

# Louisiana



Department of  
**Children &  
Family Services**

*Building a Stronger Louisiana*

**2015 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 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 one 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:** Organization 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.

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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. In addition, the DCFS also works toward best practice standards as identified through the Council on Accreditation (COA). The Department is accredited on over 750 standards that address programmatic issues, administrative and staffing issues and service environment issues.

Further, both state and federal data are utilized in the decision making process. Elements in this five year plan are in keeping with areas originally initiated as part of the federal program improvement plan.

**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*

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*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**

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 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,*

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*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:**

**FFY 2015 Update:**

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:**

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: 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, 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.

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

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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 Memorandum of Understanding 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.

A committee has been established that includes the Department of Children and Family Services (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 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.

**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 and continues to do so 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.

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 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.

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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 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.

Child Welfare staff work with **DCFS Child Care Assistance Program** staff to assure the availability of child care services through the **Child Care Development Fund**. 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 child parents to promote placement stability, and to meet the developmental needs of children when other state programs are not available.

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.

Departmental staff serves on the **Children's Cabinet Advisory Board**, a state task force with OJJ, the state police, the **FBI**, as well as other state and private agencies to plan for state awareness and management of human trafficking issues.

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.

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.

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.

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

**Federal Partners** - DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as a wide array of training and technical assistance (T/TA) from the **National Resource Center (NRC) Network**.

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**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 the Family Team Meeting (FTM) model; the implementation of Advanced Safety Focused Practice (ASFP) 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.

The **Braveheart Foundation**, a Baton Rouge based organization, supports the 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.

**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**, 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.

**C.) Development of the 2015 Annual Progress and Service Report:** Consultation with federal partners included weekly phone calls and e-mail correspondence. DCFS continues the approach long term planning involving the continuation of a number of initiatives that were initiated as part of the state’s PIP as well as the incorporation of the child welfare principles of practice.

DCFS engaged various stakeholders [ex. Louisiana Court Improvement Project (CIP) and the Casey Foundation, etc.] in the development of the APSR and also requested input and feedback from all federally recognized tribes in the state.

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.

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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 and posted on the DCFS website on April 20, 2015. The APSR was made available in hard copy when requested as well as on-line. A public hearing was held on May 7, 2015 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 Paul Darden, Sr. 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](http://www.chitimacha.gov)
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Lovelin Poncho 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](http://www.coushattatribela.org)
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Marshall Pierite is the Chief and Joey Barbry 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](http://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](http://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.

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DCFS continues efforts to invite all tribal representatives to each quarterly PQI/CQI Stakeholder Subcommittee meetings. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional PQI/CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica-Biloxi and Jena Band of Choctaw Tribes). To date, the Chitimacha Tribe Social Services Director has been the only participant in the statewide PQI Stakeholder Committee.

Plans, Reports and Reviews: As with previous years, the Department provided a draft of the 2015 APSR to federal tribal representatives for their input and review; however, no feedback was received. In previous years, the only tribe to provide a copy of their plan was the Chitamacha. Ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by DCFS. The DCFS will continue to conduct the calls and encourage tribal participation through meeting reminders and requests for agenda items which are important to tribes as well as coordinate site visits. Site visits with the tribes will resume when state travel restrictions are no longer in place.

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 (ACESS) 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 ACESS being updated accordingly. Upon identification of a child affiliated with a federally recognized Native American tribe involved with DCFS, the tribe is notified. DCFS encourages identification of Native American children early in the child welfare process and stresses open communication with the family and the tribe throughout the family's involvement with the Department.

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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 CCWIS system is developed.

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

FFY	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						
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			
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.

**FFY 2015 Update:**

- 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.

**Additional Activities Planned FFY 2016:**

- As state funding allows, state office program staff will conduct in-person visits to each tribe and tribal Social Services Directors will be contacted for information to improve knowledge regarding the tribe and ensure ongoing communication.
- Consult with the tribal Social Services Directors during quarterly calls and in-person contacts regarding content of monthly KIT conferences to assess any informational needs.
- Identify regional tribal liaisons from the Department to support work with tribes and join the quarterly calls.

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- Invite a Department representative from the training unit and the Federal Benefits and Grants unit to join the quarterly calls.
- Ensure local working agreements are kept up-to-date through contact with the regional tribal liaisons and Regional Administrators and maintain copies in State Office.
- 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 and encourage child welfare staff to review those websites to be aware of and participate as appropriate in upcoming tribal activities.
- Conduct a webinar/presentation on the Guidelines for State Courts and Agencies in Indian Child Custody Proceedings and update policy as needed based on the guidelines.
- Explore methods of utilizing current DCFS processes for data collection on notification to tribes when Native American Children become involved in the child welfare system.

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

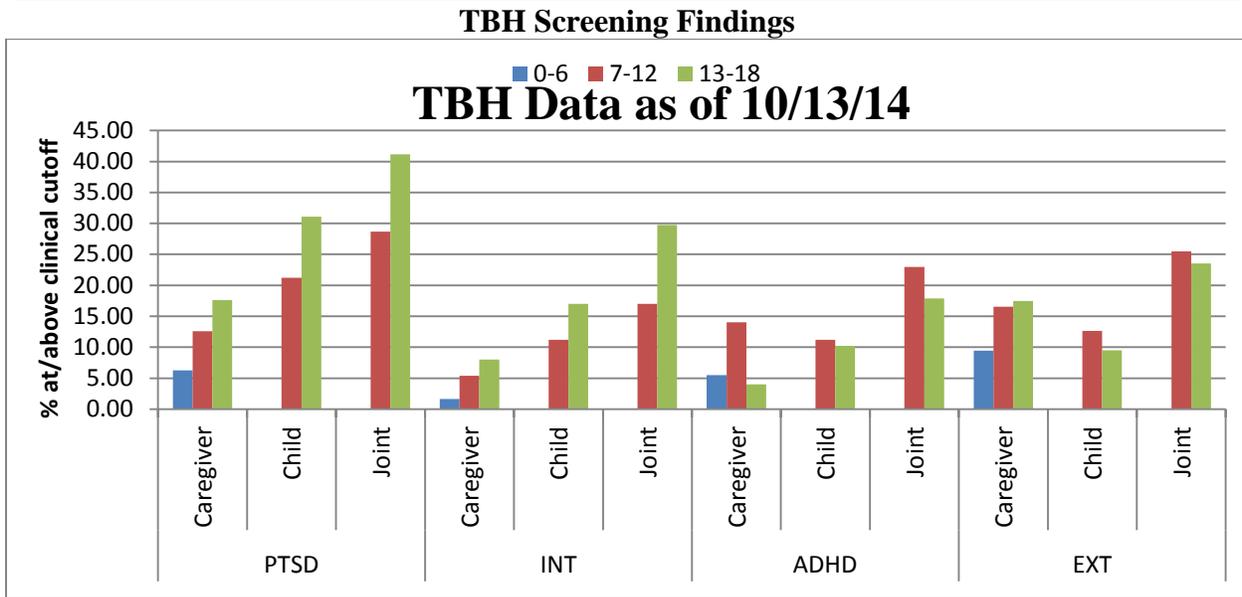
**Louisiana Child Welfare Trauma Project** - The Louisiana Child Welfare Trauma Project Grant is overseen by Tulane University's Department of Psychiatry and Behavioral Sciences in partnership with DCFS. The goal of the project is to improve the social and emotional well-being of children in the DCFS 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.

**FFY 2015 Update:** 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.

**Additional Activities Planned FFY 2016:** In addition to the work noted above, the DCFS plans the following:

- Implementation of the TBH screens in Lafayette, Alexandria and Monroe Regions in 2015-2016.
- Development of a Regional Advisory Board in each region.

**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

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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.

**FFY 2015 Update:** 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.

**Additional Activities Planned FFY 2016:** HP Serve will work 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 will end in October 2015. HP Serve will apply for a five year implementation grant at the completion of this grant period, with hopes to take this intervention statewide beginning in 2016.

**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.

**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 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.

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**Additional Activities Planned FFY 2016:** The recruitment team will continue to conduct child specific recruitment. Staff reapplied for the grant in April 2015.

**Isaac Disaster Case Management Program**

**FFY 2015 Update:** Program-wide total cases closed: 1861; Program-wide overall intake: 1864

Program-wide repair objective with "Need Met". Home repaired and homeowner living in home." outcome: 23% (344 of 1470 with stated repair goal)

Program-wide rebuild objective with "Need Met. Home rebuilt and homeowner living in home." Outcome: 26% (14 of 52 with stated rebuild goal)

This was achieved with (among other returns to DCMP efforts) \$391,261 in construction materials, an estimated \$1,928,680 in volunteer labor, and \$87,796 in contract labor.

Other achievements point to even greater future successes if follow-through produces the resources that case managers sought on behalf of clients:

Program-wide non-LTRO repair resource applications in progress: 786

Program-wide non-LTRO repair resource applications submitted: 591 totaling \$11,232,310.63

Program-wide non-LTRO repair resource application grants approved: 93 totaling \$1,075,726.52 - Grant Ended February 28, 2015.

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**TECHNICAL ASSISTANCE:** In order to promote successful implementation of strategies, goals and action steps outlined in this plan DCFS provides and receives the following supports, training, and technical assistance to ensure goals are achieved.

**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 Family Team Meeting (FTM) process.
2. DCFS will continue work with Casey Family Programs on the monitoring and implementation of Advanced Safety Focused Practice (ASFP) and FTM.
3. DCFS Implementation Specialists, who are part of the CQI Integrity Unit, work with regional staff statewide on the implementation of ASFP and FTM and also provide training as needed/requested.
4. DCFS will continue ongoing work with the Council On Accreditation (COA) to achieve national reaccreditation based on the implementation nationally recognized best practice standards.
5. 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.
6. 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 Statewide Automated Child Welfare Information System (SACWIS)/Comprehensive Child Welfare Information System (CCWIS).
7. The ongoing efforts of the PQI/CQI state level team and regional teams support the strategies, goals and action steps in this plan.
8. 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.
9. 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.
10. Homelessness Grant – DCFS will continue to collaborate with Healing Place Church and HP Serve 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.
11. DCFS has also relied on the support of the Dallas regional Children’s Bureau office staff as this plan was developed.
12. In the coming year, the Department will reach out to 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. If any additional assistance is needed from the Collaborative DCFS will make a formal request.

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**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
- Homelessness Grant with HP Serve
- 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
- The ongoing monitoring and implementation of Advanced Safety Focused Practice and the Family Teaming Process – refer to page 6 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.

In addition to the work listed above which has been described throughout this document, DCFS submits the following additional information to show how technical assistance is provided:

**Permanency Worker Project:** A workgroup was established to develop a plan for statewide implementation of a single-worker approach to child welfare practice in Louisiana. In this practice concept, one worker would be responsible for a case from foster care entry through the child's achievement of permanency. The workgroup included representatives of every region and State Office Child Welfare Programs. Regional representatives include Foster Care, Adoptions and Home Development workers, supervisors, managers, an area director and a Regional Administrator. The workgroup held live meetings in February and March 2015.

The focus of the February meeting was a presentation of the reasons for moving to the single-worker concept, three models used by other states, and Louisiana permanency data. Following that presentation, three discussion groups identified potential barriers to implementation including equitable workload balance and performance measures. Overall, the discussion groups favored a team approach to implementation.

The focus of the March meeting was identification of strategies to support implementation of the single-worker model. The two most frequently identified early support were finalizing pending adoptions and 'cleaning up' home development caseloads.

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Following the March meeting a proposal was drafted for presentation to the Secretary. The proposal includes identification of supports that would be needed to ensure success of the change. The following needed supports were identified:

- Outcome Monitoring position or role with responsibility for tracking and monitoring progress of all cases from foster care entry to permanency
- Recruitment or Placement Specialists to focus on identification of resources for permanent placement and completion of adoption subsidy eligibility review (in absence of Adoption Subsidy Specialist position or role)
- Adoption Subsidy Specialist to complete subsidy eligibility documentation, make necessary referrals, and facilitate subsidy renewals.
- Rapid Response Team to provide short-term case coverage in absence of primary worker
- Training (at a minimum)
  - Wendy's Wonderful Kids recruitment model (Dave Thomas Foundation)
  - Permanency (Gary Mallon)

The proposal for statewide Permanency Workers was presented to the Secretary on April 24. Subsequently, DCFS staff discussed the plan with a representative of the Dave Thomas Foundation in requesting additional support from the foundation. The Foundation reported that many states that had moved to the single worker concept reverted to a division of labor or a team approach. As a result, the plan is currently being revised based on a team concept of case management from foster care entry to permanency. The plan was completed and presented to the Secretary in May 2015.

Modifications to the plan continued with a focus on ensuring success of the model, and the plan will be presented during the Operational Review Meeting on June 17, 2015. The plan was presented on June 17 and regions developed transition plans in July.

**Regional Collaboration with Law Enforcement and the Courts:** All regions are required to have at least annual meetings with law enforcement and the courts. A summary of 2014 regional meetings with local law enforcement and the courts was provided in the December 2014 monthly report. The 2016 meetings will be scheduled in the fall of 2015.

For example, the Lafayette Region holds two meetings with law enforcement and hospitals each year. The summer meeting was held on June 29, 2015 and included law enforcement (St. Mary Parish Sheriff's Office, Youngsville Police Department, Broussard Police Department, Lafayette Police Department, Duson Police Department and Patterson Police Department), Office of Juvenile Justice, Acadiana Area Human Services District, OCDD and hospitals (Lafayette General Medical Center and Acadia St. Landry Hospital).

Discussion items included DCFS staffing changes, Trafficking Policy, law enforcement assistance in obtaining criminal records clearances in emergency situations, instant safety plans, Centralized Intake changes (special queue for law enforcement), allegations and response priorities, permanency model, and mandated reporting requirements. No concerns were noted by either law enforcement or hospital personnel.

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**Ongoing Monthly Communication between Field Operations and State Office** addresses the following information, regional and local contacts, work on pilots, new plans and processes, and community endeavors. Additionally, this communication between field operations and state office staff shows how field staff carry out the work and expectations of state office within their regions and local communities.

**Region 1 – Orleans**

**Law Enforcement/Judges Contacts:** Orleans AD, Manager, Bureau of General Counsel (BGC), and RA continue to attend the monthly Model Court Meeting to address courts and community partners concerns to improve working relationships.

Orleans Parish continues “Let’s Talk CPS Workgroup” with new staff. The group consists of 9 CPS workers in Orleans Parish who began within the last 6 months. Two staff completed their final workgroup at the last meeting on June 24, 2015.

**New Plans or Processes:** FC/AD implemented mandatory administrative time to update medical and dental examinations in TIPS 110 screen. This will help ensure a better percentage with performance measures outcomes.

**Community Endeavors:** RA attended the CYPB Transitioning Foster Youth Task Force (Casey Funded).

**Regional Spotlight:** CPS worker received the June 2015 Sunshine Award from BGC in honor of excellent work.

Emergency Preparedness (EP) 5K Walk on June 6 - The DCFS region-wide Emergency Preparedness Walk was a success. There were 155 walkers/runners and 196 staff and family participation. Donations will be used for Foster Care Appreciation and EP awards at the end of Hurricane season.

**Region 2 – Baton Rouge**

**Law Enforcement/Judge’s Meetings:** BGC staff assisted in conducting training with CW staff in June that included the two EBR Juvenile Judges in instructing on how to testify appropriately in court.

**Community Endeavors:** The Children, Youth and Advisory Board meeting was held on June 16, 2015 at the Constable's Office. The group met to discuss the final task to be completed regarding Edufeast which will be held on July 17, 2015 at FISK.

Multidisciplinary Team Staffing (MDT) was held June 24, 2015 at the EBR parish office. The staff had the opportunity to engage with a surgeon, nurse and social worker from Our Lady of the Lake Hospital. They offered valuable feedback regarding the case presented and welcomed staff to contact them when a case consultation is needed.

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**Regional Spotlight:** The Region held their Foster Parent Banquet on June 17. The Home Development Staff did a great in showing appreciation to Foster Parents for all that they do to assist with children in DCFS custody.

**Region 3 - Covington**

The region continues to pilot the effort to enact Act 214 regarding joint case planning between DCFS and OJJ for children identified as at risk. Implementation began 4/11/14.

Along with Baton Rouge and Lafayette, the region continues to pilot a homelessness screening tool through an MOU with Healing Place (HP Serve) to identify risk and protective factors for children most at risk of homelessness. Children continue to be referred to meet with other teens in a group setting.

**Regional Spotlight:** A staff person and the regional management team received recognition for their work with staffing shortages due to turnover, FMLA, etc, Supervisors, Managers and the AD's have all stepped up to the plate to assist each other.

The Adoption Unit finalized 12 adoptions in June.

**Region 4 – Thibodaux**

The region continues to use the CPI Intake daily logs to track face to face contact as staff work towards improving in this performance measure.

**Community Endeavors:** School is out for the summer; therefore there was no outreach to schools.

Terrebonne CW Manger conducted a presentation with Gulf Coast Family Teaching Services on May 28, 2015; a presentation with Terrebonne Parish Head Start on June 22, 2015 and; participated in a presentation by Single Point Assessment Resource Center on June 30, 2015. (The event was sponsored by the Terrebonne Parish Sheriff's office, Terrebonne DA office and the Children and Youth Planning Board of Terrebonne Parish).

**Regional Spotlight:** The Lafourche Parish CW office moved to their new office and now the CSE and CW office in Lafourche are consolidated.

Thibodaux Region celebrated the Employees of the Quarter for the first quarter in 2015. Thibodaux Region collected \$240.00 for Over the Edge.

**Region 5 – Lafayette Region**

**Law Enforcement/Judges Contacts:** On June 29, 2014 DCFS CW staff met Law Enforcement Agencies throughout the region to discuss new process in the Department, introduce new staff and answer any questions they might have regarding Centralized Intake or the work of first line staff.

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**Pilots:** Regional staff continue to work with the Office of Juvenile Justice on a pilot focusing on children who are on probation and also involved in Child Welfare's FS and FC programs. The region now has a report from State Office that allows staff to identify these dually served children in a very easy manner. The initial trainings to begin the LA Child Welfare Trauma Project in Lafayette region for staff have all been completed. Staff members with Tulane University have visited the parish offices to encourage and train use. A meeting with the providers was held in July.

**New Plans or Processes:** Lafayette Regional Management staff met on June 24, 2015 to discuss plans for the regional permanency plan. Management staff reviewed an outline to help in the creation of the plan. They will meet with members of their staff and create a Permanency team to create and monitor the plan. Lafayette Region will provide State Office the plan prior to the July deadline.

**Community Endeavors:** On June 16, 2015 members of DCFS staff, Prevent Child Abuse Louisiana (PCAL) and CASA organizations throughout the region met for their quarterly meeting. There were no problems reported and CASA is gearing up for fall activities and will provide more information at the next meeting.

Lafayette Region's Neonatal abstinence committee met on June 30, 2015. These monthly meetings bring DCFS, DHH, Local Hospital Staff, LAUNCH and Community Service providers together to create a plan to reduce the number of babies born with neonatal abstinence syndrome. The committee's goal is to reduce the number by 10% in the next fiscal year. Dr. Hussey with the Office of Behavioral Health came to discuss their new role in the managed health system and indicated he could provide data to the group. The physicians in the group are finalizing the screening tool that will be provided to local OBGYNs.

DCFS staff and the Community Action Team are making plans for an Outdoor Expo in July. The Community Action Team brings members from DHH, DCFS, local hospitals and community service organizations to alleviate safety threats to children. The Expo will provide the opportunity for children and their parents to learn more about ATV and water safety while participating in a carnival setting.

**Regional Spotlight: Safety and Wellness** – Lafayette Region DCFS staff are in the planning phases with community partners to host a 5K run to bring highlight Adoption Awareness. The run is scheduled for November. Lafayette DCFS is also hosting a blood drive in conjunction with the local Blood Bank. Donors will be able to enter into a drawing for a Dream Vacation.

**Staff Retention:** The region continues to have monthly retention forums that highlight issues important to staff. At the forum held June 9, 2015 front line workers were engaged in strategies to implement the new permanency plan and staff learned that the present training structure is having a significant impact on all staff. Regional staff are creating a workgroup to develop a regional training protocol to assist new workers and workers changing specializations. The protocol will not only include training at the start of employment or the beginning of change in specialization, but also will include how supervisors can provide ongoing training and monitoring until the workers are at full capacity.

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The region recognized an IV-E analyst for their work and use of CAFÉ.

**Region 6 – Lake Charles**

**Law Enforcement / Judges Contacts:** Foster Care Manager continues to attend monthly board meetings for Judge Cutrer’s “You Raise Me Up” group.

**Pilots:** Lake Charles Region continues to be a part of the pilot of the Family Team Meeting Process. Leslie Breaux, FC Manager, attended FTM training in Baton Rouge on 5/4/15.

**New Plans or Processes:** Area Director, CPS Manager, and CPS Supervisors continue to meet twice a week to discuss overdue and coming due CPS cases and pending final finding decisions in an effort to get the cases closed in a timely manner.

A regional Area Director, FC Manager, and the FC Supervisors meet once a week to discuss overdue and coming due FC TIPS 110 case events, caseload size, placement authorizations, and incorrect SSNs.

CAFÉ continues to present challenges for IV-E staff. As a result, they have made changes with the way cases are assigned to the IV-E staff. All other staff continues to complete staffing in CAFÉ but sometimes experience problems completing some tasks.

**Regional Spotlight:** The region spotlighted two employees during this quarter for their exemplary work.

**Region 7– Alexandria**

**Law Enforcement/Judges Contacts:** First Friday meetings are ongoing in Rapides Parish as coordinated under the direction of Judge Koch. These meetings continue to allow the agencies who work with children to meet and coordinate needed services for the children who are served by DCFS/OJJ and the juvenile court system.

Avoyelles Parish has monthly MDT staffing that includes all Law Enforcement, the D.A.’s office, Probation and Parole and others who have a vested interest in the children served.

**New Plans or Processes:** The first Friday trainings in Rapides Parish continue. Training took place on 6/05/15, with the Rapides staff on TIPS and CAFÉ training. In addition, FATS training was provided to those in the Rapides office who missed the session provided during May, 2015. This training was also provided to the Winn Parish staff on 6/18/15.

In compliance with corrective action regarding reducing fatalities while improving CQI outcomes, the Alexandria Region has conducted several trainings with the child protection, family services, foster care, and adoptions staff. The training that was provided during the month of June was CAFÉ, TIPS, and FATS.

**Community Endeavors:** Staff are coordinating with prison personnel to schedule presentations for parenting classes.

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Foster Adoptive Orientation was held 6/09/15 and 6/30/15.

DCFS invited a local vendor Spoons frozen yogurt to come and park their mobile unit which provided frozen yogurt for purchase with toppings for a small fee. This was to promote for health and wellness coalition. Many other local community businesses came and purchased yogurt. This was also great for morale retention!

**Regional Spotlight:** Winn DCFS Office celebrated the June birthdays with baked chicken, fresh vegetables, cake, and ice cream.

The parish office foster care staff are maintaining consistency with meeting visitations with the children in their homes at a rate above 95%.

Three staff were recognized out of five in the state as being top mileage earners. The region has set a new goal to walk around the US.

### **Region 8– Shreveport**

**Law Enforcement/Judges contacts:** The RA, AD, and CW manager met with the Caddo Judges in June.

**New Plans or Processes:** On June 18, Representatives from CASA who are assigned to the Caddo/Bossier/Webster Parish courts and Caddo CW staff met to plan the 2<sup>nd</sup> Annual Back to School Splash Day. Games, Balloon Art, face painting, a dunking booth and water slides are planned. A local speaker will talk to the older youth on the topic of “Bullying”. Lunch will be provided. A second planning meeting is scheduled for July 24<sup>th</sup>.

CW staff had an opportunity to attend training on June 26<sup>th</sup> sponsored by Community Support. The speaker was John Simoneaux, Ph.D and the topic was Medical Mimics of Psychological Disorders. The training was well attended.

Home Development Unit will begin training all program staff on the MAPP training. They will deliver the 7 MAPP sessions in 4 quarterly training sessions held in each of the parish offices. The quarterly session will begin in July 2015. Staff should receive notification of training dates very soon.

**Community Endeavors:** Shreveport CSE participated in the Caddo Parish Sheriff’s Office Re-entry Program on June 25, 2015 in conjunction with several other agencies including the Social Security office, Goodwill, area banks and others. The purpose of the Re-entry Program is to meet with in-mates that are scheduled for release during the next 18 months to prepare them by giving them information concerning what to expect upon release.

**Regional Spotlight:** The Shreveport Region collected \$300 for the “Over the Edge” Campaign.

### **Region 9 – Monroe Child Welfare**

**Law Enforcement / Judges Contacts:** Madison CW supervisor, met with CASA in 6<sup>th</sup> JDC the week of court. It has helped build the relationship with CASA and helped with their preparation for court.

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The annual Foster Parent Appreciation Banquet was held June 26<sup>th</sup>. The Bridge Church in Ruston volunteered to sponsor the banquet and provided all food for foster parents and staff. Approximately 90 foster parents participated along with 50 staff members. The featured guest speakers were an adult who was adopted through Foster Care in another state and a representative someone from Louisiana Baptist Children's Home.

**New Plans or Processes:** During home visits in the months of May and June, workers gathered information from foster parents, birth parents and family services families about the family's plan for evacuation should there be flooding or other emergencies that would cause them to leave their home. This information is placed in the record as well as stored on the computer of the worker, supervisor and manager.

**Community Endeavors:** NYTD Annual Youth Conference was held in the Monroe Region on 6/11/15. Monroe had an excellent turnout with about 50 children in attendance along with 20 DCFS Monroe Region staff.

The quarterly Regional meeting with CASA was held June 17, 2015 at NELSOB. This is a meeting with CASA Supervisors and CW supervisors and management staff. This is an information sharing meeting between the two agencies.

**Regional Spotlight:** Improvements in the region have been seen in timely contact with perpetrators and victims for CPS and in visitation with foster children for FC.

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**DCFS SYSTEMIC FACTORS:**

**INFORMATION SYSTEMS**

**FFY 2015 Update:** Transformation Phase II embodies The Department of Children and Family Services' (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, "DSS 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."

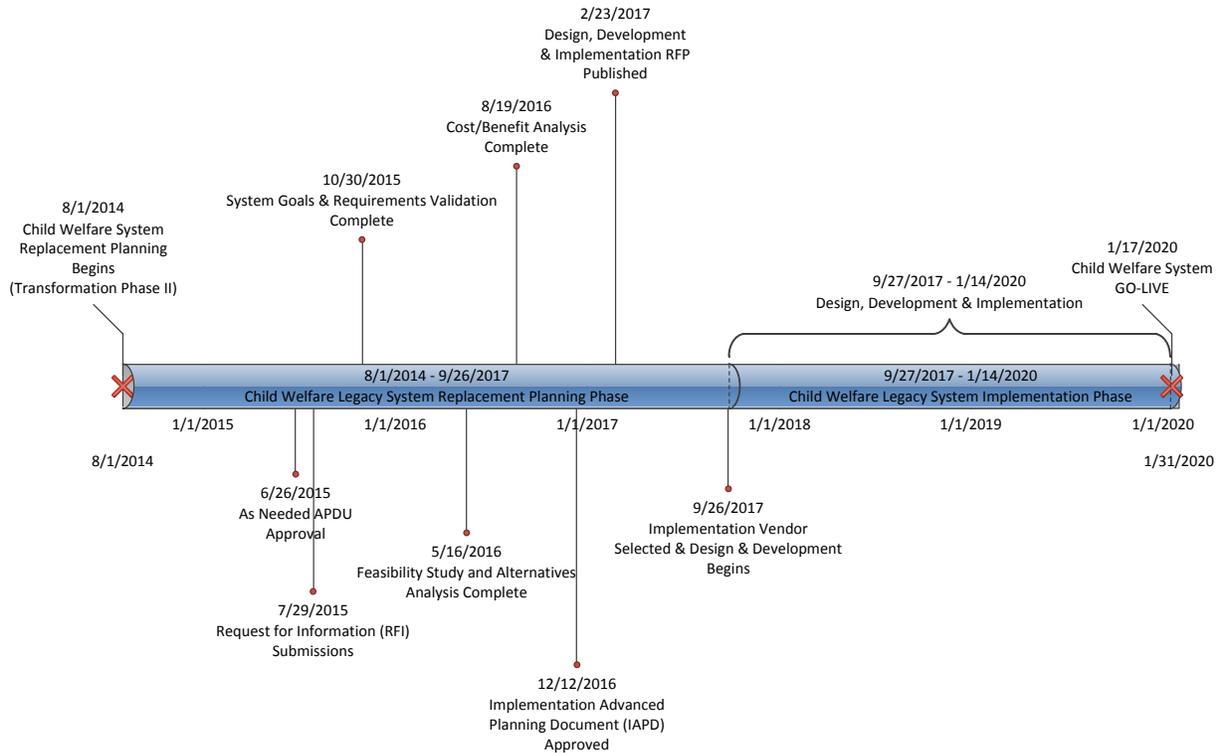
Transformation Phase I included the implementation of a Customer Call Center, Document Management System, and a Common Access Front End System (CAFÉ). CAFÉ only provided a front end to the child welfare legacy system known as the Tracking and Information Payments System (TIPS), so the same data that was being captured before by TIPS remains unchanged. CAFÉ was only designed to provide a common frontend to the Legacy Systems, so there has been no real change that would impact accuracy of data collection and reporting. With the inception of Phase II, 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 included TIPS. As the Department moves forward with planning for TIPS replacement, accurate data collection and reporting has been identified as a priority, and will be one of the focuses of the upcoming Phase II requirements gathering sessions.

Due to the Child Welfare legacy system being the oldest system, and the requirement for Child Welfare workers to use multiple disparate systems to complete their work, the first legacy replacement/modernization will be for the Child Welfare system. The Economic Stability and Child Support Enforcement's legacy systems are targeted for replacement subsequent to the successful replacement of the Child Welfare legacy system(s).

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 Department of Health and Hospitals' 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.

Exhibit 1 below provides a visual timeline for the replacement of the Child Welfare Legacy Systems:

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**Additional Activities Planned FFY 2016 and beyond:** Upon completion of the planning phase, the implementation phase will be initiated. The implementation phase includes conducting design sessions with appropriate stakeholders. DCFS will work closely with the selected DDI vendor to develop a system to meet the needs of the multiple program areas of Child Welfare. The design, development, testing, staff training, and statewide deployment are expected to span a period of at least two years.

Phase II of the Department’s Transformation project is to implement a SACWIS system, while replacing and/or modernizing the existing Child Welfare legacy systems. Planning has been initiated and will continue throughout this planning cycle.

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**QUALITY ASSURANCE SYSTEM:**

**FFY 2015 Update:** DCFS continues its commitment to continuous quality improvement for 2015. Efforts to integrate the CQI process into the PQI system continues on the state office and regional levels. Louisiana’s goal for Federal Fiscal year 2015 was the development of functioning PQI Teams in the regions. This goal has been achieved as regional teams have been established in all regions and are functioning in accordance to Parts 3 and 4 of the DCFS PQI Plan and Handbook. The regional teams’ level of functioning is evidenced by Regional PQI Team meeting minutes, Regional PQI referrals to the State PQI Team and by regional staff participation on the State Team Subcommittees. The chart below indicates the total number of PQI Regional and State Level Meetings held during FFY 2014.

Regional PQI Teams sent referrals requiring action on the state office level to the State PQI Committee for review and action. A total of 7 referrals were sent to the State Level committee. The chart below indicates the referrals sent to the State PQI Committee during FFY 2014 as well as the committee’s response to the referrals.

<b>PQI Region and State Team Data Report for FFY 2014</b>			
<b>Total Regional Meetings</b>	<b>Total State Meetings Level</b>	<b>Total Regional Referrals</b>	<b>Total Regional Referrals to State Level</b>
54	6	53	7

*R* egional PQI referrals to State Level PQI Committee

Participation on the PQI Regional and State Committees includes all level of DCFS staff and well as stakeholders. Regional Team Members include clerical support staff, Case Managers, Case Manager Supervisors, Performance Measures Consultants, CQI Reviewers and Regional Management Staff. The State Level Committee includes State Office Program Managers, Section Administrators, Regional PQI Chairmen, Regional Performance Measures Consultants, CQI Unit Managers and stakeholders.

**Continuous Quality Improvement:** CQI continues to build on it processes to assess child welfare practice through the use of data, case review information, stakeholder interviews and other resources. Improvements to the case review process this year include an emphasis on promoting inter rater reliable in the cases review process, providing historical performance analysis data to assist in identifying trends, the use of case specific Worker/Supervisor Exit Meetings to discuss case review results and participation on PQI Teams.

- **Inter rater Reliability:** Quarterly Trainings and Bi-weekly Reviewer meetings are used to support CQI’s efforts to achieve and maintain Inter Rater Reliability. Training is focused on CQI review instruments, program initiatives and updates as well as Agency policy reviews. The following trainings were conducted with CQI Reviewers :

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- Case Review process- Discussion on interpretation and acceptable documentation for specific CFSR Items.
- Engaging Fathers in In-Home case review of Agency policy and discussion of acceptable justification documentation for all related CFSR Items.
- Safety, Engagement and Visitation: Examples of Good Practice and Case Documentation – Group presentations with input from Program Section Administrators
- Addendum Instruments: Review of instructions for completing addendum instruments such as Structured Decision Making, Youth Transition Plans and Adoption Foster Care Automated Reporting System (AFCARS) Review Instrument.
- CQI Academy Presentation: Presentation by graduates of the Academy on using data to determine root causes and solutions in child welfare practice.
- Family Team Meeting (FTM) Documentation: Presentation and discussion of appropriate documentation in determining ratings for Child (ren) and Parent involvement in case planning CFSR items.

Inter rater reliability is also supported by CQI through bi-weekly conference calls with CQI Second Level (QA) Reviewers and CQI Unit Managers who serve as Third Level Reviewers. These calls support the work of the reviewers and managers as they discuss item ratings, make case presentations, review policy, and identify ratings trends among instrument items, regions and First Level Reviewers.

- **Historical Performance Analysis:** CQI added Historical Performance data and analysis to quarterly Regional and State CQI reports in FFY 2014 Q2. This data is provided for the eight items that were identified as key practice domains in the DCFS Program Improvement Plan (PIP) following the most recent Child and Family Services Review (CFSR). In chart form, the data shows the Region or state percentage ratings for an item during the current rating quarter, the item rating for the six preceding quarters as well as the Negotiated Rate of Improvement (NRI) for the item. In quarters where the rating meets or exceeds the negotiated rate, the percentage rating is highlighted. A short analysis of rating trends follows the chart. The chart below is an example of a Historical Performance Analysis for an item in a Regional Quarterly report.

<b>Historical Performance Analysis</b>								
a) Highlighted percentages indicate quarters that met the Negotiated Rate of Improvement								
Example Region	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	1 <sup>st</sup> 2014	2 <sup>nd</sup> 2014	3 <sup>rd</sup> 2014	Nag RI
Item 19	46.7	53.3	80.0	60.0	30.8	30.8	38.5	75.8

Performance data for Item 19 indicates that the Region met the NRI in 1 of 7 reporting quarters. The NRI for this item is 75.8%. The region improved slightly in this area from the 2<sup>nd</sup> to the 3<sup>rd</sup> quarters; however, the Region has not demonstrated an ability to meet this area of performance on an ongoing basis.

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The Historical Performance Analysis provides data that can be used in exploration of root causes. It has also provided opportunities for dialogue regarding causes and/or events that may contribute to fluctuation in ratings.

- **Worker/Supervisor Exit Meetings:** CQI Reviewers conduct exit meetings with assigned case workers and their supervisors at the conclusion of each case record review. In FFY 2014, reviewers conducted a total of 371 worker/supervisor exit meetings (98%) for the cases reviewed. During the meeting, the CQI Reviewer discusses case details and case review findings for all items of the CFSR instrument. The intent of the meeting is to educate case workers and supervisors on how to strengthen and improve practice.
- **PQI Teams:** CQI Reviewers are active members of Regional PQI Teams and their subcommittees. The role of the reviewer is defined as a consultant. The Reviewer is expected to participate in discussions regarding case review data and to assist Regional Teams in the development of Improvement Plans.
- **CQI Regional Exit Meetings:** CQI Reviewers and Unit Manager conduct Regional Case Review Exit Meetings at the end of each Quarter. During these meetings, Reviewers give a summary of the case ratings for each item which includes examples of strengths ratings from cases as well as examples of ratings of Areas Needing Improvement. In FFY 2014 a total of 32 Case Review Exit meetings were held with Regional Management Staff and Regional case manager Supervisors in the state's nine regions.

**Utilizing CQI Case Review Data to Guide Decision Making:** CQI case review data was used during FFY 2014 Q3 to improve service provision. The following items from the CFSR instrument were reviewed during the eight quarters of the Program Improvement Plan and in the '9<sup>th</sup>' Quarter as a part of the CQI initiative. The same Items were reviewed for all four quarters of calendar year 2014.

- Item 3 - services were provided to protect children in their own homes and prevent removal or re-entry into foster care
- Item 4 - concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care
- Item 7 - appropriate permanency goals were established for the child in a timely manner
- Item 10 - concerted efforts were made to ensure that the child is adequately prepared to make the transition to adulthood
- 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).
- Item 18 - concerted efforts were made to involve parents and children in case planning on an ongoing basis.

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- Item 19 – caseworker visits with children were of sufficient frequency and quality
- Item 20 – caseworker visits with the mother and the father of the child were of sufficient frequency and quality

CQI Reviewers and Regional staff reviewed data results from 7 reporting quarters to determine if Regions were required to develop improvement plans. A table which provided a matrix for case review results and identified the required regional activities based on the results was used to assess which case review items required monitoring and/or practice improvement.

In instances where improvement plans were required, the Regional PQI Teams were instructed to develop an improvement plan according to the techniques outlined in the PQI Handbook. The teams were also given the responsibility of monitoring the plans. Regions required to develop plans and monitor performance are indicated below for each item.

Item 3: 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.

<b>2014 CQI Review Results Summary</b>										
<b>Item 3 - Services provided to protect children in their own homes and prevent removal or re-entry into foster care</b>										
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

Item 4: Orleans, Thibodaux and Shreveport developed mandatory improvement plans. Covington, Lafayette, Lake Charles, Alexandria and Monroe Regions were required to monitor performance and develop improvement plans as needed.

<b>2014 CQI Review Results Summary</b>										
<b>Item 4 - Concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care</b>										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	30.8	92.3	78.6	76.9	57.1	76.7	38.5	35.7	69.2	61.7
2	38.5	76.9	71.4	53.8	42.9	53.8	46.2	35.7	23.1	49.2
3	15.4	46.2	85.7	69.2	78.6	76.9	61.5	57.1	15.4	56.7
4	76.9	61.5	71.4	66.7	64.3	69.2	46.2	50.0	38.5	60.5

Item 7: Alexandria, Shreveport and Monroe developed mandatory improvement plans. Orleans Region was required to monitor performance and develop an improvement plan as needed.

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<b>2014 CQI Review Results Summary</b>										
<b>Item 7 - Appropriate permanency goals were established for the child in a timely manner</b>										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	75.0	50.0	100.0	87.5	33.3	75.0	62.5	33.3	50.0	62.7
2	50.0	75.0	100.0	87.5	100.0	75.0	62.5	77.8	37.5	74.7
3	75.0	50.0	88.9	85.7	66.7	62.5	62.5	55.6	87.5	72.4
4	75.0	50.0	55.6	87.5	88.9	87.5	62.5	44.4	87.5	70.7

Item 10: Thibodaux and Monroe Regions developed mandatory improvement plans. Orleans, Baton Rouge, Covington, Lafayette, Lake Charles and Alexandria Regions were required to monitor performance and develop improvement plans as needed.

<b>2014 CQI Review Results Summary</b>										
<b>Item 10 - Concerted efforts were made to ensure that the child is adequately prepared to make the transition to adulthood</b>										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	100.0	100.0	100.0	50.0	100.0	50.0	100.0	100.0	33.3	80.0
2	33.3	66.7	66.7	100.0	50.0	50.0	100.0	100.0	0.0	52.4
3	50.0	50.0	100.0	100.0	50.0	100.0	100.0	100.0	100.0	85.7
4	66.7	50.0	75.0	100.0	100.0	100.0	50.0	50.0	0.0	66.7

Item 17: Orleans developed a mandatory improvement plan. Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe Regions were required to monitor performance and develop improvement plans as needed.

<b>2014 CQI Review Results Summary</b>										
<b>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)</b>										
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

Item 18: Orleans developed a mandatory improvement plan. Baton Rouge, Thibodaux, Lafayette, Alexandria, Shreveport and Monroe Regions were required to monitor performance and develop improvement plans as needed.

<b>2014 CQI Review Results Summary</b>										
<b>Item 18 - Concerted efforts were made to involve parents and children in case planning on an ongoing basis</b>										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	25.0	53.8	57.1	46.2	50.0	83.3	38.5	50.0	46.2	50.0

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2014 CQI Review Results Summary										
Item 18 - Concerted efforts were made to involve parents and children in case planning on an ongoing basis										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
2	33.3	45.5	53.8	23.1	42.9	53.8	23.1	14.3	25.0	34.8
3	18.2	18.2	76.9	61.5	57.1	54.5	46.2	21.4	8.3	41.1
4	84.6	25.0	69.2	72.7	53.8	45.5	53.8	37.5	38.5	53.1

Item 19: Orleans, Thibodaux and Alexandria Regions developed mandatory improvement plans. Baton Rouge, Covington, Lafayette, Lake Charles, Shreveport and Monroe Regions were required to monitor performance and develop improvement plans as needed.

2014 CQI Review Results Summary										
Item 19 - Caseworker visits with children of sufficient frequency and quality										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	30.8	84.6	92.9	76.9	64.3	100.0	53.8	78.6	76.9	73.3
2	30.8	69.2	71.4	46.2	57.1	69.2	46.2	57.1	53.8	55.8
3	38.5	53.8	92.9	69.2	71.4	76.9	61.5	64.3	53.8	65.0
4	84.6	46.2	85.7	83.3	85.7	76.9	76.9	64.3	38.5	71.4

Item 20: Orleans, Baton Rouge, Thibodaux and Shreveport developed mandatory improvement plans. Covington, Lafayette, Alexandria and Monroe Regions were required to monitor performance 20 and develop improvement plans as needed.

2014 CQI Review Results Summary										
Item 20 - Caseworker visits with the mother and the father of the child of sufficient the frequency and quality										
Region ----- Quarter	1	2	3	4	5	6	7	8	9	Statewide Average
1	9.10	41.7	50.0	36.4	18.2	70.0	33.3	36.4	27.3	35.6
2	11.1	0.0	45.5	16.7	8.3	54.5	38.5	8.3	25.0	24.2
3	20.0	10.0	70.0	50.0	41.7	50.0	46.2	16.7	27.3	36.5
4	55.6	11.1	76.9	66.7	50.0	11.1	33.3	16.7	33.3	40.2

**CQI Targeted Case Reviews/Utilizing Data & Information to Guide Decision Making**

In 2014 the CQI team began completing targeted reviews utilizing structured case review instruments. The targeted reviews focused on areas of practice identified as needing improvement as indicated by CFSR reviews from 2010 through 2013 and data from DCFS Management Information Systems (MIS). The targeted reviews were designed to provide further analysis into the identified practice areas. Specific areas targeted for review included:

- ❖ **Advanced Safety Focused Practice (ASFP):** The Department implemented Safety Focused Practice via a Pilot to 3 Regions beginning in 2012. In 2013 the entire state was trained in the ASFP Model with full implementation in 2014. The purpose of the ASFP reviews is to assure implementation of the model in practice; identify areas of the model

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that need to be supported with additional training; determine areas (regions, offices, supervisory units) where one-on-one or unit coaching is needed; and to provide regular and ongoing data regarding ASFP practice to all levels of staff within the agency.

Based on the ASFP reviews, it was determined that staff need additional support and training on the areas of safety plan development and writing behaviorally specific goals. 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 Goals will be developed in the summer of 2015 and implemented in the fall of 2015. Implementation Specialists (IS) assigned to the CQI Unit play an integral role in implementation of new practice areas and training. The IS develop the practice-specific trainings; train front line staff and Supervisors with support of other Program staff; and provide the coaching and mentoring to staff when this has been identified as a need. The following charts provide a quarterly statewide summary of the ASFP cases reviewed during FFY 2014.

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 1<sup>st</sup> Quarter</b>		
<b>Did the information collected/documented indicate present danger during the initial interview with the alleged victim and caretaker</b>	<b># of Cases</b>	<b>% Sufficient</b>
Present Danger identified / should have been	19	15.8
Present Danger identified / should not have been identified	4	3.3
Present Danger not identified / should not have been identified	78	63.3
Present Danger not identified / should have been identified	4	5.0
Cannot determine	14	12.5

b) *Chart shows caseworkers' efforts to appropriately identify present danger during investigations.*

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<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 1<sup>st</sup> Quarter</b>						
<b>Areas of Assessment</b>	<b># of Cases</b>	<b>% Sufficient</b>		<b>% Part Suf</b>		<b>% Insufficient</b>
Was the extent of maltreatment sufficiently documented?	120	21.7		43.3		35.0
Were circumstances surrounding the maltreatment sufficiently documented?	120	29.2		37.5		33.3
Was sufficient information gathered regarding child functioning?	120	7.5		52.5		40.0
Was sufficient information gathered regarding adult functioning?	120	3.3		49.2		47.5
Was sufficient information gathered regarding general parenting?	120	4.2		42.5		53.3
Was sufficient information gathered regarding disciplinary practices?	120	2.5		42.0		55.5
<b>Was sufficient information gathered regarding protective / diminished caretaker capacities?</b>						
	<b># Yes</b>	<b>% Yes</b>	<b>#No</b>	<b>%No</b>	<b># Cannot Determine</b>	<b>% Cannot Determine</b>
	25	21.0	35	29.4	59	49.6

*c) Chart rates caseworkers' efforts to assess family functioning during investigation*

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 1<sup>st</sup> Quarter</b>		
<b>Analysis of Safety Assessment / Impending Danger ( Safety Determination and Reviewer Agreement)</b>	<b># of Cases</b>	<b>Percentage</b>
Child is safe, agency decision child safe	38	31.9
Child is safe, agency decision child is unsafe	1	0.8
Child is unsafe, agency decision child is safe	7	5.9
Child is unsafe, agency decision child is unsafe	19	16.0
Cannot determine ( not enough information)	54	45.4

*1. Chart rates caseworkers' efforts to appropriately identify impending danger during investigations.*

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 1<sup>st</sup> Quarter</b>			
<b>Areas of Assessment</b>	<b># Cases</b>	<b>% YES</b>	<b>%NO</b>
Risk Assessment completed on correct household	120	93.2	6.8
Risk Level completed and approved within 30 days	120	50.8	49.2
Risk level consistent with information documented in case record	120	64.4	35.6

*2. Chart is a summary of caseworkers' efforts to accurately and timely complete household risk assessments.*

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<b>2014 CQI Advanced Safety Focused Practice Statewide Summary – 2<sup>nd</sup> Quarter</b>		
<b>Did the information collected/documented indicate present danger during the initial interview with the alleged victim and caretaker</b>	<b># of Cases</b>	<b>% of Cases</b>
Present Danger identified / should have been	23	19.2
Present Danger identified / should not have been identified	4	3.3
Present Danger not identified / should not have been identified	73	60.8
Present / Danger not identified / should have been identified	4	3.3
Cannot determine	16	13.3

d) *Chart rates caseworkers efforts to appropriately identify present danger during investigations*

e) *Chart rates caseworkers' efforts to appropriately identify impending danger during investigations*

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 2<sup>nd</sup> Quarter</b>						
<b>Areas of Assessment</b>	<b># of Cases</b>	<b>% Sufficient</b>			<b>% Part Suf</b>	<b>% Insufficient</b>
Was the extent of maltreatment sufficiently documented?	120	19.2			48.3	32.5
Were circumstances surrounding the maltreatment sufficiently documented?	120	24.2			40.8	35.0
Was sufficient information gathered regarding child functioning?	120	9.2			53.3	37.5
Was sufficient information gathered regarding adult functioning?	120	5.8			54.2	40.0
Was sufficient information gathered regarding general parenting?	120	4.2			41.7	54.2
Was sufficient information gathered regarding disciplinary practices?	120	5.8			45.0	49.2
Was sufficient information gathered regarding protective / diminished caretaker capacities?	<b># Yes</b>	<b>% Yes</b>	<b>#No</b>	<b>%No</b>	<b># Cannot Determine</b>	<b>% Cannot Determine</b>
	29	24.2	30	25.0	61	50.8

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 2<sup>nd</sup> Quarter</b>			
<b>Areas of Assessment</b>	<b># Cases</b>	<b>%YES</b>	<b>%NO</b>
Risk Assessment completed on correct household	120	97.5	2.5
Risk Level completed and approved within 30 days	120	46.7	53.3
Risk level consistent with information documented in case record	120	60.8	39.2

f) *Chart is a summary of caseworkers' efforts to accurately and timely complete household risk assessments*

**2014 CQI Advanced Safety Focused Practice  
Statewide Summary- 3<sup>rd</sup> Quarter**

**2014 CQI Advanced Safety Focused Practice  
Statewide Summary – 3<sup>rd</sup> Quarter**

<b>Did the information collected/documented indicate present danger during the initial interview with the alleged victim and caretaker</b>	<b># of Cases</b>	<b>% of Cases</b>
Present Danger identified / should have been	17	14.2
Present Danger identified / should not have been identified	5	4.2
Present Danger not identified / should not have been identified	78	65.0
Present / Danger not identified / should have been identified	5	4.2
Cannot determine	15	12.5

*g) Chart rates caseworkers efforts to appropriately identify present danger during investigations*

*h) Chart rates caseworkers' efforts to appropriately identify impending danger during investigations*

**2014 CQI Advanced Safety Focused Practice  
Statewide Summary- 3<sup>rd</sup> Quarter**

<b>Areas of Assessment</b>	<b># of Cases</b>	<b>% Sufficient</b>		<b>% Part Suf</b>		<b>% Insufficient</b>
Was the extent of maltreatment sufficiently documented?	120	27.5		40.0		32.5
Were circumstances surrounding the maltreatment sufficiently documented?	120	35.0		40.0		25.0
Was sufficient information gathered regarding child functioning?	120	17.5		50.0		32.5
Was sufficient information gathered regarding adult functioning?	120	3.3		66.7		30.0
Was sufficient information gathered regarding general parenting?	120	10.8		50.8		38.3
Was sufficient information gathered regarding disciplinary practices?	120	8.3		55.8		35.8
Was sufficient information gathered regarding protective / diminished caretaker capacities?	<b># Yes</b>	<b>% Yes</b>	<b>#No</b>	<b>%No</b>	<b># Cannot Determine</b>	<b>% Cannot Determine</b>
	53	44.2	26	21.7	41	34.2

**2014 CQI Advanced Safety Focused Practice  
Statewide Summary- 3<sup>rd</sup> Quarter**

<b>Areas of Assessment</b>	<b># Cases</b>	<b>%YES</b>	<b>%NO</b>
Risk Assessment completed on correct household	120	99.2	.8
Risk Level completed and approved within 30 days	120	59.2	40.8
Risk level consistent with information documented in case record	120	69.2	30.8

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Analysis of Safety Assessment / Impending Danger ( Safety Determination and Reviewer Agreement)	# of Cases	Percentage
Child is safe, agency decision child safe	52	43.3
Child is safe, agency decision child is unsafe	2	1.7
Child is unsafe, agency decision child is safe	10	8.3
Child is unsafe, agency decision child is unsafe	15	12.5
Cannot determine ( not enough information)	41	34.2

i) Chart is a summary of caseworkers' efforts to accurately and timely complete household risk assessments

2014 CQI Advanced Safety Focused Practice Statewide Summary – 4 <sup>th</sup> Quarter		
Did the information collected/documented indicate present danger during the initial interview with the alleged victim and caretaker	# of Cases	% of Cases
Present Danger identified / should have been	20	16.7
Present Danger identified / should not have been identified	3	2.5
Present Danger not identified / should not have been identified	80	66.7
Present / Danger not identified / should have been identified	2	1.7
Cannot determine	15	12.5

j) Chart rates caseworkers efforts to appropriately identify present danger during investigations

2014 CQI Advanced Safety Focused Practice Statewide Summary- 4 <sup>th</sup> Quarter						
Areas of Assessment	# of Cases	% Sufficient		% Part Suf		% Insufficient
Was the extent of maltreatment sufficiently documented?	120	28.3		43.3		28.3
Were circumstances surrounding the maltreatment sufficiently documented?	120	40.0		34.2		25.8
Was sufficient information gathered regarding child functioning?	120	22.5		49.2		28.3
Was sufficient information gathered regarding adult functioning?	120	5.8		60.8		33.3
Was sufficient information gathered regarding general parenting?	120	10.8		45.0		44.2
Was sufficient information gathered regarding disciplinary practices?	120	8.3		55.0		36.7
Was sufficient information gathered regarding protective / diminished caretaker capacities?	# Yes	% Yes	#No	%No	# Cannot Determine	% Cannot Determine
	50	41.7	30	25.0	40	33.3

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<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 4<sup>th</sup> Quarter</b>		
<b>Analysis of Safety Assessment / Impending Danger ( Safety Determination and Reviewer Agreement)</b>	<b># of Cases</b>	<b>Percentage</b>
Child is safe, agency decision child safe	45	37.5
Child is safe, agency decision child is unsafe	3	2.5
Child is unsafe, agency decision child is safe	5	4.2
Child is unsafe, agency decision child is unsafe	16	13.3
Cannot determine ( not enough information)	51	42.5

*k) Chart rates caseworkers' efforts to appropriately identify impending danger during investigations*

<b>2014 CQI Advanced Safety Focused Practice Statewide Summary- 4<sup>th</sup> Quarter</b>			
<b>Areas of Assessment</b>	<b># Cases</b>	<b>%YES</b>	<b>%NO</b>
Risk Assessment completed on correct household	120	95.0	5.0
Risk Level completed and approved within 30 days	120	62.5	37.5
Risk level consistent with information documented in case record	120	55.0	45.0

*l) Chart is a summary of caseworkers' efforts to accurately and timely complete household risk assessments*

**Structured Decision Making (SDM) Reviews:** It was determined through results from ongoing CFSR reviews and CQI reviews that child welfare practice was not incorporating the use of SDM as outlined in child welfare policy. The CQI Unit began monitoring SDM practice in 2014 utilizing a targeted instrument that looked specifically at the Initial SDM Risk Assessment and Risk Reassessments. Resultant information and data is compiled quarterly and submitted to Program Unit at State Office for review to determine how best to support staff in accurate completion of the SDM instrument and application to decision making. The State Office Program staff in Family Services and Foster Care provided statewide training on appropriate use of the Risk Reassessment tools. The data gathered in this area is still being analyzed for consistency and validity.

**Youth in Transition Planning (YTP) Reviews:** Due to a loss in funding to support youth in care beyond the age of majority, the CQI unit began reviewing cases of older youth in care to assure that case planning, activities and services were specific to the needs of each youth and adequate to prepare the youth to transition to adulthood. A YTP instrument was developed to assess practice in this area by specifically reviewing the YTP plan and case plan. Training was implemented in 2014 by the Foster Care Unit statewide to assure that staff understand the requirements of the YTP, how to accurately and thoroughly complete the YTP and documentation associated with the case planning for a Youth in care. The CQI Reviews are used

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to monitor practice in this area and to determine if additional support or actions are needed to assure that Youth are able to transition to adulthood and receive the needed services, resources and supports. The Foster Care Unit completes Quality Assurance (QA) reviews on 100% of the YTP reviews completed quarterly.

Statewide, 45 cases were pulled from a random sample for the review. A YTP review instrument containing 8 items was completed on each case. The cases were pulled from a random sample derived from all cases served during the sampling period for youth ages 15.5 and over. The sample was based on the assigned worker and the worker's location in our agency's Tracking Information Payment System (TIPS). The chart below contains FFY 2014 statewide data representing the percent of Yes responses on the YTP instrument. Note: Q1, Q2, Q3 and Q4 represented Quarters.

2014 YTP DATA	Q1	Q2	Q3	Q4
Item 1: Have all required Youth Transitional Plan's been completed within the period under review?	20.0	24.4	15.6	40.0
Item 2: Was the Youth Transition Plan attached to the case plan and court report?	11.0	15.6	11.1	17.8
Item 3: Has every section of the Youth Transitional Plan been fully assessed during the Period Under Review?	15.6	11.1	20.0	24.4
Item 4: Based upon the assessment does the Youth Transitional Plan address the needs and desires of the youth in a realistic manner?	24.4	20.0	26.7	31.1
Item 5: Does it appear that the Youth had input or guided the development of the Youth Transitional Plan?	33.3	28.9	40.0	37.8
Item 6: Does the Youth have individuals in their life to provide continued connection and support after DCFS involvement?	51.1	46.7	46.7	57.8
Item 7: Are the services in the plan adequate to prepare the youth for independence considering their individual circumstances such as their age, developmental level, medical conditions, financial resources etc.?	22.2	22.2	31.1	27.3
Item 8: Does the plan provide for the youth to have opportunities to demonstrate capacity for success at independent living prior to aging out in areas such as: sense of belonging, mastery, independence and generosity?	17.8	20.0	26.7	25.0

❖ *Chart is a summary of quarterly statewide percentages of YES responses in YTP cases reviewed.*

**Adoption and Foster Care Automated Reporting System (AFCARS) Reviews:** Based on the March 2013 AFCARS Federal Review, an Improvement Plan (AIP) was required. Based on Louisiana's review findings, General element #21 required implementation of a data quality case review. The timeframe to initiate the data quality process was April 1, 2014. As part of the data quality process, CQI began reviewing 3 cases per Region, 27 total statewide, on a quarterly basis. The review assesses TIPS data accuracy in the following areas and in relation to the noted AFCARS elements:

- a. FIPS coding (FC 3)
- b. Child's Hispanic/Latino ethnicity (FC 9 and AD 8)
- c. Conditions associated with the child's removal (FC 26-40)
- d. Caretaker family structure (family prior to removal) (FC 44)
- e. Year of birth of foster caretakers (FC 50/51 and AD 23/24)

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This information is reviewed on a Quarterly basis and the data findings are submitted to the Foster Care unit for further review and analysis. The Foster Care Unit also provides Quality Assurance reviews on 100% of the AFCARS reviews completed quarterly.

Information and data obtained from the targeted Case Reviews is compiled quarterly and utilized as follows:

1. Shared with Program and Administrative staff for further analysis;
2. Utilized to determine training needs;
3. Utilized to identify areas where supportive coaching and mentoring is needed;
4. Utilized to identify if/when corrective action plans are needed
5. For ongoing monitoring of practice
6. Feedback to Regions on a quarterly basis

**CFSR in 2018:** In preparation for Louisiana's 2018 CFSR, CQI case reviewers began using the new CFSR Onsite Review Instrument (OSRI) to review cases in January 2015. In April 2015, reviewers began using the Online Monitoring System (OMS) Louisiana CQI review site. Feedback from first and second level reviewers regarding the new OSRI and use of the OMS has been positive.

**Additional Activities Planned for FFY 2016:**

**PQI**

- ❖ Development of Internal and External Stakeholder Teams - The State Level PQI Team Chairman has begun the initial phase of development by reviewing meeting attendance records for current stakeholder team members in an effort to establish an effective PQI Stakeholder Team. On the Regional Level, Community Stakeholder Teams will be assessed to determine their level of functioning. In regions where Stakeholder Teams do not exist, the State Level PQI will assist the regions in developing teams by exploring and identifying potential team members from regional community individuals and representatives from community based groups.
- ❖ Corrective Action Plans - Regional Level PQI Teams will continue to develop and monitor Regional plans using data from CQI case reviews in an effort to improve performance. DCFS Operations and Program Divisions will work together to develop and implement monitoring procedures.

**CQI**

- ❖ CFSR Process – Louisiana will continue implementation of the new CFSR process in 2016. The total number of Foster Care and In Home cases reviewed beginning January 2015 was reduced to 102 per quarter from the original 120 cases per quarter previously reported. The rationale for the reduction is to allow reviewers the opportunity to build capacity in their use of the new OSRI and OMS. The CQI Unit Managers are monitoring the case review process to determine if increases or decreases in the number of cases reviewed are required.

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❖ Utilizing CQI Data to Improve Performance

- Case Reviews - Case Review data from Quarters 1 and 2 of CY 2015 will be used to establish an internal baseline for all Items of the new OSRI. Targeted Case Reviews will be implemented for Items which require additional exploration to assist in determining root causes. For example, Engagement has been identified as a practice area needing improvement. In Quarters 3 and 4 of CY 2015, additional cases will be selected for review to obtain additional information.
- ASFP Reviews - CPS Program Consultants and CQI Staff will continue to review ASFP cases and provide feedback and data at all levels. A detailed report will be developed that identifies areas needing improvement in each case as well as strengths. The Department will continue to utilize Advanced Safety Focused Practice Consultations as a way to assist staff with ASFP.
- SDM- Data from case reviews will be used to determine the need for changes. In FFY2016, DCFS policy regarding SDM will be reviewed to determine the need for changes.
- YTP- DCFS Foster Care section will conduct detailed trainings for staffing on completing Youth Transition Plans. Foster Care section will continue to use CQI data to identify trends and action steps. State Office state will mentor regional staff in the proper utilization of the YTP.

AFCARS-The AIP CQI review process will continue in FFY2016. Data from the reviews will be analyzed to determine trends and improve outcomes. Statewide training for staff will be developed and implemented to address associated data elements that have been identified as being misinterpreted and entered inaccurately

**CASE REVIEW PROCESS:**

**Update 2015:** 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). Regional data regarding the number and timeliness of family meetings is compiled by CQI Reviewers who serve as Administrative Reviewers. In FFY2014, 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.

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<b>Administrative Review Compliance Report Statewide - FFY 2014</b>													
<b>Item</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>TOTAL</b>
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*
  - 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. 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 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.

<b>Written Case Plans Completed for Children in Foster Care during FFY2014</b>			
<b>REGION</b>	<b>Number of Initial Case Plans</b>	<b>Number of 6 Month Case Plans</b>	<b>TOTAL Case Plans</b>
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

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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.*

Data regarding Family participation in the development of case plans is collected in CQI 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. There is no data available that measures only the parents' participation in the development of the case plan.

As a result of statewide data for this Item, 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.

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

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

Although DCFS has 3 data sources related to development of the written case plan, there are data gaps in this area which prevents the collection of detailed information to reflect the statewide functioning of the case review system. One such area is data collection to provide specific detailed information on the child’s parent(s) participation in the development of the case plan. These data gaps are areas for exploration in FFY 2016.

**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.

Administrative Review compliance tracking for FFY 2014 is presented in the chart below.

<b>Administrative Review Compliance Report Statewide - FFY 2014</b>													
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.*

A review of data provided by CIP shows that judicial hearings were held timely in 94.1 percent of cases for children in Foster Care in FFY2014. 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 on data collection methods in this area will be explored by DCFS as well as CIP beginning in FFY 2016.

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<b>Statewide Judicial Review Hearing</b>			
<b>Compliance Data for Child in Need of Care Cases in FFY 2014</b>			
<b>Total Cases</b>	<b>In Compliance</b>	<b>Not In Compliance</b>	<b>Compliance Percentage</b>
611	575	36	94.1

❖ *CINC permanency compliance numbers for cases active during FFY 2014*

**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 monthly bases. 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 chart below shows data collected by DCFS staff attorneys on all TPR cases as well as data regarding court appearances and executed surrenders.

<b>Annual Statewide Termination of Parental Rights Stats At-A- Glance</b>									
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	CINC/Drug Court Appearances	Surrenders Executed	Cases on Appeal
Oct	259	33	37	7	11	128	285	18	15
Nov	247	28	19	5	14	118	220	21	13
Dec	252	32	29	13	17	180	213	16	11
Jan	228	29	19	2	21	104	156	11	10
Feb	222	37	24	5	17	110	310	25	11
Mar	238	30	30	6	18	106	303	12	11
Apr	262	43	36	7	19	119	307	21	14
May	264	48	22	11	21	110	295	17	12
Jun	250	39	41	16	25	103	229	12	9
July	258	28	41	16	15	116	230	13	13
Aug	257	31	35	16	20	120	315	25	13
Sept	275	34	36	14	23	142	263	26	13

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<b>Annual Statewide Termination of Parental Rights Stats At-A- Glance</b>									
<b>Month</b>	<b>Total TPRs</b>	<b>Cases To Be Filed</b>	<b>Total TPRs Filed for Month</b>	<b>Filed After ASFA Date</b>	<b>TPRs Filed/N o Court Date</b>	<b>TPRs Filed/Court Date Set</b>	<b>CINC/Drug Court Appearances</b>	<b>Surrenders Executed</b>	<b>Cases on Appeal</b>
<b>Total</b>	<b>3012</b>	<b>412</b>	<b>369</b>	<b>118</b>	<b>221</b>	<b>1456</b>	<b>3126</b>	<b>217</b>	<b>145</b>

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

CQI case reviews also provide data on the filing of TPR petitions or compelling reasons for not filing petitions. The reviews captures 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. Data for FFY 2014 indicates that 22 of the 311 applicable cases reviewed were rated as 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 chart below represents a small random sample of case selected for Quarterly reviews in FFY2014, while the Statewide Termination of Parental Rights chart above shows data collected by DCFS staff attorneys and represents 100 percent of the TPR cases.

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

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

**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  
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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”.

**Activities Planned for FFY 2016:**

1. **Case Review System** – DCFS will explore data collection methods for written case plans to bridge data gaps in an effort to provide more detail data.
2. **Periodic Reviews and Permanency Hearings** – DCFS will collaborate with CIP on their strategic plan to modify their information system to capture timeliness and court related information for data sharing with DCFS through our joint CQI and PQI processes.
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, DCFS has submitted a request to add a new feature to our FATS system in FFY 2016 that will allow caseworkers to record notification of court hearings. This feature will also allow DCFS also us to collect data for use in annual reports.

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**STAFF TRAINING:**

**FFY 2015 Update:**

**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. 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. Pre-Tests and Post-Tests are administered during the training sessions to measure the percentage of knowledge increase.

DCFS does not contract with other service providers to provide case management services in the areas of Child Protection Assessments, Centralized Intake, Family Services, Foster Care, Adoption, and Home Development.

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.

<b>New Worker Orientation Training FFY 2015: Variance in Knowledge Percentage</b>						
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%
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%

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<b>New Worker Orientation Training FFY 2015: Variance in Knowledge Percentage</b>						
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 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.

**Ongoing Staff Training:**

DCFS provides ongoing training to employees to enhance their skills and knowledge base through Mandated and In-service Training Session. For additional information and a list of Trainings provided to employees during FFY 2015, please refer to the Training Section of this report.

New Child Welfare employees are required to complete 32 hours of instruction, in specified areas of Child Welfare for the position they are directly responsible for prior to the assumption 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 (Modular Object Oriented Dynamic Learning Environment). 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. 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 30<sup>th</sup> of each year.

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 Child Welfare Training Academy (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.

In March of 2015, the Department began providing Louisiana State University (LSU) with our evaluation data from new worker training so they could become familiar with our current process

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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.

**Foster and Adoptive Parent Training** - During FFY 2015, foster/adoptive parents received training through agency sponsored training providers. Other trainings, meeting certain criteria, may have been 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 were 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.

A three-year plan of training and professional development will be developed based on the input of foster parents, staff and other stakeholders. This plan will incorporate basic training that will be required of all foster parents currently certified and will be adopted as new foster parents become certified. Future plans are to develop more specialized, advanced training for foster parents beyond the three year time period.

1. **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. From January 2014 – December 2014, regional staff held approximately 50 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 2014.
2. **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.
3. **Meeting Needs of Foster/Adoptive Parents:** During the recertification process, HD staff allows 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 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 indicated any subjects or trainings they would like to see presented. This form is to be sent to and received from each certified foster/ adoptive family. The agency maintains an average of 2,000 certified foster/ adoptive homes.

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**Additional Activities Planned FFY 2016:**

**Initial Staff Training:**

- Beginning in SFY 2015, new Child Welfare (CW) staff will be contacted by their Regional Trainer to attend a one day orientation to the Department of Children and Family Services (DCFS), where they will be provided a basic overview of the Department, oriented to the DCFS systems, programs, and procedures not specific to the CW program, but essential to employment with the Department.
- The Department will continue to provide training to all new CW staff. Data shall be collected from these trainings by using pre-/post-test and evaluations.
- The Department will explore the current DCFS Training Evaluation instrument to assess the need of revisions for better data collection.

**Ongoing Staff Training:**

- The Department plans to establish a much more robust evaluation system for FFY2016. The Department expects to contract with Louisiana State University (LSU) to formally serve as the evaluator of the training done through the Child Welfare Training Academy (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 focus on developing a competency based curriculum. While the course material developed is associated with specific competencies, there are no overall set of caseworker competencies. A review of literature and research will be done to explore other state training systems identified as having a comprehensive set of developmental competencies.
- The Department will explore the current DCFS Training Evaluation instrument to assess the need of revisions for better data collection.
- The Department continues to explore the ability to obtain and provide evaluation information regarding every course or training session in MOODLE.
- The family teaming concept, which has family engagement at its core, will be expanded in training efforts. Materials to assist staff in better documentation of their efforts to involve and engage families, particularly around assessment and case planning will be developed.

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**SERVICE ARRAY AND RESOURCE DEVELOPMENT:**

**Update FFY 2015:** 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 below section will highlight several of the major activities in the area of service array.

**Array of Services**

**Child Welfare Family Resource Centers** – The DCFS has finalized contracts with the Louisiana Child Welfare Family Resource Centers (FRC) for a three year period beginning October 1, 2014 and ending September 30, 2017. The FRC’s core services include parent education, 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 also secured 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
- Lafayette
- Lake Charles
- Orleans
- Shreveport
- Thibodaux

Currently, FRC services are not available in the Monroe Region. However, a Request for Proposal will be released within the coming months with the expressed intent to secure an array of FRC services for families in the Monroe Region. During the interim, Louisiana has 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.

The 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. Regular communication between DCFS and FRC staff is encouraged to ensure continuity of care and effective service coordination.

The FRCs provides services in all 4 of the core areas outlined in the Promoting Safe and Stable Families Program. In FFY 2014, there were increases in the number of child and adult referrals to the FRC in several regions. The chart below compares the number of adult and children referrals by region for FFY2014 to the baseline referral numbers which were established in FFY 2013.

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<b>Child Welfare Family Resource Center Referrals</b>				
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

**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 met 3 of the 4 core areas outlined in the Promoting Safe and Stable Families Program. The core service areas are Family Preservation, Family Support and Time-Limited 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, 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 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. 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 children's needs. The total number of families served by all Infant Teams during FFY 2014 is listed in the chart below:

<b>.Infant Team/Infant Mental Health Services Data</b>		
<b>Infant Teams &amp; T-PEP</b>	<b>Numbers Served FFY 2014 (Baseline)</b>	<b>Numbers Served FFY 2015</b>
Tulane Parent Education Program	<b>110</b>	

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.Infant Team/Infant Mental Health Services Data		
Infant Teams & T-PEP	Numbers Served FFY 2014 (Baseline)	Numbers Served FFY 2015
Infant Child and Family Center	134	
Orleans Infant Team	73	

**Baton Rouge Infant Team** (Infant Child and Family Services-ICFC): In SFY 2013-2014 the infant team worked with 69 children, representing 65 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. 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. Tulane Infant Team was incorporated into the Tulane Parent Education Program (T-PEP) to provide what is referred to as Tier II services that includes assessment and intervention services to families identified as needing additional services beyond the parent education services offered to all families who are referred. These families are not limited to those having children from 0-5. The Tulane team and the Orleans Infant team leaders met to coordinate services 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
- 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

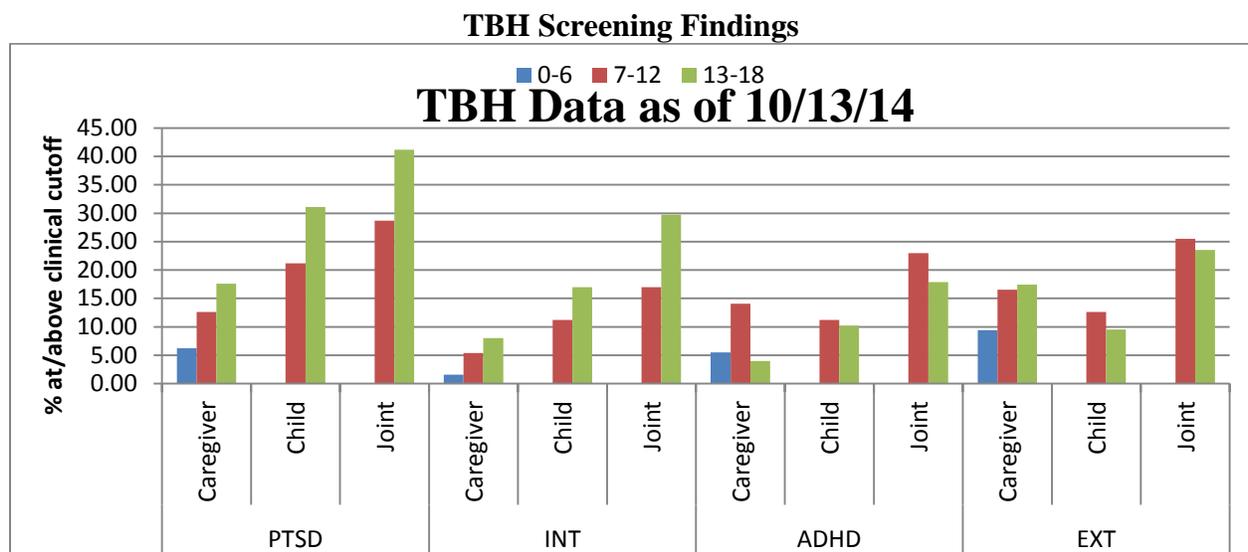
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- 23 children remain open cases where permanency has not yet been achieved but recommendations have been made to the courts or agency

**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 DCFS system that has mental and behavioral health needs. The project will work within the DCFS system to increase the capacity of the work force 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 will be trained and the grant will focus on educating providers who want to become specialized 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 Child Welfare Family Resource Centers. Trauma & Behavioral Health (TBH) screening processes were introduced and implemented in the Covington Region in 2014. More Than 1400 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, 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.

**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 FF& 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.

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<b>Louisiana Youth Services Provider Summary for FFY 2014</b>		
<b>Provider</b>	<b>Ages 14-17</b>	<b>Ages 18 and Over</b>
Goodwill	233	34
Gulf Coast	142	51
Catholic Charities	517	348
SELU	84	52
Methodist	560	11
<b>Totals</b>		
	<b>1536</b>	<b>496</b>
<b>Outcomes</b>		
	Life Skills Completion	LYLAC Meetings
	183	177

**Louisiana Behavioral Health Partnership** - Assessments of behavioral health care needs of the child and family are available through the Louisiana Behavioral Health Partnership (LBHP). Initial assessment of needs lead to a more complete understanding of child and family behavioral health functioning. When needs for services are identified, the LBHP is the avenue for assessing available and appropriate service providers and making the service referrals.

- Such services may include
  - Therapy
  - Medication prescription and monitoring
  - Residential placement
  - Coordinated care planning through the Coordinated System of Care (CSoC)
  - Intensive home based services through the Homebuilders model
  - Service development for unique care needs
- ❖ The Coordinated System of Care provides referral to the local Wraparound Agency for support in the community in caring for the child.
- ❖ Wraparound agency services include:
  - ❖ Around the clock behavioral health screening
  - ❖ Crisis stabilization
  - ❖ Parent educational support and training
  - ❖ Independent living and skill building
  - ❖ Short term care
  - ❖ Peer support (family support organization referral)

DCFS and Magellan have partnered to address service needs on an ongoing process. In FFY 2014, 4,140 DCFS members were served by Magellan. The goal for this year was to conduct a needs assessment to identify service gaps. The area of focus for this effort centers on placement needs and the expansion of the network. DCFS FC and AD staff was surveyed to determine gaps in the placement levels of care. 209 staff responded to the survey. The needs determined from the

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surveys were compiled and submitted to Magellan in a letter. The identified needs included an increase in Therapeutic foster care beds by 50 and an increase in Therapeutic Group Home providers that specialize in caring for older females, and Psychiatric Residential Treatment Facilities that can provide care for youth with Conduct Disorder, Oppositional Defiant Disorder, and Development Delays.

In addition, DCFS was able to successfully advocate and secure an increase in the Intensive Home Based Services (IHBS) rate structure. The LBHP lost providers due to the low rate.

**Statewide Coordinated System of Care (CSoC) Enrollment Statistics:** CSoC services fall under the LBHP and is an evidenced based model to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system. Since March 2012, the Statewide Management Organization (SMO) Magellan has received 5069 referrals on children (from multiple sources) who screened positive for presumptive CSoC eligibility.

~Of these, DCFS referred 500 (10%)

- ❖ 91 currently enrolled in CSoC
- ❖ 322 have been discharged
- ❖ 2 are pending enrollment
- ❖ 85 have declined services

Statewide CSoC enrollment as of September 26, 2014 was 1093

~Of these children, 91 were attached to DCFS (8%)

- 23 from New Orleans
- 10 from Baton Rouge
- 7 from Alexandria
- 10 from Shreveport
- 41 from Monroe

CSoC services expanded to the additional 4 regions effective 11/14.

The contract with Magellan Health Services will end on 11/30/15. Behavioral health services will transition to management with existing medical health plans. Bayou Health is the plan where medical services are managed in Louisiana and behavioral health services will merge with these plans effective 12/1/15. DCFS is currently working closely with Magellan to end services and prepare for transition to Bayou Health. While plans for transition are occurring, plans for conducting business in the new system are being developed.

DCFS and Magellan have worked closely to monitor the use of psychotropic meds for children in foster care. There are two ongoing processes that have proven beneficial for DCFS staff on this topic. Both processes involve 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 are targeted for presentation on a weekly consultation call with a psychiatrist. The purpose of the consultation is to educate

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staff on medications and on advocating for children and allows the Psychiatrist to staff cases with departmental staff to provide guidance in case planning as needed.

**Human Trafficking** - The Department has entered into a MOU with Healing Place Church for Human Trafficking services. The MOU outlines expectations around provision of advocacy services for identified victims of trafficking (in custody of state) or for youth at risk. In addition, DCFS is working in partnership with the Louisiana Baptist Children's Home to recruit and certify homes that will specialize in trauma care. The homes will serve children/youth who are victims of trafficking or some other form of trauma. The LBHP currently has one facility that specializes in providing placement and treatment services for victims or youth at risk of Trafficking. In order to assure that DCFS staff is knowledgeable on the topic of Trafficking, Healing Place staff is providing training on the topic to all case carrying staff statewide.

**Educational/Developmental** - 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.

**Tribal** – In FFY 2014, there were 136 Native American Indian 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 4<sup>th</sup> 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.

**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 were the services 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.

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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.

<b>2014 CQI Review Results Summary</b>										
<b>Item 3 - Services provided to protect children in their own homes and prevent removal or re-entry into foster care</b>										
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

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.

<b>2014 CQI Review Results Summary</b>										
<b>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)</b>										
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

**Additional Activities Planned for FFY 2016:**

**Child Welfare Family Resource Centers**

- The Department continues to work with the FRCs to improve fidelity and measure outcomes around the three core services. Louisiana will begin collecting data related to the following outcomes in SFY 2015 and data will be shared annually:
- Parenting Education
  - Number and % of parents who complete the Nurturing Parenting Program (NPP)
  - Number and % of parents who complete the NPP with a higher post-test mean score than the pre-test mean score.
- Family Skill Building (FSB)
  - Number and % of parents who demonstrate an improved skill/behavior at the conclusion of the intervention (as indicated on the FSB pre/post instrument)

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- Visit Coaching
  - Number and % of visit coaching referrals received within the first 90 days of out of home placement.

**Infant Team/Infant Mental Health Services**

- Both Tulane and the Baton Rouge teams will assess models based on treatment needs rather than following a family to permanency to determine if Louisiana's families would benefit from a particular approach or model. The Orleans team will continue to have contact with children until permanency is reached.
- As each infant team assesses varying approaches to improve outcomes for children and families, the Department will utilize the assessment results to determine the most feasible practice model to further review and ultimately implement.

**Louisiana Child Welfare Trauma Grant Project**

- The implementation of the TBH screen in Lafayette, Alexandria and Monroe Regions. This will include meetings 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).
- Development of Regional Advisory Board in each region.
- Quarterly meetings with the steering committee (state level) to present data and continue planning for the appropriate service array to promote best practice and offer individualized and specialized services.
- Tulane University staff, DCFS Trauma Project Liaisons, and Regional staff will coordinate efforts to organize and schedule training of foster parents, CASA volunteers, school personnel and appropriate community stakeholders.

**Youth Services to Support Transition to Adulthood**

- The DCFS will follow up on "Working with Youth Transitioning from Foster Care" training with staff as mentors, and focus on contractor activities to develop youth staff.
- The DCFS will create a tracking mechanism to review and refine case management services provided to youth ages 18-21.

**Louisiana Behavioral Health Partnership**

- The DHH announced the transfer of LBHP management from Magellan to the Bayou Health Plan Providers effective December 1, 2015. All behavioral health and medical services will be coordinated by Bayou Health. In an effort to ensure as seamless transition as possible, the DCFS and the LBHP partner developed a transition plan to make the changeover to Bayou Health successful.

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- The following activities will take place leading to the full transition from Magellan to Bayou Health:
  - Magellan initiated a transition plan in June of 2015 for the administrative oversight of the DCFS non-Medicaid eligible youth and services to the party designated as responsible for these services on and after December of 2015;
  - The DCFS will review the plan and make changes as needed to assure the transition is smooth. This plan will be monitored through meetings with all involved parties;
- Work between the DHH and DCFS on the expansion of CSoC will continue in the upcoming year;
- Louisiana will continue to track services provided to DCFS children and families through the Louisiana Behavior Health Partnership and CSoC.

**Human Trafficking**

- **Build Infrastructure**
  - Identify key stake holders in Louisiana
  - Conduct bi-monthly Planning team and Sub-Group meeting
  - Examine and address organizational and system barriers
- **Data Gathering**
  - Develop a screening tool to identify trafficked victims
  - Develop surveys for groups trained
  - Develop process to track services provided to high risk youth
- **Cross-System Coordination**
  - Conduct key stakeholder Trainings to help stakeholders identify and serve trafficked victim
  - Identify and incorporate EBP into trafficking service for youth including trauma- informed care
  - Develop comprehensive service array for La. Trafficked youth
  - Improve database to systemically track child- welfare involved youth who are victims of trafficking

**Tribal**

- Explore current and develop new data sources to collect information regarding service provision to Native American children and families.
- A “Keeping In Touch” (KIT) web/tele-conference will be held to inform DCFS Child Welfare staff regarding ICWA requirements.
- Finalization and release of online computer-based training on ICWA for staff and foster caretakers to access when needed.

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- In person visits to each tribe and Social Services Directors to improve knowledge regarding the tribe and ensure other communications.
- Consult with the Social Services Directors during quarterly calls and in-person contacts regarding content of monthly KIT conferences to assess any informational needs.
- Identify regional tribal liaisons from the Department to support work with tribes and join the quarterly calls.

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

The Department of Children and Family Services 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 Hand Book 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.

<b>STATE AND REGIONAL PQI COMMUNITY STAKEHOLDERS</b>		
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		

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  
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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)

**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. 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

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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.

**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 services 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.

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.

**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:

**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, PIP, COA, PQI and CFSR/APSR.

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**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 through SSBG funds.

**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.

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.

**Coordination of CFSP Services with other Federal Programs:** The DCFS has Memorandums of Understanding and contractual agreements with organizations described in the service array

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section of the Systemic Factors. Following are descriptions of some of the contractual agreements and MOUs in active status with the DCFS.

**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

**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 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;

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- 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.

**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 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.

**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:

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

**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.

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**FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION**

**FFY 2015 Update:** 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.
  - 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.

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- 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.

**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:

FFY2015: State Office Home Development Licensing Waiver Requests	
Marital Status	3
Age	4
Medical	3
Case Clearance (Valid)	7
Finger Prints	2
Criminal	3
Bedroom Space	1
Safety Fire Inspection	1

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FFY2015: State Office Home Development Licensing Waiver Requests	
Total	24

**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.

**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.

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

<b>Children/Youth in Louisiana Foster Care System</b>	
African American Females	859
African American Males	897
Caucasian Females	1136
Caucasian Males	1144
Multi-Race Females	53
Multi-Race Males	80
American Indian/Alaska Native Females	4
American Indian/Alaska Native Males	7
Asian Females	2
Asian Males	0
Native Hawaiian/Other Pacific Islanders Females	2
Native Hawaiian/Other Pacific Islanders Males	3
<b>Total</b>	<b>4268</b>

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)

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- American Indian/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)

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 1<sup>st</sup> 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.

**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.

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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.

**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.

**Additional Activities Planned for FFY 2016:**

- Random Foster Parent case reviews will be conducted to ensure compliance with federal/state requirements.
- Conduct quarterly reviews of the monthly statistical data (number of: certified homes, new certifications (regular and child specific) and closures) submitted by regional staff so that the two percent increase may occur.
- Explore methods to extract quarterly data on new certifications to review the following information (capacity, age/race/gender of children); this will assist in tracking regional progress toward identified goals and the statewide goal of increasing the number of certified families.
- Provide technical assistance to regional staff (as needed) and provide feedback on regional/statewide data as it relates to licensing, recruitment and retention of certified foster/adoptive families.
- Child Specific Recruitment Team will continue to conduct child specific recruitment.

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**ASSESSMENT OF OUTCOMES/PLANS FOR IMPROVEMENT:** The Department believes that the following federal outcome indicators could be positively impacted by implementation of Strategies 1 and 2, and the related goals and action steps. These action steps will be taken based on an analysis of the Louisiana Data Profile reports provided by the Children's Bureau, the CQI case review process, DCFS information system reports and stakeholder input.

**RELATED FEDERAL OUTCOME MEASURES 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 CQI case reviews. All related federal data measures from FFY 2013 are included. When available, DCFS dashboard data are provided as are other reports and performance measures data. *Please note that the state previously focused on the 8 items of the CFSR that are part of the PIP, but is now looking at performance in all areas of the revised OSRI.*

**SAFETY OUTCOMES 1 & 2:** As part of its long-term commitment to keep children safe, the DCFS implemented a research-based safety focused approach for assessing child abuse and neglect. Implementation of the Advanced Safety Focused Practice (ASFP) model 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 departmental 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.

Safety-focused practice 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

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

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

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

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

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

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

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, baseline data was established from case reviews in the seven regions that implemented by October 2013.

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The following chart provides the results of the statewide review of CPS cases for the baseline and subsequent two quarters.

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

**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.

**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.

**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.

**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 FFY2014-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.

**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.

**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 (FFY2014 Q4) performance increased slightly to 10.83% with only 13 cases meeting sufficiency. Substantial effort is needed to improve worker assessment and documentation in this area.

**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 FFY2014 Q4. The continued low level of sufficiency identifies this as an area needing substantial practice improvement

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**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 FFY2014 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.

**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 FFY2014 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.

**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

**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.

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

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

**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 FFY2014 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 gather 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.

While the Advanced Safety Focused practice 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 on going activities to focus on improving model fidelity to intakes to ensure consistency in assigning appropriate response priorities. Modifications to the Investigations component of ACESS to integrate the AFSP model were completed on March 8, 2015.

**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 Goals will be developed in the Summer of 2015 and implemented in the Fall of 2015. Identification of further staff development activities will be defined through ongoing consultation and case reviews efforts.

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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.

**Safety Outcome 1:  
Children Are, First and Foremost, Protected From Abuse and Neglect**

Data Sources: ACCESS 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	%
<b>Safety 1:</b> 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	

<b>ACN0004: Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker</b>				
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%

FFY 2014 Quarter 1 (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

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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 Quarter 4 (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.

**Louisiana Data Profile**

	FFY2010	FFY2011	FFY2012	FFY2013	FFY2014
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

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.

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	%
<b>Safety 2:</b> 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	

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<b>ACN0007 – ABSENCE OF REPEAT MALTREATMENT WITHING 6-MONTHS OF INITIAL INCIDENT</b>			
DESCRIPTION	Period Start Date		
	10/1/2013	1/1/2014	4/1/2014
% Absent Repeat Maltreatment	94.05%	94.37%	94.70%
Total Unduplicated Valid Victims-1st 6-months of Period	5,936	6,215	6,787
Total Unduplicated Valid Victims Without Recurrence	5,583	5,865	6,427
Total Unduplicated Valid Victims With Recurrence	379	389	390

FFY 2014 Q1 CQI case review found the state had 75.00% conformity on Item 2. The ACN0007 report for the same reporting period reflects a compliance rate of 94.05%. The CQI case review reflects improvement through FFY 2014 to 88.57% in Q4. A similar trend is reflected in the ACN0007 report with improvement to 94.70% by FFY 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.

**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	
<b>Safety 3:</b> 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	

**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
<b>Measure C1 - 4:</b> 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%

FFY 2014 Q1 CQI case review found the state had 69.86% conformity on Item 3. CFSR Permanency Item C1.4-Re-entries to foster care in less than 12 months, provides a partial measure of Item 3. Louisiana’s annual Permanency Profile for FFY 2013 provides a performance level of 11.60%. This is better than the national median of 15% but still falls short of the 9.9% standard. 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,

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the DCFS has added two budget performance indicators to its quarterly state performance measures that will provide additional monitoring of this item. These new measures are percent of valid CPI investigations 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

**CQI Case Review**

<b>SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE</b>									
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 a strength in Q4.

**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	

**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%

FFY 2014 Q1 CQI case review found the state had 95.00% conformity on Item 5. Performance declined for Q2 and Q3 but increased to 100% for Q4. This measure is reported on the annual state data profile as CFSR Permanency Measure C1.4. Louisiana's performance was 11.60% for FFY 2013. Performance for FFY 2014 was 14.80%, which is a decline in performance compared to the 5 previous fiscal years. The DCFS dashboard report C1.4 provides a mechanism for interim monitoring of this measure.

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**CQI Case Review**

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 6: Stability of foster care placement	Strength	70	83.33%	62	82.67%	60	80.00%	62	82.67%
	Area Needing Improvement	14	16.67%	13	17.33%	15	20.00%	13	17.33%
	Not Applicable	36		45		45		45	

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.

**Louisiana Data Profile: Placement Stability**

	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. ( Scaled scored for this composite incorporates no components but three individual measures)</b>	State Score = 84.5	State Score = 82.1	State Score = 88.7	State Score = 91.6	State Score = 92.4	State Score = 92.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	37 of 51	40 of 51	33 of 51	31 of 51	29 of 51	29 of 51
<b>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%]</b>	77.70%	76.80%	78.60%	82.60%	81.90%	80.50%
<b>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%]</b>	54.30%	51.80%	56.50%	55.00%	60.90%	61.30%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months [national median = 33.9%, 75th Percentile = 41.8%]</b>	28.30%	27.80%	35.70%	36.40%	33.80%	34.30%

**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%. The DCFS dashboard C4.1 report for FFY

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2015 Q1 reflects a performance of 82.23%. While this is still below the standard, it is consistent with case review results and suggests possible improvement in placement stability.

**Measure C4.2 – Two or fewer placement settings for children in care 12 to less than 24 months** For FFY 2013, the Louisiana Data Profile reported a performance measure of 60.90%. The Profile reflects an increase to 61.30% for FFY 2014. This falls below the national standard of 65.4% but is higher than the national median of 59.9%. The DCFS dashboard C4.2 report for FFY 2015 Q1 reflects a performance of 64.12%. This is above the standard and suggests possible improvement in placement stability.

**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%. The DCFS dashboard C4.2 reports for FFY 2015 Q1 reflects a performance of 35.93%. This is an improvement over the FFY 2014 Profile performance and may represent some improvement in placement stability for children in care for longer periods of time.

**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	
<b>Permanency 7:</b> 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		45		45		46	

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 for early 2016 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.

**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.

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**CQI Case Review**

ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
<b>Permanency 8:</b> 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		76		85		83	

FFY 2014 Q1 CQI case review found the state had 72.50% conformity on Item 8. Performance for Q4 was 75.68%.

**Louisiana Data Profile: Timeliness of Reunification**

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
<b>Measure C1 - 1:</b> 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%
<b>Measure C1 - 2:</b> 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
<b>Measure C1 - 3:</b> 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%

**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		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Permanency 9: Adoption	Strength	22	53.66%	21	50.00%	24	55.81%	28	71.79%
	Area Needing Improvement	19	46.34%	21	50.00%	19	44.19%	11	28.21%
	Not Applicable	79		77		76		81	

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.

**Louisiana Data Profile**

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> 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
<b>National Ranking of State Composite Scores</b>	3 of 47	2 of 47	1 of 47	1 of 47	1 of 47	1 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b>						
<b>Measure C2 - 1:</b> 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%
<b>Measure C2 - 2:</b> 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
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b>						
<b>Measure C2 - 3:</b> 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%

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ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
<b>Measure C2 - 4:</b> 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%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b>						
<b>Measure C2 - 5:</b> 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%

**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. The DCFS dashboard report for the period covering 10/01/2014- 03/31/2015 reflects 22.22%, indicating sustained performance and consistency on this measure.

**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.

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**OTHER PERMANENCY MEASURES:**

**Louisiana Data Profile**

ITEM	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
<b>Measure C3 - 1:</b> 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%
<b>Measure C3 - 2:</b> 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%

**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.

**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** 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	47.83%	1/1-3/31/2014	80.00%	4/1-6/30/2014	52.38%	7/1-9/30/2014	85.71%
<b>Permanency 10:</b> Other planned permanent living arrangement	Strength	11	47.83%	16	80.00%	1	52.38%	1	85.71%
	Area Needing Improvement	12	52.17%	4	20.00%	0	47.62%	3	14.29%
	Not Applicable	97		0		9		9	

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.

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**Louisiana Data Profile**

<b>Component B: Growing up in foster care</b>	<b>FFY 2009</b>	<b>FFY 2010</b>	<b>FFY 2011</b>	<b>FFY 2012</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
<b>Measure C3 - 3:</b> 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%

**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**

<b>ITEM</b>	<b>OUTCOME</b>	<b>FFY 2014 Q1</b>		<b>FFY 2014 Q2</b>		<b>FFY 2014 Q3</b>		<b>FFY 2014 Q4</b>	
		<b>10/1- 12/31/2013</b>	<b>1/1-3/31/2014</b>	<b>4/1-6/30/2014</b>	<b>7/1- 9/30/2014</b>				
<b>Permanency 11:</b> 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		58		62		66	

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%

<b>(LAPAS 23090)</b>	<b>12/31/2014</b>	<b>3/31/2014</b>	<b>4/1/2014- 6/30/2014</b>	<b>9/30/2014</b>
% of Foster Children Placed in Court Parish	50.95	50.11	50.63	49.63

**CQI Case Review**

<b>ITEM</b>	<b>OUTCOME</b>	<b>FFY 2014 Q1</b>		<b>FFY 2014 Q2</b>		<b>FFY 2014 Q3</b>		<b>FFY 2014 Q4</b>	
		<b>10/1- 12/31/2013</b>	<b>1/1-3/31/2014</b>	<b>4/1-6/30/2014</b>	<b>7/1-9/30/2014</b>				
<b>Permanency 12:</b> Placement with	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%

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ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
siblings	Improvement								
	Not Applicable	74		79		72		84	

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.

**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	
<b>Permanency 13:</b> 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		56		56		63	

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.

**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	
<b>Permanency 14:</b> 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		47		45		45	

FFY 2014 Q1 CQI case review found the state had 80.72% conformity on Item 14. Performance declined to 70.67% for Q4.

**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	
<b>Permanency 15:</b> 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%

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ITEM	OUTCOME	FFY 2014 Q1		FFY 2014 Q2		FFY 2014 Q3		FFY 2014 Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
	Not Applicable	43		51		49		46	

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.

**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 %

**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	
<b>Permanency 16:</b> 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		64		65		69	

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.

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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.

**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%.

**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		18		18		24	

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.

**CQI Case Review**

ITEM	OUTCOME	FFY2014Q1		FFY2014Q2		FFY2014Q3		FFY2014Q4	
		10/1-12/31/2013		1/1-3/31/2014		4/1-6/30/2014		7/1-9/30/2014	
Well-being 17C: Needs assessment and services to foster parents	Strength	71	89.87%	59	85.51%	57	83.82%	64	91.43%
	Area Needing Improvement	8	10.13%	10	14.49%	11	16.18%	6	8.57%
	Not Applicable	41		51		52		50	

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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	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		2		5		8	

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.

**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 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 2104 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 case worker 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.

**Federal Caseworker Visits Report Results**

MEASURE	FFY2011	FFY2012	FFY2013	FFY2014
% Visits Completed	61%	92%	<b>94.62%</b>	<b>95.86%</b>
% Visits In Residence	89%	84%	<b>88.36%</b>	<b>88.73%</b>

**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		19		21		24	

FFY2014 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

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visits with parents, this is not currently being reported from the information system. The dashboard enhancement plan includes adding a report this item.

**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		37		46		51	

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.

**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		13		23		12	

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.

**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 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		23		14		19	

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.

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**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 social service directors from federally recognized tribes, 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 was used to inform this process as were other collaborative efforts listed below.

The Children's Justice Act Task Force works with community partners collaboratively to improve investigative, administrative, prosecutorial and judicial processes for child victims of abuse and neglect by advancing systemic reform through innovative and evidence based policies, programs, practices and training. The CJA task force is made up of individuals from law enforcement, Judges, Attorneys, CASA, health and mental health professionals, the DCFS, parents and representatives of parent groups, former victims of abuse and neglect, and individuals who work with individuals with disabilities and homeless children.

The CJA task force has supported trainings for departmental staff, CASA, CAC's and law enforcement regarding child victims with disabilities. The task force has also funded the 15<sup>th</sup> 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.

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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

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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 Focus Practice**

- Centralized Intake (CI) – improve information collection to support accurate assessments and appropriate information for decision-making by completing the following:
  - Supervisor review of Intakes by their staff;
  - Ongoing ASFP refresher trainings;
  - ACCESS and Policy changes relative to Intake assessments;
  - Monitoring of ASFP implementation;
  - Supervisory ownership of assigned measures for ASFP improvement;
- Fully align and integrate alternate responses and investigative practices into overall CPS assessment practice consistent with best practice in safety and risk assessment;
- In collaboration with Training Academy leadership, participate in the development of safety and risk assessment tools and decision-making module for supervisory certification, and integrating trauma informed practice into ASFP;
- Incrementally expand select staff's knowledge to produce advanced practitioners in safety and risk assessment practice;
- Through the CQI process, review CPS, FS, and FC cases quarterly to support quality safety and risk assessment practice to seek opportunities to appropriately respond to varying impact of traumatic stress on children, caregivers, families, and others who have contact with the child welfare system.
- Hold quarterly meetings at both state and regional level to review progress and maintain fundamental application of effective safety and risk assessment practice through multiple means;
- Continue to seek opportunities to orient the judiciary and legal system (building on the state wide August 1, 2014 meeting) on effective safety and risk assessment practice, through conferences, regional outreach, and other forums that requests ASFP information;
- Develop/coordinate state and regional implementation plans utilizing statewide CQI ASFP reviews/data to include specific improvement targets in the areas of:

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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 of 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

**2. Provide Supervisor Mentoring and Support**

- Each year mentor a 20% collective sample of the child the 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 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, 2015 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

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- 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.

**Measures/Data Sources for CI:**

- Fidelity Intake Assessment Review Instrument
- TIPS and ACCESS Reports
- Dashboard Reports
- Case Crisis Review Feedback Reports

**Measures/Data Sources for CPI and FS:**

- CQI case review findings (Items: 3, 4, 17, 18, 19, 20)
- CPI case review instrument
- Structured Decision Making (SDM) reviews
- ACCESS 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

**Incremental Improvement Plan:**

<b>Centralized Intake - Outcome Measure</b>	Baseline (FFY 2012 data)	Year 1 – 2013 APSR (FFY 2014 data)	Year 2 – 2014 APSR (FFY 2015 data)	Year 3 – 2015 APSR (FFY 2015 data)	Year 4 – 2016 APSR (FFY 2016 data)	Year 5 – 2017 Final Report (FFY 2017 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	48%	92% Achieved				

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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 2015 data)	Year 4 – 2016 APSR (FFY 2016 data)	Year 5 – 2017 Final Report (FFY 2017 data)
	%	Improvement Goal 50%	Improvement Goal 51%	Improvement Goal 52%	Improvement Goal 53%	Improvement Goal 54%
Maltreatment						

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 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)
CPI - Timely initiation of face to face contact with Alleged Victims	79.64%	IG: 80% AP: 78.11%	IG: 81%	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%	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%	85%	86%	87%
FS - Safe reduction of Risk	To be determined in Yr. 2					

*\*\*FS Absence of 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 10/01/2013 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 this reporting period may be attributed to an array of services made available to families through nine Child Welfare Resource Centers and services provided by three Infant Teams. Additionally, Advanced Safety Focused Practice training and consultation has been available to staff statewide, including training, conferences, and onsite practice consultation.

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

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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.**

**DATA SOURCES AND ANALYSIS:** Please refer to previous pages for data on federal outcome measures for Strategy 2. Please note that the state previously focused improvement areas on the 8 items of the CFSR that are part of the PIP, but is now looking at performance in all areas of the revised OSRI.

**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 included social service directors from federally recognized tribes, the consumer and community stakeholder group (PQI/CQI subcommittee), the state level PQI/CQI team and the DCFS executive management team which is comprised of Child Welfare Staff, Economic Stability Staff and Child Support Enforcement staff. Further, feedback from the regional CQI quarterly case review exit interviews was used to inform this process as well as other groups listed below.

The CQI staff continues review of the new Youth in Transition Plan with the specially developed case review instrument. All involved stakeholders continue to be consulted for collaboration in developing follow-up training as a result of issues identified through the training process and as additional issues arise in practice.

Through collaborative efforts between the Louisiana Court Improvement Project (CIP) and the DCFS, surveys were developed to obtain input from certified foster/adoptive parents regarding their involvement in the court process. The results of the initial survey(s) were provided to the foster/adoptive parents during the 2013 Foster/Adoptive Parent Association Conference and are being utilized to evaluate foster/adoptive parents training needs, as well as determine the need for additional consultation/policy enhancement.

The DCFS continues to advocate for the inclusion and participation of certified foster/adoptive parents on various departmental projects, such as Council on Accreditation (COA) process and Continuous/Performance and Quality Improvement (CQI/PQI) process. The foster/adoptive parents' level of participation is recorded in minute/meeting notes.

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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.

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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

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- 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.
- 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 45<sup>th</sup> day after foster care entry.

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- Provide copies of case plan to parent(s)/youth, professional partners, and the court within a minimum of 10 days prior to the next court hearing. Parent(s) may provide non-professional team members copies of the case plan. Caretakers (foster parents) are provided copies of the case plan related to any child placed in their home.
- Meetings to assess progress and update case plans must continue to be held every 4-6 months after the plan is established. (Updates to case plans are required at a minimum of every 6 months from the date the child entered foster care).
- Maintaining the Family Youth Team
- Continue contact with the family/youth and team members throughout the life of the case via phone, email, and/or in-person contacts.
- Utilize the case plan goals to drive each conversation with the family/youth and their team members.
- Document the following: ongoing involvement of team members in case documentation notes in FATS; changes in parental protective capacities in the Assessment of Family Functioning in FATS; and, progress in completing case action steps in the appropriate case plan domain in FATS.
  - Exercise engagement strategies to improve family or youth involvement in case planning; To improve performance on Items 13 & 15 of the case review process DCFS is planning the following:
- staff shall allow the family to invite individuals to participate in case planning who can support them in enhancing caretaker protective capacities and reducing safety threats (Refer to attached Practice Pointer to determine who would be appropriate to invite.);
- staff shall allow youth ages 14 and older to identify individuals to participate in their portion of case planning who they wish to have as supports and to advocate for them;
- staff shall schedule the Family Team Meeting at the convenience of the family and team members and within reasonable and safe parameters; and,
- staff shall not enter the meeting with a pre-developed case plan.
  - Encourage family or youth to share their family experiences for thorough assessment purposes;
  - Empower family or youth in the planning, decision making regarding case planning, goal setting, and identification of actions to achieve those goals.
- Develop a supplemental review instrument (that will be utilized by CQI staff in conjunction with the OSRI review instrument) to drill down on the effectiveness of the Family Teaming process and the impact on involvement in case planning.
- Utilize the right evidence-based or evidence informed mental health services, when applicable
- Screen for traumatic history and traumatic stress responses, to assist staff in understanding a child's and his family's history and potential triggers in creating a trauma informed case plan
- Help staff recognize through education/training how secondary traumatic stress impacts the ability to appropriately engage and empower families

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**2.) Enhance work efforts initiated through the Faith in Families initiative**

- Ensure each child exiting foster care has a permanent connection;
  - Monitoring through CQI reviews;
  - Utilize YTP training with staff to promote the of importance of establishing permanent connections;
- Establish more timely and appropriate permanency for children in foster care;
  - Continued practice improvement and tracking potential around concurrent planning;
    - Utilizing supervisory mentoring of FC supervisors by program staff to guide in planning for multiple permanency options in case planning;
      - Develop targeted staff training through various mediums to address challenging practice areas, i.e., vicarious trauma, the impact of past trauma on families who are served by the system, how the system can mitigate trauma or inadvertently add new traumatic experiences, etc.
      - Employ a “ strength based approach” that assists staff in looking for strengths and the capacity to do what is best for children in all families;
      - Partner with other agencies and systems that interact with children and families
    - TIPS data collection system improvements through AIP process to allow for multiple case goals and a history of case goals for children in foster care.

**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.

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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%.

**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;

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- 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.

**(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.

**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.

**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;

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- 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%	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	Increase by 2%	Increase by 2%	Increase by 2%	Increase by 2%

\* 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.

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

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- 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.

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.

For information in **Implementation Supports** please refer to page 21 of this plan.

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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.

**Additional Activities Planned FFY 2016:**

- a. An AIP report was submitted November 21, 2014, and in May 2015. The Department endeavors to review and assess for identified trends and meet to brainstorm ways to address results from the report.
- b. The Department will meet with foster care and adoption staff and CQI staff to brainstorm ideas that can be implemented to address problems previously identified after the case review report of fifty (50) cases from October 1, 2014 through March 31, 2015.
- c. Training of Program Measures Consultants and Regional Administrators in each region will continue in 2015, and statewide staff training is scheduled in June of 2015 in relation to the data elements being reviewed through the AIP CQI process as well as associated data elements also identified as being misinterpreted and entered inaccurately.

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**AIP tasks underway:**

3) General Requirements

- New program code to track placement of a child with a non-custodial parent

4) Elements

- *Local Agency (FIPS Code)* - FIPS coding for voluntary placements re-mapped to use case record location to identify the parish for the FIPS code on a temporary basis to allow for time to develop a new field to capture parish location on these cases.
- *Has this child ever been adopted* – Program code modified to check for a Safe Haven infant and designate conditions for selection of “unable to determine”.
- *If yes, how old was the child when adoption was legalized* - Program code to check for age of child at previous adoption if identified as having been adopted.
- *Date of placement in current foster care setting* – Program coding to track placement of a child with a non-custodial parent.
- *Manner of removal from home for current removal episode* – Coding for voluntary placement by parent as open reason.
- *Current placement setting* – Coding for “supervised independent living” revision. Removal of default coding related to “foster family home – nonrelative”.
- *Most recent case plan goal* – Coding for state “alternate permanent living arrangement” case goal mapped to “long-term foster care”. Modification of state extraction code to make obsolete state goals of “IND” and “LFC” from current goal logic and create goal “ALA”.
- *Source of Federal Financial Support/assistance for Child – Title IV-E (Foster Care)* – Exclusion of source code SSE to insure this element only reflects title IV-E as income source.
- *Title IV-E Adoption Assistance* – Program code modified to exclude non-recurring fees.
- *Title XIX (Medicaid)* – Program code modified to insure underreporting is not occurring and match records with information reported in AFCARS.
- *Amount of Monthly Foster Care Payment* – Program code modified to report payment for the current living arrangement only.

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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.

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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,

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- Child Psychiatrist.
- Shall utilized only tests and diagnostic tools absolutely necessary to adequately assess identified areas of concern,
- Shall result in documented description of child's mental health status and recommendations for ongoing mental health care.

**Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;**

1. Treatment for identified medical care needs:
  - Provided in adherence to all physician recommendations to maintain medical well-being of child and in accordance with Medicaid or parental insurance guidelines,
  - 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,

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- Documentation of the description of child's mental health status,
- Documentation of ongoing mental health care.

**Medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;**

Updating a child's health information

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service.
- Foster Care case 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,

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- 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, 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

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established require psychotropic medications only be used as a last resort after all other less-intrusive behavioral modification options for treatment have been exhausted or emergency circumstances warrant the medical intervention to protect the child or others from harm. The protocol requires parental authorization for psychotropic medication usage if the parents retain parental rights to the child unless emergency situations exist or treatment is court ordered in the best interests of the child. The protocol requires **only** a psychiatrist or psychiatric nurse practitioner be allowed to prescribe psychotropic medications for a child in state custody. The protocol requires all proposed psychotropic medications be discussed with the child as appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

The Department is 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.

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**FFY 2015 Update:** 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. Currently, there are no changes or additions to the Health Care Oversight and Coordination Plan developed previously.

- Foster Care policy was revised to require concurrent planning beginning at six months in foster care when the level of risk in the family remains high or very high to support more timely permanency for all children, but particularly children ages 5 and under.
- Policy related to diligent search efforts by staff for early identification of relatives and notification of child involvement in foster care updated. Policy on paternity testing also updated to insure all potential relatives can be identified. DCFS has contracts with paternity testing laboratories to assist in determining paternity of children in foster care. DCFS has a paternity testing liaison in each region to schedule individuals for testing. DCFS also continues to have the CLEAR system through Thomson Reuters to use in searching for families and other connections of children and youth in foster care.
- The results of the CLEAR© searches and Permanent Connections established for youth from individuals identified through searches are listed in the tables below.

<b>Youth CLEAR searches and Permanent Connections</b>		
	<b>07/01/2013-06/30/2014</b>	<b>Permanent Connections</b>
<b>ALEXANDRIA</b>	335	109
<b>BATON ROUGE</b>	Not available	Not available
<b>COVINGTON</b>	210	23
<b>LAFAYETTE</b>	79	49
<b>LAKE CHARLES</b>	87	7
<b>MONROE</b>	206	82
<b>NEW ORLEANS</b>	87	20
<b>SHREVEPORT</b>	11	0
<b>THIBODAUX</b>	7	0

<b>Youth CLEAR searches and Permanent Connections</b>		
	<b>07/01/2014-present</b>	<b>Permanent Connections</b>
<b>ALEXANDRIA</b>	239	1

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<b>Youth CLEAR searches and Permanent Connections</b>		
	<b>07/01/2014-present</b>	<b>Permanent Connections</b>
<b>BATON ROUGE</b>	Not available	Not available
<b>COVINGTON</b>	143	22
<b>LAFAYETTE</b>	57	23
<b>LAKE CHARLES</b>	122	9
<b>MONROE</b>	101	0
<b>NEW ORLEANS</b>	114	42
<b>SHREVEPORT</b>	49	0
<b>THIBODAUX</b>	5	0

- For children entering FC, an infectious and communicable disease screening by a qualified medical practitioner must occur with 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.

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- Policy revisions for case staffing reviews quarterly by supervisors and workers on each case in foster care to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.
  
- Introduced principles of teaming and the use of teaming with children freed for adoption and for families who have committed to adopting a child to build teams of support to help the achieve timely, sustainable adoptions in the five new regions (Baton Rouge, Thibodaux, Covington, Orleans and Alexandria) where teaming will be implemented in the latter part of this FFY (2015) and next FFY (2016).
  
- Regular Medicaid healthcare providers (Pediatricians and Family Physicians) provided EPSDT services to children through the regular exam protocol documented herein.

**Additional Activities Planned for FFY 2016:** Initial mental health screenings held within 72 hours rather than 15 days of foster care entry. This process will focus on crisis assessment to insure immediacy of services in an emergency situation.

- DCFS will continue 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 being provided in the following regions: Baton Rouge and Lafayette.
- DCFS staff will be trained on psychotropic medications. The Department also incorporated the training into the 24 week new worker curriculum as well as made it a requirement for part of the in-service training for foster and adoptive parents
- DCFS will continue to regularly share data with DHH to identify those children in DCFS custody on multiple psychotropic medications.
- DCFS 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.
- DCFS and a team of stakeholders which includes representatives from OBH, Magellan (the state's behavioral health managed care entity) and the state Medicaid program are working to develop and adopt parameters for use of psychotropic medications with children in foster care.
- DCFS continues contracts with paternity testing laboratories to assist in determining paternity of children in foster care. DCFS continues to maintain a paternity testing liaison in each region to schedule individuals for testing. DCFS also continues to have the CLEAR system through Thomson Reuters to use in searching for families and other connections of children and youth in foster care.
- Foster Care Program staff now will continue to participate in monthly Family Resource Center consultation calls to consider strengths/challenges in program delivery and insure appropriate referrals are being provided.

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- Staff will utilize the caseworker guide sheet with pointers for staff in more effective communication during monthly visits with parents, children/youth and foster caretakers was developed and provided.
- DCFS has been and will continue working 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 FC entry of the infants.
- DCFS will continue to work with HP Serve in developing 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.

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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%

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%

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%

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.

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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%

**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.

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

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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.
- **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.
- **Orleans Infant Team** (services provided through Louisiana State University Health Sciences Center). In SFY 2012-2013 the infant team worked with 34 children representing 29 families. In SFY 2013-2014 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

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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, 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

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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 also 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.

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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 Protection 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), the Family Team Meeting (FTM) Model and continuous quality improvement efforts. Some of these efforts were initiatives started as part of the federally mandated Program Improvement Plan (PIP) which DCFS developed and completed after the Child and Family Services Review (CFSR) process held in Louisiana in March 2010. 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)**

**FFY 2015 Update:** 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 also received the ASFP training. 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 Instantter 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 Instantter 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

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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 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 Child Protective Services 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 2014 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		
	# 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	119	97	81.51%	120	96	80.00%	120	95	79.17%
Extent of Maltreatment	120	26	21.67%	120	23	19.17%	120	33	27.50%
Circumstances Surrounding Maltreatment	120	35	29.17%	120	29	24.17%	120	42	35.00%
Child Functioning	120	9	7.50%	120	11	9.17%	120	21	17.50%
Adult Functioning	120	4	3.33%	120	7	5.83%	120	4	3.33%
General	120	5	4.17%	120	5	4.17%	120	13	10.83%

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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		
	# of Cases Reviewed	# of Cases Meeting Practice	Baseline %	# of Cases Reviewed	# of Cases Meeting Practice	%	#of Cases Reviewed	# of Cases Meeting Practice	%
Parenting									
Disciplinary Practice	119	3	2.52%	120	7	5.83%	120	10	8.33%
Caregiver Protective Capacities	119	25	21.01%	120	29	24.17%	120	53	44.17%
Identification of Impending Danger	119	57	47.90%	120	67	55.83%	120	67	55.83%
Correct Household	118	110	98.22%	120	117	97.50%	120	119	99.17%
Timely Approval	118	60	50.85%	120	56	46.67%	120	71	59.17%
Consistency	118	76	64.41	120	73	60.83%	120	83	69.17%

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 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 which has charts and graphs 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.

**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	<a href="#">CPS Unduplicated Victim Report</a>
<b>Baseline</b>				
2013	49,889	21,563	6,574	10,919
2014	49,992	23,490	3,445	12,392

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Statistics				
FFY	CPS Intake Cases Established	Number of CPS Investigations	Total number of ARFA cases	<a href="#">CPS Unduplicated Victim Report</a>
2015				
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*

**Substance Exposed Newborns (SEN):** The Department continues to see a rise in the number of substance exposed newborns. As a result, DCFS policies were updated to ensure all cases involving a substance exposed 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 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:

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<b>SEN FFY 2013</b>	
Disposition	# of Children with Allegation of Substance Exposed Newborn
Valid	1,113
Not Valid	143
<b>Total</b>	<b>1,256</b>

- *Note: Information regarding: Structured Decision Making (SDM), A Comprehensive Enterprise Social Services System (ACESS), and Centralized Intake (CI) can be found in the CAPTA section.*

**Additional Activities Planned for FFY 2016:**

**Child Protection Service (CPS):**

- Child Protection will provide the ASFP Safety Implementation Team with the training Supervisors Decision Making.
- The Department will continue to work with community stakeholders including Judges, Legal and DCFS employees to provide quality services, and training to provide better services for clients.
- CPS Program Consultants and CQI Staff will continue to review ASFP cases and provide feedback and data at all levels.
- A detailed report will be developed that identifies areas needing improvement in each case as well as strengths.
- The Department will continue to utilize Advanced Safety Focused Practice Consultations as a way to assist staff with ASFP.
- 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.
- On-going collaboration between professionals proficient in trauma informed care will provide Child Welfare Staff information regarding best practice with the children served by the Department.

**Substance Exposed Newborns:**

- The Department is in the process of updating A Comprehensive Enterprise Social Services System (ACESS) to capture and to track the types of drugs infants are exposed to during the mother’s pregnancy. This will allow the Department to identify trends in certain geographical areas which will be beneficial in identifying resources and interventions.
- In collaboration with DHH and other community stakeholders the Department is working to develop a task force to identify strategies on 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**

**FFY 2015 Update:** 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.

<b>Prevention and Family Services</b>	
<b>FFY</b>	<b># of Families Served</b>
Baseline: 2013	3,193
2014	3,792
2015	
2016	
2017	
2018	

*Note: Unduplicated Families: (Web FOCUS ad hoc report <FS\_Cases>)*

The Department of Children and Family Service 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.

Advanced Safety Focused Practice 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 remains available to staff in all Child Welfare programs statewide.

Per the Departments goal to continue to update policy, several policy updates were made to strengthen practice, specifically policies referring to families in Family Services where their

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cases are being closed due to compliance and completion of the case plan. Specific FS policy revisions were completed in an effort to provide further clarification and guidance in the following areas: 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 Family Services 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, FS staff was able to participate in the following teleconferences/webinars:

<b>FFY 2015 Teleconferences and Webinars for FS Staff:</b>	
<b>Date</b>	<b>Topic</b>
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

**Additional Activities Planned for FFY 2016:**

- DCFS Family Services Program Consultants will provide consultation and mentoring for Family Services supervisory staff.
- The Department will concentrate on safety and risk assessment/planning trainings for staff in an effort to enhance and further develop these skills.
- DCFS Child Welfare staff will receive additional guidance in assisting families to develop and implement effective safety plans to keep children safely in the home environment.
- Family Services Program Consultants will further coordinate efforts with the DCFS training staff to provide specialized training to address specific needs of the FS program.
- Additional policy updates are planned for the FFY 2015-2016 to provide further guidance for Family Services staff in other areas of practice, including safety planning and case planning with families.
- Key policy addressing the pervasive issue of drug and/or alcohol exposed newborns will be revised and issued. This policy provides guidance for staff intervention from beginning to end of case activities with the family.
- Concentration will be put on policy guiding practice with Native Americans, Indian Child Welfare Act (ICWA), to ensure the compliance with federal legislation governing child welfare practice with Native American families.

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- Policy has been drafted for review and issuance to provide guidance when working with children and adults if there is reason to believe there may be involvement in Human Trafficking.
- The Department will concentrate on ensuring the rights of individuals and families will be communicated and respected through the Client Expectations and Responsibilities document which shall provide guidance and clarification for Family Services staff.

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**FOSTER CARE**

**Update FFY 2015:** 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 FFY 2014.

FFY	Cumulative FFY
Baseline: 2013	7,437
2014	7,973
2015	
2016	
2017	
2018	

❖ *Data obtained from Web Focus Report*

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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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 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**

<b><u>REGION</u></b>	<b><u>Vouchers Awarded SFY 2014</u></b>	<b><u>Vouchers Awarded SFY 2015</u></b>
ALEXANDRIA	3	0
BATON ROUGE	0	0
COVINGTON	9	4
LAFAYETTE	4	2
LAKE CHARLES	2	0
MONROE	1	2
ORLEANS	7	1
SHREVEPORT	7	2
THIBODAUX	0	1
<b>GRAND TOTAL</b>	<b>33</b>	<b>12</b>

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, the 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.

The 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 the 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 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. Also, vouchers are non-renewable, and are only awarded at two year time frame intervals. Consequently, during the months of July and August, most vouchers will expire and become available to other youth exiting foster care.

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Not all referrals result in a voucher award as there are insufficient awards to meet the demand. The referrals are prioritized based upon the number of available vouchers at the time. A youth with a child is prioritized over a youth with no child. Youth with no connections or relatives is prioritized over a youth that does have identifiable, documented and supportive connections and relatives. A youth with a child results in the consumption of two vouchers as opposed to one, according to LHC guidelines.

Vouchers are lost by youth as a result of a variety of situations including the following:

- youth allowing other people to reside within the rental property;
- youth not following the rules of the property in relation to such things as noise level;
- youth not maintaining sanitary conditions within the dwelling.

On a few occasions, the LHC had to work with property owners due to unhealthy living conditions that prevented the youth from moving 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** – The 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, the 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.

**Additional Activities Planned for FFY 2016:** Safety Focused Practice – The Department is planning refresher training on the safety assessment process that will include information on how to write a good safety plan and how to utilize that information in the case planning process/documents.

Case Planning – The Department is in the developmental stages of a FC supervisor mentoring program to support supervisor’s ability to guide their staff in the utilization of the safety assessment and risk assessment as the workers move into assessment of family functioning and the development of behaviorally based case goals in fiscal year 2015. Supervisor mentoring is also being planned on other issues such as preparing caseworkers for more effective visits with parents, youth/children, and foster caretakers. This mentoring process will also include the

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identification and preparation of relatives and family friends to support casework with the family.

Casey Family Programs and CWPPG – The Department will continue its work with the Casey Family Programs and the CWPPG. In October and November of 2014, the DCFS foster care unit and CWPPG staff introduced the teaming process for case planning to the Alexandria, Baton Rouge, Thibodaux, Covington and Orleans regional areas. The DCFS staff and stakeholders from the legal, educational and behavioral health systems were included in the planning stages of this project as well. This introduction will be followed by basic teaming training by CWPPG to be initiated in September of 2015.

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 under development for the Lake Charles, Lafayette, Shreveport and Monroe regions is a training to guide staff in the integration of the teaming process with the other case planning activities on the continuum of safety assessment, risk assessment, assessment of family functioning, and case plan goals/actions development. The initial presentation of the training was held in March 27, 2015 at the state office location. This training will be delivered in currently implementing regions by the end of the 2015 fiscal year, and will be rolled out alongside the CWPPG basic training to the new regions beginning implementation in September 2015.

Youth Transition Planning – A baseline for the quality of Youth Transition Plans is being developed through the Department’s CQI case review process. The review will help guide planning and development of additional resources to improve staff skills in working with youth around Youth Transition Plan producing a quality amount of information on youth’s completed YTP plans.

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.

**Dates scheduled this year:**

June 1, 2015	Baton Rouge/Covington
June 4, 2015	Lafayette/Lake Charles
June 4, 2015	Alexandria/Shreveport
June 11, 2015	Monroe
June 11, 2015	New Orleans/Thibodaux

Human Trafficking Service Continuum – The DCFS will 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 scheduled for release by June 2015. Training was initiated in March 2015 for DCFS staff beginning in the Baton Rouge region and will proceed through the remaining regions of the state. The training was provided by staff of HP Serve, a faith based organization with a federal grant from the Children’s Bureau to address issues of Human Trafficking. The DCFS also worked with HP Serve in the development of a tool to address high risk behaviors of youth indicative of runaway

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behavior with and established protocol for intervention based on the level of risk identified. The survey process utilizing the tool has been initiated. A residential facility targeting the care of victims of sex trafficking was recently licensed by the Department and has begun accepting placements.

The DCFS will continue to serve on the Human Trafficking Task Force through the Governor's Office.

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**MONTHLY CASEWORKER VISITS:** DCFS 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 1<sup>st</sup>, through September 30<sup>th</sup>, 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.

<b>Caseworker Visit Compliance</b>				
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				
2016				
2017				
2018				
2019				

**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.

**FFY 2015 Update:**

For FFY 2014, 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.

<b># of Children Served in FC at Least 1 Full Month FFY 2014 (unduplicated)</b>	<b># of Full Months in Care</b>	<b># of Full Months in Care with Face to Face Visit by Assigned Worker</b>	<b># of Qualifying Visit Months with a Visit in the Child’s residence</b>	<b>% of Full Months in Care with Face to Face Visits</b>	<b>% of Qualifying Visits that occurred in the Child’s Residence</b>
6,695	47,294	45,338	40,227	95.86%	88.73%

**Activities Planned for FFY 2016:** 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				
Orleans/Jefferson	2	3				
Baton Rouge	1	1				
Covington	1	1				
Thibodaux	0	0				
Lafayette	0	1				
Lake Charles	0	2				
Alexandria	0	0				
Shreveport	0	2				
Monroe	1	0				
<b>TOTAL</b>	<b>5</b>	<b>10</b>				

***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. The following information describes the FFY 2015 update.

**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.

**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.

**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

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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.
- 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

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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.

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.

**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.

**FFY 2015 Update: 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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**Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community: Specific strategies to reach out to all parts of the community:** A review of the listing of some of the regions' recruitment activities shows that staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to: maintain an awareness of the need for foster/adoptive families for provide temporary care of children in foster care; focus on specific needs of children in care; and seek out potential foster/adoptive resource for children awaiting adoption.

The results of a follow-up survey to foster/adoptive parents completed in collaboration with CIP. This data is listed under the Foster/Adoptive Parent Certification, Recruitment and Retention section.

**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. Also, through Family Forum, there was a

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).

**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 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

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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.

**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.

**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.**

**Additional Activities Planned for FFY 2016:** Continue efforts to increase the number of certified foster/adoptive home

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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 18<sup>th</sup> 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](http://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](http://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 Finalization Data						
Categories	FFY 2013 Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
# Children Finalized	739	630				
Average Time to Free (TPR)	21.38	16.94				
Average Time to Sign 427	4.51	.94				
Average Time to Finalization	6.76	3.25				
Average Length of Time in Care	32.57	24.17				
Average Age of Children Finalized	5.42	3.08				

*NOTE: Average time is expressed in months.*

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

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

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

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

**Adoption 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.

**FFY 2015 Update: 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](http://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

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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 8<sup>th</sup> and 9<sup>th</sup>. 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 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.

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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.

**Additional Activities Planned for FFY 2016:** Ongoing enhancement of relationship with a faith-based community partner (Healing Place Church); Work on professional photographs of children available for adoption, for which an adoptive resource has not been identified; and the creation of digital stories.

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**ADOPTION INCENTIVE PAYMENTS**

**Services the state expects to provide to children and families using Adoption Incentives**

**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.

<b>Federal Fiscal Year</b>	<b>Foster Child Adoption</b>	<b>Special Needs</b>	<b>Older Child (age 9 and older)</b>	<b>Amount Awarded</b>
2013 Baseline				
<b>FFY 2013</b>	<b>739</b>	<b>733</b>	<b>179</b>	\$1,692,000
2014 Baseline				
<b>FFY 2014</b>	<b>630</b>	<b>624</b>	<b>141</b>	\$1,400,808
2015 Baseline				
<b>FFY 2015</b>				
2016 Baseline				
<b>FFY 2016</b>				
2017 Baseline				
<b>FFY 2017</b>				
2018 Baseline				
<b>FFY 2018</b>				

\*Specials Needs adoptions include all finalized adoptions during FFY in which either a payment or service subsidy is provided.

**FFY 2015 Update:** Adoption incentive funds were utilized to: 1) support ongoing recruitment efforts (e.g., purchase of informational booklet to help educate the community about the foster/adoptive process); 2) adoption subsidies (e.g., non-recurring expenses); 3) assist in alleviating barriers to adoption (Adoption Purchase of Service contracts); and 4) child specific recruitment.

In FFY 2014, a total of 630 children were adopted. In prior years, the department was able to access data from the National Resource Center for Child Welfare Data and Technology that

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provided a preliminary estimate on the number of special needs and older children. Within the last two reporting periods, this information has not been available; therefore, going forth there will be no reporting on the number of special needs and older children, until the data is 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 discuss the AD/HD policy revisions/updates. In addition, information was provided on the

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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.

**Activities Planned FFY 2016:** The Department will continue to achieve permanency for children awaiting adoption through ongoing recruitment activities, pre-adoption services, post-adoption support, and utilization of the services provided through community partners.

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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 <b>(1 of which ended in disruption/dissolution)</b>
2014-15	
2015-16	
2016-17	
TOTAL	50

*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.

**FFY 2015 Update:** 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.

**Additional Activities Planned FFY 2016:** DCFS will continue with activities as outlined above.

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**CHAFEE FOSTER CARE INDEPENDENCE/EDUCATION AND TRAINING  
VOUCHER PROGRAMS - APPLICATION FOR FFY 2015**

**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.

- The 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.

**Additional Activities FFY 2016:**

- The Department will complete negotiations with the three credit reporting agencies and develop streamlined practice guidance to ensure completion of the credit clearances;
- The Department will mentor field staff in the development of adequate YTPs for youth transitioning to adulthood;
- The Department will develop policy that provides further guidance on the quality of Youth Transition Plans;
- CQI and program staff will continue to monitor YTPs and address practice concerns identified through the review process and feedback loop.

**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

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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.

**Additional Activities FFY 2016:**

- CFCIP provider contracts are under revision with greater emphasis on youth involvement in program design and provision of more mentoring and experiential learning activities.
- Follow up on DCFS "Working with Youth Transitioning from Foster Care" training with staff mentoring.
- Focused monitoring on contractor activities to develop youth staff.
- Tracking of specific case management services provided to youth ages 18-21.

**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.

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.

**Additional Activities FFY 2016:** Annual youth conferences will continue to be held throughout the state. Youth will continue to participate in the development of the conferences.

- 2015 annual youth conferences scheduled for the following dates:
  - June 1, 2015 Baton Rouge/Covington Regions

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- June 4, 2015 Alexandria/Shreveport Regions
- June 4, 2015 Lafayette/Lake Charles Regions
- June 11, 2015 Monroe Region
- June 11, 2015 New Orleans/Thibodaux Regions

❖ Stakeholders participating in the annual youth conferences this year include representatives from Louisiana State University (LSU), Louisiana Office of Student Financial Assistance (LOFSA), foster caretakers, residential providers, Office of Juvenile Justice staff, and Department staff.

The following chart reflects the baseline data for the number of youth transition plans completed.

*Outcomes Measure	Baseline FFY 2015	FFY 2016	FFY 2017	FFY 2018	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.

Outcome Measure	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Number of youth conferences held	*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)				
Number of DCFS staff in attendance overall (unduplicated)	*96	105				
Number of foster caregivers in attendance overall	*13	38				
Number of youth participating in conference planning/delivery overall (unduplicated)	*48	81				

*Goal 1, Measurement 2: Youth Conferences*

\*Base determined by number attending out of number invited/eligible for attendance

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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 2014	FFY 2016	FFY 2017	FFY 2018
CCANO/Orleans	<b>265 TOTAL</b> 249 DCFS; 16 OJJ	<b>231 TOTAL</b> 191 DCFS; 40 OJJ				
CCANO /Baton Rouge	<b>99 TOTAL</b> 99 DCFS; 0 OJJ	<b>60 TOTAL</b> 56 DCFS; 4 OJJ				
CCANO /Thibodaux	<b>63 TOTAL</b> 63 DCFS; 0 OJJ	<b>77 TOTAL</b> 77 DCFS; 0 OJJ				
GCTFS/Lafayette	<b>48 TOTAL</b> 48 DCFS; 0 OJJ	<b>52 TOTAL</b> 52 DCFS; 0 OJJ				
GCTFS/Lake Charles	<b>37 TOTAL</b> 21 DCFS;16 OJJ	<b>44 TOTAL</b> 33 DCFS; 11 OJJ				
LMCH/Monroe	<b>288 TOTAL</b> 130 DCFS; 158 OJJ	<b>271 TOTAL</b> 108 DCFS; 163 OJJ				
SELU/Covington	<b>48 TOTAL</b> 48 DCFS; 0 OJJ	<b>32 TOTAL</b> 32 DCFS; 0 OJJ				
Goodwill/Alexandria	<b>63 TOTAL</b> 59 DCFS; 4 OJJ	<b>77 TOTAL</b> 66 DCFS; 11 OJJ				
Goodwill/Shreveport	<b>89 TOTAL</b> 56 DCFS; 33 OJJ	<b>87 TOTAL</b> 63 DCFS; 24 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:**

**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.

**Additional Activities FFY 2016:**

- The Department plans to work more closely with Louisiana Workforce Commission (LWC) to develop a program to provide youth in foster care with job skills training and vocational assessments, and to connect youth to job opportunities.

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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.

**Additional Activities FFY 2016:**

- The Department will continue to offer monthly stipends to youth who age out of foster care if within one year of completing their secondary educational program, planning to complete the program and performing satisfactorily.
- The Department will continue to collaborate with LOFSA to distribute ETVs to eligible youth.
- Expansion of outreach and development of partnerships with post-secondary institutions.

**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

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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;
- The DCFS partnered with LOFSA to distribute ETVs to eligible youth.

**Strategy 2:** The 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.

**Additional Activities FFY 2016:**

- The DCFS will meet with the OJJ to develop a plan to increase its collaborative efforts for the purpose of increasing distribution of ETVs to eligible youth in this population.
- The DCFS will meet with LYLAC members to discuss the challenges with ETV distribution.
- The DCFS staff will distribute the ETV flyer to admission offices of colleges, universities, and community colleges across the state.
- The DCFS staff will distribute the ETV flyer to high school principals, LA School Social Workers Association, and LA School Counselor Associations to increase awareness of ETV across the state.
- The DCFS staff will distribute the ETV flyer to statewide foster parent associations to increase awareness of foster/adoptive caregivers across the state.
- The DCFS staff will mail ETV flyer directly to youth age 17 in foster care, youth adopted after age 16, and youth who enter a guardianship agreement after age 16.

**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.

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**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.

**Additional Activities FFY 2016:**

- The Department will focus on regional adaptations of the teaming process to build teams of support and connections for youth during Youth Transition Plan development.
- The Department is planning an additional WebEx scheduled for July 1, 2015 to inform staff of the revised Youth Transition Plan policy that places emphasis on youth involvement in the development of their plan and the importance of establishing/maintaining permanent connections.

**Objective 4.2:** Increase the number permanent connections in the community available to youth aging out of foster care.

**Strategy 1:** The 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:** The 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.

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**Additional Activities FFY 2016:**

- Collaborative work will be continued with HP Serve and other community stakeholders.
- Targeted recruitment of placement resources for older youth through Home Development.

**Objective 4.3:** CFCIP providers will continue to provide aftercare services to youth from age 18 to 21 in locating needed services through case management, continued contact with the youth to assess needs, including counseling for emotional crisis, as requested by the youth, after the youth has left care.

**Strategy 1:** CFCIP providers will provide case management services to youth after aging out of foster care if the youth is interested.

- CFCIP providers located 79.8% of youth age 21 to complete the NYTD surveys;
- Referrals were made to CFCIP providers to continue case management services when the youth reached age 18;
- Case management services offered to youth ages 18-21 were monitored during site visits with the CFCIP providers;
- CFCIP providers were available to assist youth ages 18-21 with problem resolution.

**Strategy 2:** The Department has developed a contact plan for CFCIP providers to assist in maintaining contact with 17 year old NYTD Baseline youth, until the age of 21, that are interested in further services.

- CFCIP providers were responsible for maintaining regular contact with youth from 18 to 21 in order to increase success of completing NYTD follow-up surveys\*. Youth were sent Birthday and Christmas cards each year, as well as periodic letters and postcards. Youth were contacted through social media, by email, and by phone as well. All contact attempts included requests of updated contact information by the CFCIP providers, reminders of services available to youth upon request, and reminders of when the next NYTD survey would be requested.

\*DCFS conducts monthly calls with IL providers to report on progress of surveying follow-up youth. Strategies to contact hard-to-reach youth are discussed during the calls, with providers seeking assistance from each other to locate youth. The “snap shot” format for each state on the NYTD portal is not working. This data has been used in the past to guide conversations with stakeholders to determine how resources can be best utilized to serve youth transitioning out of foster care to independence.

IL providers are responsible for maintaining regular contact with youth ages 18 to 21 in order to provide case management services and to increase success of locating youth to complete NYTD follow-up surveys. Providers are required to contact youth via different methods on at least a bi-monthly basis in order to build a relationship with the youth and determine the need for ongoing services. Logs of their contact with these youth is provided to State Office on a monthly basis

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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
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
<b>Totals</b>		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
- Relatives

**Additional Activities FFY 2016:**

- The Department will consult with LYLAC youth on how to improve outreach to youth regarding continued case management services by CFCIP providers.
- CFCIP providers will continue to be responsible for maintaining regular contact with youth from 18 to 21 in order to increase success of completing NYTD follow-up surveys.
- DCFS staff will inform tribes about NYTD data and make efforts to involve them in the analysis of the results of the NYTD data collection or NYTD Assessment Review. This will be on the agenda for the quarterly tribal conference call scheduled for October 1, 2015.

**Objective 4.4:** Support the statewide and regional efforts of the Louisiana Youth Leadership Advisory Council (LYLAC).

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**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.

**Additional Activities FFY 2016:** The Department will encourage stakeholder participation in regional and state LYLAC meetings and regional youth conferences by providing media blitzes through stakeholder committees listserv. LYLAC meetings are scheduled to continue in June, September and December of 2015.

The Department will conduct teleconferences with youth from LYLAC to develop a work plan for increasing LYLAC participation. The youth involved in LYLAC have committed to reaching out to other youth in FC or who have aged out of FC to determine their interest in participating in LYLAC. Regional providers are encouraged to assist youth in their areas in expanding their LYLAC membership by facilitating opportunities for socialization and relationship building. Opportunities for weekend web-based involvement that does not require DCFS field staff or foster caretaker involvement or transportation will be explored to determine if this increases youth participation.

The following chart reflects the average number of youth who participate in LYLAC quarterly scheduled meetings.

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<b>Statewide LYLAC Participation and Activities – Average number of attendees at Statewide and Regional LYLAC board meetings</b>						
	<b>Baseline:</b>					
	<b>FFY 2013</b>	<b>FFY 2014</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>
Average number attending State LYLAC board meetings	7	5				
Average number attending Regional LYLAC meetings	5.7	5.1				

*GOAL 4, MEASUREMENT 1: THE AVERAGE NUMBER OF ATTENDEES AT STATEWIDE AND REGIONAL LYLAC BOARD MEETINGS*

**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.

**Additional Activities FFY 2016:**

- The DCFS will focus on developing the youth’s support system to include the CFCIP providers and school personnel to support the ongoing success in the youth’s educational program when participation in the Youth in Transition Program is anticipated.

<b>Number of Youth receiving YTP stipends</b>						
<b>Baseline:</b>	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Education stipend	*26	28				
Med/Dev. transition stipend	*0	0				

*Goal 5, Measurement 2: Number of youth receiving YTP stipends*

- Based on SFY 2014 beginning 8/1/2014

**PURPOSE GOAL 6: MAKE AVAILABLE VOUCHERS FOR EDUCATION AND TRAINING, INCLUDING POST-SECONDARY EDUCATION; TO YOUTH WHO HAVE AGED OUT OF FOSTER CARE**

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

**Strategy 1:** DCFS will work to identify eligible youth (who are adopted or entering guardianship after age 16, who are in foster care or OJJ custody or tribal custody, and/or who are in post-secondary institutions at the time they reach 18 years of age) and notify them of their potential ETV eligibility (Years 1-5).

- The DCFS continues to work with youth exiting foster care, youth in OJJ or tribal custody, youth adopted after age 16, and youth entering a guardianship arrangement after age 16 to apprise of their eligibility for ETVs.

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

- The Department continues to distribute ETV funds by LOFSA to eligible youth.

**Strategy 3:** DCFS program consultants will periodically review grades to evaluate youth’s progress and performance.

- The DCFS contracted with LOFSA to verify satisfactory academic progress prior to requesting ETV funds;
- The DCFS continues to verify the youth’s eligibility for ETV funds after a request for ETV funds is made through LOFSA.

**Additional Activities FFY 2016:**

- The Department will meet with the Office of Juvenile Justice (OJJ) to devise a plan to increase distribution of ETV to eligible youth in this population.
- The Department will distribute the ETV flyer to admission offices of colleges, universities, and community colleges across the state. The DCFS staff will distribute the ETV flyer to high school principals, LA School Social Workers Association, and LA School Counselor Associations to increase awareness of ETV across the state.
- The DCFS staff will distribute the ETV flyer to statewide foster parent associations to increase awareness of foster/adoptive caregivers across the state.
- The DCFS staff will mail ETV flyer directly to youth age 17 in foster care, youth adopted after age 16, and youth who enter a guardianship agreement after age 16.

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				

*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				
New Vouchers	36	25				

*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

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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.

**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.

**Additional Activities FFY 2016:**

- The Department will develop a flyer to be provided to youth and their adoptive or guardianship parents at the time of adoption or guardianship finalization with ETV facts, how to information, and contacts for further information or assistance as needed.
- The Department will assess provision of information and increase in ETV applications.
- The Department will develop tracking mechanism to verify distribution of information to these youth and families.

**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 2016 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

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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 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.

**Additional Activities FFY 2016:**

- LSU is writing a grant to analyze evaluation forms from the events.
- Youth conferences are scheduled across the state in June 2015.
- The Department and CFCIP providers will use analysis of evaluations in planning future conferences.

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

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**EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):**

The chart below reflects the continuing and new ETVs issued by year according to the state's school fiscal year.

<b>Continuing and New ETVs by Year</b>		
<b>School Year</b>	<b>Total Vouchers</b>	<b>New Vouchers (First Time)</b>
School Year 2013 (Baseline)	103	33
School Year 2014	92	26
School Year 2015		
School Year 2016		
School Year 2017		
School Year 2018		

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**PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II**

**FFY 2015 Update:** 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. The 1992 base year amount was \$2,772,015. The Department assures no more than 10% of funds will be used for administrative costs and significant portions of expenditures will be made in the four areas below:

- Family Prevention and Support Services (PSS) – 20% - Community-based services that promote the well-being of children and families and are designed to increase the strength and stability of families. (Amended by P.L. 112-34 to include mentoring as an allowable purpose.)
- Family Preservation (FP) – 20% - Services for children and families designed to help families at risk or in crisis and maintain the safety of children in their own homes; support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner
- Time Limited Reunification Services (TLR) – 20% - Services and activities that are provided to a child who is removed from the child’s home and placed in a foster family or a child care institution, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and in a timely fashion. (Amended by P.L. 112-34 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.

**Infant Teams** - In keeping with the goals initially set, Tulane Infant Team was incorporated into the Tulane Parent Education Program (T-PEP). Tier II services, including assessment and intervention, are provided to families identified as needing additional services that are referred. These families are not limited to those having children from 0-5 although many of these families do have children within this age group. The Tulane team and Orleans Infant Team leaders met, coordinated service referrals and outline a plan for the Orleans region staff. The plan included information informing Orleans staff when to refer families to the T-PEP and when services would be provided by the Orleans Infant Team. The Baton Rouge Team continues to serve families in both Family Services and Foster Care. The chart bellows shows the numbers of families served during FFY 2014.

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	Numbers Served FFY 2014	Numbers Served FFY 2015	Numbers Served FFY 2016	Numbers Served FFY 2017	Numbers Served FFY 2018
<b>Tulane Parent Education Program</b>	110				
<b>Infant Child and Family Center</b>	134				
<b>Orleans Infant Team</b>	73				

**Additional Activities FFY 2016:**

- 1) The department will monitor the Infant Teams’ services while assessing the new model that is being implemented by Tulane through the Family Resource Center. Both Tulane and the Baton Rouge team are researching a model based on treatment needs rather than following a family to permanency. The Orleans team continues to have contact with children until permanency is reached.
- 2) The Department will examine how each Infant Team practice model benefits the families served.

**3.) Service/Program Description:** Family Resource Centers (FRC) (PSS, FP, TLR, APSS) provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are 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
- 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.

- o 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

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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 Family Resource Centers were selected as providers through the Request for Proposals (RFP) process. The Department of Children and Family Services placed ads requesting that interested parties submit proposals. After the closing date the proposals were reviewed and the agencies/organizations demonstrating the most qualifications aligned with our standards were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Housed in one central location within their region, many of the providers have satellite locations that allow them to have a more visible presence.

**Population Served**: The Family Resource Center 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 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-

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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.

**Family Resource Centers-** Program staff along with the Family Resource Center (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 Family Resource Centers 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.

In alliance with the goal set in the 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 Shreveport region provided two Nurturing Parenting Program (NPP) courses in the Monroe region in 2014.

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 Nurturing Parenting Program. 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

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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.

<b>GOALS FOR FAMILY RESOURCE CENTER REFERRALS</b>									
<b>Family Resource Center</b>	<b>Number of Referrals (Baseline FFY 2014)</b>	<b>Goal for # of Referrals FFY 2015</b>	<b>Actual # of Referrals FFY 2015</b>	<b>Goal for # of Referrals FFY 2016</b>	<b>Actual # of Referrals FFY 2016</b>	<b>Goal for # of Referrals FFY 2017</b>	<b>Actual # of Referrals FFY 2017</b>	<b>Goal for # of Referrals FFY 2018</b>	<b>Actual # of Referrals FFY 2018</b>
Alexandria	140	147		162		178		187	
Baton Rouge	210	221		243		267		280	
Covington	202	212		233		257		269	
Lafayette	178	187		206		226		237	
Lake Charles	264	277		305		335		352	
Monroe	No Center	No Center		No Center		No Center		No Center	
Orleans	206	216		238		262		275	
Shreveport	161	169		186		205		215	
Thibodaux	56	59		65		71		75	
<b>Total</b>	<b>1417</b>	<b>1488</b>		<b>1638</b>		<b>1801</b>		<b>1890</b>	

**Additional Activities FFY 2016:**

- In alliance with the goal set in the Activities Planned for FFY 2015-2019 the Department entered into a three-year contract with each of the previous 9 Family Resource Centers that began October 1, 2014 through September 30, 2017. It is the expectation that the Monroe region will have access to FRC services by October 1, 2015.
- The Department will continue its efforts with the FRC's and regional liaisons to increase the number of referrals by 10% in FFY 2016 to ultimately improve staff referrals by 30% over the next five years and improve services being provided by the Family Resource Centers.
- The Family Skills Building guidelines will be piloted at a few of the Family Resource Centers.
- The Department will continue work with PCAL to monitor the Peer Review Process and ensure it is capturing what is needed to improve service delivery.
- Program staff will continue to assist PCAL in developing and strengthening the data collection and evaluation protocol of services provided by the Child Welfare Family Resource Centers.

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PCAL, with the assistance of FRC staff, developed the model for the Peer Review Process. Based on the most recent timeline for implementation, all centers should have their first evaluation completed by September 2015. It is the expectation that these evaluations will improve service delivery and enhance the services received by families involved with the DCFS.

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**TRAINING PLAN:**

**FFY 2015 Update:** 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.

The DCFS in partnership with the University Alliance and the Pelican Center has begun work to establish a Training Academy. Through this academy, comprehensive and consistent education and training will be provided 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 University 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 will be conducted. This needs assessment will encompass 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, will contribute 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 Child Welfare Training Academy (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 Child Welfare 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. CWTA will work 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. 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:

- 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

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- Assessment and Case Planning through a Trauma Lens – Year 2

Identify key performance measures. (System to individual level)

Expected performance – actual performance = performance gap

<b>COMMON CAUSES FOR A PERFORMANCE GAP</b>	
<b>Cause</b>	<b>Response</b>
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
<b>Lack of knowledge or skills</b>	<b>TRAINING</b>

Key performance measures indicating training may be needed:

- Repeat maltreatment rate;
- Percent of alleged victims who were victims within the previous 6 months;
- Percent of children achieving permanency within federal timelines;
- Re-entry into foster care.

**Data from CQI reviews:**

- Safety assessment (Present, Impending Danger; Sufficient info in circumstances surrounding the maltreatment, and adult functioning; Accurate and timely completion of Structured Decision Making (SDM®))
- Sufficient efforts towards permanency
- Involvement of parents/caretakers in case planning
- Assessment of child needs and appropriate services to meet needs

**Data from case crisis reviews:**

1. Safety Assessment completed accurately
2. SDM® risk assessment completed accurately
3. Assessment of family functioning captures relevant, sufficient information on diminished parental protective capacities, and case plan is relevant to enhancing those capacities.

**Additional Activities Planned FFY 2016:** The training needs assessment and resulting plan compiled in FFY 2015 will continue to provide the framework for course offerings. In addition to those courses planned for FFY 2016, various trainings may be developed based on case review data, input of staff and stakeholders and department initiatives. The Department will explore a greater use of online training. The Department will fully assess the feasibility of offering specific trainings online, and developing those trainings.

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**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.

In FFY 2015, the Child Welfare Training Academy (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.

**Additional Activities Planned FFY 2016:**

1. In January 2015, the CW Training unit updated the 24-week new worker training model based on recommendations from local offices, new workers, and program staff. This new model continues to include competency-based CW curricula encompassing basic and specialized training content. This training is offered twelve times per year or more depending on the need.
2. Child Welfare Program staff and the CW Implementation Team provide experienced CW staff with training regarding new programmatic updates, changes, and practice.
3. Provide opportunities for training through conference and workshop participation which create opportunities for staff to collaborate with other service providers.
4. All DCFS Child Welfare Training will be transferred to the Child Welfare Training Academy (CWTA). This includes New Child Welfare Worker Orientation.

**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.

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.

**Additional Activities Planned FFY 2016:**

1. The DCFS Training section will begin implementing *Orientation for New Employees*. DCFS Regional Trainers will hold this one day training monthly. New employees will be provided a basic overview of the Department, oriented to the DCFS systems, programs, and procedures not specific to the Child Welfare program, but essential to their employment with the Department.

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2. New CW Supervisor's will receive a two-day instructor lead quarterly training, regardless of their program area.
3. Regional Training will include an instructor lead quarterly supervisor training, quarterly safety trainings, annual customer services training, and other departmental trainings for all DCFS staff.

**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 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.

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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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:

<b>FFY 2015 Teleconferences and Webinars:</b>	
<b>Date</b>	<b>Topic</b>
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

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 Child Welfare staff.

**Additional Activities Planned FFY 2016:**

- Child Welfare Training will administer and collect training evaluations for each training/workshop provided to Child Welfare staff.
- Child Welfare Training will submit an evaluation summary to the CWTA for review following each training/workshop.
- CWTA will contract with a university (unknown at this time) to evaluate the CWTA and its course offerings.
- The MOODLE system is expected to be updated July 1, 2015. This update will provide Child Welfare Training with more functionality in MOODLE.
- The Department will research the development of a mechanism in MOODLE to evaluate the effectiveness of webinars and teleconferences and the Department will formulate a plan to better evaluate such webinars and teleconferences.

<b>FFY 2016 Teleconferences and Webinars:</b>	
<b>Date</b>	<b>Topic</b>
10/01/2014	Legal Services for Youth and Screening for Education Issues
11/05/2014	Louisiana Behavioral Healthplan Expansion
08/13/2014	Family Assessment Tracking System (FATS) and Youth Transition Plan (YTP) Changes

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<b>FFY 2016 Teleconferences and Webinars:</b>	
<b>Date</b>	<b>Topic</b>
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
05/06/2015	Indian Child Welfare Act (ICWA)

**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.

<b>Together We Can Conference Registration Data:</b>		
	<b>2012</b>	<b>2013</b>
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*

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<b>Together We Can Conference Registration Data:</b>		
	<b>2012</b>	<b>2013</b>
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:

<b>TWC Attendees by Work Area Specified:</b>		
<b>Category</b>	<b>2012</b>	<b>2013</b>
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
<b>TWC Attendees by Work Area Specified:</b>		
<b>Category</b>	<b>2012</b>	<b>2013</b>
Judge	3	4
CAC	26	22
CASA	195	191
Mental Health	1	4
DCFS – State Office	24	29
DCFS – Social Worker	100	124
Total DCFS (Not including BGC Attorneys)	124	153
Education	19	20
Faith-based	3	2
Foster Parents	16	88
Law-Enforcement	7	4
Medical	1	6
Non-Profit Organization	21	28
Social Work	28	23
Tribal Representatives	2	0
All Other Categories	18	26

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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, *Together We Can* conference held in Lafayette, Louisiana in October, 2014.

**Conference Sponsors:** (Alphabetical)

- Children's Advocacy Centers of Louisiana
- Louisiana CASA Association
- Louisiana Children's Trust Fund
- Louisiana Council of Juvenile and Family Court Judges
- Louisiana Department of Child & Family Services - Children's Justice Act
- Louisiana Foundation Against Sexual Assault
- Louisiana Supreme Court – Court Improvement Project
- National Association of Social Workers – Louisiana Chapter

**National Organizations Supporting and/or Attending the 2013 Conference (speakers or exhibits):**

- American Bar Association - Center on Children and the Law
- Child Welfare Information Gateway
- COPE 24
- National CASA Association
- Rady Children's Hospital, San Diego, CA
- Southern Regional Children's Advocacy Center/National Children's Advocacy Center
- U.S. District Attorney's Office – Western District of Louisiana
- International Association of Human Trafficking Investigators
- Chapin Hall, University of Chicago

**Exhibitors:**

- Accessories Etc.
- Child Welfare Information Gateway
- Family and Youth Counseling Agency
- Louisiana CASA
- Louisiana DCFS—Children's Justice Act Task Force
- Louisiana Children's Trust Fund
- Louisiana Foster and Adoptive Parents Association

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- Louisiana Foundation Against Sexual Assault
- Louisiana Healthcare Connection
- Louisiana Protection and Advocacy for Individuals with Mental Illness Advisory Council
- Louisiana Supreme Court - CLARO
- Magellan of Louisiana
- National Conference on Child Abuse and Neglect – Louisiana Hosts
- The Wesley Center

**Additional Activities Planned FFY 2016:** The *Together We Can* conference will be held in Lafayette, Louisiana October 13-15, 2015. The conference will address 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 this conference is to build a strong, statewide foundation of skills and knowledge in those charged with protecting children. Following the conference, *Together We Can* practice toolkits will be 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 learning experience designed specifically for adoptive and foster parents. This training is provided to foster/adoptive parents and DCFS employees throughout the State.

**Additional Activities Planned FFY 2017:** In 2015 the *Together We Can* conference will move to a new venue, the Cajun Dome, in Lafayette, Louisiana, in order to meet the demands of the ever-growing conference and address many critical issues.

**University Alliance** - The Department of Children and Family Services (DCFS) continued to collaborate with all public university Schools of Social Work through the Louisiana University 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. 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 Child Welfare Training. The multi-year contract renewed in June 30, 2012, will end June 30, 2015.

The DCFS Training site established at Southern University in Baton Rouge has expanded to include two classroom and three offices. At this time approximately 75% of all Child Welfare Trainings are held in the Social Work Department at Southern University. Other Training sites include Grambling State University, which provides a centrally located training site for northern Louisiana and the Southeastern Louisiana University School of Nursing. The establishments of these training 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.

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**Pelican Center:** The Pelican Center Training and Education Committee will work 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 has been meeting monthly. The committee has adopted a standard curriculum format for each training module to be developed as well as a policy to approve curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument has been developed. The information gleaned from this format and these processes will help to ensure consistency.

Louisiana CIP funds will be used to:

- Support data collection and analysis, interdisciplinary training and education and to assess and implement strategies designed to improve the quality of legal representation to children and indigent parents;
- Improve the quality of court hearings, focusing on efforts to ensure that children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings;
- Improve safety decision-making across systems by educating and training stakeholders on the principles of the Department's Advanced Safety Decision-making initiatives; Focus on working with transitioning youth, LGBTQ youth in foster care; Identifying and working with human trafficking victims and ICWA.

**Additional Activities Planned FFY 2016:** The Department will transition the role of the Alliance lead university from Northwestern State University (NSU) to Southeastern Louisiana University (SELU). Southeastern Louisiana University will oversee the stipend program as well as take lead responsibility for the Child Welfare Training Academy (CWTA). This includes implementing the priorities established for each year of the state plan based on the needs identified in the training needs assessment.

DCFS will continue to support an executive level manager dedicated solely to working with the Alliance toward a robust and comprehensive CWTA. This DCFS position is housed at SELU to ensure the Department's priorities remain the focus of the Alliance, and that communication between the Alliance members and DCFS is ongoing. CWTA will continue to work with each university individually to identify their areas of expertise, interest, and capacity and to match that university with specific needs of the Department. As these partnerships are identified, SELU will sub-contract with the individual universities.

The Department will contract with Louisiana State University (LSU) regarding Supervisory Training and the Professional Development Certificate Program and with the University of Louisiana at Monroe (ULM) for the Practicing Permanency Certificate Program. The Department intends to contract as follows:

- Northwestern State University (NSU) – recommendations identified in FFY 2015 to improve worker retention, especially those awarded IV-E stipends.
- Southern University at New Orleans (SUNO) – curriculum development and training on various aspects of trauma in child welfare, including the impact on children, parents, foster parents, and agency staff.

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- Southern University at Baton Rouge (SUBR) – revising new worker training to reflect programmatic changes (i.e., permanency worker model, incorporating best-practices in cases involving human trafficking). Developing simulation lab settings for various trainings.
- Grambling State University (GSU) – Assistance with new worker training in the northern part of the state.

**Pelican Center:** Louisiana CIP funds will continue to be used to support training and education initiatives identified and approved by the Pelican Center Training and Education Committee, in concert with DCFS and the University Alliance.

**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.

<b>Educational Stipends of Persons Preparing for Employment</b>		
<b>State (Public) University</b>	<b># of BSW / MSW Stipends SFY 2014</b>	<b># of BSW / MSW Stipends SFY 2015</b>
Southern University at New Orleans (SUNO)	3 BSW 5 MSW	7 BSW 2 MSW
Grambling State University (GSU)	6 BSW 2 MSW	3 BSW 3 MSW
Southern University Baton Rouge (SUBR)	3 BSW 0 MSW	6 BSW 0 MSW
University of Louisiana at Monroe (ULM)	5 BSW 0 MSW	4 BSW 0 MSW
Northwestern State University (NSU)	2 BSW 0 MSW	4 BSW 0MSW
Southeastern Louisiana University (SLU)	6 BSW 0 MSW	6 BSW 0MSW
Louisiana State University (LSU)	0 BSW 2 MSW	0 BSW 5 MSW
<b>Annual Total # BSW Stipends / Cost (\$6,500 each)</b>	<b>25 BSW \$6,500 each \$162,500</b>	<b>30 BSW \$6,500 each \$195,000</b>
<b>Annual Total #MSW Stipends / Cost (\$8,500 each)</b>	<b>9 MSW \$8,500 each \$76,500</b>	<b>10 MSW \$8,500 each \$85, 000</b>

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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.

**Additional Activities Planned FFY 2016:** Southeastern has contracted with Northwestern to evaluate the effectiveness of the DCFS stipend program in recruiting and retaining BSW and MSW students that are well prepared to enter the CW workforce. The initial report and recommendation for the 2015-2016 school year will be provided to DCFS by 6/30/15. Additional data analysis and resulting recommendations will be provided by 12/31/15.

**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.

**Additional Activities Planned FFY 2016:** The following multi-disciplinary training efforts have been undertaken or will be completed in FFY 2016.

- **Safety Decision Making® Training** – Needed to complement Advanced Safety Focused Practice implementation by DCFS.

**Summary:** Lack of a decision-making structure can lead to issues surrounding an increase in inappropriate removals, an increase in not removing children when appropriate, rubber-stamping agency recommendations, or returning children home prematurely. Advanced Safety Focused Practice (ASFP) is a research-based approach to assess child abuse and neglect throughout the life of a case. This model concentrates more on safety and assessments unlike previous incident-based models.

A multi-discipline focused, comprehensive curriculum, with accompanying materials, has been developed and is in the final review stages. It will be housed at the Pelican Center and available to stakeholders for continuing education purposes.

- **January 16, 2015** – Annual City and Council of Juvenile and Family Court Judges Meeting
  - Number of judges trained: 45
- **January 29, 2015** – Training of parent's attorneys - Juvenile Defender Conference, Baton Rouge

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- Number trained: 22
- **March 25, 2015** – Statewide webcast for CASA Staff and Volunteers – recorded to be placed on online training center
- **March 27, 2015** – Training of children’s attorneys – Mental Health Advocacy Services/Child Advocacy Program
  - Number trained: 24
- **Date to be determined (prior to June 30, 2015)** - Statewide multidisciplinary training open to all CW stakeholders.
  
- **Indicators of Child Abuse and Neglect Training** for DCFS new workers and multi-disciplinary audience.
- **February 3, 2015** – DCFS new workers, children’s attorneys, CASA staff
  - Number trained: 112

Consultation has begun with Dr. Scott Benton, Pediatric Forensic Medicine, University of Mississippi Medical Center, DCFS and the Pelican Center to develop a comprehensive, multiple module curriculum (and accompanying training materials) on the Indicators of Child Maltreatment.

- **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. This is an experiential, scenario-based training, designed to go beyond traditional programs to explore this topic on a broader level.

Most cultural competence and diversity training programs focus on primary and secondary dimensions. Primary dimensions (race, ethnicity) are basic and cannot be changed. Secondary dimensions (education, geography) can be influenced or changed. These patterns are sometimes invisible or undiscovered and may require exploration beneath the surface and questions surrounding previous beliefs and assumptions.

- **October 10, 2014** – New Orleans
  - Number Trained: 37
- **November 14, 2014** – New Orleans
  - Number Trained: 37
- **February 20, 2015** – New Orleans
  - Number Trained: 20
- **Scheduled – May 4, 2015** – Lake Charles
- **Scheduled – June 25, 2015** – New Iberia

Consultation has begun with the course writer/instructor to develop a comprehensive curriculum that will be completed in FFY 2017. An Institute will be conducted at the 2015 *Together We Can* conference (FFY 2017).

- **Louisiana Child Well-Being Summit: A Developmental Focus on Youth Transition to Adulthood.**

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**Summit topics include:** (1) At Risk Youth in Louisiana, (2) Challenges and Innovations in Scaling Up Trauma Interventions, (3) Transitioning Youth Issues, (4) The Adolescent Brain, (5) The Role of High Quality, Mental Health, Permanency Transition and Other Services, (6) Special Education Law; and (7) Adverse Childhood Experiences.

- **Scheduled – April 29-30, 2015** – Baton Rouge
  - Expected attendance 200
  
- **Summer School for Judges and Annual Meeting – Session on Adverse Childhood Experience and the Trauma Informed Courtroom**
- **Scheduled – June 12, 2015** – Destin, FL

- **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.

**Tentatively scheduled – July 31, 2015** – Lafayette, LA

In 2015 the *Together We Can* conference will move to a new venue, the Cajundome in Lafayette, Louisiana, in order to meet the demands of the ever-growing conference.

The Pelican Center Training and Education Committee, co-chaired by a staff person from DCFS, Southeastern Louisiana University and CIP, will start the strategic planning process for the revised CIP strategic plan due in August, 2015. Details of planned activities for SFY 2016 will be provided in that submission.

**Collaboration with Tribes** - The DCFS provide the tribes with information and announcements regarding DCFS sponsored training throughout the State. The federally recognized tribes have ongoing communication within the local DCFS offices and the tribal staff educates DCFS staff on cultural needs and ways to work better with Native American families. Through this partnership with the federally recognized tribes, DCFS has developed a two part computer based training title Indian Child Welfare Act (ICWA). This will be a mandatory course required of all Child Welfare employees beginning May 1, 2015.

The Louisiana CIP Judicial Fellow, Judge Anne Lennan Simon, District Judge (Retired) is well versed and educated on ICWA. She is a valuable resource available to the court, Department and other stakeholders as needed. ICWA compliance is a standard item on the annual *Together We Can* conference program.

**Training Activities Planned for FFY 2015-2019 (Please also refer to the systemic factors section on Staff Training for additional information.):**

**SFY2014**

Key activities to be accomplished include:

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**Administrative**

1. Develop the vision and mission for training academy;
2. Create infrastructure including a governance structure;
3. Work with individual public universities who are part of the Title IV-E alliance to ensure a shared vision and mutually beneficial partnership;
4. Develop MOU between DCFS, Pelican Center, and lead university (SLU);
5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
6. Establish an initial budget for DCFS training and enter into a contract with SLU and others as needed to initiate the transfer of training responsibilities.

**Service Delivery**

1. In collaboration with the Pelican Center, compile a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance;
2. Plan and conduct at least one training function as a partnership between the Pelican Center, University Alliance, and DCFS;
3. Arrange through contract, training for one cohort of supervisors and their managers, and mentoring of 3 additional staff as trainers of this curriculum to ensure internal capacity for the development and implementation of a plan of training and personal development of supervisors in the future.
4. Produce *Together We Can* conference on key areas of child welfare practice.

**Update 2015:**

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 (attached) outline in 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

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partnership, DCFS' commitment to workforce development, and the role each university can play in this vision.

4. Develop MOU between DCFS, Pelican Center, and lead university (SLU);
  - a. Attached
5. Establish on-going communication strategies with CW executive management staff, program staff, and field staff, as well as with other key stakeholders;
  - a. Written updates are provided to the Secretary and DCFS executive management on a monthly basis, and an in-person meeting is held with the Secretary to review progress, challenges, and to resolve any issues. Updates are provided to field staff at each monthly Web-ex hosted by the Secretary. Additional updates are provided to the Regional Administrators and State Office Programs and Operations staff at least quarterly during the regularly scheduled Operations meetings held the third Wednesday of each month. The 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, compile a list of trainings that are currently being offered through DCFS, the Pelican Center, or the University Alliance;
  - This list has been compiled and is attached for review.
- 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 *Together We Can* conference on key areas of child welfare practice.
  - Conference held.

**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;

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- 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 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.
- 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 will work 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 has been meeting monthly. The committee has adopted a standard curriculum format to each training module to be developed, and a policy to approved curricula. The committee conducts pre/post-testing around each event and a standardized course evaluation instrument. The information gleaned from this format and these processes will help to ensure consistency.

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**Additional Activities Planned 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 2017**

**Service Delivery**

- Implement Level 2 priorities from needs assessment.
- 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.

**Estimated Total Cost/Indication of Allowable Title IV-E Administration:** Title IV-E, IV-B and XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100% time study conducted by all Child Welfare (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.

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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.

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.

<b>Projected Training Expenditures</b>					
<b>Category of Expenditure</b>	<b>Actual FFY 2014</b>	<b>Projected FFY 2015</b>	<b>Projected FFY 2016</b>	<b>Projected FFY 2017</b>	<b>Projected FFY 2018</b>
<b>Salaries</b> -cost allocated expenses for staff in the field and state office including stipends	\$2,270,382	\$5,579,376			
<b>Travel</b>	\$2,897	\$7,282			
<b>Operating Services</b> -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$13,654	\$40,810			
<b>Supplies</b>	\$843	\$6,879			
<b>Acquisitions</b>	0	0			
<b>Interagency Transfers</b> -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$781,380	\$3,169,562			
<b>Other Charges</b> -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			
<b>Total</b>	<b>3,983,126</b>	<b>\$9,845,613</b>			

**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.

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Budgetary impact is a primary consideration for training, therefore most training is held at the state office located in Baton Rouge, Louisiana. If there is a cluster of trainees in a particular area the training is conducted there. Less travel costs are incurred using this method. The average cost per person will vary based on lodging and meal allowances. The majority of training within the Child Welfare Training Unit is developed by the training staff. The costs listed below were developed using the formula below and is applied to all child welfare training courses.

**Travel Costs** - Travel and Training costs from October 1, 2013 – September 30, 2014, are as follow:

- Lodging: Avg. \$104.00 (low for Tier I - \$77.00 – high for Tier 2 - \$131.00 per night excluding taxes and surcharge)
- Meals: Average of \$47 per day; (Tier I - \$41 per day: Breakfast \$8; Lunch \$12; Dinner \$21; Tier II (including New Orleans) - \$52 per day: Breakfast \$10; Lunch \$14; Dinner \$28.)
- Trainees' workbooks: average cost \$8 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by 2 trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$1900/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- **Minimum Cost:** For trainings held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$104 + \$47 for meals and \$8/workbook = \$1590 (\$159/trainee)
  - With one DCFS trainer (\$560.00) = \$2,150.00 (\$215/trainee)
  - With two DCFS trainers (\$1,120.00) = \$2,710/day (\$271/trainee)
  - With Contract Trainer \$1900 = \$3490 (\$349/trainee)
- **Maximum Cost:** For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (27) incurring costs of average lodging cost \$104 + \$47 for meals and \$8 for workbooks = \$4293 (\$159/trainee)
  - With one DCFS trainer (\$560.00) = \$4,853.00 (\$180/trainee)
  - With two DCFS trainers (\$1,120) = \$5,413.00 (\$200/trainee)
  - With Contract Trainer \$1900 = \$6193 (\$229/trainee)

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

**Update 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)

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- Meals: Average of \$53.50 per day; (Tier I - \$51 per day: Breakfast \$9; Lunch \$13; Dinner \$29; Tier II (including New Orleans) - \$56 per day: Breakfast \$10; Lunch \$16; Dinner \$30.)
- Trainees' workbooks: average cost \$15 per workbook
- DCFS Trainer Cost: Average salary cost and benefits of \$70 per day per trainer. One eight hour day of trainer salary is \$560.00. Some courses are taught by two trainers (ex. New Worker Orientation) bringing the trainer cost to \$1120 per day.
- Contract Trainer Cost: \$2000/day (daily rate inclusive of consultant fee and expenses)
- Training Site: The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.

- Minimum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$117 + \$54.50 for meals and \$15/workbook = \$1865.00 (\$186.50/trainee)
  - With one DCFS trainer (\$560.00) = \$2,425.00 (\$242.50/trainee)
  - With two DCFS trainers (\$1,120.00) = \$2,985.00/day (\$298.50/trainee)
  - With Contract Trainer \$2000 = \$3865.00 (\$386.50/trainee)
- Maximum Cost: For training held at the DCFS state office/headquarters or a DCFS regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$117 + \$53.50 for meals and \$15 for workbooks = \$5,595 (\$186.50/trainee)
  - With one DCFS trainer (\$560.00) = \$6,155.00 (\$205.16/trainee)
  - With two DCFS trainers (\$1,120) = \$6,715.00 (\$223.83/trainee)
  - With Contract Trainer \$2000 = \$7,595.00 (\$253.16/trainee)

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

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**CHILD ABUSE AND PREVENTION TREATMENT ACT STATE PLAN:**

The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. These are coordinated, to the extent practicable, with the Child and Family Services Plan (CFSP).

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided to prevent, identify and treat child abuse and neglect situations and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs and the state will provide notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA will be used in Federal Fiscal Years 2015-2019 to address the purposes of the grant and achieve the objectives of the grant.

**PROGRAM AREAS SUPPORTED BY CAPTA FUNDS:** In accordance with section 106(b) (1) (A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Out of the 14 program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

**A.) ALLOWABLE AREAS:**

- Intake, assessment, screening, and investigation of reports of child abuse or neglect;
- Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
  - Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

**SERVICES PROVIDED:**

**A. Child Protective Services including:**

**1.) Common Access Front End** - Transformation Phase I included the implementation of a Customer Call Center, Document Management System, and a Common Access Front End System (CAFÉ). With the inception of Phase II, 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.

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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 Department of Health and Hospitals' Enterprise Architecture, and/or extending the enterprise architecture functionality of CAFÉ.

Prior to 2014, DCFS Economic Stability (ES) was the only program to fully benefit from CAFÉ. In June of 2014, Child Welfare and Child Support Enforcement functionality was added in CAFÉ. CAFÉ provides a Provider Portal for the submission of Foster/Adoptive parent applications, emergency preparedness plans, requests for reimbursement, and view of payment history. It provides the ability of providers to receive client-specific referrals for services. The CAFÉ Worker portals includes functionality that includes submission of 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 provides an Assignments 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 and presentation of case information from TIPS, data entry wizard with integration with TIPS, staffing wizard for recording and storing of case staffing, IV-E wizard to automate the IV-E process. These projects will 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.

**Additional Activities Planned for FFY 2016-2019:** The completion date for planning tasks associated with Transformation Phase II is September 26, 2017. Additional planning tasks to be completed prior to September of 2017 include:

- Completion of the Feasibility Study and Alternatives Analysis;
- Cost Benefit Analysis;
- Development of an Updated IAPD;
- Development of IV&V vendor Request for Proposals;
- IV&V Vendor selection
- Development of Design, Development and Implementation vendor Request for Proposals;
- Design, Development and Implementation vendor selection.

It is anticipated that a Design, Development and Implementation vendor will be in place by September of 2017. The implementation phase includes conducting design sessions with internal and external stakeholders. DCFS will work closely with the selected DDI vendor to develop a system to meet the needs of the multiple program areas within Child Welfare. Implementation of the Child Welfare system replacement is expected to occur by January 14, 2020. For additional information regarding CAFÉ, the transformation project and information management systems please refer to the systemic factors section of this plan.

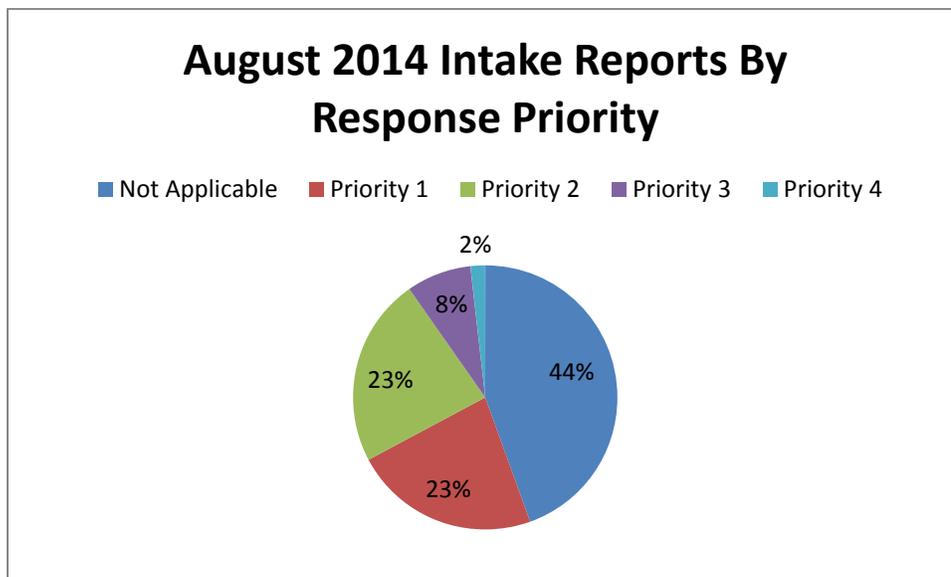
**2.) Centralized Intake Service Description -** The new Response Priority instrument was implemented August 4, 2014. The Department conducted training with staff in June and July 2014 regarding cessation of the Alternative Response program and incorporation of the new response priority instrument. The Department began hosting WebEx meetings with supervisors and program staff to ensure the implementation. In September 2014, Centralized Intake (CI)

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Child Welfare Managers went to the Orleans and Alexandria Regions to train CI Supervisors on decision-making with the new instrument. A fidelity review was conducted at the end of October 2014 and the results were used to train the ten (10) CI Supervisors. In December 2014, the CI Child Welfare Specialists 3's were trained in the new process. The CI Child Welfare Managers provided individual training and mentoring to the supervisors and CI Child Welfare Specialists 3's around identification of Present and Impending Danger while working live in ACESS reviewing and approving cases. Managers discussed use of safety assessment criteria to look at cases that should not be accepted, as this was an area identified as an area needing improvement. The training received should bring relief to field staff. Intake workers complete the response priority instrument on every case and submit the case to the queue for review and approval by the Supervisor. Managers and Director traveled state-wide to provide community education in-services to mandated reporters such as Law Enforcement, Medical and School personnel.

As anticipated after training, from implementation in 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:

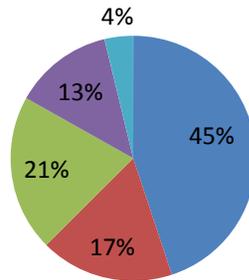


*Intake reports for August are from August 4, 2014 – August 31, 2014 (Implementation)*

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**September 2014 Intake Reports By  
Response Priority**

■ Not Applicable ■ Priority 1 ■ Priority 2 ■ Priority 3 ■ Priority 4

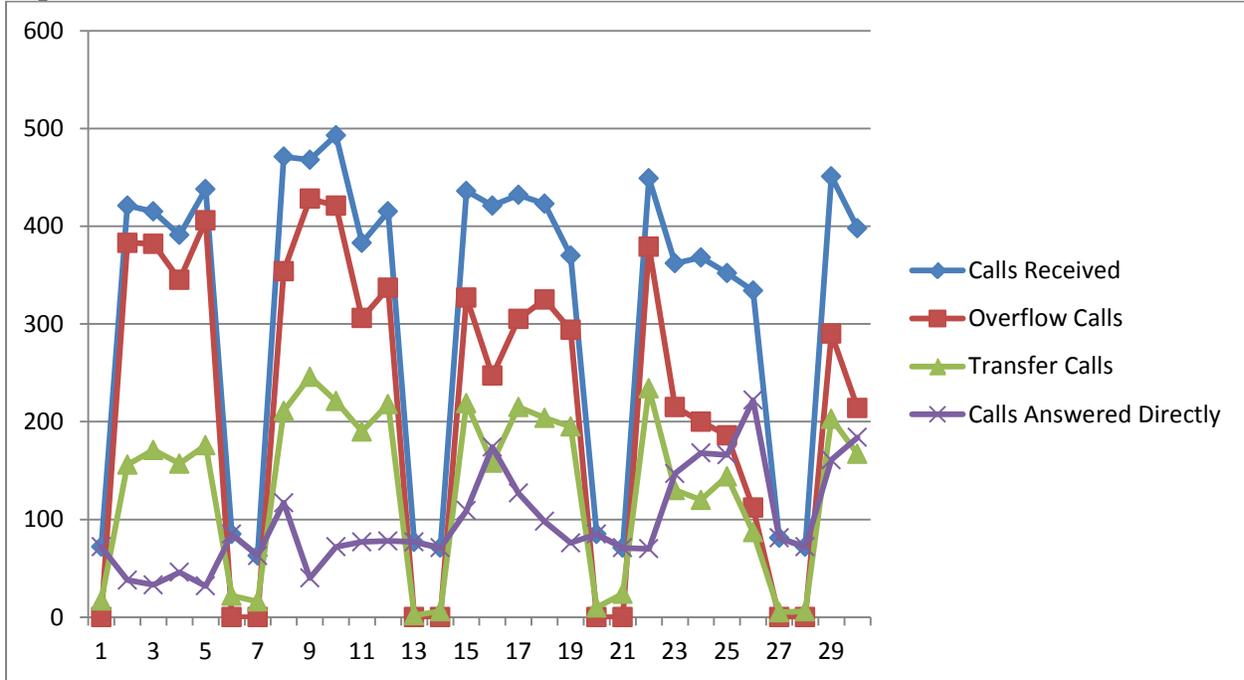


CALLS RECEIVED BY CENTRALIZED INTAKE												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Calls Received 2011-2012	10,828	11,713	10,906	9706	8792	7848	9321	8345	9133	8401	9241	7720
# of Calls Received 2012-2013	8442	9762	10,123	9421	7950	7056	8907	7895	8367	9405	9277	7892
# of Calls Received 2013-2014	9465	9940	9746	9665	7867	8947	8239	8195	8684	8605	8674	7113
# of Calls Received 2014-2015	8275	8635	9367	XX	XX	XX	XX	XX	XX	XX	XX	XX

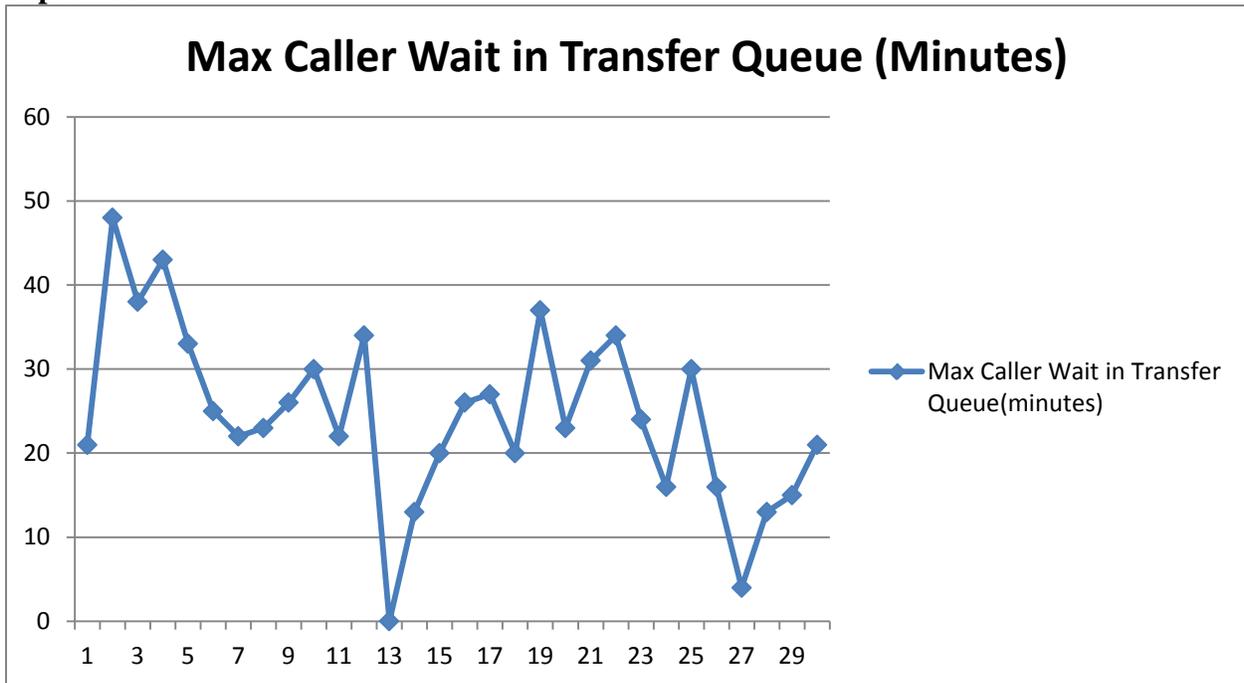
NUMBER OF INTAKES RECEIVED AND PERCENTAGE OF INTAKES ACCEPTED FOR INVESTIGATION / ARFA												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# of Reports Received 2011-2012	3420	4611	4680	4460	4240	3787	4433	4243	4699	4020	4293	3271
# of Reports Accepted 2011-2012	1872	2770	2635	2557	2377	2116	2520	2413	2503	2113	2226	1582
% of Reports Accepted 2011-2012	<b>54.74</b>	<b>60.07</b>	<b>56.30</b>	<b>57.33</b>	<b>56.06</b>	<b>55.87</b>	<b>56.85</b>	<b>56.87</b>	<b>53.27</b>	<b>52.56</b>	<b>51.85</b>	<b>48.36</b>
# of Reports Received 2012-2013	3671	4083	4233	4686	3791	3510	4305	3901	4177	4608	4335	3337
# of Reports Accepted 2012-2013	1861	2066	2163	2687	2206	2051	2399	2189	2342	2626	2489	1897
% of Reports Accepted 2012-2013	<b>50.69</b>	<b>50.60</b>	<b>51.10</b>	<b>57.34</b>	<b>58.19</b>	<b>58.43</b>	<b>55.72</b>	<b>56.11</b>	<b>56.06</b>	<b>56.98</b>	<b>57.41</b>	<b>56.84</b>
# of Reports Received 2013-2014	3439	4425	4721	4974	3924	3716	4009	4233	4356	4322	4233	3579
# of Reports Accepted 2013-2014	2030	2448	2562	2673	2140	2062	2219	2352	2413	2379	2351	1923
% of Reports Accepted 2013-2014	<b>59.02</b>	<b>55.32</b>	<b>54.26</b>	<b>53.73</b>	<b>54.5</b>	<b>55.5</b>	<b>55.3</b>	<b>55.6</b>	<b>55.4</b>	<b>55.0</b>	<b>55.5</b>	<b>53.7</b>
# of Reports Received 2014-2015	3914	4170	4638	XX								
# of Reports Accepted 2014-2015	1907	2218	2375	XX								
% of Reports Accepted 2014-2015	<b>48.7</b>	<b>53.1</b>	<b>51.2</b>	<b>XX</b>								

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### September 2014 Call Volume:



### September 2014:



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**Additional Activities Planned for FFY 2016:**

- Managers will work with each supervisory unit to train staff regarding the response tool. Supervisors are spending significant amounts of time correcting cases. This technique is expected to refine the process.
- Increase face to face interactions with staff to enhance relationships between co-workers, supervisors and managers within Centralized Intake and local field staff.
- Increase opportunities for staff to attend trainings in local offices to counteract the isolation of teleworker.
- In February 2015, a quality assurance measure was implemented, as twenty (20) randomly selected (recorded) calls from the Xerox Call Center were reviewed using a standard state form. This practice will continue through 2016.
- Additional staff will be requested to answer calls and subsequently reduce wait times for reporters. There are currently 46 Centralized Intake Workers, 10 Centralized Intake Supervisors, 3 Centralized Intake Managers and 1 Centralized Intake District Manager statewide.

**3.) Structured Decision Making Service Description** - 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 SDM® instrument. This instrument 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 using safety focused practice surrounding the six areas of assessment. This information is used to help accurately complete the SDM® instrument.

Family Services 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). CQI and CPS program staff completed targeted case reviews of the SDM® instrument quarterly by concentrating on accuracy and timeliness of completion to ensure families were receiving services timely. Data collected from the CQI case review regarding the correct and timely completion of the structured decision making risk assessment is evident in the following chart:

<b>STRUCTURED DECISION MAKING TIMELINESS AND CONSISTENCY</b>			
Area of Practice	Q1 Baseline	Q2	Variance
Correct Household	94.0	97.5	3.5
Timeliness	51.2	46.3	- 4.9
Consistency	64.2	61.7	- 2.5

- *Chart reflects percentage of 120 cases reviewed per quarter*

There was an increase of 3.5% in completing the SDM® on the correct household. The timely approval and information consistent with the SDM® and case record showed a decrease. This

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shows that CPS staff is better understanding the need to complete timely risk assessments with families. The SDM® risk assessment, along with accurate safety decision making assists the worker in determining the appropriate disposition of a case and determine the need for continued services through departmental or community service providers.

An integral part in assessing timely approval of the SDM® was implemented in September of 2014, as an SDM® approval box was incorporated into A Comprehensive Enterprise Social Services System (ACCESS) to ensure the Supervisor had reviewed the SDM® Initial Assessment and concurs with the information the CPS Worker endorsed on the instrument. The correctly endorsed SDM will ensure the risk level is accurate and appropriate decisions are made regarding on-going services to the family from the Department. Ongoing consultation was provided by CQI staff and the CPS program consultants during Case Crisis Reviews (CCR), Advanced Safety Focused Practice (ASFP) exits, and case consultations.

**Additional Activities Planned for FFY 2016:** The Department will continue to implement strategies and provide on-going assessment on how to accurately and consistently assess initial child safety and risk, including factors such as domestic violence, mental health issues, and substance abuse to prevent repeat maltreatment and strengthen families. The following steps and processes for SDM® improvement for children and families are:

- Review the SDM® instrument to increase the level of accuracy and consistency ensuring resources are targeted to families with the highest level of risk and need.
- Improve CPS staffs' abilities to assess risk for future maltreatment.
- Include tools on how to more accurately and consistently complete the SDM® instrument to assess child safety and risk including factors such as domestic violence, mental health, and substance abuse via webinar.
- Consultation for CPS supervisors and CPS workers on accurately completing the SDM® instrument.
- Utilize CPS email address, DCFS.ChildProtectiveServices@la.gov, addressing policy questions and concerns as it relates to the SDM® instrument.

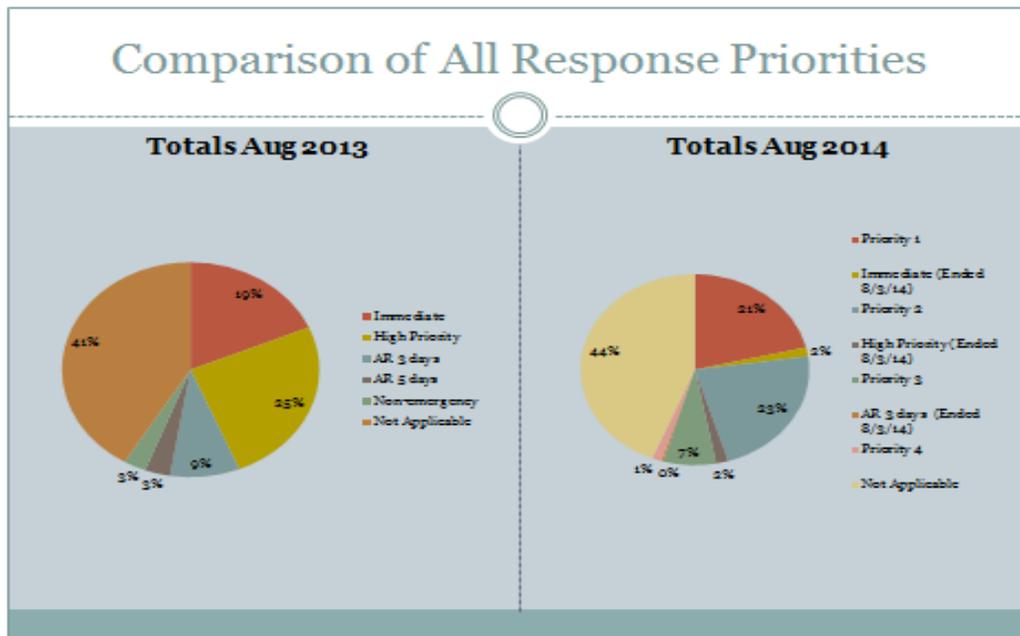
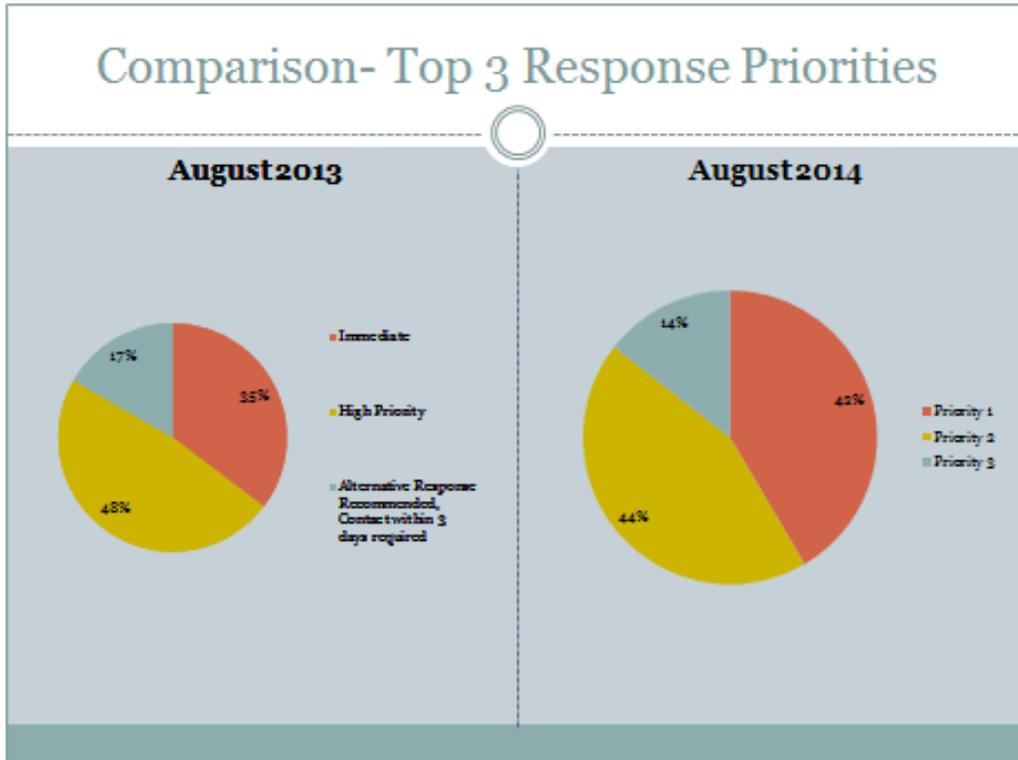
**4.)ACCESS - Service Description:** A Comprehensive Enterprise Social Services System (ACCESS) was modified to change the response priorities for investigation cases. The new response priorities provide CPS staff set time frames on when the initiation of the investigation should take place. The new response priorities are as followed: Priority 1 responds within 24 hours, Priority 2 responds within 48 hours, Priority 3 responds within 3 calendar days, and Priority 4 responds within 5 calendar days.

The Priority 1 response priority identifies present danger at intake. Priority 2 identifies impending danger at intake. Priority 3 and 4 identifies maltreatment at intake but no danger threats.

ACCESS updates included disabling the ability for field staff to change the response priority while in the field. The previous response priorities were the following: Immediate responds within 24 hours, High Priority responds within 3 calendar days, Alternative Response Family Assessment (ARFA) responds within 3 calendar days, and Non-Emergent responds within 5 calendar days. Below is data comparing the response priorities that were assigned in August 2013 (Priority 1,

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Priority 2 (P2), Priority 3) with the previous response priorities (Immediate, High Priority (HP), Alternative Response) which shows an increase in 24 hour responses due to the change in response time from HP – 3 day responses to P2 - 48 hour responses. A graph below compares the number of reports that were received in August 2013 and August 2014, the period when the new response priorities were implemented.



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The modification included adding supervisory approval feature to allow supervisor to ensure that the address of the reporter and the subject of the report are different. This will ensure that the reporter receives the system generated notification form regarding the disposition of the report whether or not the report was accepted for investigation.

As a result of law passed during the legislative session in 2014, coerced abortion was added to the allegation framework for abuse and neglect. Coerced abortion is defined as the use of force, intimidation, threat of force, threat of deprivation of food and shelter, or the deprivation of food and shelter by a parent or any other person in order to compel a female child to undergo an abortion against her will.

With the implementation of Advanced Safety Focused Practice (ASFP) along with the new response priorities, the Department eliminated the Alternative Response Family Assessment (ARFA) program. The shift focuses on safety and gathering sufficient information surrounding the six areas of assessment including: the extent of maltreatment, circumstances surrounding maltreatment, child functioning, adult functioning, parenting general, and disciplinary practices. By completing a more thorough assessment staff can make better decisions regarding child safety and provide interventions that are unique to the family's needs.

Updates were made to reflect a Present and Impending Danger Safety Assessment along with the appropriate Present and Impending Danger Threats that are featured in the Advanced Safety Focused Practice (ASFP). This will allow staff to correctly identify and document present and impending danger. The updates in the system have edits that will assist staff in ensuring that all the appropriate fields are completed prior to moving forward.

**Additional Activities Planned for FFY 2016:**

- The Department will implement strategies to enhance the implementation of safety focused practice. ACESS will be modified to include safety assessments for out of home investigations including reports received from restrictive care facilities and daycare facilities.
- Statewide reviews have been conducted to identify areas needing improvement including system or policy updates. As a result of extensive research the Department has completed Business Requirement Documents to make additional modifications or updates to (ACESS). These updates will include the ability to access expungement reports; prevent (ACESS) case closure if it does not integrate to Tracking Information Payment System (TIPS); default search feature to eliminate duplicate case records; coding system for identifying human tracking victims at intake and investigation cases; adding a drop down list to collect data associated with allegations of drug affected newborns to collect drugs identified in the allegation; and adding an allegation of re-homing.
- Staff is encouraged to submit suggestions, questions, and concerns to regional Child Welfare Management or submit to CPS mailbox [CFS.ChildProtectiveServices.DCFS@la.gov](mailto:CFS.ChildProtectiveServices.DCFS@la.gov).

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**B.) ALLOWABLE AREA:**

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

**SERVICES PROVIDED:**

**Criminal Record Clearances** – DCFS continued use of the MORPHTRAK Motorola Live Scan equipment which was previously known as PRINTRAK during FFY 2014 to complete fingerprint based criminal record clearances through the Louisiana State Police 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” receive criminal record clearances prior to hire to insure safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers who will be working for long stretches of time alone with a child to receive criminal record clearances as well since they are the caretakers of the child while they are alone with the child. Additional information can be found in Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

**Additional Activities Planned for FFY 2016:**

- The DCFS will continue 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 will continue to undergo the fingerprinting process for safety assessment purposes.
- DCFS is working 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 Louisiana State Police 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. Policy and procedures will be updated to include this information.
- DCFS will review cases to determine compliance with criminal record expectations.

**SERVICES PROVIDED:**

**1.) Nurturing Parent Program** - A Nurturing Parenting Seminar and Facilitator Training was conducted in September 2014 in Baton Rouge region. The training was a collaborative exchange of information that resulted in additional NPP services made available at DCFS offices in other areas of the region. Department staff are now available to co-facilitate NPP services to families might not be in a position to travel to the region’s Family Resource Center location or who may choose to schedule this service on a previously scheduled visit to the office. Additional information can be found in Systemic Factor Section E: Service Array and Resource Development.

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The Department continues to monitor the progress of Family Resource Center (FRC) services particularly the Nurturing Parenting Program via quarterly site visits and monthly conference calls between DCFS State Office staff, DCFS Regional Liaisons and FRC staff.

The Department has contracted with Prevent Child Abuse Louisiana (PCAL) for NPP training and consultation, including the development of a Peer Review Process for Family Resource Centers. The intent of the Peer Review Process is to improve service delivery and ensure continuity of care among FRC service providers. The Peer Review Process will allow each center an opportunity to review internal processes and observe services offered by other Family Resource Centers. PCAL has been involved in the implementation and monitoring of Nurturing Parenting Program services, and will provide leadership and guidance during the planning and implementation of the Peer Review Process to strengthen the work of NPP service providers.

**Additional Activities Planned for FFY 2016:**

- Nurturing Parenting training sessions for DCFS Staff.
  - Three Lake Charles DCFS caseworkers were trained in Nurturing Parenting Model in January 2015 by the Education and Training Council.
- FRC Peer Reviews. This process is expected to result in quality improvement and sharing of ideas for successful strategies in an effort to advance practice.
  - The Peer Review process was discussed with all FRC providers during a retreat on March 30, 2015. Review teams were agreed upon, with an expected visit to their partner site by September 2015.
    - FRC Peer Review Teams:
      - The Extra Mile will partner with Project Celebration
      - The Extra Mile will partner with Nicholls State University
      - Renew and Discovery will partner with Tulane University
      - 
      - VOA Alexandria will partner with Educational & Treatment Council
      - Education & Treatment Council will partner with Community Supports

**2.) Training** - Child Welfare Training continued to provide the 24 week competency based child welfare curricula for new staff. This training was provided 14 times during the year and was provided to 246 new DCFS employees. 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,

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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. Additional information can be found in Systemic Factor Section D: Staff and Provider Training.

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 Staff Training Systemic Factor section of the report)*

Training is available to foster/adoptive parents through agency sponsored training providers. Additional trainings may be used to meet licensing requirements including:

- Louisiana Foster/Adoptive Parent Association annual conference;
- National Foster Parent conferences;
- Community agency or organization trainings (pre-approved by the regional or state office);
- Participation in consultation with a licensed professional for purposes of implementing an individualized behavior management program or other therapeutic treatment on behalf of a foster child;
- On-line trainings (pre-approved by State Office).

All families applying to become certified as foster/adoptive parent(s) in Louisiana are required to complete pre-service training and to receive education in CPR/first aid. Pre-service training is scheduled at a minimum of every 10 weeks. From January 2014 – December 2014, regional staff held approximately 50 pre-service trainings 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 chose to pursue licensure for the placement and permanency goal of their relative/kin. Training credits are documented on the DCFS CW Workshop/ Conference Attendance Form for Foster Parents (TRN-7). The completed form is submitted to the Home Development (HD) Unit for filing in the foster/adoptive parent file. There were approximately 700 newly certified families during calendar year 2014. *(For additional information, please refer to the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor section of the report)*

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.

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**Additional Activities Planned for FFY 2016:**

- All DCFS Child Welfare Training will be transferred to the Child Welfare Training Academy (CWTA). This includes New Child Welfare Worker Orientation.
- The *Together We Can* Conference will move to a new venue, the Cajun Dome in Lafayette, Louisiana, in order to meet the demands of the ever-growing conference addressing many critical issues including: 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. The goal of this conference is to build a strong, statewide foundation of skills and knowledge in those charged with protecting children.
- Work continues with Louisiana state (public) universities in developing and enhancing the comprehensive system of training that serves prospective staff and current staff. DCFS contracts with Northwestern Louisiana University (NSU) in Natchitoches, Louisiana and Southeastern Louisiana University in Hammond, LA. These universities will in turn contract with the remaining state (public) universities with schools of social work to provide educational stipends and various forms of support for the development and implementation of the child welfare training academy.
- Foster parent training credit to satisfy licensing requirements will continue to be available through approved conferences, online training, child specific consultation meetings, and pre-approved community agency/organization sponsored trainings.
- The Training Academy will continue to assess foster/adoptive parent training needs through the use of paper and online surveys to determine which topics foster parents identify as areas most important to their role as caregivers and partners to the Department. *(For additional information, please refer to the Training Plan section of the report).*

**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 January 08, 2016, and maintains the integrity of the critical incident model established by this trauma response organization. In April 2014, a statewide recruitment effort was initiated and from this effort nineteen (19) new

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team members came aboard bringing the composition of the team to thirty-seven (37). Due to the death of a member and the resignation of another the membership is currently thirty-five (35). The new members participated in the Basic CISM training from July 29, 2014 through July 31, 2014 housed in the State Office Building, which was facilitated by the U.S. Coastguard Administrator. The Team Coordinator and another member of the team participated from August 11, 2014 through August 13, 2014, in the Strategic Response to Crisis training at the U.S. Coast Guard Station sponsored by the International Critical Incident Stress Foundation. Between October 01, 2013 and September 30, 2014 fourteen (14) interventions (1:1 or Groups) were requested providing support to sixty-eight (68) staff which increased from the previous year when there were six (6) requested interventions assisting approximately twenty-eight (28) staff. The interventions proved effective in the processes of reducing the psychological distress associated with critical incidents and assisting staff in re-establishing pre-incident levels of functioning. The effectiveness of the interventions is based on 1.) Feedback surveys completed anonymously by staff participants in the interventions the day of the interventions and forwarded to the Team Coordinator, and 2.) Emails sent from field management staff acknowledging the CISM team's outstanding support to staff. The team follows up with each staff participant via phone the week following the interventions and the Team Coordinator follows up with the team the day after the interventions to ensure quality support.

**Activities Planned FFY 2016:**

- 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
- 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 agency 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

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- The use of differential response in preventing child abuse and neglect;

**SERVICES PROVIDED**

**1.) Substance or Alcohol Exposed Newborns** - 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, Magellan, 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 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 a rise in the number of substance exposed newborns. 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.

<b>SUBSTANCE EXPOSED NEWBORNS FFY 2013</b>	
<b>Disposition</b>	<b># of Children with Allegation of Substance Exposed Newborns</b>
Valid	1113
Not Valid	143
Total	1256

**Additional Activities Planned for FFY 2016:**

- The Department will meet with DHH and other community entities to implement strategies and comprehensive training on working with SEN cases.
- The Department will update the case management system A Comprehensive Enterprise Social Services System (ACCESS) in order to capture and track the types of drugs that infants are exposed to during the mother's pregnancy.
- The Department will be able to collect data and generate reports allowing the Department to identify trends in certain geographical areas becoming instrumental in locating resources and interventions.
- The Department will partner with DHH in the Medicaid Innovation Accelerator Program (IAP) to increase early identification and coordinated referral to treatment by five percent for children between birth and twelve-months of age, who are at risk for Neonatal Abstinence Syndrome.

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- The Department will attend an in-person meeting with the IAP Substance Use Disorders Meeting in May 2015 to discuss and identify issues and develop strategies to improve delivery systems for individuals with a substance use disorder.

**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;
  - The DCFS hosted its 16<sup>th</sup> 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

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- ***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 Secretary Sonnier 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;

**Activities Planned for FFY 2016:** 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, Twitter and soon Pinterest).

- Safe Haven promotions include updating and redesigning the online training video, if funding is available. Safe Haven printed materials will still be available on the website for download. Requests for hard copies of materials can still be made and will be fulfilled by the Communications Bureau.
- Adoption Awareness Month activities will promote the need for foster and adoptive parents by sending out at least one press release, posting to social media accounts, appearing on morning shows across the state.
- Child Safety activities include blog posts, sharing and promoting stories and tips related to child safety and health.
- Child Abuse Prevention Month activities will be designed to promote the child abuse prevention tactics and DCFS' child abuse hotline, including press release or editorial, television interviews and social media posts.

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- Foster Care Awareness month activities will promote the need for foster families, including press releases or letters to the editor, television interviews and social media posts.
- The 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 professional photographed.
- The 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 also use these partnerships to promote positive things coming out of the child welfare system.
- The DCFS will inform the media, community, and stakeholders of initiatives implemented by the Department focusing on DCFS mission to keep our children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster.
- The DCFS will update and maintain social media sites including FaceBook and Twitter.
- The DCFS will continue to maintain and create partnerships with media outlets and community organizations in each region so that adoptable foster children can be promoted.

**G.) ALLOWABLE AREAS:**

- developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in
- investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate;
- the provision of services that assist children exposed to domestic violence and that also support the care giving role of their non-abusing parents.

**SERVICES PROVIDED:**

**1.) Early Intervention Services** - Policy requires referrals to Early Steps for children ages 0-3. The number of children served in the Family Services (FS) Program that are referred to Early Steps Program has not been captured. DCFS can provide the number of children in open Family Services 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.

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. This number represents unduplicated, substantiated child victims under the age of 3 in all DCFS Child Welfare Programs including (CPS, FS and FC) for FFY 2014. This is the number of children eligible for referral, but does not necessarily reflect those that will qualify for Early Steps Program services.

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Department of Health and Hospitals 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 the Department of Health & Hospitals (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 those affected by abuse and neglect. The agencies explored ideas for effective coordination of services, as well as cross training of staff.

**Additional Activities Planned for FFY 2016:**

- Collaboration including discussions about data tracking (through a data workgroup). Collaborative efforts will include exploration of opportunities for information and data sharing; identification of useful data sources within state departments, community agencies and organizations; discussion of useful reports and data analysis; creating additional opportunities for cross training of interagency staff. An example of cross training opportunities would include the participation of statewide DCFS staff in the DHH sponsored Infant Mental Health Training series during the past several years.
- Include stakeholders in discussions of ways to address the number of drug affected newborns by emphasizing prevention, education and links to timely services.

**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

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- supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;

**SERVICES PROVIDED:**

**1.) Interagency Collaboration: Consultation with Physicians** - Magellan worked to recruit Psychiatrists for rural areas and this work has been ongoing. When treatment providers are not available in an area for a specific service, Magellan secures the service out of the network. The Louisiana Behavioral Health Partnership (LBHP) expanded access to providers from approximately 800 to more than 1,700 providers. The Partnership serviced approximately 75,000 children. The progress of network development continues to be based on ensuring that all children in need of behavioral health services are able to access an array of community based services.

The DCFS 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. If this process is beneficial, the DCFS will explore ways to implement it on an ongoing basis. 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 also 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, the DCFS posted psychotropic meds training accessible on the DCFS website to all staff and stakeholders.

The 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 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.

The DCFS in collaboration with OJJ began a process of integrated case management with crossover youth involved in both departments to insure more effective planning for and utilization of medical and behavioral healthcare services. This work was piloted initially in St. Tammany and Lafayette areas of the state due to higher percentages of crossover youth as compared to other areas in the state. As the work progressed, additional parishes within the aforementioned regions began incorporating this process.

**Activities Planned FFY 2016:**

- The DCFS will continue 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 will be provided to additional regions in the upcoming year.

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- The DCFS will continue to regularly share data with the DHH to identify those children in the DCFS custody on multiple psychotropic medications.
- DCFS will continue to 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. The DCFS will assess through surveys and case review data whether or not the agency would benefit from additional psychopharmacology teams to conduct routine consultations with staff.
- DCFS and a team of stakeholders which includes representatives from OBH, Magellan (the state's behavioral health managed care entity) and the state Medicaid program will continue to develop and adopt parameters for use of psychotropic medications with children in foster care.
- The DCFS will continue to provide clients medical, dental and behavioral health care services through the DHH contracts with Bayou Health for medical and dental care, and with Magellan for behavioral health care.
- Non-Medicaid services required to meet the care needs of children in foster care will continue to be provided through alternative DCFS resources.
- The integrated case management process for working with crossover youth will continue to be implemented in additional regions including Thibodaux, Orleans, Baton Rouge, Monroe and Alexandria.

**2.) Interagency Collaboration: Louisiana Behavioral Health Partnership/Coordinated Systems of Care** - Louisiana has adapted 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.

The DHH continued to provide medical healthcare coverage to children through the managed care system known as Bayou Health. Bayou Health includes five different managed care options for medical and dental services. Each program offers specialized care services which may be more attractive for certain client groups based on the individual client situation. For example, one program offers much more extensive services for pregnant teens as opposed to the other plans. If a particular plan offers services that support the care needs of the child more than another, the child can be transferred to the other plan at annual plan renewal.

The DHH also provided behavioral healthcare coverage to children through the managed care system known as Magellan as part of a collaborative effort between DHH, DCFS, Louisiana Department of Education (LDoE), and Office of Juvenile Justice (OJJ) called the Louisiana Behavioral Health Partnership (LBHP). Through this collaboration, children and their parents were able to access both inpatient and outpatient mental health services to address emotional and behavioral healthcare needs.

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The DCFS continued to strengthen its collaborative efforts with the Louisiana Behavioral Health Partnership (LBHP). In 2015, monthly meetings were held that included the DCFS, the OJJ, and Magellan to address network, quality improvement and any case specific issues brought to the attention of the team. Conference calls were held twice weekly to resolve placement, behavioral, and treatment issues. The team also utilized the calls to assure that each child was placed in the least restrictive environment when intensive services and settings were no longer deemed necessary.

The Department and Magellan conducted a *Provider Survey of Needs* to assess the issue of provider availability. Survey results indicated the need for additional TGH (Therapeutic Group Homes), PRTF (Psychiatric Residential Treatment Facilities), and TFC (Therapeutic Foster Care) providers. Magellan conducted a wide variety of outreach activities including provider forums in various areas of the state, created focus groups to identify possible barriers to gaining additional providers, and released a request for proposal. Upon completion of these activities, the pool of resources increased, as two TFC providers and one PRTF provider became contracted. Through this collaboration, Therapeutic Group Homes received a rate increase from \$228.69 to \$243.32. As a result, new providers expressed interest in providing this level of care.

There are currently five (5) Psychiatric Residential Treatment Facilities (PRTF), three (3) Therapeutic Group Homes (TGH), twenty four (24) Non- Medical Group Homes (NMGH), and ten (10) Therapeutic Foster Care (TFC) provider agencies. As a team, Magellan, OBH, DCFS and OJJ worked together to hold providers accountable for the quality of services children receive. In doing so, Magellan added a clause to residential provider contracts that require a fourteen (14) day notice prior to the discharge of a child from a facility.

**Activities Planned FFY 2016:** The DHH announced the transfer of LBHP management from Magellan to the Bayou Health Plan Providers effective December 1, 2015. All behavioral health and medical services will be coordinated by Bayou Health. In an effort to ensure as seamless transition as possible, the DCFS and the LBHP partner developed a transition plan to make the changeover to Bayou Health successful.

The following activities will take place leading to the full transition from Magellan to Bayou Health:

- Magellan will provide a transition plan by June 1, 2015 for the administrative oversight of the DCFS non-Medicaid eligible youth and services to the party designated as responsible for these services on and after December 1, 2015;
- The DCFS will review the plan and make changes as needed to assure the transition is smooth. This plan will be monitored through meetings with all involved parties;
- The DCFS will develop and provide training to staff regarding the transition to Bayou Health;
- Bayou Health will work together to increase the network of providers and rate for Homebuilders.

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**Statewide Coordinated System of Care (CSoC)**

**FFY 2015 Update:** the DCFS continues to strengthen its collaborative efforts with the Louisiana Behavioral Health Partnership (LBHP). In 2015, monthly meetings were held that included DCFS, OJJ and Magellan for the purpose to address networking issues, quality improvement issues and any case specific issues brought to the attention of the team. Conference calls are held twice weekly to resolve placement issues, behavioral issues, and treatment issues.

The Department and Magellan conducted a *Provider Survey of Needs* survey to assess the current need to increase provider availability. Survey results indicated the need for additional TGH (Therapeutic Group Homes), PRTF (Psychiatric Residential Treatment Facilities) and TFC (Therapeutic Foster Care) providers. Magellan conducted a broad research based on the results of the survey including NMGH provider forums, a comparative analysis and state-wide agency focus groups to determine the root cause of the lack of providers and to identify potential solutions in obtaining TGH, PRTF and TFC providers. After releasing a request for proposal, two additional TFC providers came on board and one additional PRTF provider came on board.

<b>LA. Behavioral Health Partnership # of Provider By Type</b>				
<b>FFY 2015</b>	<b>PRTF</b>	<b>TGH</b>	<b>NMGH</b>	<b>TFC</b>
	<b>5</b>	<b>3</b>	<b>24</b>	<b>10</b>
<b>FFY 2016</b>				
<b>FFY 2017</b>				
<b>FFY 2018</b>				
<b>FFY 2019</b>				

**Additional Activities Planned for FFY 2016:**

- DCFS will work with the DHH regarding the expansion of CSoC services to the remaining regions, when funding is available;
- Coordinated System of Care (CSoC) services will continue to work toward expanding statewide. Of the The CSoC 1,093 children enrolled in September of 2014, 91 were identified as children in the LA. foster care system;
- Work between the DHH and DCFS on the expansion of CSoC will continue in the upcoming year;
- The DHH will issue a request for proposals to replace its current SMO, as the contract for the current SMO has expired.

**3.) Requirement for Media Disclosure on Child Fatalities and Near Fatalities- :**

DCFS has complied with federal and departmental policies with regard to media disclosure on child fatalities and near fatalities. DCFS has contacted the Louisiana Coroner’s Association in an attempt to develop a system to obtain information on child fatalities. Coroners in Louisiana are elected officials and death information from the local coroner’s offices is sent directly to the Bureau of Vital Records. Efforts were made to communicate with individual coroner’s offices in each parish; however, based on varying procedures in each parish communication is found to be an area needing improvement to collect the needed data.

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The Child Advocacy Center (CAC) in New Orleans, Court Appointed Special Advocate (CASA) Programs in Jefferson Parish and CASA in Shreveport have requested that the Department release information, as of 2011, annually to provide details (names excluded) on validated child fatalities for these specific locations. The CAC in New Orleans has a memorial event annually in April, *Trees 4 Life*, which plants a tree for each child who has passed away. The CASA programs have a memorial program, *Light of Hope*, which also has a memorial event annually in April to remember each child.

**Additional Activities Planned for FFY 2016:**

- 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.

**4.) 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.

**Lafayette Region Citizen Review Panel Members:**

Courtney Lanclos-CASA of SOLA Executive Director  
Linda Boudreaux, Family Resource Center Director  
Evangeline Boudreaux, Family Resource Center  
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  
Ashley Alis – CASA of SOLA  
Natalie Johnson – CASA of SOLA  
Melissa Thompson, LCSW-BACS, Area Director Lafayette Region, CRP Regional Coordinator

The Lafayette Region DCFS Citizen Review Panel held meetings on the following dates: March 27, 2014, May 4, 2014, June 2, 2014, July 14, 2014, August 2, 2014, September 10, 2014, and

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November 12, 2014. Recruitment of active panel members was very important this year since several of the panel members resigned due to other obligations and employment changes. The panel held seven meetings during calendar year 2014.

**Summary of the Panel's Yearly Activities/Project/Accomplishments:** The Lafayette panel decided to focus on sibling visitation this calendar year, and conducted a *Sibling Day Camp* at the Lafayette Sheriff's Training Academy. Twelve of the seventeen foster children invited to the camp were in attendance, and a day of fun, food and activities followed with siblings. A reporter and supporter of Lafayette's Citizen Review Panel published an article in the *Community Chronicles* to promote the sibling camp day event.

**Identified Trends/Finding/Concerns:** The CRP will determine its focus for 2015. Quarterly meetings will be held, and information on child welfare will be presented to committee members. Retention of existing members is crucial to the success of our CRP panel. The retention/recruitment of members is an ongoing concern including employee changes, etc.

**Recommendations:** The CRP Regional Coordinator will continue to provide data on child welfare at the panel meetings and make suggestions regarding the focus for the upcoming year.

**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  
Elizabeth Green, Louisiana Baptist Children's Home  
Laura Nettles, Families Helping Families  
Ella Nimmers, Our House for Teens  
Marion Carraway, Louisiana MENTOR  
Carrie Perry, CASA  
Jacquiela Dorsey, Big Brothers Big Sisters, The Wellspring  
Melody Karamanis- La. Baptist Children's Home  
Andrea Black-ULM Title IV-E Coordinator  
Cindy Murphy-Independent (Formerly Reg. Admin. With DCFS)  
LaRanda Jason-CWS DCFS  
Tamara Thompson-River City Counseling Services  
Ellen Hammons, Area Director, Monroe Region/DCFS Liaison  
Katie Herring, Regional Placement Specialist/DCFS Liaison

The year 2014 was a 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 to better improve qualitative and quantitative measures in fulfilling the agency mission. The Panel and the Department continue to demonstrate an exceptional and cooperative relationship in meeting our mandated goals.

**Summary of the Panel's Yearly Activities/Project/Accomplishments:** The Monroe Region DCFS Panel members met three times during 2014. The DCFS representatives and panel Transmittal Date June 30, 2015

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members attended a CRP workshop in Deridder, Louisiana during the month of January which would substitute the regular quarterly meeting. The Panel continues to maintain a large number of members who are actively attending the local meetings. The meetings focused on the on-going Life Skills Camp for youth in Foster Care in preparation for them to transition to Independent Living, the addition of a Christmas Camp to give respite to Foster Parents during the busy Christmas season, the panel getting more involved in the already established Sibling Camp for siblings who are in different placements, obtaining information about what other CRP's are doing across the nation, the organization of an appreciation luncheon for our DCFS-CW staff foster care workers, and other issues related to Coordinated System of Care (CSoC). Also, discussed were the changes regarding residential group homes and the gaps that this leaves in services to teens. The residential home is now partnering with a local youth shelter to provide transitional living services to even more children. The 1<sup>st</sup> appreciation luncheon that the CRP provided for foster care and child protection workers to boost staff morale and retention was successful. It was a 2 day event so more workers could attend and it was very well attended.

The Monroe panel focused its attention on youth transitioning out of the foster care system, and enhanced their annual *Life Skills Camp* to this year include residential home providers and their input on collaborating with youth to meet their needs. The panel continues to have a great deal of sponsors for this camp and appreciate the selfless acts of their personal time to make our camps a success. The 3<sup>rd</sup> Christmas camp was held Dec. 5-6, 2014.

**Identified Trends/Finding/Concerns:** The Monroe Citizen Review Panel has elected new officers. Jacquiela Dorsey will serve as our Chairman of the panel for the coming 2015 year. Mrs. Dorsey is the director of Big Brother's Big Sisters for the WellSpring Alliance. The co-chair elected for the coming year is Angie Thomas, who works with the Methodist Children's Home Independent Living and Transitional Living Programs in Ruston, Louisiana and both of these ladies are assets to the committee.

**Recommendations:** None

**Beauregard Parish Citizen Review Panel Members:**

Chair- Tommy Edwards, Director of Court Appointed Special Advocates for Children  
CASA  
DFCS Liaison- Donna McCullough, CWS 4  
DCFS Liaison- Patricia McClinton, CWS 5  
Alba Dubois, Counselor, Grace Church  
Ellis Spikes, Discipline Hearing Officer, Beauregard Parish School Board  
Kim Haynes, Beauregard Parish School Board  
Annette Duplechin, Executive, BeauCare  
Sgt D. Coker, DeRidder Police Department  
Myrna Cooley, TASC Supervisor (Truancy)

The Beauregard Parish CRP currently meets in conjunction with the Parish Children's Advocacy Panel Quarterly. The last meeting was held on 10/2/2014, updates of the Panel's activities were given to the members present.

**Summary of the Panel's Yearly Activities/Project/Accomplishments:**

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The Beauregard parish panel focused its attention on recruiting and retaining active panel members, as members continue to fluctuate. The Panel is in the process of communicating with the Department on training opportunities to strengthen CRP panels and share best practices. The Next meeting for the Beauregard Parish CRP panel will be held on 3/5/2015.

**Identify Trends/Finding/Concerns:** Based on the current number of foster homes in Beauregard Parish, a large percentage of the children in care are placed outside of the parish. In many cases, this translates into providers having to travel long distances to obtain services. It also increases the difficulty for birth parents and caregivers to participate in scheduled family team meetings and visits. The panel endeavors to increase its membership and pool of resources to address this concern. The CRP Regional Coordinator for Beauregard Parish has retired and DCFS is searching to fill this role.

**Recommendation:** None

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**ADDITIONAL REQUIREMENTS [Section 106 (b)(2)(D)]:** The Department assures that policies and procedures regarding the requirements listed below are in place and can be viewed on the DCFS website at the following address:  
<https://stellent.dss.state.la.us/LADSS/whatsNewResults.do?agency=OCS&status=Active&numResults=10&sortSpec=dInDate+Desc+dDocTitle+Asc+xStatus+Asc>.

Refer to the child welfare services continuum and training portions of this plan for information on the following:

- 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** - The Department is utilizing the ASFP and the Family Team Meeting Model.

**Activities Planned for FFY 2016:**

The Department will provide a comprehensive training to Foster Care staff on the Family Teaming approach throughout the State.

**Policies/procedures that promote/enhance collaboration among child protective services, domestic violence and substance abuse treatment, etc.:** DCFS Staff refers clients to Family Resource Centers and community based treatment programs. Family Resource Centers (FRC) 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) FRC that are contracted with the Department to provide services. The current Family Resource Centers are:

- 1.) Discovery FRC - Southeastern University, Baton Rouge Region.
- 2.) Renew Family Resource Project - Southeastern University, Covington Region
- 3.) Nicholls State University Family Service Center, Thibodaux Region
- 4.) The Extra Mile, Lafayette Region.
- 5.) Educational and Treatment Council, Inc., Lake Charles Region.
- 6.) Volunteers of America - North Louisiana, Alexandria Region.
- 7.) Community Support Program - Portals, Shreveport Region.
- 8.) Project Celebration, Shreveport Region
- 9.) Tulane Parenting Education Program, Orleans Region

Each FRC provides services to parishes in their geographic area so that services are available throughout the state. These centers receive referrals from the Department of families who are involved due to neglect and abuse of a child. (FRC) provide three (3) CORE services: Parent

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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;
- 4.) Systematic Training for Effective Parenting, STEP including Effective Black Parenting.

**Visit Coaching:** Targeting children in foster care, but 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 is expanded to accommodate this service and will serve as that parent's visit.

**Family Skills Building:** 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. Family Skills Building (FSB) targets areas of family skills identified as areas of concern or problem in a family's functioning. FSB is designed to meet 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.

**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 the Adoptions programs. Foster 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.

**Activities Planned for FFY 2016:**

- The Department will build networks of providers for resources for the clients that are served through Coordinated System of Case (CSOC) and/or (MOU).
- Policy and practice will be reviewed and updated as needed.
- Staff will be educated on resources in the community and how to encourage clients to engage in treatment.

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- Family Resource Centers will complete in-service training routinely to inform staff of the services offered and making referrals.

DCFS has been tasked by Act 564 of the 2014 Louisiana Legislature to develop an annual statistical report on human trafficking in Louisiana. A report is to be sent to the Legislature by the Department of Children and Family Services (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 human trafficking providers, Child Advocacy Centers, and sexual assault centers in Louisiana to develop a data gathering process on victims served, to produce the annual report. DCFS partnered with State Police to access the existing HSIN website for data entry for the report by human trafficking 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, will be referred to the National Human Trafficking Hotline for assistance.

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 have occurred since 2014 and provide consultation with management on these cases.

**DCFS Human Trafficking:** Policy will be developed for the Child Protective Services and Family Services programs on the identification and management of juvenile sexual trafficking victims. The Foster Care program will update its policy on juvenile sexual trafficking victims to provide for screening and service to victims who are identified as confirmed or at high risk for juvenile sexual trafficking victims as they enter the foster care program. DCFS is in the process of working with the human trafficking providers, Child Advocacy Centers, and sexual assault centers in Louisiana to improve the process of reporting data on human sexual trafficking. DCFS will be working on implementing the requirements of Federal HR 4980, in regards to sexual trafficking of Child Welfare clients. Policy updates for 2015 will include the development of staffings for Child Welfare clients identified as confirmed or at high risk for juvenile sexual trafficking victims in the Child Protective Services and Family Services programs.

**Policies and procedures regarding the use of differential response**

- ARFA cases were eliminated as of August 2014 due to the implementation of ASFP.

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- 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.

**Activities Planned for FFY 2016:** No activities are planned with AFRA for 2016.

**Child Maltreatment Deaths** – All child maltreatment fatalities are reported through Centralized Intake. 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 DCFS has partnered with the Department of Health and Hospitals (DHH) to share information about fatalities reviewed by the State Child Death Review Panel. Fatalities reviewed by the State Child Death Review Panel are outside of the timeframe for the NCANDS submission. The Department continues to work with the Office of Public Health within DHH to obtain current information on child abuse and neglect fatalities. 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 the DCFS as individual contact with each agency is currently beyond the capacity of the Department.

**Activities Planned for FFY 2016 (if any):**

- DCFS will work with the Department of Health and Hospitals (DHH) Office of Public Health to determine if there are any additional fatalities reviewed by the Child Death Review Committee needing to be included in the FFY 2015 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 work 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 DCFS.

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

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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 are 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. These staff 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.

**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. Goals for subsequent years will be established based on the level of progress made in the prior year.

Data for the first half (January 1 through June 30) of Calendar Year 2014 is also provided, along with an annualized projection based on the first half of the year. **Note that the projection is based on turnover during the first half of calendar year 2014 and may not be reflected in actual end-of-year turnover.** As indicated in the table, the goal will not be met statewide, and will be met in only two regions (Covington and Thibodaux). The turnover rate is also projected to be lower in Baton Rouge and Lake Charles Regions, but both of these regions have a goal of 5% reduction. The most concerning region is Orleans, with a projected turnover rate of nearly 50%. Goals for subsequent years will be established based on the level of progress made in the prior year.

Child Welfare Turnover									
Region	Baseline	CY 2014 (Midyear)	CY 2014 (Projection)	Change from Baseline	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Orleans	28.92%	24.11%	48.22%	19.30%					
Baton Rouge	32.31%	15.94%	31.88%	-0.43%					
Covington	22.21%	6.71%	13.42%	-8.79%					
Thibodaux	16.45%	5.33%	10.66%	-5.79%					
Lafayette	11.57%	10.64%	21.28%	9.71%					
Lake Charles	22.61%	9.72%	19.44%	-3.17%					
Alexandria	16.36%	12.36%	24.72%	8.36%					
Shreveport	21.22%	11.93%	23.86%	2.64%					
Monroe	25.02%	13.33%	26.66%	1.64%					
Statewide	21.32%	12.14%	24.46%	3.14%					

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*Turnover by Length of Service:* The two tables below provide the number and percentage of staff by years of service for Calendar Years 2013 and 2014. 43.12% of employees who separate from the Department do so when they have three years or less of experience. Promotion to supervisor requires four years of experience, indicating that all staff with three years or less of experience are at the front-line worker level. Therefore, new workers hired to replace departing workers are not able to carry a full caseload for six months which increases the caseloads of experienced workers.

<b>Child Welfare Separations-Calendar Year 2013</b>		
<b>Years of Service</b>	<b>Staff Separations</b>	<b>Percentage of Separating Staff</b>
Less than One Year	42	19.27%
One to Three Years	52	23.85%
Three to Five Years	27	12.39%
Five to Ten Years	32	14.68%
More than Ten Years	65	29.82%
<b>Total Separations</b>	<b>218</b>	<b>100.01%</b>

<b>Child Welfare Separations-Calendar Year 2014</b>		
<b>Midyear Data</b>		
<b>Years of Service</b>	<b>Staff Separations</b>	<b>Percentage of Separating Staff</b>
Less than One Year	27	24.55%
One to Three Years	20	18.18%
Three to Five Years	8	7.27%
Five to Ten Years	16	14.55%
More than Ten Years	39	35.45%
<b>Total Separations</b>	<b>110</b>	<b>100.00%</b>

*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.

<b>Supervisory and Management Experience</b>		
<b>Region</b>	<b>Average Years of Supervisory Experience for First Line CW Supervisors</b>	<b>Average Years of Management Experience for CW Managers</b>
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

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<b>Supervisory and Management Experience</b>		
<b>Region</b>	<b>Average Years of Supervisory Experience for First Line CW Supervisors</b>	<b>Average Years of Management Experience for CW Managers</b>
Alexandria	4.43	6.50
Shreveport	3.35	1.00
Monroe	3.78	5.87

Information learned in the FFY 2013 exit interviews, data and other information as it is developed will be used to develop strategies to improve staff retention. The primary reasons for staff departure as indicated in the exit interviews 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.

Additionally, 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 and to strive to meet staffing standards required by the Child and Family Services Council on Accreditation (COA) and the Child Welfare League of America (CWLA). 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.

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2. Caseload Size: The caseloads for experienced and new workers are shown in the table below:

<b>Child Welfare Caseload Standards</b>		
<b>Program</b>	<b>Caseload Standard for Experienced Workers</b>	<b>Maximum Caseload for Workers with Less than Six Months Experience</b>
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.

<b>Average Caseload Size by Region and Statewide FFY 2014 (October 2013 through September 2014)</b>					
<b>Region</b>	<b>CPI STD = 10</b>	<b>FS STD =15</b>	<b>FC STD = 10</b>	<b>AD STD = 15</b>	<b>HD STD = 55</b>
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
<b>Statewide Average</b>	<b>11.22</b>	<b>14.80</b>	<b>11.89</b>	<b>12.48</b>	<b>53.79</b>

As indicated in the table below, CPS caseloads declined slightly statewide, but the caseload standard was not achieved statewide or in any region. CPS caseloads declined in five regions: Orleans, Baton Rouge, Covington, Thibodaux and Alexandria. CPS caseloads increased in four regions: Lafayette, Lake Charles, Shreveport and Monroe.

<b>Child Protection Investigation Caseloads (Standard = 10)</b>						
<b>Region</b>	<b>Baseline</b>	<b>FFY 2014</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>
Orleans	12.96	11.45				
Baton Rouge	13.21	12.14				
Covington	11.38	10.28				

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<b>Child Protection Investigation Caseloads (Standard = 10)</b>						
<b>Region</b>	<b>Baseline</b>	<b>FFY 2014</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>
Thibodaux	12.38	10.69				
Lafayette	9.58	11.51				
Lake Charles	11.31	11.58				
Alexandria	11.80	11.21				
Shreveport	10.53	10.89				
Monroe	9.56	11.47				
Statewide	<b>11.41</b>	<b>11.22</b>				

Family Services caseloads remained below the established caseload standard statewide, but increased from the baseline. The FS caseload standard was exceeded in four regions: Baton Rouge, Lake Charles, Alexandria and Shreveport. All other regions were below the caseload standard. FS caseloads in Orleans and Lafayette Regions declined from baseline; FS caseloads increased from baseline in all other regions.

<b>Family Services Caseloads (Standard = 15)</b>						
<b>Region</b>	<b>Baseline</b>	<b>FFY 2014</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>
Orleans	17.14	13.22				
Baton Rouge	14.65	16.88				
Covington	13.86	14.98				
Thibodaux	13.34	14.47				
Lafayette	12.99	11.22				
Lake Charles	11.15	17.66				
Alexandria	16.24	18.85				
Shreveport	10.39	16.48				
Monroe	12.51	13.84				
Statewide	<b>13.58</b>	<b>14.80</b>				

Foster Care caseloads remained above the caseload standard and increased slightly from baseline statewide. FC caseloads decreased from baseline in Orleans, Covington and Shreveport Regions and increased from baseline in all other regions. All regions had average FC caseload sizes that exceeded the caseload standard.

<b>Foster Care Caseloads (Standard = 10)</b>						
<b>Region</b>	<b>Baseline</b>	<b>FFY 2014</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>
Orleans	11.36	10.27				
Baton Rouge	10.82	11.60				
Covington	11.36	10.57				
Thibodaux	10.50	10.74				
Lafayette	8.56	10.91				
Lake Charles	10.82	12.51				
Alexandria	13.38	14.23				
Shreveport	12.79	12.26				
Monroe	11.04	14.46				
Statewide	<b>11.18</b>	<b>11.89</b>				

Statewide, adoption caseloads decreased significantly from the baseline and fell below the established caseload standard. Adoption caseload size decreased from the baseline in all regions except Alexandria. Adoption caseloads were within the established caseload standard in all regions except Orleans and Alexandria.

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Adoption Caseloads (Standard = 15)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	21.28	16.38				
Baton Rouge	16.26	12.63				
Covington	14.84	12.58				
Thibodaux	17.77	10.25				
Lafayette	11.43	9.74				
Lake Charles	18.72	13.96				
Alexandria	12.31	16.60				
Shreveport	18.48	9.05				
Monroe	22.45	14.34				
Statewide	<b>17.06</b>	<b>12.48</b>				

Statewide, Home Development caseloads declined from the baseline and fell within the established caseload standard. Home Development caseloads declined from the baseline in five regions, but increased in Lafayette, Alexandria, Shreveport and Monroe Regions. Home Development caseloads were at or below the established caseload standard in Orleans, Covington, Thibodaux, Lafayette and Alexandria Regions.

Home Development Caseloads (Standard = 55)						
Region	Baseline	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Orleans	77.8	48.55				
Baton Rouge	72.1	59.94				
Covington	64.6	49.99				
Thibodaux	42.2	37.79				
Lafayette	42.1	45.57				
Lake Charles	63.9	56.38				
Alexandria	49.7	50.96				
Shreveport	86.3	93.35				
Monroe	53.7	56.11				
Statewide	<b>61.37</b>	<b>53.79</b>				

3. Extended New Worker Training: The Department plans to continue the extended training and reduced caseloads for new workers. 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.

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 were usually replaced with inexperienced workers. DCSF 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

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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.

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).

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 were 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 continue to work on these issues. Throughout CY 2013 and CY 2014 DCFS upgraded computer equipment for all staff.

Higher expectations for performance and quality will continue. DCFS is secure in the belief that continued high expectations will result in more job satisfaction and eventually serve to reduce turnover.

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.

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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
9/30/13 – 19/27/13	911	2239.09	2.5	3.1
10/28/13 – 11/24/13	921	1772.75	1.9	2.7
11/25/13 – 12/22/13	918	1855.50	2.0	2.2
12/23/13 – 1/19/14	917	2284.50	2.5	2.1
1/20/14 – 2/16/14	904	2277.25	2.5	2.3
2/17/14 – 3/16/14	899	2932.75	3.3	3.2
3/17/14 – 4/13/14	913	3708.58	4.1	3.4
4/14/14 – 5/10/14	935	2869.66	3.1	2.7
5/12/14 – 6/8/14	940	3010.25	3.2	3.1
6/9/14 – 7/6/14	954	2888.25	3.0	3.1
7/7/14 – 8/3/14	957	3022.50	3.2	3.9
8/4/14 – 8/31/14	950	3806.50	4.0	4.3
9/1/14 – 9/28/14	943	3948.95	4.2	3.8
<b>Total</b>	<b>12,062</b>	<b>36,616.53</b>	<b>39.4</b>	<b>39.9</b>
<b>Average</b>	<b>927.84</b>	<b>2816.65</b>	<b>3.00</b>	<b>3.07</b>

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.

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<b>Overtime Worked by DCFS Child Welfare Field Staff per Quarter during FFY 2014</b>			
<b>Two-Pay Period Segment of Year</b>	<b>Staff on Board</b>	<b>Hours of Overtime Worked</b>	<b>Hours of Overtime per Employee</b>
9/30/13 – 19/27/13	911	9299.55	10.2
10/28/13 – 11/24/13	921	9832.70	10.7
11/25/13 – 12/22/13	918	8418.16	9.2
12/23/13 – 1/19/14	917	7184.85	7.8
1/20/14 – 2/16/14	904	9778.14	10.8
2/17/14 – 3/16/14	899	8846.59	9.8
3/17/14 – 4/13/14	913	10338.73	11.3
4/14/14 – 5/10/14	935	9112.10	9.7
5/12/14 – 6/8/14	940	9351.49	9.9
6/9/14 – 7/6/14	954	9404.28	9.9
7/7/14 – 8/3/14	957	9316.55	9.7
8/4/14 – 8/31/14	950	9030.85	9.5
9/1/19 – 9/30/14	943	9340.35	9.9
<b>Total</b>	<b>9312</b>	<b>91,703.93</b>	<b>98.5</b>
<b>Average</b>	<b>931.2</b>	<b>9,170.39</b>	<b>9.9</b>

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.

<b>Correlation between FMLA and Overtime</b>		
<b>Two-Pay Period Segment of Year</b>	<b>Hours of FMLA per Employee</b>	<b>Hours of Overtime per Employee</b>
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
9/1/19 – 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.

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

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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 have 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 holds 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 who are not able to participate in the live presentation.

**C. Supervision:** Increasing the knowledge level of supervisors with limited supervisory experience is a priority of the Department. 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.

<b>Supervisory and Management Experience As of November/December 2014</b>		
<b>Region</b>	<b>Average Years of Supervisory Experience for First Line CW Supervisors</b>	<b>Average Years of Management Experience for CW Managers</b>
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

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<b>Supervisory and Management Experience As of November/December 2014</b>		
<b>Region</b>	<b>Average Years of Supervisory Experience for First Line CW Supervisors</b>	<b>Average Years of Management Experience for CW Managers</b>
Monroe	3.78	5.87

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.

<b>Child Welfare Supervisors with Bachelor's Degree in Social Work or Related Field</b>					
<b>Region</b>	<b># of CW Supervisors</b>	<b># BSW</b>	<b># Related Bachelor's</b>	<b>Total BSW or Related Bachelor's</b>	<b>% BSW or Related Bachelor's</b>
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%

The percentage of supervisors with master's degrees in social work or a related field is also lower than desired. In Lake Charles Region only 15% of supervisors hold such degrees.

<b>Child Welfare Supervisors with Master's Degree in Social Work or Related Field</b>					
<b>Region</b>	<b># of CW Supervisors</b>	<b># MSW</b>	<b># Related Master's</b>	<b>Total MSW or Related Master's</b>	<b>% MSW or Related Master's</b>
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 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.

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<b>Child Welfare Managers with Bachelor's Degree in Social Work or Related Field</b>					
<b>Region</b>	<b># of CW Managers</b>	<b># BSW</b>	<b># Related Bachelors</b>	<b>Total BSW or Related Bachelor's</b>	<b>% BSW or Related Bachelor's</b>
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%

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.

<b>Child Welfare Managers with Master's Degree in Social Work or Related Field</b>					
<b>Region</b>	<b># of CW Managers</b>	<b># MSW</b>	<b># Related Master's</b>	<b>Total MSW or Related Master's</b>	<b>% MSW or Related Master's</b>
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	5	3	N/R	3	60.00%
Lake Charles	2	2	0	2	100.00%
Alexandria	3	2	0	2	66.67%
Shreveport	3	2	1	3	100.00%
Monroe	4	2	0	2	50.00%

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

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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.

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

No changes are planned or expected in job titles or qualifications during the next five years.

• **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

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

Social Services Analyst 3 (SS413)

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

**Social Services 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

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- 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)

- 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

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- 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.

- 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

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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.

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.

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- 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:

- 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.

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- 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:

- 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)

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- 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:
  - 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

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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 plans to encourage master's level social workers to work toward the Licensed Clinical Social Worker (LCSW) credential. In order to increase LCSWs, it is necessary for the Department to have more Board Approved Clinical Supervisors (BACS).

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) are persons who hold a Master's degree in Social Work from a university accredited by the Council on Social Work Education (CSWE) and have passed an exam approved by the Board.

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- 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.

**VI. Demographic Information on Current Staff and Recent Hires**

PERCENTAGE OF MSW STAFF BY CREDENTIAL TYPE					
Year	RSW	CSW	LMSW	LCSW	LCSW W/BACS
2013	32%	19%	40%	9%	4%
2014	41.48%	3.19%	42.55%	12.76%	3.19%
2015					
2016					
2017					
2018					

**A. Education**

Budgetary constraints have prevented DCFS from providing educational stipends for MSW students for the past several years. If funding becomes available this practice will resume. Meanwhile, a focus on hiring professional level social work staff with social work degrees will continue. The Department will continue to work with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program.

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**STATE CAPTA COORDINATOR/STATE LIAISON OFFICER:** Ms. Linda Carter serves as the state's liaison officer. She can be reached by e-mail at [linda.carter@la.gov](mailto:linda.carter@la.gov) , by phone at 225.342.1554 or by U.S. post addressed attention to Ms. Carter, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821.