery.

Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to assure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children's group activities consist of age-appropriate activities including role-play, music, arts, puppets, reading, infant massage and modeling of parents. The Nurturing Parent Program is 16 weeks long.

Update FFY 2016: NPP services are no longer only provided at FRCs and have been made available at DCFS offices. Departmental staff is now available to co-facilitate NPP services to families who may not be in a position to travel to the region's FRC location or who may choose to schedule this service on a previously scheduled visit to the office. Trainings were open to participation by interested DCFS staff in order to enhance their skills. The NPP, specifically for families participating in substance abuse treatment, was/is available in the Lafayette Region through Gulf Coast Teaching Family Services. Group classes were also available to clients in Lafayette, Iberia and Vermilion parishes.

The Department continues to monitor the progress of FRC services particularly the NPP via quarterly site visits and monthly conference calls between DCFS state office staff, DCFS regional liaisons and FRC staff. These calls served to discuss referral trends and troubleshoot issues. The calls have also led to a greater understanding of FRC services, as often times they are also attended by field supervisors as well.

Prevent Child Abuse Louisiana (PCAL) provides on-site consultation and assessment utilizing the NPP Fidelity Rating Scale. A post-visit report is submitted to DCFS and FRC staff. Reports include identified strengths and weaknesses of each site and recommendations for improving implementation of the program(s). Follow-up is also determined. Reports also include a recommendation that the FRC make an exploratory visit to another FRC to observe a particular program component that has been identified as needing improvement. Additionally, part of the PCAL contract deliverables are to invite the NPP Consultants that were trained from the FRC's to observe these site visits. There is currently two FRC staff with this designation. As part of participation in the LA ACE Educator Program, they have also offered four (4) ACE presentations/webinars to DCFS and FRC staff on the following topics.

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- An Overview of Nurturing Parenting: Positive Outcomes for Child Welfare Families
- Understanding the AAPI-2- Assessing Parenting Attitudes
- Exposure to Violence and Child Development
- Empathy: Building Nurturing Families for the Prevention of Child Abuse and Neglect

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.
267	173 (64%)	125 (72%)

Activities Planned for FFY 2017:

- Discussion around ways to work with families dealing with substance abuse and offer a 6-8 week NPP Substance Abuse and Recovery Program, utilizing the AAPI to determine specific parenting needs to address those.
- Offer a 2 day in-service training for FRC directors and tenured NPP facilitators to review the NPP substance abuse curriculum, with a possible substance abuse curriculum training for the early fall.
- Facilitate three-day NPP training in mid-summer for new FRC staff.

2.) Training - Child Welfare Training in coordination with the Child Welfare Training Academy (CWTA) continued to provide the 24 week competency based child welfare curricula for new staff. The Department offers various training opportunities to all staff throughout the year including a core child welfare curriculum (4-6 sessions of the core curriculum is offered annually). Other opportunities for training are through conference participation, and professional development workshop participation within the state’s prospective communities. This involvement with the community creates opportunities for staff to collaborate with other service providers and to engage in collaborative networking activities. Staff receiving these training opportunities 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 2016 APSR in the section detailing the systemic factor on Staff Training.)

Training is available to foster/adoptive parents through CWTA sponsored training providers. Additional trainings may be used to meet licensing requirements including:

- Louisiana Foster/Adoptive Parent Association annual conference;
- National Foster Parent conferences;

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- 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 2016 APSR systemic factor section on Foster and Adoptive Parent Licensing, Recruitment, and Retention.)

The Department utilizes the following mechanisms of technology to meet training needs;

- ❖ Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS);
- ❖ Web-Based Training;
- ❖ Video Conferencing;
- ❖ Webinars and Teleconferences.

Update FFY 2016: New worker training was provided 27 times during this timeframe and was provided to approximately 92 new DCFS employees. From January 2015 – December 2015, regional staff held approximately 47 pre-service trainings statewide in various locations to accommodate potential applicants. There were approximately 748 newly certified families during FFY 2015.

DCFS also continued to fine tune the work of the CWTA and work with university partners. Work continues to address the in-service training needs identified by foster/adoptive parents.

The Together We Can Conference was held in October 2015 in the Cajun Dome and included workshops on trauma-informed care, safety planning and safety decision-making, ICPC, ICWA, psychotropic medications, school/education connections, engaging non-custodial parents, and transition planning for foster youth, children coming to court, legal and social worker ethics and professionalism, among others. (For additional information on Training refer to the state's Training Plan and Systemic Factor on Staff Training in the 2016 APSR.)

Activities Planned for FFY 2017: DCFS will also continue to work with the CWTA to ensure pre-service and in-service training for DCFS staff and foster/adoptive parents is as effective and responsive as possible. The Together We Can Conference will be held in October 2016 in Lafayette, LA.

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D.) ALLOWABLE AREA: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

SERVICES PROVIDED:

1.) Critical Incident Stress Management (CISM) - The DCFS CISM team continues to function and respond in the event of a critical incident when assistance is requested. The team is comprised of staff from all units including Child Welfare, Economic Stability and Child Support Enforcement. The team is trained and registered with the International Critical Incident Stress Foundation through March 18, 2017, and maintains the integrity of the critical incident model established by this trauma response organization.

Update FFY 2016: From 10/01/14-09/30/15, thirteen (13) group interventions and thirty-four (34) 1:1 individual interventions were requested serving ninety (90) staff which increased from the previous year of fourteen (14) requested interventions (1:1 or group) servicing approximately sixty-eight (68) staff. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on feedback surveys that are completed anonymously by staff participants in the interventions and forwarded to the Team Coordinator. Additionally, management staff acknowledge the CISM team’s outstanding support to staff. After an intervention, the team follows up with select staff participants via phone/email the week following the intervention and the Team Coordinator follows up with team members the day after the intervention to ensure quality support. Due to competing requirements for staff time and resources, the annual team meeting of March 19, 2015, was cancelled. Instead, resource articles to include self-care, worker safety and secondary trauma were shared with team members to stay abreast of current findings in the field.

CISM Interventions			
	Requested Group Interventions	Requested 1:1 Interventions	Total Staff Receiving Services
FFY 2014	0	6	28
FFY 2015	0	14	68
FFY 2016	13	34	90
FFY 2017			
FFY 2018			

Activities Planned FFY 2017:

- The CISM team will provide pre-crisis preparation, crisis management, defusing, critical incident, stress debriefing and individual crisis intervention to any DCFS employee, upon request when experiencing critical incidents.
- The Annual CISM Training has been planned and will be scheduled for all team members within the coming year (the date has not yet been set). This training shall be an in person training pending travel and financial approval and will teach new CISM team members

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- Quarterly team meetings, recruitment efforts and yearly CISM trainings will be held for all members to keep abreast of current research, findings and theories of CISM and related topics.
- The Department will look at creative ways to engage CISM team members in joint meetings and trainings through the use of webinar meetings and trainings using audio and visual materials.
- CISM activities, interventions and statistics will be documented and tracked by the Team Coordinator.

E.) ALLOWABLE AREA:

- Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:
 - Existing social and health services;
 - Financial assistance;
 - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
 - The use of differential response in preventing child abuse and neglect;

SERVICES PROVIDED

Substance or Alcohol Exposed Newborns - It is the policy of DCFS to investigate all reports of substance exposed newborns. As per Louisiana Children's Code, Article 610 G (1) 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, as soon as possible, in accordance with this Article. If the test results are negative, all identifying information shall be obliterated if the record is retained, unless the parent approves the inclusion of identifying information. Positive test results shall not be admissible in a criminal prosecution. Further, the Louisiana Children's Code, Article 610 G (2) also addresses symptoms of withdrawal in the newborn or other observable and harmful effects in his physical appearance or functioning that a physician has cause to believe are due to the chronic or severe use of alcohol by the mother during pregnancy, the physician shall issue a report in accordance with this Article.

DCFS is responsible to assure there are plans for the safe care for these vulnerable newborns. Departmental policy requires that the following be included in the plan:

- Verification of the prenatal drug and/or alcohol exposure (may be provided by the physician and the hospital medical records);
- Verification of prescription/legal use of the controlled substance by the mother
- (i.e. methadone or similar prescribed drugs) if applicable to case circumstances;
- Documentation of the verification of the prescription/legal use of the controlled substance by the mother, including methadone or similar prescribed drug shall be obtained and attached to the CPS ACCESS record;

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- Determination of the condition and any special needs of the newborn and any other children in the home;
- Plan of Safe Care (determined with a present and impending danger safety assessment and, if necessary, a safety plan);
- Review of departmental history to determine if the mother has a prior valid finding of drug and/or alcohol affected newborn; and
- Contact with the biological father to determine his ability to care for the child and his knowledge regarding the mother’s substance use during her pregnancy.
- Documentation of safe sleep
- Documentation of diligent efforts to verify drug use

The Department has met with community partners to develop strategies to reduce the number of infants exposed to drugs during the mother’s pregnancy. The community partners include the Department of Health and Hospitals (DHH), local hospitals, Bayou Health, judicial stakeholders, and behavioral health agencies. Policy has been updated to give staff guidance on completing safety assessments and completing investigations of Substance Exposed Newborn (SEN) cases. The policy describes the special features of investigations involving drug and/or alcohol affected newborns, subsequent investigations of newborns with allegations of drug and/or alcohol exposure and drug/alcohol abuse allegations involving an infant who was harmed as a result of drug and/or alcohol exposure via breastfeeding. The Department has tracked these cases to identify trends in order to determine what the needs are and what interventions or resources are appropriate to meet the needs. The Department has implemented high risk staffings, consultations with Bureau of General Counsel attorneys, and court ordered safety planning to assist with identifying safety needs and implementing interventions.

The Department continues to see an overall rise in the number of substance exposed newborns. Policy, effective 12/2015, requires workers to document the type of drug and/or alcohol dependencies alleged for each household member in the CPS case on the Drug/Alcohol Identification Page in ACESS by selecting the appropriate drug from the Drug Category list. There are 13 drug categories but the street names of the drugs in those categories are listed in ACESS.

Also, DCFS policies were updated to ensure all cases involving a substance exposed newborn receives a Priority 1 (24 hour) response by CPS staff to determine the safety of the newborn infant.

SUBSTANCE EXPOSED NEWBORNS		
Timeframe	Disposition	# of Children with Allegation of Substance Exposed Newborns
FFY 2013	Valid	1113
	Not Valid	143
	Total	1256
FFY 2014	Valid	1301
	Not Valid	131
	Total	1432
FFY 2015	Valid	1395

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	Not Valid	125
	Total	1520
FFY 2016	Valid	
	Not Valid	
	Total	
FFY 2017	Valid	
	Not Valid	
	Total	
FFY 2018	Valid	
	Not Valid	
	Total	

Update FFY 2016: In December 2015 the Department added the Drug/Alcohol Identification page to the ACESS system. DCFS policy and training was also completed on how to correctly complete the Drug/Alcohol Identification page. When substance abuse/drug use is alleged, the CPS worker assesses whether the parent or caregiver has a past or current substance abuse/alcohol abuse problem and whether that interferes with his/her or the family’s functioning. Legal, non-abusive prescription drug or alcohol use is not considered an alcohol or drug problem. The worker makes diligent efforts to verify the drug use and document the findings in the CPS case record. Examples of diligent efforts include drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use. Interference in parent’s or caretaker’s functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement,
- Marital or family relationships, ability to provide protection, supervision, and care for the child.
- Arrest in the past two years for driving under the influence or refusing Breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

The worker must complete this page on every household member who has a drug/alcohol addiction. The worker first selects the client for whom they are completing the Drug/Alcohol Identification page. The worker then enters the drug/alcohol category (i.e. Opiates, Benzodiazepines, Cannabinoids, Alcohol, Amphetamines, Barbiturates, Cocaine, MDMA, Methadone, Methamphetamines, Phencyclidine, Propoxyphene, and other). Next the worker enters the diagnosis category. If the infant was diagnosed by a physician with Neonatal Absence Syndrome (NAS) or Fetal Alcohol Spectrum Disorder (FASD) then the category which the doctor diagnosed the child with is endorsed. Lastly, the worker enters any comments they have concerning the client. This is a mandatory field if “other” is identified for the drug alcohol category.

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With this new drug/identification page, the Department will be able to identify trends with substance exposed newborns with respect to geographical areas, medical concerns, and the needs for treatment programs within certain geographical areas.

Activities Planned for FFY 2017: The Department has designated members from the CPS Program, the FS Program, and regional managers to serve on the Neonatal Abstinence Syndrome Committee. This workgroup is also comprised of community partners such as hospital staff, the Nurse Family Partnership, Intensive Home-based Service providers, and members of the court system. The goal of this group is to reduce the NAS in Lafayette Parish by 15% before December 2018 as measured by DCFS, Medicaid Patients, Lafayette General Hospital Data, Our Lady of Lourdes Hospital, Women and Children's Hospital, Drug Court Data, OPH, and local treatment or public health services. The objective of this group is to increase collaboration among public, private, and non-profit agencies, integrate behavioral health into primary care, and increase policy initiatives to protect unborn children. This committee meets monthly to work on strategies to be able to complete their objectives and goals.

The Department has a designated member who works with DHH on the Substance Use Disorder (SUD) Collaborative. The mission for this collaborative is "to lead Louisiana's efforts in SUD treatment reform through inter-departmental prevention efforts, early identification, enhanced benefit design, data-driven decision-making, integrated care models, innovative delivery and payment models. The project also hopes to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels".

F.) ALLOWABLE AREA:

- developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;

SERVICES PROVIDED:

1.) Media Campaigns/Community Education - The Department recognizes it is vitally important that any approach to protecting children and strengthening families in Louisiana includes a strong prevention/awareness component. The media have been an essential tool to inform the community of safety initiatives implemented by the Department to keep our children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster. The following activities were completed with regard to media campaigns and community education:

- Continued distribution of Safe Haven materials (posters, brochures, Safe Baby stickers) to hospitals, law enforcement, fire stations, child advocacy centers, etc. The online training video will update as soon as funding becomes available.
- Redesign and distribution online of Safe Haven training video and document;
- ***Adoption Awareness*** month (November) activities included:
 - Activities that promoted the need for foster and adoptive families, including a press release and editorial;

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- DCFS hosted its 16th Annual Adoption Reception at the Louisiana Governor's Mansion honoring the 459 families who adopted 627 foster children. A press release was sent to media outlets, and a proclamation was obtained from the Governor's office announcing the commemoration of Adoption Awareness Month;
- Media coverage included the press release, the reception, adoption profiles for adoptable children, and coverage of adoption awareness events across the state.
- The ***Child Safety*** campaign included:
 - blog and associated social media posts that touched on all aspects of child health and safety;
 - Press releases were sent out on the topics of Summer Safety
- ***Child Abuse Prevention*** month (April) activities included:
 - Sending out a press release about child abuse prevention;
 - Supported PCAL by having staff attend local events, having the DCFS Secretary speak at the Kickoff Luncheon, and by raising funds to be donated to PCAL;
 - Editorial was sent to newspapers on the signs and symptoms of abuse and neglect;
 - Posts and shares to social media accounts to support partnerships and to give information to the public on what child abuse and neglect are and how to prevent them;
 - Created a Prevention Pinwheel garden at state office location in Baton Rouge during the month of April.
- ***Foster Care Awareness*** month (May) activities included:
 - Obtained a proclamation from the governor's office;
 - Will send at least one press release on the need for foster families in Louisiana;
 - Foster/adoptive families from various regions of the state were available to news outlets to conduct interviews on their experiences as caregivers;
 - Shared information on how to become a foster/adoptive parent on social media accounts.
- Partnered with several television stations that promoted and displayed adoptable children in the Louisiana foster care system;
 - Worked with partners to help publicize their activities to promote positive Child Welfare information;

Update FFY 2016:

- Safe Haven promotions included updating and redesigning the online training video. Safe Haven printed materials continue to be available on the website for download. Requests for hard copies of materials are made and fulfilled by the DCFS Communications Bureau.
- Most Adoption Awareness Month activities went as planned. The main Governor's Mansion event was cancelled due to bad weather. Children available for adoption were highlighted on social media.
- DCFS held a Foster Parent Recruitment Campaign titled "Temporary Situation, Permanent Impact" where the DCFS Secretary spoke with media outlets (television, radio and print) in six regions of the state about the need for additional foster families. Local foster parents were also invited to the media events and were able to share their

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experiences. The campaign received media coverage in every region of the state, with the exception of Monroe.

- Child Abuse Prevention Month activities were held to promote the child abuse prevention and the DCFS' child abuse hotline. Activities included press releases/editorials, television interviews and social media posts. DCFS partnered with PCAL on numerous Pinwheels for Prevention plantings and in their kickoff luncheon.
- Foster Care Awareness month activities promoted the need for foster families. DCFS also requested a proclamation from the Governor's office designating the month as Foster Care Awareness Month. Events were publicized in regions.
- DCFS promoted child safety activities, such as water safety, firework safety, and hot car safety during summer months and worked with HP Serve to create a statewide Louisiana Heart Gallery featuring Louisiana's adoptable foster children.
- DCFS continued development of and maintenance of partnerships with several television stations and community organizations to promote adoptable children in the Louisiana foster care system. FOX8 in New Orleans and WVLA in Baton Rouge reached out to DCFS to begin featuring adoptable foster children in new segments.

Activities Planned for FFY 2017:

- DCFS will continue to strive for innovative ways to inform the public of its activities through press releases, letters to the editor, meetings with editorial boards, appearances on local television programs, development of short videos to promote adoptable children, publication of child safety content on the DCFS website and social media outlets (Facebook and Twitter).
- Safe Haven promotions will be updated and redesigned as appropriate. DCFS will work with the Children's Trust Fund to update and order additional materials as needed. The state Legislature is in the process of having the DCFS Safe Haven logo made the official logo for all Safe Haven sites.
- Adoption Awareness Month activities will promote the need for foster/adoptive parents by sending out at least one press release, posting to social media accounts, appearing on morning shows across the state.
- Foster Care Awareness month activities will promote the need for foster families and include press releases or letters to the editor, television interviews and social media posts. Each year DCFS will request a proclamation from the Governor's office designating the month as Foster Care Awareness Month. Regional events will be publicized.
- DCFS will continue to work with HP Serve to create a statewide Louisiana Heart Gallery featuring Louisiana's adoptable foster children. HP Serve will host and maintain the website and work with regional staff to see that children are professionally photographed.
- DCFS will continue to create and maintain partnerships with several television stations and community organizations to promote adoptable children in the Louisiana foster care system.
- DCFS will inform the media, community, and stakeholders of initiatives implemented by the Department focusing on the DCFS mission to keep children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster.
- DCFS will update and maintain social media sites including FaceBook and Twitter.

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- Child Abuse Prevention Month activities will be designed to promote the child abuse prevention and DCFS' child abuse hotline. DCFS will continue its partnership with PCAL on Pinwheels for Prevention plantings and other events.
- DCFS will continue to promote child safety activities, such as water safety, firework safety, and hot car safety during the summer months. The Department will target other Departments and organizations to do joint news releases to reach a larger audience. The Department will target other departments and organizations to do joint news releases to reach a larger audience.

G.) ALLOWABLE AREAS:

- developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies
- investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;
- the provision of services that assist children exposed to domestic violence and that also support the care giving role of their non-abusing parents.

SERVICES PROVIDED:

1.) Early Intervention Services - Policy requires referrals to Early Steps for children ages 0-3. The number of children served in the FS Program that are referred to Early Steps Program has not been captured. DCFS can provide the number of children in open FS caseloads that would be eligible for referral based on age (0-3 years, up to 36 months), at the time of the FS case open date. During FFY 2014, two thousand four hundred sixty two (2,462) children in the FS Program were eligible for referrals to the Early Steps Program.

Update FFY 2015: The number of DCFS referrals from all programs (CPS, FS, FC) received by the Early Steps Program for FFY 2014 (10/1/13-9/30/14) was 1,934. The number of eligible referrals from all Programs was 3,697. The number of eligible referrals during this timeframe was 3,487.

DHH captures the total number of Early Steps referrals received from DCFS. However, the specific program areas (CPS, FS, FC) are not indicated. No outcomes by specific DCFS Program are available, as the referrals are not separated by program when referred. The System Point of Entry (SPOE) for Regions 4 and 5 (Thibodaux and Lafayette), reported that she recently began capturing data and may be equipped to offer statistics based on DCFS outcomes versus outcomes from other referral sources. These regions have noticed an increase in the number of referrals for drug affected newborns.

DCFS and DHH have continued to participate in conference calls and face to face meetings to discuss more effective ways of working collaboratively to identify and address the needs of the very young children we serve. The Early Childhood Risk and Reach Louisiana report has been reviewed. The report referenced earlier discussions regarding the impact of collaboration and the benefits to families and agencies in mutually focusing on drug affected newborns, including

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those affected by abuse and neglect. The agencies explored ideas for effective coordination of services, as well as cross training of staff.

Update FFY 2016: In FFY 2015 the number of actual DCFS referrals to the Early Steps program from all child welfare programs was 2,773. This number represents unduplicated, substantiated child victims under the age of 3 in all DCFS Child Welfare Programs including (CPS, FS and FC). This is the number of children eligible for referral, but does not necessarily reflect those that will qualify for Early Steps program services. Of the 2,773 referrals, DCFS had 1,856 unduplicated children age 36 months and under who were served in Family Services cases. These children were eligible to be referred to Early Steps when the family's FS case was opened.

Other efforts toward early intervention included workgroups focused on NAS. The workgroups have been ongoing with pilot projects active in Baton Rouge, Slidell and Lafayette. The state is participating in the Innovation Accelerator Program for Substance Use Disorders (IAP-SUD). This collaboration began in January 2015 and provides an opportunity to advance state-specific aims and goals related to Substance Use Disorders (SUD). Louisiana has chosen the priority topic of NAS.

The state's mission in participating in this technical assistance opportunity was to develop a process by which early identification; prompt referrals to care, use of integrated care models, access to needed services and supports, and payment reforms are achieved. The overarching goal was to improve outcomes for mothers and their babies. The long term hope is to dispel myths about addiction, reduce stigma, and advocate for policy changes at all levels.

To accomplish its initial goals, state project leads and representatives from DHH, Office of Medicaid, Office of Behavioral Health (OBH), Office of Public Health (OPH), and Office of Citizens with Developmental Disabilities (OCDD), DCFS, the Office of Juvenile Justice (OJJ), the Department of Education (DOE), and other interested stakeholders participated in weekly Center for Medicaid (CMS)-sponsored High Intensity Learning Collaborative (HILC) calls, Targeted Learning Opportunity Webinars (TLO's), and worked with assigned CMS consultants to draft a state specific work plan. The group established an SUD Steering Committee and relevant sub-committees to support this process, and is developing a repository of needed services and supports, payment reform strategies, and data. Three pilot sites that included the Woman's Hospital (Baton Rouge), LA Project LAUNCH (15th JDC, started March 2015) and ACER substance use treatment center (Slidell) partnered.

Entering its second year, IAP-SUD project partnered with the Louisiana's Perinatal Commission on its NAS legislative resolution as well as developing a toolkit that can be adopted by all providers in the state to address SUD among pregnant women and relevant services for their babies.

Activities Planned for FFY 2017: DCFS will continue to make referrals to the Early Steps program for all children ages 0-3. DCFS will also continue to collaborate with partners on NAS through monthly meetings and/or conference calls and track outcomes in order to have data on impact and effectiveness (as listed above). By 12/31/2016, the IAP-SUD project hopes to increase early identification, coordinated referral and treatment engagement by 5% when

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compared to the 2013 baseline (data from three pilot sites) for mothers and babies between birth and 12 months of age who are at risk for NAS.

2.) Human Trafficking (HT) – DCFS is in full compliance with the implementation of the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and changes to the related amendments to CAPTA. DCFS has continued its work to combat HT. In 2012 an allegation of Sexual Exploitation/Juvenile Sexual Trafficking was added to the allegation list and definition of child abuse and neglect/sexual abuse. The allegations do not extend to individuals over age 18 and up to age 24. The allegations do not extend to individuals over age 18 and up to age 24. In March 2013, screening for HT was added to the policy regarding foster youth on runaway or missing. A medical screening and a screening for case managers and youth were developed. The screening tools are mandatory for completion with each foster youth upon their return from runaway or a missing episode. In addition to the screening tools, procedures were added to the policy regarding identification of trafficking and specialized staffings to determine needs and services.

In 2014 DCFS was tasked by Act 564 of the 2014 Louisiana Legislature to develop an annual statistical report on HT in Louisiana. A report is to be sent to the Legislature by DCFS by the first of February each year with the following information:

- e. The services offered
- f. Geographic areas served
- g. Number of children (or adults) served
- h. Individual status updates on each child served

This information is to be collected on both adult and juvenile victims of labor and sexual trafficking. DCFS partnered with HT providers, Child Advocacy Centers (CAC), and sexual assault centers in Louisiana to develop a data gathering process on victims served, to produce the annual report. DCFS partnered with LSP to access the existing HSIN website for data entry for the report by HT providers with data. The first report was developed and submitted to the Louisiana Legislature on February 7, 2015.

The Legislation tasked DCFS Centralized Intake screening to accept calls concerning Human Sexual Trafficking in Louisiana and making appropriate referrals for both adult and child victims. In response to this requirement DCFS partnered with the Polaris Project (National Human Trafficking Resource Center) and the National Human Trafficking Hotline. Clients not served by DCFS because the alleged perpetrator is not a parent/caretaker or for adult cases, are referred to the National Human Trafficking Hotline for assistance. For CY 2015 and CY 2016 Centralized Intake did not record any data on calls that were not accepted for investigation.

DCFS has the ability to staff cases of foster youth who have been identified as confirmed or at high risk for juvenile sexual trafficking victims. These staffings with field staff were initiated in 2014 and provide consultation with management on these cases.

Update FFY 2016: DCFS continued to collect data regarding HT victims within Louisiana. This required numerous meetings with stakeholders and service providers regarding data collection for this population. Though this is a continuing effort, DCFS completed its CY 2015

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annual report to the Louisiana Legislature on Human Trafficking in Louisiana, which is the 2nd report completed of this type. The Report for CY 2015 was submitted on February 23, 2016, to the Louisiana Legislature. The executive summary contained the following:

DCFS developed a list of 56 Human Trafficking providers in Louisiana and contacted them to report information on human trafficking victims they served. An Excel spreadsheet was developed with instructions and sent to each of the providers. A website was developed with the assistance of LSP for providers to securely enter their data, for those agencies wishing to use the website. A total of 13 agencies provided data for this report. Providers reported a total of 357 confirmed and prospective victims. Of the victims identified, 289 (81%) were sexual trafficking victims, 64 (18%) were labor trafficking victims, three victims were not reported as to type, and one was a victim of both labor and sexual trafficking. Of the sexual trafficking victims, 104 (36%) were identified as juveniles. Juvenile victims of trafficking were most frequently associated with Caddo, East Baton Rouge and Orleans parishes as the identified parishes for both trafficking and rescue. East Baton Rouge, Caddo, Jefferson and Orleans parishes have the largest number of adult victims. Of the victims reported, 86% were female, 11% male, 2% not reported and 1% Transgender. The most frequently provided services were Referral to Community Resources, Health Care, Mental Health, Education, and Housing. The age range of sexual trafficking victims was from 7-58. There were five sexual trafficking victims age 12 and under. Labor trafficking victims ranged in age from 31-65.

Other efforts to address HT in Louisiana included the following: A representative from the data unit and from CPS participated as one of the three state/county child welfare representatives on the HHS Human Trafficking Work Group. This group developed the data elements to enhance ACF's capability of collecting data on HT and child welfare. The work group is scheduled for a final wrap up on May 10. Beginning in February of 2016, DCFS established a work group to develop recommendations for changes to the data systems, ACCESS and TIPS, to be able to identify and track which cases have HT involvement throughout the entire child welfare system. Though there are many challenges in this effort, the work group continues to meet and make plans to improve collection of data.

DCFS attended meetings regarding combating HT within Louisiana with a group that included representatives from the Court Improvement Program (CIP), LSP, and judiciary partners. Though this is not the first time DCFS has met with LSP regarding the issue of trafficking, these specific meetings were held to determine needs in Louisiana and develop a multi-disciplinary rapid screening tool. This group continued to meet and have the screening tool developed and in use prior to the end of 2016. Through these meetings, DCFS was able to work with LSP to create a MOU regarding protocol and information sharing for HT cases. The MOU was signed in May of 2016.

In March of 2015 through July of 2015, DCFS partnered with the Children's Justice Act (CJA) and Healing Place Serve (HP Serve) to provide training on HT that included basic definitions and knowledge, identification and red flags, victim presentation, victim needs and services, coordination with other agencies, and trauma informed best practices for victims of HT. This training was provided to all DCFS field level staff providing direct services to clients and their supervisors. All other DCFS staff at all levels, foster parents, residential care providers, and CASA workers were also invited to attend. This training was performed as in-person training in

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all regions of the state. DCFS worked with the Pelican Center for Children and Families to post the training on their website for viewing by all. The training can be view at <http://www.clarola.org/resources/directory/item/1126-louisiana-juvenile-sex-trafficking>. In 2016, partnering with LouisianaChildren.org and HP Serve, additional multidisciplinary trainings have been provided across the state to include all aspects listed above in addition to presentation on legal considerations for HT. DCFS has partnered with the CWTA and Connecticut Department of Children and Families to obtain a train the trainer on the Understanding Girls: A Trauma Informed Perspective curriculum. This training will be held in June 2016. Following the train the trainer, DCFS will continue preparations and plans to use this training with foster parents, residential facilities, service providers, and case managers. Plans are underway to bring Love 146 to Louisiana to provide a train the trainer for their “Not a #Number” curriculum. Through partnership with HP Serve this will be possible and is tentative for September 2016. Prior to the training, DCFS, HP Serve, and Louisianachildren.org will be working with stakeholders to partner with them through MOUs to provide this training to children/youth involved with DCFS on an on-going basis.

A placement group was formed in May 2015 as part of the partnership with HP Serve through their federal grant to address trafficking. Multiple parties within DCFS and additional stakeholders have been part of the placement group work. The group worked to develop specialized foster homes for youth who are victims of HT or are at high-risk of HT. The work regarding these homes includes development of policy, procedure, board rates, and criteria for foster parents, recruitment of foster parents, training for foster parents, support services for foster parents, and support services for youth victims. This group worked with current residential providers to ensure they received training on HT on-site, as it was found that they could attend easier this way. During training sessions, the residential providers and staff were engaged to discuss what their needs were relative to housing this population and what types of supports were warranted. The group will continue to plan this work and identify solutions for providers. The group has recently begun discussion of developing a protocol / best practices quick reference guide for placement providers to utilize once a child is placed with them that is a victim of HT. Work on development of this guide should continue through FFY 2016 and FFY 2017.

DCFS continues work with multiple stakeholders to combat HT. Meetings with stakeholders are held at different times within the year by DCFS, Louisianachildren.org, or HP Serve and have included work with the following:

- The Court Improvement Program (CIP)
- Department of Juvenile Services (BR)
- Louisiana Children’s CJA Task Force
- Department of Health & Hospitals/Office of Behavioral Health
- Louisiana Sheriff’s Association
- Louisiana State Police (LSP)
- Office of Juvenile Justice
- Louisiana Baptist Children’s Home
- Alliance for Freedom, Restoration & Justice
- The Wilson Foundation
- Youth Oasis
- Covenant House
- The Hub Urban Ministries

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- Child Advocacy Centers of Louisiana

Activities Planned for FFY 2017: Ongoing efforts noted above will continue. Additionally, DCFS is planning to develop expertise within the Department for work on HT so staff can specialize in this area of service delivery. The establishment of specialized multi-disciplinary staffings for HT cases, and further outreach and development of support services specific to victims of HT, to include mental health providers, will be utilized. This will extend to local offices to include CPS cases with sexual trafficking involvement.

DCFS will develop a CPS screening tool for identifying possible juvenile sexual trafficking victims and modification of the ACESS system will be made to identify and track cases with trafficking victims. Staff will work on the development of a Memorandum of Understanding (MOU) with the LSP Special Victims Unit on referral of sexual trafficking victims and communication on mutual cases and participate on the HHS/ACF Office of Trafficking in Persons Technical Working Group. This group is developing the criteria for collecting data from various stakeholders. DCFS is one of two state child welfare agencies that have been asked to participate in this project.

H.) ALLOWABLE AREAS:

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

SERVICES PROVIDED:

1.) Interagency Collaboration: Consultation with Physicians- The Department continuously consults with physicians or other appropriate medical professionals in assessing the health needs, including mental health needs, and well-being of foster children and determining medical treatment. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth or age one year and older whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

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Ultimately the worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the DCFS worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based on a physician's recommendations.

Louisiana has adopted the provisions of the Affordable Care Act which allow 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 also implemented a psychotropic medication consultation process with a contracted Psychiatrist at DHH. Children on multiple psychotropic meds at risk of placement disruption are targeted for presentation on bi-weekly calls. The purpose of the consultation is to educate staff on the impact multiple psychotropic medications have on children and youth in foster care and to empower staff with information to advocate on their behalf. The Psychiatrist consults with departmental staff to provide guidance in case planning as needed. Policy and forms were created to address the use of psychotropic medications requiring parental consent when parental rights are retained, requiring that psychotropic meds be considered a last resort treatment option, and requiring a discussion of the medication's impact and options with the child, birth parent and caregiver. The Department conducted a statewide WebEx to review updates to psychotropic meds policy and to provide support to staff with case specific questions on the topic. In addition, DCFS posted psychotropic meds training accessible on the DCFS website to all staff and stakeholders.

DCFS also worked in collaboration with the Louisiana Child Welfare Trauma Project (LCTP) to improve access to needs-driven, evidence-based mental and behavioral health services for children and youth in the foster care system, as training and trauma assessment tools have been shared in the Baton Rouge and Lafayette regions.

Update FFY 2016:

- DCFS continued working with the LCTP. Training and trauma assessment tools were provided to all regions.
- DCFS shared data with DHH and identified those children in DCFS custody on multiple psychotropic medications.
- DCFS conducted bi-weekly psychopharmacology consultations with an OBH representative, a Board Certified Child Psychiatrist and DCFS staff, on children in foster care identified as being a multiple psychotropic medications.
- DCFS provided clients with medical, dental and behavioral health care services through Medicaid and DHH contracts.
- Non-Medicaid services required to meet the care needs of children in foster care were provided through alternative DCFS resources.
- The integrated case management process for working with OJJ collaboratively to serve crossover youth was implemented statewide.

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Activities Planned in FFY 2017:

- The policy related to the trauma assessment and the assessment tool will be disseminated in the coming year.
- Collaborative efforts with DHH in providing clients medical, dental and behavioral health services will continue.
- Collaborative efforts with OJJ in serving crossover youth will continue.

2.) Interagency Collaboration: Louisiana Behavioral Health Partnership/Coordinated Systems of Care – Prior to March 2012, the Department had a provider credentialing process to insure the professional credentials and safety of the providers treating children in state custody. Then in March 2012, this process was contracted to Magellan as part of the collaboration between DHH, OBH, OJJ, DCFS Child Welfare Program and DOE known as the Louisiana Behavioral Health Partnership (LBHP). Through this partnership all behavioral health services supported through these four governmental agencies were provided.

Coordinated Systems of Care (CSoC), a part of LBHP, includes services targeted to at risk children and youth (young people who are either already in, or at risk of being in out-of-home placement, or the state's juvenile justice system) with significant behavioral health challenges or co-occurring disorders. The goal of CSoC is to reduce the number of targeted children and youth in detention and residential settings and to improve the overall outcomes of these children and their caretakers. These services continue to be managed by Magellan; however, the state no longer contracts with Magellan for medical healthcare coverage.

On December 1, 2015, Louisiana transitioned to an integrated health management environment, and administration of behavioral health services transitioned to the five managed care organizations responsible to administer primary health services (i.e. Bayou Health). It was determined that the existing managed care entity for behavioral health services would retain administration of behavioral health services solely for youth enrolled in CSoC, for a period of no more than two years, in order to ensure a successful transition of CSoC to integrated health management.

Update FFY 2016: Pursuant to the transition to Bayou Health, DCFS assumed administration of agreements with residential childcare facilities and child placing agencies, two residential levels of care that had previously been managed under the LBHP. These levels of care are not Medicaid reimbursable, and for this reason no longer fall within the scope of work of the Managed Care Organizations (MCOs). Included in the administration of these levels of care, the Department will undertake a more robust approach to quality assurance activities. The Department is developing a quality assurance surveillance tool that will be used during quarterly site visits with residential childcare facilities and child placing agencies. Additionally, this tool will be applied during quarterly site visits at Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Groups Homes (TGH) that provide residential behavioral health treatment services to youth in custody. Efforts will be made to automate the surveillance tool so that the data can be aggregated and reportable.

DCFS created a new statewide unit within the Department to manage the transition to integrated health management by the five MCOs participating in Bayou Health. The twelve person

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statewide Behavioral Health and Placement Services Unit works closely with the managed care entities and providers to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs. DCFS selected two of the MCOs as DCFS preferred providers: Louisiana Health Care Connections and Amerigroup. This decision was made to ensure that children, families and the DCFS maintain choice among health plans, and to enhance collaboration to meet the specialized needs of children in custody, of the Department and of the health plans.

Throughout this year, the Behavioral Health and Placement Services Unit provided education and technical assistance to assist staff and key stakeholder to navigate within Bayou Health. The array of residential behavioral health treatment providers has remained relatively stable with the transition to Bayou Health. Currently there are five (5) Psychiatric Residential Treatment Facilities and eight (8) Therapeutic Group Homes participating in the residential treatment providers. By the end of the year, it is anticipated that there will be sixteen Therapeutic Group Homes providing service in Louisiana. The array of residential care providers has remained stable. Currently there are twenty (20) Non- Medical Group Homes, and eight (8) Therapeutic Foster Care provider agencies providing services to youth in Louisiana who are in DCFS custody.

The DHH CSoC team worked with the University of Washington Research and Evaluation Team to conduct the Wraparound Fidelity Index Assessment with CSoC youth and families in the five existing regions to establish a baseline metric of the integration of high fidelity wraparound practice. DHH CSoC team began work to refine the CSoC Quality Assurance Strategy to assess progress and outcomes of youth enrolled in CSoC and convened regular strategic planning sessions among all the managed care organizations to create processes and procedures to address the complexities of administering CSoC services in an integrated health management environment.

At the end of FFY 2016, a total of 1705 children and youth were enrolled in CSoC. Of the children and youth enrolled in CSoC, 133 were identified as children in the foster care system.

Activities Planned FFY 2017:

- DCFS will continue to work with Medicaid, the MCOs and stakeholders to streamline the collaborative processes and enhance the Department's ability to work efficiently and effectively within the new integrative healthcare management arena.
- DCFS will work with Medicaid and the MCOs to develop performance measures and reporting mechanisms on qualitative and quantitative outcomes.
- The DCFS Behavioral Health and Placement Services Unit will continue to provide education and technical assistance to assist staff and key stakeholder to navigate within Bayou Health.
- Efforts to expand the network of providers of respite services and crisis stabilization services will continue.
- The management entity responsible for administering behavioral health services for CSoC enrollees will continue to work with the five integrated health management organizations to refine communication and collaborative processes.

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- DHH will provide technical assistance to promote continued quality improvement in the practice of high-fidelity wraparound practice.

3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities - DCFS has complied with federal regulations with regard to media disclosure on child fatalities and near fatalities.

Update FFY 2016: Upon request, the Department has consistently provided summary information on cases of child abuse and neglect which has resulted in a fatality or a near fatality. To ensure continued compliance with these federal mandates, the Department updated policy regarding child fatalities and near fatalities in April 2016. In policy 1-530 “Release of Abuse and Neglect Investigation Information” it states that “upon request, DCFS **shall** provide summary information on cases of child abuse and neglect which has resulted in a fatality or near fatality”. Furthermore, policy 1-540 “Release of Information to Review Boards and Panels” has also been updated to reflect “DCFS **shall** disclose information as requested by the child abuse and neglect citizen review board so long as the information is necessary for the panel to carry out its function consistent with state and federal law”.

FFY 2015	Total Number of Children	Valid	Invalid	Inconclusive
Number of Children Investigated as a Fatality	80	37	40	3
<i>Fatality data from WebFocus Managed Reporting extracted 5/12/2016</i>				
Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive
Investigated as a Near-Fatality Victim	16	11	3	2
Report came in as Near Fatality - Child Later Died	8	5	3	0
Near Fatalities that did not become Fatalities	8	6	0	2

NOTE: Near Fatality data from Microsoft Access database that is maintained on children with Fatality and Near Fatality allegations. ACESS is the data source for NCANDS.

DCFS does not currently identify near fatality data in the CPS management information system so these incidents are tracked based on reports submitted by local offices to state office. A system change has been requested to add allegations of “Life Threatening Injury Abuse” and “Life Threatening Injury Neglect” to enable better data management and knowledge concerning near fatalities. Users will be required to include a specific allegation type when “Life Threatening Injury” is an allegation. The system enhancement is scheduled for implementation in September 2016.

Activities Planned for FFY 2017:

- The Department will collaborate with DHH regarding data of child deaths in Louisiana. DHH will provide a list of fatalities identified in their system and DCFS will share their data with the data collected by the Department on child fatalities.
- The Department will collaborate with the CAC and CASA to heighten awareness surrounding child fatalities through annual memorial events and other activities.

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Sources of Data on Child Maltreatment Deaths- All child maltreatment fatalities are reported through Centralized Intake and entered into ACESS. The majority of reports, regarding child fatalities, is reported from coroners and law enforcement and is accepted for investigation. The other percentage of accepted fatality reports stem from medical providers, relatives/friends, anonymous, etc. The child deaths substantiated by the Department come exclusively from intakes accepted. The data is obtained through ACESS, the state's intake system.

In 2013, consultation began with the coroner in the state's largest city to identify any additional fatality victims that needed to be included in the NCANDS submission. The number of individual law enforcement agencies in Louisiana currently exceeds 400 and this creates barriers for DCFS as individual contacts within each agency is currently beyond the capacity of the Department.

The Department continues to work with the OPH, DHH to obtain current information on child abuse and neglect fatalities. On May 19, 2016, Act 118 of the 2016 Louisiana Legislative Session was passed. On June 30, 2016, DCFS staff met with OPH staff to begin discussing data sharing. Additional meetings are expected.

Update FFY 2016: The Department reported thirty-nine (39) fatalities in its recent NCANDS submission.

Activities Planned for FFY 2017:

- DCFS will work with the DHH, OPH to determine if there are any additional fatalities reviewed by the Child Death Review Committee needing to be included in the FFY 2016 NCANDS submission.
- DCFS will work with the Louisiana Coroners Association, to determine if the individual parish coroners handled any additional child abuse and neglect fatalities, which are/were not referred to DCFS for an investigation.
- DCFS will collaborate with the DHH, Bureau of Vital Statistics to determine if there is any way to identify any caretaker child abuse and neglect fatalities that were not reported to the DCFS.

5.) Citizen Review Panels - Louisiana has three (3) Citizen Review Panels located in the North, South, and Southwest areas of the state. The Beauregard Panel is parish based and located in the southeastern quadrant of the state within the Lake Charles Region. The Monroe Panel is regional based and located in the north quadrant of the state. The remaining panel is based in the region of Lafayette, which is located in the south quadrant of the state. The Monroe and Lafayette Regions consist of multiple parishes that are part of their panels.

The goal of the panel is to provide an opportunity for citizens to commit, promote, and create positive change for the overall well-being and safety of children. The Panels meet on a quarterly basis at a minimum, to review and discuss specific policies and procedures and where applicable; specific cases of both state and local agencies, and prepare an annual report.

During the last year, CRPs have reported the following:

Lafayette Region Citizen Review Panel Members:

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Linda Boudreaux, Family Resource Center Director
Katy Bajat, LCSW, Special Needs Parent
David Yarbrough, Dean of Community Services, ULL
Darce Byrd, Lafayette Drug Court
Madeline Rosette, St. Landry CASA, Executive Director
Lavonya Malveaux, Opelousas City Court Representative
Amber Hebert, Lafayette Sheriff's Department
Melissa Thompson, LCSW-BACS, Area Director Lafayette Region

The Lafayette Region DCFS Citizen Review Panel held meetings on the following dates: April 30, 2015, June 26, 2015, and November 16, 2015. A Focus Group with Lafayette Region Supervisors was conducted on August 10, 2015. The Focus Group was facilitated by David Yarbrough, Linda Boudreaux, and Amber Hebert.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: The CRP team focused on the retention of child welfare staff. Retention in child welfare has been noted as a pervasive problem nationwide. Since research indicates that supervisors play an integral role in staff retention, a Focus Group with supervisors was selected to inform the Department of retention issues and identify strategies to improve staff retention in Lafayette Region. According to the research article "Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research" by the Institute for the Advancement of Social Work Research, it was emphasized that professional commitment and the level of education are the most consistent personal characteristics involving retention of child welfare staff. Supervisory support and workload/caseload are the most consistent organizational factors mentioned that contribute to retention. The Focus Group participants were selected from the following program areas in Child Welfare: Child Protection, Foster Care, Family Services, and Home Development. Supervisors selected had a range of experience from one month to 16 years of child welfare supervisory experience.

Recommendations: A focus on personal safety, training, resources and tools, user friendly electronic system, pay increases and manageable work load, some of which was included in our annual CRP Report. The panel requested any feedback from state office.

DCFS Response: The issues identified by the panel were recently outlined in a transition report that was provided to the newly elected governor in effort to aid with suggestions and recommendations for improving the Child Welfare in Louisiana. The information was shared by experts, along with the collective experience of committee members that provided the analysis of the Department and framed the series of structural, communication, staffing, funding, and programmatic recommendations focused on strong service to Louisiana."

Monroe Region Citizen Review Panel Members:

Angie Thomas, Vice-Chair, Louisiana Methodist Children's Home
Peggy Kirby, Advocacy Chair, LA Foster/Adoptive Parents Association, Fair Visions
Patty Newman, OYD Regional Administrator
Tammie Slawson, Seeker Spring
Gatha Green, Children's Coalition of NELA
Laura Nettles, Families Helping Families
Ella Nimmers, Our House for Teens

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Marion Carraway, Louisiana MENTOR
Jacquiela Dorsey, Big Brothers Big Sisters, the Wellspring Alliance for Families, Inc.
Melody Karamanis- La. Baptist Children's Home
Andrea Savage -ULM Title IV-E Coordinator
Cindy Murphy-Independent (Formerly Reg. Admin. With DCFS)
LaRanda Jason-CWS DCFS
Tamara Thompson-River City Counseling Services
Keri Foust, CASA
Ellen Hammons, Area Director, Monroe Region/DCFS Liaison
Katie Herring, Regional Placement Specialist/DCFS Liaison

The year 2015 proved to be a continued period of many changes as the Department (DCFS) underwent significant new initiatives, reorganization of staff, job descriptions, administrative changes, and new initiatives that affected Child Welfare programs aimed at improvement of qualitative and quantitative measures in fulfilling the Department's mission. The members of the Monroe Region Citizen Review Panel continue to demonstrate and fulfill the mission statement as mandated by the 1996 Child Abuse Prevention and Treatment Act. The Region IX Citizen Review Panel remains in contact with the broad general guidelines outlined in CAPTA, that is, to review and evaluate local and state child welfare agencies, and make suggestions and recommendations to improve the delivery of quality child welfare services. The panel members and DCFS staff continue to demonstrate an exceptional and cooperative relationship in meeting our mandated goals.

The Monroe Region DCFS panel members met four times during 2015, meeting the mandated one meeting per quarter requirement. The members continue to maintain active membership and commitment in fulfilling the mission of the Panel and assisting in the achievement of departmental goals. The year 2015 meetings focused on the continuation of Foster Care Life Skills Camp, which is designed to teach skills that are imperative for youth preparing to transition from Foster Care to Independent Living; a Christmas Camp designed to give respite to Foster Parents during the holiday season; further development of Sibling Camp for Foster Care sibling groups living separately; continuation of the much heralded appreciation luncheon for Agency staff; and monitoring other CRP activity nationwide.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: Our Life Skills Camp continues to be of interest and active in providing life skills to youth in foster care. Our 6th annual Life Skills Camp was held May 1-3 with 23 teens in attendance. Volunteers from all areas of the community were present to provide engaging and educational trainings to the youth who were preparing for transition out of foster care and into adulthood/independent living. The Panel members have begun making plans for subsequent annual camps. The community is much appreciated as various groups and individuals work together to provide a successful and entertaining opportunity for this increasingly vulnerable population. Both the Christmas Camp and the Sibling Camp were deemed a success and an appreciated effort by Foster Parents and the Foster Care Youth. The Panel remains in gratitude of those who devote their time and effort to serve as our camp volunteers and the champions for these children.

Identified trends/findings/concerns: Monroe Region DCFS underwent reaccreditation by the Council on Accreditation (COA) during the 2015 calendar year, which was a massive undertaking and a very extensive process that included meetings with various program clients,
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stakeholders, and visits to several DCFS locations to ensure ongoing compliance. The DCFS, Region IX (Monroe), continued to be in compliance with the Public Agency Accreditation Standards. This is a tremendous achievement that demonstrates that DCFS is recognized as a provider that continues to successfully implement high performance standards and, as such, is delivering the highest quality services to all of its stakeholders.

An additional change occurred to staff in the Monroe Region Home Development Unit as a new supervisor was identified, bringing the unit total to 5 employees. The Home Development Unit has continued to use the Model Approach to Partnership in Parenting (M.A.P.P.) training, as it has been recognized as an imperative component of foster parent recruitment and development. The need for new foster parents remains critical and the Home Development Unit is hard at work to increase the number of certified foster homes in the region, while also ensuring that eligible relative placements and fictive kin are extended an opportunity to participate in the certification process.

Rose Sam, DCFS Program Manager and state coordinator of the Louisiana CRP, continues to keep our panel informed of state and national meetings. The routine state conference calls continue to be held with DCFS staff, who, in turn share information learned with the local panel. The Citizen Review Panel's newly elected officers, Jacquiela Dorsey, Chair and Angie Thomas, Vice-Chair served the panel in 2015. Mrs. Dorsey is the Director of Big Brother's Big Sisters for the WellSpring Alliance. The Monroe regional DCFS staff expressed appreciation for the service of the panel.

Recommendations: None

Beauregard Parish Citizen Review Panel Members:

Chair- Tommy Edwards, CASA Executive Director
DCFS Liaison- Telisa Pooler, CWS 4
DCFS Liaison- Patricia McClinton, CWS 5
Carol Williams, Victim Assistant Coordinator – District Attorney Office
Alba Dubois, Counselor, Grace Church
Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board
Kim Haynes, Beauregard Parish School Board
Annette Duplechin, Executive Director, BeauCARE
Sgt. D. Coker, DeRidder Police Department
Myrna Cooley, TASC Supervisor (Truancy)

The Citizen Review Panels (CRP) continues to meet in conjunction with the Beauregard Parish Child Advocacy Panel for quarterly meetings. During these meetings, CRP members provide updates to all members present including the Children Advocacy Panel members.

Summary of the Panel's Yearly Activities/Projects/Accomplishments: On December 3, 2015, the panel members held their last meeting for the year. There were only three individuals present during the Advocacy Panel meeting and no discussions were held. The other quarterly meetings were held on March 5, 2015, June 16, 2015, and October 1, 2015.

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During the FY 2014-2015, the member's area of focus was to work on identifying methods that could be used to increase the number of foster homes in Beauregard Parish. A Power Point Training (PPT) presentation was developed and provided for the panel members. Contact was made with DCFS in regards to the PPT for additional insight and input. The CRP members have decided to continue review of the current need for additional foster homes in the parish and the benefits of having additional homes, which would bring to the children/families and support agencies in the parish. The CRP panel members were afforded the opportunity to attend the "Beauregard Parish Foster Parent Christmas gathering." The Court Appointed Special Advocates (CASA) provided additional items for the children's gift bags that were provided to the families present. There were several personnel changes implemented during the year; however, orientation for new personnel remains ongoing.

Identified trends/findings/concerns: Due to the limited number of current foster homes in the parish, children are often placed outside of the parish and/or their community of origin. This situation places hardship on the families and service providers since it requires frequent travel for involved parties to meet.

Recommendations:

1. To utilize additional methods of advertising and recruiting of foster parents for the parish.
2. The continued collaboration and partnership of the agencies that provide services to the children.

DCFS Response: *AdoptUSKids*, the Children's Bureau and the Ad Council is now in its tenth year promoting the "National Adoption Recruitment Campaign" that encourages citizens with this statement: "they don't have to be perfect to be a perfect family and they have the ability to provide the stability and security that children in foster care need and deserve" (Ad Council). The national website <http://adoptuskids.adcouncil.org/> offers local organizations and state agencies free Public Service Announcements (PSA) materials for localization that could be utilized to raise awareness of the need for foster parenting. The website also provides quick and easy access to multiple articles that may be downloaded to enhance your ideas on promoting foster parenting or media material you may be interested in receiving for your community.

Update FFY 2016: The Louisiana CRPs continued active engagement with meetings throughout the year as the Department focused on the safety and well-being of children. The Lafayette Panel focused on the retention of child welfare staff. A Focus Group was formed with Child Welfare supervisors to identify strategies that would improve staff retention in Lafayette Region. The Monroe office continued focus on their on-going Life Skills Camp for Youth in Foster Care. The camp continues to offer children life skill preparation to transition from state care to independent living, which is a significant magnitude of foster children's lives. Monroe CRP has continued plans for subsequent annual camps that included both the Christmas Camp and Sibling Camp which deemed a success and an appreciated effort by Foster Parents and the Foster Care Youth. The Beauregard Panel member's area of focus was to work on identifying methods that could be utilized to increase the number of foster homes within Beauregard Parish. The CRP members reviewed information that revealed a current need for additional foster homes, which would provide the necessary homes in meeting the need of the children/families served. A Power Point Training presentation was developed and provided for the panel to review. It provided new ideas on recruiting interested foster families.

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The state CRP coordinator continued participation as a member on the CRP National Advisory Board to ensure the importance of making Louisiana CRP(s) effective in communities statewide. Board members were given the opportunity to express their local panel's concerns during quarterly conference calls involving all state coordinators. Regional coordinators were invited to participate on these calls and were also provided pertinent information through emails.

Additional Plans for FFY 2017: DCFS will continue working to maintain the three developed panels; participate in conference calls and/or meetings; and provide necessary feedback/response as needed. CRP will provide the state office staff with reports on their projects, areas of focus and concerns. DCFS will incorporate the CRP's annual report into the Annual Progress and Service Report.

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ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]: The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed on the DCFS website at the following address:
<https://stellent.dss.state.la.us/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>.

Information related to the following can be reviewed in the Louisiana 2016 Annual Progress and Services Report:

- Services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect:
- Training to be provided to support staff in report taking, screening assessment, decision making, and referral for investigating suspected instances of child abuse and neglect:
- Training to be provided for individuals required to report suspected cases of child abuse and neglect:

Policies/procedures on involvement of families in decision making pertaining to children who experienced child abuse or neglect: In every child welfare program area policies require staff to involve children and families in making decisions related to their case. For example, DCFS foster care policy 6-205 addresses the Assessment of Family Functioning (AFF) which is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The AFF tool is used to engage families in order to gather information about the child and family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems that led to the abuse and/or neglect of a child.

Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc: Throughout all program areas, departmental policies and procedures require thorough assessments which include the domains of Substance Abuse, Mental Illness, Domestic Violence and Human Trafficking. Staff also screen parents/caretakers, adolescents or children under age 12 for mental illness, substance abuse and domestic violence. In some instances specific tools, such as the GAIN-Short Screener, are used by staff. When indicated by the assessment/screening, the parent/caretaker, adolescent or child under age 12 is referred for a mental health and/or substance abuse assessment. In cases where domestic violence is present staff refer the parent to domestic violence services for domestic violence safety planning.

To this end, the Department collaborates with domestic violence service agencies, substance abuse treatment agencies, and other agencies in the delivery of services and treatment to children and families. Child Welfare Performance and Quality Improvement (PQI) policies and procedures outline requirements for collaboration and the Department has developed several MOUs and/or contracts with various state agencies and/or not-for-profit agencies that serve children and families.

Policies and procedures regarding the use of differential response: In Louisiana, differential response was referred to as (Alternative Response Family Assessment) ARFA. However, the Transmittal Date June 30, 2016

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process was discontinued effective April 2014 when DCFS implemented ASFP (also referred to as SFP).

During FFY 2016, the Department changed the name of the front end from Child Protection Investigation (CPI) Program to Child Protection Assessment and Services Program (CPS) using the same safety and risk assessment instruments and documentation protocols for all screened-in reports. All cases, regardless of risk level, are now assessed using the ASFP framework to determine safety, risk and service needs of the family. A unified assessment framework was implemented.

SUBSTANTIVE CHANGES IN STATE LAW: Louisiana state law is fully compliant with all federal legislation related to human trafficking. There are no other substantive changes in Louisiana state law affecting eligibility for CAPTA funds.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Mona Michelli serves as the state's liaison officer. She can be reached by e-mail at mona.michelli@la.gov, by phone at 225.342.6827 or by U.S. post addressed attention to Ms. Michelli, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821. Ms. Michelli's contact information is also posted on the DCFS home page under Child Welfare, Plans & Reports, Annual Progress and Services Report and Child and Family Services Plan.

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Child Protective Service Workforce: Centralized Intake (CI) staff is responsible for receiving reports of abuse and neglect, screening the reports to determine whether they meet the criteria for investigation and assessing the reports to determine the level of the investigation and the response priority. CI staff is responsible for receiving and assessing statewide reports of abuse and neglect.

Child Protective Services (CPS) staff is responsible for the assessment of safety and risk, the assessment of the child and parental protective capacity, and the service provision and/or referral in reports of abuse and neglect. This staffs members are generally assigned to a single parish, but in some instances have multi-parish assignments within a region.

I. Introduction

Improving retention of employees in regional and parish offices is the primary focus of workforce efforts. Reducing turnover will reduce workloads because the workload will be more evenly divided among all staff if the number of new employees with limited caseload size is reduced. Another important focus is adopting technological improvements to streamline the workflow. Providing additional technical resources is expected to improve retention. In March 2016 DCFS began engaging in conversations with the Capacity Building Center for States to assess the functioning of Child Welfare and in particular workforce development. In May 2016 DCFS requested Workforce Development be added to the state's work plan with the Center. For additional information on this technical assistance, please refer to that section of this plan.

II. Staff Turnover

A baseline for reducing staff turnover was established by averaging the turnover rate for each region and statewide for Calendar Years 2012 and 2013. The average turnover rates for those two years are reflected in the table below. The goal for CY 2014 is to reduce the turnover rate by at least 5% in each region with a turnover rate greater than 20%, and by at least 3% in other regions.

Data for all of Calendar Year 2014 is provided along with the change from baseline. The goal of a 5% reduction in turnover was not achieved in any region. Turnover was reduced in only two regions (Covington and Thibodaux) As indicated in the table, the goal will not be met statewide, and will be met in only two regions (Covington and Thibodaux), and the reduction was less than 3% in each region. Statewide, the turnover rate increased by 8.23%, and increased by more than 10% in Orleans, Baton Rouge, Lafayette and Alexandria Regions. Statewide and in every region except Thibodaux, the turnover rate exceeded 20%, and it approached 50% in Baton Rouge and Orleans Regions. Statewide, the highest average turnover rate was among CPS staff at 42.31% and lowest among Adoptions staff at 7.89%.

The 2015 semi-annual (January through June 2015) turnover rate is also provided, along with the 2015 projection. If the projection based on the first half of the year holds true, turnover will increase by less than 3% statewide and will decrease in Orleans, Baton Rouge, Covington and Shreveport Regions. The highest increase will be less than 18% in Lake Charles Region.

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Child Welfare Turnover									
Region	Baseline	CY 2014	Change from Baseline	CY 2015 Semi-Annual	Projected 2015 Turnover	Change from Baseline	CY 2016	CY 2017	CY 2018
Orleans	28.92%	47.56%	18.64%	7.83%	15.66%	-13.26%			
Baton Rouge	32.31%	46.00%	13.69%	12.52%	25.04%	-7.27%			
Covington	22.21%	20.72%	-1.49%	7.19%	14.38%	-7.83%			
Thibodaux	16.45%	14.29%	-2.16%	16.00%	32.00%	15.55%			
Lafayette	11.57%	26.47%	14.90%	11.56%	23.12%	11.55%			
Lake Charles	22.61%	28.30%	5.69%	20.00%	40.00%	17.39%			
Alexandria	16.36%	35.38%	19.02%	12.12%	24.24%	7.88%			
Shreveport	21.22%	25.30%	4.08%	9.17%	18.34%	-2.88%			
Monroe	25.02%	27.94%	2.92%	17.82%	35.64%	10.62%			
Statewide	21.32%	29.55%	8.23%	11.95%	23.90%	2.58%			

Turnover by Length of Service: Turnover by length of service was not provided for CY 2014 or midyear 2015; however, based on consistent history, approximately 50% of all turnovers occur within the first five years of employment.

Supervision and Management Turnover – Much of the turnover of staff with more than ten years of experience is the result of retirements, and those retiring employees frequently leave supervisory and management positions. As a result, the level of experience at the supervisory and management level is lower than desired. The table below provides the average number of years of supervisory and management experience for Child Welfare supervisors and managers in each region. Lafayette Region has supervisors with the greatest number of years of supervisory experience, and Thibodaux Region has supervisors with the smallest number of years of supervisory experience. Child Welfare managers in Alexandria Region have the highest number of years of experience, and managers in Baton Rouge and Shreveport Regions have the lowest number of years of management experience.

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

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Information learned in the exit interviews indicate the primary reasons for staff departure were pay, workload, supervision and training. Goals for each of those departure reasons are provided below:

Retention Efforts:

A. Pay: No performance pay adjustments were provided for several consecutive years. In SFY 2013, the Department capitalized on efficiencies such as improved technology, maximized federal dollars and incentive awards, and worked collaboratively with other state agencies and partners. These efforts resulted in DCFS being able to provide four percent increases for performance pay adjustments to all DCFS team members who met the criteria of the Performance Evaluation System (PES). The performance pay adjustments were effective October 1, 2013 and October 1, 2014. No performance adjustment was provided in 2015 and there will be none in 2016 due to the state's budget deficit. Civil Service issued this notice in early 2016.

The time for promotion from the Child Welfare Specialist 1 to Child Welfare Specialist 2 position was reduced from two years to one year. This change resulted in 7% pay increases for front line staff early in their careers. The third change made to resolve the pay issue was an increase in the number of Child Welfare Specialist 3 positions. The increase in number of available Specialist 3 positions resulted in promotions and pay increases for staff who were promoted.

In order to help recruit and retain staff who possess a Master's Degree in Social Work or a related human services field, DCFS has been utilizing Civil Service approved Special Entrance Rates (SER) since February 2008. Civil Service approved these SERs in order to recruit and retain qualified, experienced child welfare staff. Further, justification must be provided when an applicant without a social work or related degree is hired or promoted when an applicant with such credentials has been passed over.

B. Workload: Factors that impact workload include staffing levels, caseload size, extended new worker training, reassignment of staff, higher expectations for performance and quality, Family Medical Leave, and overtime. Each of these factors is addressed below along with rewards and recognition:

1. Staffing Levels: Every effort will be made to maintain current staffing levels for child welfare during the next five budget years.

2. Caseload Size: The caseloads for experienced and new workers are shown in the table below:

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Child Welfare Caseload Standards		
Program	Caseload Standard for Experienced Workers	Maximum Caseload for Workers with Less than Six Months Experience
CPI	10	7
Family Services	15	10
Foster Care	10	7
Adoptions	15	N/A*
Home Development	55	N/A*

*DCFS requires that experienced workers carry Adoptions and Home Development caseloads.

The baseline for caseload size is the average caseload for each region and statewide in each of the major child welfare programs for FFY 2013. The goal for caseload size is to achieve the caseload standard in all programs in all regions and statewide by FFY 2018. Retaining staff and rapid hiring to replace departed workers are expected to support caseload size standards.

The table below provides the caseload standard for experienced workers in child welfare program areas: Child Protective Services (CPS), Family Services (FS), Foster Care (FC) and Adoptions (AD). It also provides the average caseload per worker in each region and statewide during Federal Fiscal Year (FFY) 2014. Statewide, the average caseload size declined from FFY 2013 for CPS, AD and HD. Statewide average caseload sizes were at or below the established caseload standards in FS, AD and HD.

Average Caseload Size by Region and Statewide FFY 2014 (October 2013 through September 2014)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	11.45	13.22	10.27	16.38	48.55
Baton Rouge	12.14	16.88	11.60	12.63	59.94
Covington	10.28	14.98	10.57	12.58	49.99
Thibodaux	10.69	14.47	10.74	10.25	37.79
Lafayette	11.51	11.22	10.91	9.74	45.57
Lake Charles	11.58	17.66	12.51	13.96	56.38
Alexandria	11.21	18.85	14.23	16.60	50.96
Shreveport	10.89	16.48	12.26	9.05	93.35
Monroe	11.47	13.84	14.46	14.34	56.11
Statewide Average	11.22	14.80	11.89	12.48	53.79

The table below provides the caseload standard for experienced workers in child welfare program areas: Child Protective Services (CPS), Family Services (FS), Foster Care (FC) and Adoptions (AD). It also provides the average caseload per worker in each region and statewide during Federal Fiscal Year (FFY) 2015. Statewide, the average number of cases per worker was below the caseload standard in all programs except Foster Care and Home Development. However, because of the turnover rate, time required to replace and train new workers, etc., actual caseloads for experienced workers were higher than the average caseload.

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Average Caseload Size by Region and Statewide FFY 2014 (October 2014 through September 2015)					
Region	CPI STD = 10	FS STD =15	FC STD = 10	AD STD = 15	HD STD = 55
Orleans	10.00	15.94	10.70	10.96	53.97
Baton Rouge	11.05	14.87	11.59	13.74	63.37
Covington	10.02	12.58	10.82	15.15	60.98
Thibodaux	9.97	12.98	12.84	10.66	47.04
Lafayette	8.50	12.56	9.29	13.84	48.26
Lake Charles	10.94	18.16	15.76	15.36	69.25
Alexandria	11.06	13.70	12.16	11.80	59.43
Shreveport	9.27	13.53	12.64	16.24	75.98
Monroe	9.37	13.22	12.92	20.79	50.47
Statewide Average	9.88	13.99	11.78	14.01	57.41

As indicated in the table below, CPS caseloads declined slightly statewide and in all regions from FFY 2014 to FFY 2015. The average number of cases per worker was at the caseload standard in Orleans Region and was below the standard in Thibodaux, Lafayette, Shreveport and Monroe Regions. CPS caseloads increased in four regions: Lafayette, Lake Charles, Shreveport and Monroe. Caseloads declined in all regions. Although actual caseloads for experienced workers are higher than the overall average, the same measurements were used for 2014 and 2015 and resulted in a decline in average number of cases.

Child Protection Investigation Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	12.96	11.45	10.00			
Baton Rouge	13.21	12.14	11.05			
Covington	11.38	10.28	10.02			
Thibodaux	12.38	10.69	9.97			
Lafayette	9.58	11.51	8.50			
Lake Charles	11.31	11.58	10.94			
Alexandria	11.80	11.21	11.06			
Shreveport	10.53	10.89	9.27			
Monroe	9.56	11.47	9.37			
Statewide	11.41	11.22	9.88			

Family Services caseloads remained below the established caseload standard statewide and declined from FFY 2014, but continued to be slightly above the baseline. The FS caseload standard was exceeded in two regions: Orleans and Lake Charles. All other regions were below the caseload standard. FS caseloads in Baton Rouge, Covington, Thibodaux, Lafayette and Alexandria Regions declined from baseline; FS caseloads increased from baseline in Orleans, Lake Charles, Shreveport and Monroe Regions.

Family Services Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	17.14	13.22	15.94			
Baton Rouge	14.65	16.88	14.87			
Covington	13.86	14.98	12.58			
Thibodaux	13.34	14.47	12.98			

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Family Services Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Lafayette	12.99	11.22	12.56			
Lake Charles	11.15	17.66	18.16			
Alexandria	16.24	18.85	13.70			
Shreveport	10.39	16.48	13.53			
Monroe	12.51	13.84	13.22			
Statewide	13.58	14.80	13.99			

Statewide, Foster Care caseloads remained above the caseload standard and increased remained higher than baseline, but declined slightly from FFY 2014. FC caseloads decreased from baseline in Orleans, Covington, Alexandria and Shreveport Regions and increased from baseline in all other regions. All regions except Lafayette had average FC caseload sizes that exceeded the caseload standard.

Foster Care Caseloads (Standard = 10)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	11.36	10.27	10.70			
Baton Rouge	10.82	11.60	11.59			
Covington	11.36	10.57	10.82			
Thibodaux	10.50	10.74	12.84			
Lafayette	8.56	10.91	9.29			
Lake Charles	10.82	12.51	15.76			
Alexandria	13.38	14.23	12.16			
Shreveport	12.79	12.26	12.64			
Monroe	11.04	14.46	12.92			
Statewide	11.18	11.89	11.78			

Statewide, adoption caseloads in FFY 2015 remained below the baseline, but increased from the FFY 2014 caseload average. Adoption caseload size decreased from the baseline in all regions except Covington and Lafayette Regions. Adoption caseloads were within the established caseload standard in all regions except Covington, Lake Charles, Shreveport and Monroe Regions.

Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	21.28	16.38	10.96			
Baton Rouge	16.26	12.63	13.74			
Covington	14.84	12.58	15.15			
Thibodaux	17.77	10.25	10.66			
Lafayette	11.43	9.74	13.84			
Lake Charles	18.72	13.96	15.36			
Alexandria	12.31	16.60	11.80			
Shreveport	18.48	9.05	16.24			
Monroe	22.45	14.34	20.79			
Statewide	17.06	12.48	14.01			

Home Development caseloads declined from the baseline statewide and in all regions except Thibodaux, Lafayette, Lake Charles and Alexandria. Average caseloads fell within the established caseload standard in Orleans, Thibodaux and Lafayette Regions.

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Home Development Caseloads (Standard = 55)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	77.8	48.55	53.97			
Baton Rouge	72.1	59.94	63.37			
Covington	64.6	49.99	60.98			
Thibodaux	42.2	37.79	47.04			
Lafayette	42.1	45.57	48.26			
Lake Charles	63.9	56.38	69.25			
Alexandria	49.7	50.96	59.43			
Shreveport	86.3	93.35	75.98			
Monroe	53.7	56.11	50.47			
Statewide	61.37	53.79	57.41			

3. Extended New Worker Training: The Department plans to continue the extended training and reduced caseloads for new workers with a goal of reducing caseloads for the first full year of employment rather than the first six months. This is recognized as an important practice to assure that new workers are fully prepared for the challenging careers child welfare offers. Achieving the goal of improved retention of staff will significantly reduce the impact that extended new worker training has on the caseloads of experienced workers. The DCFS expects the supervisory training to result in better preparation of new staff and reduce the high rate of turnover among staff with three or fewer years of experience. (For additional information on New Worker Training and supervisory training, please refer to the Staff Training Systemic Factor and Training Plan sections of this plan.)

4. Reassignment of Staff: In addition to losing experienced workers as a result of turnover, several important initiatives have resulted in some of the ‘brightest and best’ workers and supervisors being reassigned to other duties. Each of these initiatives will result in long-term gain for the department. Centralized Intake was established to assure inter-rater reliability in intake decision-making, and removed the responsibility of receiving and screening reports of suspected abuse and neglect from local child welfare offices, but resulted in reassignment of experienced staff that was usually replaced with inexperienced workers. DCFS also established a Transformation Team to work with the contractors developing the Common Access Front End (CAFÉ) system. The Child Welfare staff temporarily reassigned to the Transformation Project returned to their primary responsibilities in 2014; however, the temporary loss of these workers was a significant factor. Further, the implementation of the state level Continuous Quality Improvement unit in June 2013 resulted in the loss of experienced and highly competent field staff which also continues to impact the field. To compensate for this deficit the CQI staff has provided additional training to staff as well as on site consultation, support and mentoring.

5. Higher Expectations for Performance and Quality: Close monitoring of a number of performance measures have resulted in a significant improvement in timely initial contact and closure of CPI cases. Caseworker, supervisor and manager duties have increased as the result of a focus on evidenced-based practices to improve outcomes of safety, well-being and permanency. These changes include expansion of Structured Decision Making practice into additional child welfare programs and implementation of advanced safety-focused practice and Family Team Meetings (FTM).

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Efforts to streamline the hiring process have reduced the time between when one employee leaves and a replacement is hired. A number of other steps have been taken to resolve workload issues and increase employee job satisfaction. In SFY 2013, field staff was asked to submit ideas for streamlining the workload. Some of the suggestions that have been implemented include elimination of the Alternate Response Program, which was deemed unnecessary in light of implementation of the Advanced Safety Model and inclusion of more hands-on training, structured activities in New Worker Orientation. Additionally, the implementation of the CAFÉ system for child welfare is complete and while the system resulted in a number of time-saving changes such as pre-population of a number of forms and documents, single sign-on for workers in some child welfare programs, and quicker access from one system to another (i.e., from a client record to the policy management system or the tracking and payment information system) other issues have been identified. Staff continues to work on these issues. Throughout CY 2013 and CY 2014 DCFS upgraded computer equipment for all staff.

High expectations for performance and quality will continue. Since January 2016 DCFS has been in the process of restructuring the Department so that only child welfare professionals are involved in the administration of child welfare programs. One of the major focuses of DCFS will be on child welfare workforce development.

6. Family Medical Leave: The number of hours of Family Medical Leave (FMLA) per employee declined slightly from FFY 2012 to FFY 2013. Most FMLA is unavoidable, and DCFS encourages the use when necessary.

The table below provides the number of hours of FMLA used by child welfare staff as compared with the number of hours of FMLA used by DCFS field staff from worker through manager in all programs (Child Welfare, Economic Stability and Child Support Enforcement. Over the course of the year, FMLA usage by Child Welfare staff is approximately equal the overall Department usage for all program areas. The average number of staff increased by about ten statewide from 2013 to 2014 and the average number of FMLA hours per employee declined slightly.

FMLA Usage by DCFS Child Welfare Field Staff per Two Pay Periods during FFY 2014				
Two-Pay Period Segment of Year	Staff on Board	Hours of FMLA Used	Hours of FMLA per CW Employee	Hours of FMLA per DCFS Employee
9/30/13 – 10/27/13	911	2,239.09	2.5	3.1
10/28/13 – 11/24/13	921	1,772.75	1.9	2.7
11/25/13 – 12/22/13	918	1,855.50	2.0	2.2
12/23/13 – 1/19/14	917	2,284.50	2.5	2.1
1/20/14 – 2/16/14	904	2,277.25	2.5	2.3
2/17/14 – 3/16/14	899	2,932.75	3.3	3.2
3/17/14 – 4/13/14	913	3,708.58	4.1	3.4
4/14/14 – 5/10/14	935	2,869.66	3.1	2.7
5/12/14 – 6/8/14	940	3,010.25	3.2	3.1
6/9/14 – 7/6/14	954	2,888.25	3.0	3.1
7/7/14 – 8/3/14	957	3,022.50	3.2	3.9
8/4/14 – 8/31/14	950	3,806.50	4.0	4.3

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FMLA Usage by DCFS Child Welfare Field Staff per Two Pay Periods during FFY 2014				
Two-Pay Period Segment of Year	Staff on Board	Hours of FMLA Used	Hours of FMLA per CW Employee	Hours of FMLA per DCFS Employee
9/1/14 – 9/28/14	943	3,948.95	4.2	3.8
Total	12,062	36,616.53	39.4	39.9
Average	927.84	2816.65	3.00	3.07

Data on Family and Medical Leave Act usage is not available for FFY 2015. During 2015, the prior administration contracted with ComPsych Corporation and its affiliate FMLASource to implement and administer FMLA for employees in nine state agencies, including the Department of Children and Family Services. The current administration terminated the contract effective March 27, 2016. To date, DCFS Human Resources staff has been unable to reconcile information provided by FMLASource about FMLA usage by DCFS employees with DCFS records.

7. Overtime: The amount of overtime worked per employee during FFY 2013 and 2014 was higher than in FFY 2012. Overtime results in a loss of productivity for front line workers because they are compensated with one and one-half hours of leave for every hour of overtime worked. DCFS strives to reduce overtime for child welfare staff by using technology to support additional teleworking in child welfare programs. Currently, Home Development workers are the only child welfare staff in the field who telework. DCFS is also encouraging the use of alternate work schedules so that home visits that frequently must be made after normal business hours can be accomplished during a normal workday with hours other than 8:00 am to 4:30 pm. Smart phones were distributed to all CPS workers and supervisors in March 2014. These devices are expected to reduce ‘down time’ and allow for more efficient use of time. Also, improved technology such as pre-populated forms and other documents in the CAFÉ system are expected to increase efficiencies. DCFS has a goal of reducing the number of overtime hours per employee to 25 or less.

The table below provides the number of overtime hours per employee per two bi-weekly pay periods (approximately one month) for Federal Fiscal Year 2014. The number of overtime hours per employee varies significantly from one period to another, with a high of 11.3 hours and a low of 7.8 hours. The average number of overtime hours per employee dropped by approximately one-half hour from FFY 2013 to FFY 2014. Paid compensation for overtime resulting from CPS on-call duty did not go into effect until the beginning of FFY 2015.

Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2014			
Two-Pay Period Segment of Year	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
9/30/13 – 19/27/13	911	9,299.55	10.2
10/28/13 – 11/24/13	921	9,832.70	10.7
11/25/13 – 12/22/13	918	8,418.16	9.2
12/23/13 – 1/19/14	917	7,184.85	7.8
1/20/14 – 2/16/14	904	9,778.14	10.8

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Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2014			
Two-Pay Period Segment of Year	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
2/17/14 – 3/16/14	899	8,846.59	9.8
3/17/14 – 4/13/14	913	10,338.73	11.3
4/14/14 – 5/10/14	935	9,112.10	9.7
5/12/14 – 6/8/14	940	9,351.49	9.9
6/9/14 – 7/6/14	954	9,404.28	9.9
7/7/14 – 8/3/14	957	9,316.55	9.7
8/4/14 – 8/31/14	950	9,030.85	9.5
9/1/14 – 9/30/14	943	9,340.35	9.9
Total	9,312	91,703.93	98.5
Average	931.2	9,170.39	9.9

The table below shows the overtime earned by child welfare staff during FFY 2015. The average number of hours of overtime per employee increased and the average number of employees also increased by less than half an hour while the average number of employees increased by 22.

Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2015			
Two-Pay Period Segment of Year	Staff on Board	Hours of Overtime Worked	Hours of Overtime per Employee
10/01/2014 - 10/26/2014	942	9,487.05	10.1
10/27/2014 - 11/23/2014	942	10,198.5	10.8
11/24/2014 - 12/21/2014	944	9,861.8	10.4
12/22/2014 - 01/18/2015	963	8,111.3	8.4
01/19/2015 - 02/15/2015	952	10,144.75	10.7
02/16/2015 - 03/15/2015	941	9,674	10.3
03/16/2015 - 04/12/2015	958	10,533.05	11.0
04/13/2015 - 05/10/2015	959	9,894.25	10.3
05/11/2015 - 06/07/2015	963	10,178.85	10.6
06/08/2015 - 07/05/2015	956	9,070.75	9.5
07/06/2015 - 08/02/2015	963	9,826.85	10.2
08/03/2015 - 08/30/2015	957	10,314.55	10.8
08/31/2015 - 09/27/2015	951	9,778.45	10.3
Total	12391	12,7074.15	133.3
Average	953.2	9,774.9	10.3

When an employee reaches a certain number of hours of overtime, the payroll system automatically pays the overtime above the cut-off point. The table below provides the number of

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hours and percentage of paid overtime for all child welfare staff in the field. As demonstrated in the table, the percentage of paid overtime ranged from 7.87% to 11.13% with an average of 9.57%.

Compensatory/Paid OT for CW staff Worked by DCFS Child Welfare Field Staff				
Two-Pay Period Segment of Year	Staff on Board	Hours of Overtime Worked	Paid Overtime	Percentage of Paid Overtime
10/01/2014 - 10/26/2014	942	9,487.05	844.34	8.90%
10/27/2015 - 11/23/2014	942	10,198.5	802.50	7.87%
11/24/2014 - 12/21/2014	944	9,861.8	796.25	8.07%
12/22/2014 - 01/18/2015	963	8,111.3	771.25	9.51%
01/19/2015 - 02/15/2015	952	10,144.75	879.25	8.67%
02/16/2015 - 03/15/2015	941	9,674	942.75	9.75%
03/16/2015 - 04/12/2015	958	10,533.05	971.75	9.23%
04/13/2015 - 05/10/2015	959	9,894.25	904.50	9.14%
05/11/2015 - 06/07/2015	963	10,178.85	1,114.50	10.95%
06/08/2015 - 07/05/2015	956	9,070.75	987.50	10.89%
07/06/2015 - 08/02/2015	963	9,826.85	1,093.55	11.13%
08/03/2015 - 08/30/2015	957	10,314.55	990.50	9.60%
08/31/2015 - 09/27/2015	951	9,778.45	1,068.50	10.93%
Total	12391	12,7074.15	12,167.14	9.57%
Average	953.2	9774.9	935.93	9.57%

To support retention of Child Protective Services workers and to improve productivity by reducing the amount of compensatory leave, paid overtime was provided to Child Protective Services workers for on-call night and week-end duty. This overtime pay began with the pay period that began on September 29, 2014. The table below shows that the amount of paid overtime for CPS employees ranged from 40.27% to 55.62% with an average of 47.49% which is 37.92% higher than the naturally occurring paid overtime described in the table above. The department considered providing overtime pay to other child welfare staff providing essential services outside normal work schedules. However, budget limitations prevented expanding paid overtime to additional child welfare staff.

Overtime Worked by DCFS Child Welfare Field Staff during FFY 2015					
Two-Pay Period Segment of Year	Child Welfare CPS Staff on Board	Total Hours of Overtime per CPS Employee	Hours of Compensatory Overtime per CPS Employee	Hours of Paid Overtime per CPS Employee	Percentage of Paid Overtime per CPS Employee
10/01/2014 - 10/26/2014	208	282.25	139.75	142.50	49.51%
10/27/2015 - 11/23/2014	205	358.00	154.50	203.50	43.16%
11/24/2014 - 12/21/2014	206	362.80	201.80	161.00	55.62%

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Overtime Worked by DCFS Child Welfare Field Staff during FFY 2015					
Two-Pay Period Segment of Year	Child Welfare CPS Staff on Board	Total Hours of Overtime per CPS Employee	Hours of Compensatory Overtime per CPS Employee	Hours of Paid Overtime per CPS Employee	Percentage of Paid Overtime per CPS Employee
12/22/2014 - 01/18/2015	218	323.25	160.75	162.50	49.73%
01/19/2015 - 02/15/2015	223	282.05	120.55	161.50	42.74%
02/16/2015 - 03/15/2015	218	314.25	135.50	178.75	43.12%
03/16/2015 - 04/12/2015	211	329.50	158.00	171.50	47.95%
04/13/2015 - 05/10/2015	207	343.75	166.75	177.00	48.51%
05/11/2015 - 06/07/2015	210	308.65	144.40	164.25	46.78%
06/08/2015 - 07/05/2015	213	337.75	136.00	201.75	40.27%
07/06/2015 - 08/02/2015	211	384.80	168.75	216.05	43.85%
08/03/2015 - 08/30/2015	213	344.50	180.75	163.75	52.47%
08/31/2015 - 09/27/2015	213	307.70	164.70	143.00	53.53%
Total	2756	4,279.25	2,032.20	2,247.05	47.9%
Average	212	329.17	156.32	172.85	47.49%

In the table below the number of hours of FMLA and the hours of overtime are presented for a side-by-side comparison. For the period beginning April 14, both the FMLA and overtime hours were higher than in other periods, but there does not appear to be consistent correlation between the two. For example, the period beginning November 25 had the lowest number of FMLA hours, but the overtime hours were higher than the average for the year.

The section below has not updated because of inability to get FMLA for FFY 2015 data as noted above.

Correlation between FMLA and Overtime		
Two-Pay Period Segment of Year	Hours of FMLA per Employee	Hours of Overtime per Employee
10/28/13 – 11/24/13	2.5	10.2
11/25/13 – 12/22/13	1.9	10.7
12/23/13 – 1/19/14	2.0	9.2
1/20/14 – 2/16/14	2.5	7.8
2/17/14 – 3/16/14	2.5	10.8
3/17/14 – 4/13/14	3.3	9.8
4/14/14 – 5/10/14	4.1	11.3
5/12/14 – 6/8/14	3.1	9.7
6/9/14 – 7/6/14	3.2	9.9
7/7/14 – 8/3/14	3.0	9.9
8/4/14 – 8/31/14	3.2	9.7
9/1/14 – 9/30/14	4.0	9.5

8. Rewards and Recognition: Although departing staff did not cite the lack of rewards and recognition as a reason for departure, the Department recognizes a need for showing more appreciation to staff for the work that is accomplished.

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In 2014, the Operations and Program staff visited each region for two sessions of “Popping with Pride”, a popcorn party to celebrate achievements in 2013. These achievements included the successful IV-E review, completion of the CFSR Program Improvement Plan, interim accreditation and meeting caseworker visitation goals. At least one member of the executive staff attended at least one session in each region. The celebrations were very well received, and demonstrated a need to hold such events more frequently. The DCFS will make every effort to provide similar events in the future and to acknowledge the contributions each employee makes more regularly.

DCFS also recognizes an “Employee of Month” each month. That employee is nominated by one or more DCFS employees and they get a reserved parking spot for a month. As other ways to recognize staff, DCFS posts information on the intranet about staff and departmental achievements. Postings range from information on staff who has received awards or honors to accomplishments of the Department as a whole.

The Secretary of the Department plays a significant role in retention efforts. During monthly meetings of Regional Administrators, a consistent agenda item is staff retention. Retention is sometimes identified as ‘retention’ and other times as ‘Excellence’. During the December 2014 meeting with Regional Administrators, an expert on worker safety and well-being was brought in as a guest presenter and front line and supervisory staff was invited to attend the meeting in Baton Rouge. The Secretary also held monthly web-ex ‘Open Line’ presentations to assure that all staff have the opportunity to be aware of changes and the opportunity to present questions in advance of the web-ex that are answered during the web-ex. These presentations are posted on the DCFS Intranet and available for all staff that is not able to participate in the live presentation.

In FFY 2015, each of the monthly Operations meetings of the Secretary, regional administrators and state level executive staff included a segment on retention which provided experiential activities to support retention. Since January 2016, the new Secretary, Marketa G. Walters, has obtained input from staff on changes that need to be made within the department and has consistently provided feedback to staff on the status of the department.

C. Supervision: Increasing the knowledge level of supervisors with limited supervisory experience is a priority of the Department (For additional information on supervisory training please refers to the Systemic Factor – Staff Training and the Training Plan portion of this plan.) The table below provides the average number of years of supervisory and management experience for Child Welfare supervisors and managers in each region. Lafayette Region has supervisors with the greatest number of years of supervisory experience, and Thibodaux Region has supervisors with the smallest number of years of supervisory experience. Child Welfare managers in Alexandria Region have the highest number of years of experience, and managers in Baton Rouge and Shreveport Regions have the lowest number of years of management experience. In seven of the nine regions, the average number of years of supervisory experience is less than five; and in five regions, the average number of years of management experience is less than five.

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Supervisory and Management Experience As of November/December 2014		
Region	Average Years of Supervisory Experience for First Line CW Supervisors	Average Years of Management Experience for CW Managers
Orleans	3.94	3.00
Baton Rouge	3.87	1.00
Covington	5.32	5.40
Thibodaux	2.80	2.50
Lafayette	7.60	5.74
Lake Charles	4.67	4.75
Alexandria	4.43	6.50
Shreveport	3.35	1.00
Monroe	3.78	5.87

In order to focus more directly on improving the skills of inexperienced supervisors and managers, the department has begun providing training specifically focused on this group. The table below provides the number of supervisors in each region, the number of supervisors with three years of experience or less as a supervisor and the percentage of supervisors with three years of experience or less. As noted in the table, 60% of supervisors statewide have three years or less of experience in that role. Alexandria Region has the highest percentage of supervisors with little experience at 87.5%. Covington is the only region with less than 40% of supervisors having more than three years of experience.

Supervisors with Three Years or Less Experience			
Region	Total CW Supervisors	Number of Supervisors Under Three Years' Experience	Percentage of Supervisors Under Three Years' Experience
Orleans	19	10	52.63%
Baton Rouge	13	9	69.23%
Covington	23	9	39.13%
Thibodaux	13	10	76.92%
Lafayette	25	16	64.00%
Lake Charles	14	8	57.14%
Alexandria	16	14	87.50%
Shreveport	17	12	70.59%
Monroe	18	8	44.44%
Statewide	158	96	60.76%

The table below provides the number of Child Welfare Managers in each region along with the number and percentage of managers who have three years or less of experience as a manager. Statewide, nearly 70% of managers have three years or less experience as a manager. In three regions (Baton Rouge, Lake Charles and Shreveport) all managers have three years or less experience. Monroe is the only region where all child welfare managers have more than three years of experience.

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Managers with Three Years or Less Experience			
Region	Total CW Managers	Number of Managers Under Three Years' Experience	Percentage of Managers Under Three Years' Experience
Orleans	5	2	40.00%
Baton Rouge	3	3	100.00%
Covington	5	4	80.00%
Thibodaux	3	2	66.67%
Lafayette	5	4	80.00%
Lake Charles	2	2	100.00%
Alexandria	3	2	66.67%
Shreveport	3	3	100.00%
Monroe	4	0	0.00%
Statewide	33	22	66.67%

In addition to lack of experience in their current roles, not all supervisors and managers have social work degrees. The table below provides the number of first line child welfare supervisors in each region, the number who have a bachelor's degree in social work and in a related field and the percentage of supervisors in each region who have a Bachelor's degree in social work or a related field. Orleans Region has the highest percentage of supervisors with a BSW or related degree. Thibodaux Region has the lowest percentage of supervisors with a BSW or related degree. Lafayette Region reported only MSW degrees for supervisors and Managers.

Child Welfare Supervisors with Bachelor's Degree in Social Work or Related Field as of March 5015					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	18	5	12	17	94.44%
Baton Rouge	13	5	4	9	69.23%
Covington	26	15	7	22	84.62%
Thibodaux	13	3	2	5	38.46%
Lafayette	16	N/R	N/R	N/R	N/R
Lake Charles	13	1	10	11	84.62%
Alexandria	18	8	3	11	61.11%
Shreveport	18	1	10	11	61.11%
Monroe	15	3	10	13	86.67%

In 2015, regions self-reported social work and related degrees; based on the decline in BSW and related degree supervisors from 2015 to 2016, it appears that regions reported supervisors in both the bachelor's and master's categories. In 2016, degree data was obtained through Human Resources and only the highest degree is captured.

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Child Welfare Supervisors with Bachelor's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Supervisors	# BSW	# Related Bachelor's	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	19	0	3	3	15.79%
Baton Rouge	13	3	3	6	46.15%
Covington	23	5	6	11	47.83%
Thibodaux	13	2	5	7	53.85%
Lafayette	25	1	15	16	64.00%
Lake Charles	14	2	10	12	85.71%
Alexandria	16	7	8	15	93.75%
Shreveport	17	1	3	4	23.53%
Monroe	18	4	7	11	61.11%

Change in Percentage of Child Welfare Supervisors with BSW or Related Field from 2015 to 2016			
Region	2015	2016	Change
Orleans	94.44%	15.79%	-78.65%
Baton Rouge	69.23%	46.15%	-23.08%
Covington	84.62%	47.83%	-36.79%
Thibodaux	38.46%	53.85%	15.39%
Lafayette	N/R	64.00%	Unable to Determine
Lake Charles	84.62%	85.71%	1.09%
Alexandria	61.11%	93.75%	32.64%
Shreveport	61.11%	23.53%	-37.58%
Monroe	86.67%	61.11%	-25.56%

The percentage of supervisors with master's degrees in social work or a related field was lower than desired in 2015. In Lake Charles Region only 15% of supervisors hold such degrees.

Child Welfare Supervisors with Master's Degree in Social Work or Related Field as of March 2015					
Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	18	12	2	14	77.78%
Baton Rouge	13	6	1	7	53.85%
Covington	26	10	5	15	57.69%
Thibodaux	13	5	0	5	38.46%
Lafayette	16	12	N/R	12	75.00%
Lake Charles	13	1	1	2	15.38%
Alexandria	18	4	1	5	27.78%
Shreveport	18	6	3	9	50.00%
Monroe	15	4	4	8	53.33%

The percentage of supervisors with master's degrees in social work or a related field continues to be lower than desired. In 2016, less than 25% of supervisors have such degrees in three regions (Thibodaux, Lake Charles and Alexandria),

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Child Welfare Supervisors with Master's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Supervisors	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	19	13	2	15	78.95%
Baton Rouge	13	7	0	7	53.85%
Covington	23	9	3	12	52.17%
Thibodaux	13	6	0	3	23.08%
Lafayette	25	9	0	9	36.00%
Lake Charles	14	1	1	2	14.29%
Alexandria	16	1	0	1	6.25%
Shreveport	17	4	4	8	47.06%
Monroe	18	2	4	6	33.33%

The percentage of supervisors with a Master's degree in social work or a related field declined from 2015 to 2016 in all regions except Orleans where there was a small increase and Baton Rouge where there was no change.

Change in Percentage of Child Welfare Supervisors with MSW or Related Field from 2015 to 2016			
Region	2015	2016	Change
Orleans	77.78%	78.95%	1.17%
Baton Rouge	53.85%	53.85%	0.00%
Covington	57.69%	52.17%	-5.52%
Thibodaux	38.46%	23.08%	-15.38%
Lafayette	75.00%	36.00%	-39.00%
Lake Charles	15.38%	14.29%	-1.09%
Alexandria	27.78%	6.25%	-21.53%
Shreveport	50.00%	47.06%	-2.94%
Monroe	53.33%	33.33%	-20.00%

The percentage of child welfare managers with social work or related bachelor's degrees is at 100% in three regions, but is but is at 33% in three other regions, as indicated in the table below.

Child Welfare Managers with Bachelor's Degree in Social Work or Related Field as of March 2015					
Region	# of CW Managers	# BSW	# Related Bachelors	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	5	2	0	2	40.00%
Baton Rouge	3	2	1	3	100.00%
Covington	5	3	2	5	100.00%
Thibodaux	3	0	1	1	33.33%
Lafayette	5	N/R	N/R	0	0.00%
Lake Charles	2	1	1	2	100.00%
Alexandria	3	1	0	1	33.33%
Shreveport	3	0	1	1	33.33%
Monroe	4	2	1	3	75.00%
Statewide	33	11	7	18	54.55%

As noted in the table below, the number of managers with bachelor's level social work or related degrees decreased by about 20% statewide from 2015 to 2016.

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Child Welfare Managers with Bachelor's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Managers	# BSW	# Related Bachelors	Total BSW or Related Bachelor's	% BSW or Related Bachelor's
Orleans	5	0	0	0	0.00%
Baton Rouge	3	1	0	0	33.33%
Covington	5	2	2	4	80.00%
Thibodaux	3	0	2	2	66.67%
Lafayette	6	0	2	2	33.33%
Lake Charles	3	0	1	1	33.33%
Alexandria	4	1	0	1	25.00%
Shreveport	4	1	0	1	25.00%
Monroe	4	2	0	2	50.00%
Statewide	36	7	7	13	36.11%

All child welfare managers in Orleans, Lake Charles and Shreveport Regions hold master's degrees in social work or a related field, and the lowest percentage of master's level managers is in Thibodaux Region.

Child Welfare Managers with Master's Degree in Social Work or Related Field as of March 2015					
Region	# of CW Managers	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	5	5	0	5	100.00%
Baton Rouge	3	2	0	2	66.67%
Covington	5	2	1	3	60.00%
Thibodaux	3	0	1	1	33.33%
Lafayette	6	3	N/R	3	60.00%
Lake Charles	3	2	0	2	100.00%
Alexandria	4	2	0	2	66.67%
Shreveport	4	2	1	3	100.00%
Monroe	4	2	0	2	50.00%
Statewide	36	20	3	23	69.70%

Statewide, over 60% of managers have master's degrees in social work or a related field. All managers in Orleans Region hold such a degree and 75% or more of managers in Lafayette, Alexandria and Shreveport have such degree.

Child Welfare Managers with Master's Degree in Social Work or Related Field as of April 2016					
Region	# of CW Managers	# MSW	# Related Master's	Total MSW or Related Master's	% MSW or Related Master's
Orleans	5	5	0	5	100.00%
Baton Rouge	3	2	0	2	66.67%
Covington	5	1	0	1	20.00%
Thibodaux	3	0	0	0	0.00%
Lafayette	6	3	2	5	83.33%
Lake Charles	3	2	0	2	66.67%
Alexandria	4	3	0	3	75.00%
Shreveport	4	2	1	3	75.00%
Monroe	3	1	0	1	33.33%
Statewide	36	19	3	22	61.11%

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The lack of experience among supervisory staff is being mitigated through quarterly supervisory training and support from Casey Family Programs to identify needed training and support for supervisors.

D. Training: The Louisiana Child Welfare Training Academy became a reality during FFY 2014. Please refer to the Systemic Factor on Staff Training and the Training Plan portions of this document for details.

III. How Staff is Recruited and Selected

The Department will continue to follow the recruitment and selection process as indicated below; however, as mentioned previously DCFS will be working with the Capacity Building Center for States to address workforce development. In addition, Division of Operations staff will research child welfare literature to determine whether any specific characteristics of long-term child welfare employees have been identified which could result in improved retention.

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

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

As required, the Department posts vacant positions to the Civil Service LA Careers on-line system, interested individuals apply, and, from these applications, a certificate of eligible candidates that meet the qualification requirements for the job is developed and provided to hiring managers. At times throughout the year preference is given to hiring Title IV-E stipend students into Child Welfare Specialist jobs upon graduation to gain the benefit of their interest in child welfare and their child-welfare specific social work education, along with encouraging their long term careers in child welfare.

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

During FFY 2015, DCFS executive staff met with Civil Service to determine whether pay incentives could be implemented in regions with the highest turnover. Such mechanisms were available, but funding limitations precluded implementation of those mechanisms.

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

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No changes in the job titles or education and experience requirements changed in 2015; however, as the Department moves forward with returning to separate structures for child welfare and other DCFS programs, significant changes are expected in 2016.

- **Classified Social Services Positions Specific to Child Welfare:**

Social Services Analyst positions are used in IV-E Eligibility Determination Units:

Social Services Analyst 1 (SS410)

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

Social Services Analyst 2 (SS411)

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

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

Social Services Analyst 3 (SS413)

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

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- 90-94 more semester hours substitutes of six years of experience
- Bachelor's degree in social work may be substituted for one year of the required experience
- Master's degree in social work or related field may be substituted for all of the required experience

Social Services Counselor Positions are used in the Adoption Petitions Program.

Social Services Counselor 1 (SS410)

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

Social Services Counselor 2 (SS411)

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

- Bachelor's degree in social work may be substituted for one year of the required experience
- Graduate credit in social work or related field may be substituted for the required professional social services experience on the basis of thirty semester hours for one year of experience

Child Welfare Specialist positions are used in front-line service for Child Protective Services, Family Services, Foster Care, Adoptions and Home Development Programs:

Child Welfare Specialist Trainee (SS411)

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

Child Welfare Specialist 1 (SS412)

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

Child Welfare Specialist 2 (SS414)

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

Child Welfare Specialist 3 (SS415)

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

Effective June 21, 2013, the name of the Child Welfare Specialist 4 position was changed to Child Welfare Supervisor (SS417). Incumbents in this position supervise units of professional child welfare staff including IV-E analysts and may supervise some clerical staff. Along with the change in position title, the total years of required experience was reduced while the number of years of child welfare experience was increased for most educational levels.

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

Effective June 21, 2013, the name of the Child Welfare Specialist 5A position was changed to Child Welfare Consultant (SS418). Incumbents in this position serve as regional consultants and placement specialists in the field. At the state level, incumbents serve program consultants, child welfare trainers and data consultants in the systems unit. Qualifications have changed to reduce the number of years of required child welfare experience.

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

Effective June 21, 2013, the name of the Child Welfare Specialist 6 (SS420) and Family Support Parish Manager (SS419) positions were changed to Child Welfare Manager 1 (SS420).

Incumbents in this position serve as state level program, contract, eligibility and training managers and as regional level operations managers, supervising Child Welfare Supervisors.

Qualifications changes include reducing the total social services experience required while increasing the required child welfare experience. Prior supervisory experience and substitutions for college degrees were removed from the qualifications.

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

The Family Support Regional Administrator title was changed to DCFS Area Director (SS421) effective June 21, 2013. Two to three Area Directors are responsible for all DCFS programs including child welfare in distinct geographical areas within each region. Changes in qualifications include reduction in the number of years of general and child welfare social services experience and increase in the number of hours of college credit required to substitute for experience.

- Bachelor's degree plus six years professional level social services experience, including three years at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability 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 less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.
- A 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.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

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The Family Support Program Executive Director position was changed to DCFS Regional Administrator (SS 423) effective June 21, 2013. The incumbent in this position is responsible for all DCFS programs and administrative functions in a defined geographical are of the state. Changes in qualifications included increasing the number of semester hours required as a substitution for experience.

- Bachelor's degree plus seven years professional level social services experience, four years of which must have been at the supervisory level in Child Support Enforcement, Child Welfare or Economic Stability 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 less than a master's degree in social work or behavioral sciences may be substituted for a maximum of one year of the required general experience on the basis of thirty semester hours for one year of experience
- Master's degree in social work or behavioral sciences may be substituted for one year of the required general experience.
- A 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.
- A Ph.D. in social work or a related field will substitute for two years of the required general experience.

Effective June 21, 2013, the name of the Child Welfare Executive Manager position was changed to Child Welfare Manager 2 (SS422). Incumbents in this position are responsible for several child welfare programs at the state level and supervise the Child Welfare Manager 1 position. Changes in qualifications include reduction of the number of years of general and child welfare social services experience and removal of the requirement for prior supervisory experience.

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

The Child Welfare Administrator position was changed to Child Welfare Director (SS423) prior to submission of the 2012 Annual Progress and Services Review, but the title change was not noted in that document. The incumbent in this position serves as the statewide director of all child welfare programs. Qualifications have been changed to include the following:

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

- **Classified Administrative Services Positions that Support Child Welfare:**
 - The Program Specialist-Social Services now has job-specific sub-categories of Economic Stability, Disability Determinations and Child Support Enforcement. The pay classification was changed from administrative (AS 615) to social services (SS417). This position is no longer used in child welfare or to support child welfare.

The Executive Staff Officer (AS616) position had minor changes in qualifications as noted below.

- Bachelor's degree plus three years professional level experience in business Administration, government, law, public administration, planning, or social services. Three years of the experience must have been at the advanced journeyman level.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 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 work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Program Coordinator –Social Services position was changed to the Program Consultant – Social Services (AS618). Qualifications are provided above in child welfare-specific job classifications.

The Program Manager position has been expanded and now includes Program Manager 1 through 4 positions, and the pay scale has been changed from Administrative Services (AS) to Social Services (SS). These positions are used for various levels of management functions throughout the Department. Qualifications for the Program Manager 1 – Social Services (SS419) have changed as follows:

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- Bachelor's degree plus four years professional experience in business operations, economics, public health, public relations, research and evaluation or in providing social services or health services; one year of the experience must have been at the advanced level or above.
- Six years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:
 - 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 work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience
- Juris Doctorate will substitute for two years of required experience.
- Master's degree in any of above fields will substitute for two years of experience
- Ph.D. in above fields will substitute for three years of experience
- Graduate training will not substitute for more than three years of the general experience.

Qualifications for the Program Manager 2 – Social Services (SS421), Program Manager 3 – Social Services (SS422), Program Manager 4 – Social Services (SS423) are the same as the Program Manager 1 except that five years of professional experience are required.

Attorney 2 (AS618)

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

Attorney 3 (AS620)

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

Attorney Supervisor (AS622)

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

Deputy General Counsel 2 (AS 624)

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

Executive Management Officer 3 (AS622)

- Bachelor's degree plus five years professional level experience in business administration, government, law, public administration, planning, or social services. Two years of the experience must have been at the advanced journeyman level.
- Eight years of full time work experience in any field may be substituted for the required bachelor's degree only.
- Candidates without a bachelor's degree may combine work experience and college credit to substitute for the bachelor's degree as follows:

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- 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 work in qualifying fields will substitute for the general experience on the basis of thirty semester hours for one year of experience

The Family Support Program Executive Director (AS 624) position is no longer used and has been replaced in most instances by the Program Manager 4 – Social Services (SS423) described above.

Deputy Assistant Secretary 3 (AS 626)

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

- **Unclassified Positions**

Deputy Secretary of Operations

- Unclassified Position – No minimum qualifications

Deputy Secretary of Programs

- Unclassified Position – No minimum qualifications

Executive Counsel

- Unclassified Position – No minimum qualifications

Undersecretary

- Unclassified Position – No minimum qualifications

Secretary

- Unclassified Position – No minimum qualifications

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

Licensing requirements for social workers are not expected to change during the next five years, and are expected to remain as described below. DCFS has encouraged master's level social workers to work toward the Licensed Clinical Social Worker (LCSW) credential by providing preparatory courses for staff to prepare for the licensure exam. In order to increase LCSWs, it is necessary for the Department to have more Board Approved Clinical Supervisors (BACS). To that end, the Child Welfare Training Academy has also encouraged LCSW credentialed staff to become BACS by paying for the training.

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

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

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

- Registered Social Workers (RSW) are persons who hold a Bachelor's or Master's degree from a social work program accredited by the Council on Social Work Education (CSWE).
- Certified Social Workers (CSW) are persons who hold a Master's Degree in Social Work and apply to become LMSW's. They are credentialed as CSW's upon approval of their application to become LMSW's and retain Certified Social Worker credential until they pass the LMSW exam and become licensed.
- Licensed Master Social Workers (LMSW) is persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.
- Licensed Clinical Social Workers (LCSW) are persons who hold a Master's degree in Social Work from a CSWE accredited university, have completed at least 5760 hours of postgraduate social work practice, of which at least 3840 hours was completed under the supervision of board-approved clinical supervisor, and have passed an exam approved by the Louisiana Board of Social Work Examiners.
- Board Approved Clinical Supervisors (BACS) are persons who hold a Master's degree in Social Work from a CSWE accredited university, hold the LCSW license, have completed at least three years of full-time social work experience at the LCSW level, and have participated in a board approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure.

All staff that holds a Bachelor's degree in Social Work holds an RSW, the only credential available to Bachelor's level social workers. The percentage of staff holding a master's degree in Social Work by license type is shown in the following table. The percentage of master's level staff who are Registered Social Workers has increased while the percentage of those who are Licensed Clinical Social Workers has declined. Licensure data for 2014 includes only supervisors and managers. The number of Board Approved Clinical Supervisors has increased slightly from 2012 to 2013, but has declined in 2014. DCFS will continue to recruit staff with social work degrees and encourage attainment of higher levels of licensure among staff with Master's degrees in social work.

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VI. Demographic Information on Current Staff and Recent Hires

PERCENTAGE OF STAFF BY MSW CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LCSW W/BACS
2013	32%	19%	40%	9%	4%
2014	41%	3%	43%	13%	3%
2015*	62%	.05%	27%	.04%	.02%
2016					
2017					
2018					

**Percentages only include regional staff.*

A. Education

The Child Welfare Training Academy is conducting a study of the IV-E Stipend Program in Louisiana. The study includes exploration of a plan to provide stipends for current DCFS employees to obtain a MSW. Meanwhile, a focus on hiring professional level social work staff with social work degrees has continued. The Department will continue to work with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program.