



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

November 6, 2019

Marketa Garner Walters
Secretary
Louisiana Department of Children and Family Services
Executive Division/627 North 4th Street
P. O. Box 3318
Baton Rouge, Louisiana 70802

Dear Secretary Walters:

Thank you for submitting Louisiana's Child and Family Services Plan (CFSP) Final Report for fiscal years (FYs) 2015-2019, the CFSP for FYs 2020-2024, and the CFS-101s to address the following programs:

- Title IV-B, subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, subpart 2 (Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant) of the Act;
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant;
- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help child welfare agencies enact the state's vision of safety, permanency, and well-being for children, youth and their families. The CFSP planning process facilitates development, continued assessment, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state's strategic planning around the use of federal funds with its work relating to the primary prevention of maltreatment, the Child and Family Services Reviews Program Improvement Plan and continuous program improvement activities.

Approval

The Children's Bureau (CB) has reviewed your CFSP Final Report for FYs 2015- 2019 (including the annual report on the use of CAPTA funds) and the CFSP for FYs 2020- 2024 and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2020 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee and ETV programs. For the Chafee program, your state has elected to serve eligible youth up to age 21.

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

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

Training Plan

The Training Plan for title IV-B and IV-E programs is also approved. Approval of the Training Plan does not release the state from ensuring that training costs included in the Training Plan and charged to title IV-E of the Act comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state's approved cost allocation plan.

Additional Information Required

Pursuant to Section 424(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2019 caseworker visit data must be submitted to the Regional Office by December 16, 2019. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

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

Sincerely,



Jerry Milner
Associate Commissioner
Children's Bureau

Enclosure(s)

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

Louisiana



Department of
**Children &
Family Services**

Building a Stronger Louisiana

2020 – 2024
Five-Year Child and Family Services Plan

STATE OF LOUISIANA
2020 – 2024 Child and Family Services Plan

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SECTION 1: COLLABORATION AND VISION:

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

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

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

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

1. The **Louisiana Court Improvement Project (CIP)**, DCFS and other key stakeholders have given priority to several concerns. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, juvenile courts and state and parish agencies is required to effectively comply with state and federal mandates. Through various work efforts and processes, the CIP and the DCFS are working toward the following:
 - **Enhanced Collaboration:** This is to be accomplished through the promotion of best practice and collaboration among stakeholders serving families through the implementation of **the Pelican State Center for Children and Families**. For additional information on the Pelican Center, please refer to the training portion of this plan. Together with the CIP, CASA, the DCFS and the state universities alliance, a multi-disciplinary training academy has been developed. Interdisciplinary Education and training through the annual “*Together We Can*” Conference continues as does other multi-disciplinary and joint trainings. This allows for exchange of data, and identification of challenges, and recognition of 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

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in their living situations, including the transition from foster care to independent living, and 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 hearing Child in Need of Care (CINC) cases.
- Improving the Quality of Safety Decision-Making: The Louisiana CIP, in conjunction with the Louisiana DCFS, will ensure all relevant stakeholders are introduced to and trained in the state’s Safety Decision Making (SDM) Model. Moreover, assess the degree to which an introduction to and training on the topic can produce changes in CFSR Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate), and CFSR Item 3 (Risk and Safe Assessment and Management). There will be special emphasis on collaboration between the agency and the courts to ensure concerted efforts are made to assess and manage the risk and safety concerns bringing the child (ren) to the attention of the DCFS.

2. The **Louisiana Department of Education (LDE) and the DCFS** collaborate as follows:

- Explore issues related to improved educational outcomes for children in foster care and include mechanisms for data sharing. LDE and DCFS have designated educational points of contact in each school district for improved communication within the local education authorities. These points of contact will continue to work to address issues specific to the individual school systems and children with whom they work.
- The Louisiana Department of Education (LDE) and DCFS have built a strong partnership through implementation activities around the Every Student Succeeds Act (ESSA). There has been extensive work in developing data tracking routines to match data and obtain a clearer picture of the educational status of children in foster care. The legal teams supporting both LDE and DCFS have been involved in supporting the implementation of ESSA and ensuring compliance with state laws. Opportunities for shared training to staff within child welfare and the educational system will continue to be explored and provided as the opportunity arises.
- Special Education Advisory Panel (SEAP) participation. Joint participation in this collaborative allows both departments greater insight into the needs of students eligible for special education services in Louisiana. A DCFS Manager remains an active participant in SEAP to support advocacy and change for children in Foster Care with special needs. SEAP has participants from other state agencies, community/advocacy organizations as well as families and past recipients of services from the state’s public school special education programs.

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- Child Welfare (CW) staff work with LDE staff to access childcare services for DCFS clients through the Child Care Development Fund (CCDF) of the Child Care Block Grant (CCBG). The fund provides temporary protective care to children in the Child Protective Services (CPS), Family Services (FS) and Service to Parents (SP) programs to prevent removal; and, childcare services for children in foster care or children of minor foster children to promote placement stability. The partnership in provision of these services for child welfare clients will be an ongoing collaborative.
3. **The Louisiana Department of Health (LDH) and the DCFS** collaborate as follows:
- Work on contract development and amendments to hold the Medicaid managed care plans and their providers more accountable for network sufficiency and positive outcomes for the medical, dental and behavioral health of children and families.
 - Continued implementation of the Building Bridges approach in treatment and discharge planning with residential care. Weekly meetings are held to strategize for family finding and family engagement for youth in residential treatment.
 - Work with the LDH Office of Citizens with Developmental Disabilities (OCDD) at the state level and the Human Services Districts at the local levels to obtain services for developmentally/intellectually challenged children and youth. Joint participation in the Interagency Service Coordination Council serves as a process for collaborative service delivery for these youth. This process is a venue for resolving challenging situations in service delivery for developmentally/intellectually challenged youth. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council “SICC” to support advocacy and change for children under the age of 3 receiving developmental services through the Early Steps Program.
4. **The Comprehensive Addiction and Recovery Act of 2016 (CARA):** As part of the state’s efforts to monitor ongoing efforts and services related to substance exposed newborns, quarterly meetings are held in each region focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings include DCFS staff and local stakeholders for each region, and address services to families and their substance-exposed newborns. State level meetings are held to address systematic issues identified in the regional level meetings. This work will continue over the next few years.
5. **The Heroin, Opioid Prevention and Education Council (HOPE):** Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. DCFS served on HOPE. The HOPE Council has already completed two primary tasks, developing a statewide website to capture data related to the opioid epidemic, and a comprehensive listing of all related initiatives occurring in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee. This work will continue over the next few years.

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6. The **Office of Juvenile Justice (OJJ) and the DCFS** collaborate as follows:

- The DCFS Foster Care and the Federal Benefits Programs work with the OJJ to assure IV-E eligibility is determined accurately for children in the custody of the Department of Corrections. This work is ongoing. Foster Care/Transitional Living Program staff and OJJ staff work together to assure eligible youth receive the life skills training needed to function independently as adults. The Department has worked to implement some of the recommendations from the Youth Aging out Task Force, which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center.
- The OJJ Interstate Compact on Juveniles collaborates with the department to manage youth runaway situations for youth in foster care both from Louisiana and from other states found in Louisiana.

7. **Federally Recognized Tribes and the DCFS** collaborate as follows:

- The DCFS Foster Care and the Federal Benefits Programs work with the federally recognized tribes to assure Title IV-B and Title IV-E eligibility is determined accurately for children served in Child Welfare programs within the tribes. This work is ongoing.
- Transitioning Youth Program staff and tribal liaisons work together to assure eligible youth receive the life skills training needed to function independently as adults. The Department has worked to implement some of the recommendations from the Youth Aging out Task Force, which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center.

8. **Foster Parent and the DCFS collaboration:** The Quality Parenting Initiative (QPI) was completed statewide as of May 2017. Partnership Agreement Plans were developed, and signed by foster parents and DCFS staff during FFY 2018 as evidence of a commitment to the QPI. Staff at all levels have QPI expectations incorporated into their annual planning and performance evaluation documents. Processes for initial client service provision such as Comfort Calls, Icebreaker Meetings, etc., have been implemented into practice to support the relationship development between birth parents and foster caregivers. These practices will continue to be monitored in the upcoming plan years to assess effectiveness, with updates provided annually. This work has been fully integrated into regular Child Welfare practice for Louisiana. The focus for ongoing collaborative efforts between the foster parents and DCFS during FFYs 2020 – 2024 will be the Foster Parent Support Organization. The contract for the provider organization is being finalized and the provider will begin services July 1, 2019.

9. **Temporary Assistance to Needy Families (TANF)** collaborative: On an ongoing basis, DCFS Child Protective Services (CPS), Prevention/Family Services (FS) and Foster Care (FC) Program staff work with the DCFS Temporary Assistance to Needy Families (TANF)

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unit under the Family Support Division of DCFS to ensure access for Child Welfare clients to various financial assistance programs. An example of this collaboration would be the Residential Care for Pregnant Women and Women with Dependent Children program. Persons served are TANF-eligible women with dependent children and currently using addictive substances or with a history of use and are at risk for relapse. These programs provide residential treatment services to women and their dependent children up to age 12. Services include assessment, individual, group and family counseling, trauma informed services, drug education, relapse prevention, case coordination and collateral consultations, as well as a continuum of evidenced-based curriculum designed to help get families back to their best individual level of functioning.

10. **Citizen Review Panels (CRP):** For additional information on CRPs, please refer to the CAPTA portion of this plan.
11. **Federal Partners:** DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as support from the **Capacity Building Center for States**.

B.) Private Not for Profit Organizations: Louisiana is engaged in ongoing collaboration with:

1. The **Casey Family Programs (CFP):** The following are the 2019 SFY strategies which will be ongoing efforts for collaborative work in the 2020 SFY:
 - Judicial engagement to increase safe reduction and expedite permanency;
 - Policy reform and well-being;
 - Safety and Risk model
 - Services to help birth families remediate safety issues to facilitate reunification; and,
 - Strengthen system capacity to support timely permanency.
2. **Annie E. Casey Foundation (AECF):** Focuses on strengthening families, building stronger communities and ensuring access to opportunity. Annie E. Casey advances research and solutions to overcome the barriers to success, help communities demonstrate what works and influence decision makers to invest in strategies based on solid evidence. The following workgroups are underway in Louisiana:
 - PIP advisory team;
 - Family and youth voice and involvement;
 - Enhanced use of data;
 - Extended foster care;
 - Families First;
 - Management of group care; and,
 - Resource development (home development).
3. The **Quality Improvement Center for Workforce Development (QIC-WD):**
 - The QIC-WD selected DCFS for a five-year workforce development grant in 2017.

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- The department is focusing on improving the overall child welfare workforce in Louisiana. The method of improvement begins in the employee recruitment and selection process. The goal of the department is to improve the selection criterion focusing on the best applicants who possess the knowledge, skills and abilities to perform as child welfare workers. The process continues with the exploration and data collection process. The QIC-WD leads a team to work on a plan of intervention. The overall mission of the workforce project and department is retention of qualified employees, quality and reputable service delivery and improved outcomes for children and families.
- 4. 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. They are also working with the department to develop options for supporting work with older youth preparing for independence. DCFS staff serve on the Board for Braveheart, which raises awareness about foster care and enlists the help of numerous community organizations, church groups, individuals, and businesses to develop the organization’s plan for supporting children entering foster care.
- 5. **Crossroads 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. An annual statewide training is offered to foster parents, community partners and DCFS staff through an Empowered to Connect Training simulcast. Crossroads NOLA, in partnership with the Louisiana Child Welfare Training Academy offers QPI *Just in Time* training to foster parents and staff. Crossroads was instrumental in the initiation, organization and dissemination of TBRI training around the state for foster caregivers, residential providers, DCFS staff, legal partners, and other stakeholders. Crossroads assists with a wide variety of recruitment, training and support efforts for foster/adoptive parents.
- 6. **HP Serve of Baton Rouge** is a faith-based organization affiliated with Healing Place Church, a Baton Rouge local, non-denominational church. HP Serve 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; a homeless shelter for youth without a place to live; and, foster parent recruitment and support services. (For additional information on HP Serve, please refer to the Program Evaluation section of this plan.)
- 7. **Louisiana Baptist Children’s Home (LBCH)**, a faith-based organization affiliated with the Louisiana Baptist Association continues to collaborate with DCFS in the development of basic and specialized foster homes to meet unique care needs of children in foster care.
- 8. **Louisiana Foster and Adoptive Parent Association (LFAPA)** provides supportive services to foster parents by supporting local associations. Trainings are also provided

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along with grants and scholarships to members. Additionally, the organization assists in the recruitment of new foster parents. The LFAPA also provides supportive services to foster parents experiencing an allegation of abuse or neglect through the Louisiana Advocacy Support Team (LAST).

9. The **Louisiana Heart Gallery (LHG)** and DCFS collaborates to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. The following regions have a LHG Regional Director: Alexandria, Lafayette, Shreveport, Covington, Lake Charles, and Baton Rouge/Ascension Parish. The LHG has started Mom’s Coffee Break support groups in Baton Rouge, Ascension and Livingston parishes. Events for children to develop a portrait and video are being held across the state. The videos and portraits will be placed on AdoptUSKids, DCFS, social media and LHG websites. In partnership with LHG the portraits and videos are featured on America’s Kids Belong.

10. **One Heart NOLA (OHN)** is a faith-based, 501c3, non-profit organization serving the Greater New Orleans area. The OHN mission is to demonstrate the love of God by providing necessary resources to children and families in crisis. For more than 10 years, OHN has rallied local churches, businesses, civic groups and individuals to provide for the most vulnerable citizens in New Orleans. By developing a partnership with the Department of Children and Family Services, OHN has kept siblings together, provided basic necessities for families being reunified, offered college scholarships for youth, covered senior high school expenses and much more. The vision is for “local people to care for local kids”. OHN has several projects including:
 - Providing financial assistance for educational projects to keep foster children in high school and/or college with the goal of having them graduate;
 - Providing financial assistance to 18-24 year-olds who have aged out of the foster care system; and,
 - Providing beds for children who need them.

11. **James Storehouse Louisiana (JSL)** has been dedicated to the support and welfare of the child welfare foster care system for the past eight years. Inspired by James 1:27 in the bible, this non-profit organization was created by St Tammany parish resident, Kim Bigler. JSL provides many services including:
 - Working with DCFS, churches, volunteers and foster families,
 - Provides resources and improves living conditions for foster children including
 - providing cribs, beds and bunk beds in order for a child to be placed into a foster home;
 - providing food and other necessities for foster parents who are low income or live paycheck to paycheck;
 - providing sports uniforms and fees so foster children can participate in extracurricular activities.
 - Open Table is a new relationship program JSL implemented into the community transforming how youth transition by using the tools youth have learned to develop and achieve their life goals.

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- The new Family Center is used to create an environment, which provides a strong support system for children, families and DCFS caseworkers in foster care. State required visitation with biological parents can be held in this facility providing an environment conducive to healthy connections and bonding between children and parents. JSL created this safe place to hold events and parties for these children and families.
12. The department's national photo listing of children available for adoption is managed on-line at the www.AdoptUsKids.org internet site. This recruitment service features children on a national level who are awaiting adoption and are without an identified adoptive resource. This website features families who have been certified to adopt. 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, monitors the website. This service is provided through a contract with the Adoption Resource Exchange Network.
 13. The **Louisiana Adoption Advisory Board (LAAB)** is a long-time partner with DCFS in providing a mechanism for networking among professionals involved in various aspects of the adoption continuum.
 14. **Eckerd** is working with the Child Protective Services program to provide Eckerd Rapid Safety Feedback (ERSF) High Risk Staffings. The ERSF process of high risk staffing uses predictive analytics to identify cases with a high likelihood of a poor outcome. Cases identified through this process are reviewed by an ERSF reviewer, or by a Child Welfare Manager. Cases staffed by a Child Welfare Manager follow the normal office procedures for staffing high-risk cases. The ERSF process follows a quality assurance, proactive approach to discussion and assessing cases in order to actively address safety-related issues on our most "at risk" population. This process is framed around a teamwork and mentoring approach of shared responsibility on critical cases. Through implementation of this model, Louisiana's goal was to reduce the incidence of substantiated fatalities or near fatalities for children already known to DCFS (defined as having a prior report regardless of the final finding or service delivery within a 24-month period).
 15. **Wendy's Wonderful Kids (WWK)** of the Dave Thomas Foundation is a grant program which the department is utilizing to fund specialized recruiters in each of the nine regions of the state to find child specific placements for hard-to-place populations of children. This collaboration is described in more detail in the sections of the plan dedicated to Service Array and Foster Home Recruitment.

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

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C.) Development of the 2020-2024 Child and Family Services Plan (CFSP): Consultation with federal partners on the development of the CFSP and the Program Improvement Plan (PIP) for the state’s Child and Family Services Review (CFSR) was done during a site visit from March 26 – 28, 2019, a visit on May 17, 2019, and via phone calls and e-mail correspondence. During the meetings, DCFS provided information on how the department planned to approach long term planning. The strategy involved a continuation of a number of initiatives started as part of the state’s PIP, available data resources through DCFS and stakeholders as well as the incorporation of the child welfare principles of practice.

In preparation for this five year planning cycle, DCFS engaged various stakeholders [ex. Louisiana Court Improvement Project (CIP) and the Annie E. Casey Foundation (AECF)] in the development of the PIP and the CW principles of practice, which are used as the foundation of this five-year plan.

Through the state level and regional level CQI processes, various stakeholders are involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps. Stakeholder involvement occurs on an ongoing basis throughout the year through the CQI process, the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP.

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

CHILD WELFARE VISION STATEMENT:

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

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

DCFS Vision: Safe and Thriving Families and Individuals.

DCFS Values:

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

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

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

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

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

Child Welfare Priorities:

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

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

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

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

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING

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

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RELATED FEDERAL OUTCOME MEASURES:

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

DATA SOURCES AND DATA ANALYSIS: Louisiana in consultation with the Children’s Bureau elected to conduct a State led CFSR for this iteration of the federal reviews. The CFSR Round 3 review occurred between April 1, 2018 and September 30, 2018. Sixty-five (65) cases were reviewed, forty (40) foster care cases and twenty-five (25) in home cases. The state had reviewers in all of its regions who reviewed cases and conducted interviews across the state simultaneously based on the statewide random sample. Reviewers crossed regions as necessary to control for the randomness of the sample. Louisiana did not stratify the sample by location. The sampling frame included all geographic areas of the state and was representative of the child welfare population served and the major metropolitan area identified as New Orleans.

The results of the review determined Louisiana did not pass any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2 and Well-Being Outcome 3. Two of the seven systemic factors were found to be in substantial conformity: Quality Assurance System and Agency Responsiveness to the Community

The Children’s Bureau has targeted Safety Outcome 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement. The developed goals, strategies and activities found within the state’s PIP address these primary outcomes but also inherently address the other outcomes and systemic factors needing improvement.

Safety Outcome 1 - 69% Compliant

- **Item 1:** Louisiana’s performance on the timeliness of initiating investigations of reports of child maltreatment indicates 20 out of 29 cases reviewed were rated as a strength. The primary concerns for the remaining 31% of cases (area needing improvement rating) were investigations not beginning in a timely manner and no valid reasons for not initiating investigations in a timely manner.

Safety Outcome 2 - 14% Compliant

- **Item 2:** Louisiana’s performance on concerted efforts to provide safety services to the family to prevent children’s entry into foster care or re-entry after reunification indicates 3

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out of 37 (8%) cases reviewed received a strength rating. Thirty-four (34) of 37 cases (92%) received a rating of area needing improvement. In those cases, there was a lack of effort to engage parents and caregivers in safety related services, delays in providing appropriate services and services provided did not match the family's identified needs.

- **Item 3:** Only 12% of the cases reviewed received strength ratings. There were 56 of 65 cases reviewed receiving area needing improvement ratings for an 86% non-compliance rate. The primary concerns included the following:
 - No risk and safety assessments at critical points of the case;
 - Incorrect risk and safety assessments;
 - Leaving children, paramours, and fathers out of risk and safety assessments;
 - Service delays and lack of follow up;
 - Lack of contact and lack of quality contact with the family; and
 - Poor and ineffective safety plans.

Permanency Outcome 1 - 20% Compliant

- **Item 4:** Placement stability – Louisiana performed well in its efforts to maintain stable placements. This item received the highest performance rating on the CFPSR with a score of 87.5%
- **Item 5:** Permanency Goal – Louisiana scored 62.5% in its efforts to establish appropriate permanency goals for children in a timely manner. In cases receiving area needing improvement ratings, Louisiana primarily did not consider case circumstances when selecting goals. This resulted in inappropriate permanency goals for children.
- **Item 6:** Timely Achievement of Permanency Goal – The rating for timely achievement of Permanency goals was 25 percent with 10 of 40 cases receiving a strength rating. The remaining 30 cases or 75% received an Area Needing Improvement rating. The primary trends identified for this item include timely filing of Termination of Parental rights, failure to provide services to children and parents, lack of efforts to work with fathers and delays in referring relatives for certification.

Permanency Outcome 2 - 22% Compliant

- **Item 7:** Placement with Siblings – Louisiana scored 53.3% in its efforts to ensure siblings in foster care are placed together. In 46.6% of the cases receiving area needing improvement ratings, Louisiana did not provide a valid reason for not making an effort to place the siblings together.
- **Item 8:** Visiting with parents and siblings in foster care – Only 13 of the 38 applicable cases reviewed received a strength rating for 34.2%. There were 65.7% with an area needing improvement. The primary reason for the area needing improvement was due to Louisiana not ensuring frequent visits occurred.
- **Item 9:** Preserving Connections – Louisiana made an effort to maintain the child's connection on more than half of the applicable cases reviewed, with a strength rating of 58.9%. The 41.3% cases with an area needing improvement rating, was primarily due to not ensuring the child maintained contact with relatives.
- **Item 10:** Relative Placement – Louisiana scored 60% in its efforts to ensure children in foster care are placed with relatives. Louisiana received a 40% area needing improvement, primarily due to not making an effort to locate relatives.

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- **Item 11:** Relationship of child in care with parents – Louisiana received a 30.3% strength rating for promoting, maintain the child, and parent relationship. An area needing improvement rating of 69.7% was primarily due to not engaging the parents to participate in the child’s activities and appointments.

Well-Being Outcome 1 - 14% Compliant

Louisiana’s performance in this outcome shows trends require additional work in items involving working with parents as well as the need for additional work with families involved in In Home cases.

- **Item 12:** In the area of needs and services to children, parents and foster parents, Louisiana scored highest in the area of foster parents with 72%. Needs and services to children followed at 51%. Needs assessment and services to parents had the lowest score at 10% with 6 of 60 cases receiving strength ratings. In the 54 cases receiving area needing improvement ratings, the main reasons were related to insufficient needs assessments, services not provide to meet parents needs and services identified but not provided.
 - Data shows parents’ needs in in-home cases were not sufficiently assessed compared to foster care cases. Assessments of mothers were insufficient in 84% of in-home cases compared to 78% of foster care cases. Assessments of fathers needs in in-home cases were not sufficient in 95% of the cases compared to 81% of foster care cases.
 - As in the area of sufficient assessment of parents in foster care and in-home cases, data regarding service provision to parents was insufficient for in-home cases compared to foster care cases. Services provided to meet the needs of mothers were not sufficient in 84% of in-home cases compared to 78% in foster care cases. For fathers, services provided to meet their needs were not sufficient in 95% of in-home cases while the rating was 80% in foster care cases.
- **Item 13:** Louisiana’s performance in the area of child and family involvement in case planning was 16%. Areas of concern for this item include the following:
 - Fathers not engaged despite agency knowledge of their involvement with child or knowledge of fathers’ whereabouts.
 - No ongoing discussions of goals, barriers or case progress with children and families.
 - As in item 12b, ratings are lower in the area of father participation in case planning in in-home cases. Data shows 80 % of in-home cases, fathers had no input in the development of case plans.
- **Item 14:** Caseworker visits with Children performance rating was rated a strength in 30 cases for 46%. The rating for area needing improvement was 54%. The primary reasons for this rating were as follows:
 - Monthly visits with the child(ren) were not held privately
 - Quality of visits was not sufficient (lacked meaningful conversations relevant to the child/youth’s situation and needs; safety; behavior; replacement; feelings; progress on child goals; permanency)
 - Frequency of visits was not sufficient to meet needs of the child
- **Item 15:** Caseworker Visits with Parents - Louisiana’s performance on this item was 16%. For this item, 47 of 56 cases were rated as area needing improvement. The main factors

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leading to the rating were no engagement with fathers, quality of the visits were not sufficient to assess needs or deliver appropriate services and no concerted efforts to locate parents.

Well-Being Outcome 2 - 77% Compliant

- **Item 16:** Educational Needs of the Child - Louisiana scored fairly well in accurately assessing and addressing children’s educational needs. This item received a strength rating of 77% on the CFSR. Thirty case reviews were applicable for this item with 7 (23%) receiving an area needing improvement due to a lack of assessments.
- **Item 17:** - Physical Health needs of the child -- Louisiana scored 36% in its efforts to address children’s physical health needs. In 64% of the cases reviewed, Louisiana received an area needing improvement rating due to a lack of ensuring children received physical and dental health assessments annually.
- **Item 18:** Assessment of Mental / Behavioral Health - Louisiana’s performance on efforts to address the mental and behavioral health of children received a strength rating of 36%. There were 22 applicable case reviews for this item. Fourteen (64%) of the 22 cases reviewed received an area needing improvement rating due to a lack of assessments and service provisions.

SYSTEMIC FACTORS:

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

TIPS is a computerized on-line, statewide interagency information management and payment system capable of tracking client information and generating payments on behalf of the Department’s clients and providers. The system tracks all placement services for foster children and tracks all supportive services paid for through the TIPS system. TIPS is used for maintaining a record of all foster child placements (regardless of the placement type) whether the placement resource receives payment through TIPS, through other sources such as Medicaid, or is a non-paid placement. TIPS does not track all services. Using TIPS, the Department is able to collect and report required data elements for federal reporting as well as for any ad hoc reporting needed.

The Department developed, A Comprehensive Enterprise Social Services System (ACCESS), which is the statewide system for intake and investigation of all reports of suspected child abuse and neglect. This information management system contains intake records [Centralized Intake (CI)], which, once accepted, are assigned to the Child Protection Services (CPS) program. Specific data from ACCESS is migrated to the TIPS system for establishing related service records and for NCANDS reporting.

The department’s Common Front End Access (CAFÉ) system is a unified portal for entry into case files related to all programs of the department whether Child Welfare or Family Support. It allows for a comprehensive search of department records to identify previous client records and prevent duplication of case numbers. Additionally, it can allow for verification of basic client demographic data such as birthdates, race, etc. There is capacity for client as well as provider information data collection through separate portals of the system. Confidential information regarding program

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specific information such as involvement with Child Welfare programs is protected from the view of non-Child Welfare staff.

Louisiana is a state based CW system as is its information systems. The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined extraction process through the federal submission portals.

The Family Assessment Tracking System (FATS) is a smaller web-based system for recording family assessments, case plans and tracking caseworker visits. FATS was developed as an electronic forms application. The system is housed on a SQL server and is available to staff over the agency's intranet. Since the implementation of CAFÉ, staff can access FATS via the CAFÉ worker portal home page. There is no integration or sharing of data between the two systems. FATS has not historically been a reporting system; however, DCFS is able to provide the data essential for reporting compliance for the Federal Visitation Report that is reported annually through a data extraction from the FATS system.

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

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

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

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

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

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

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CASE REVIEW SYSTEM –

Written Case Plan: In Louisiana, each child in foster care has a case plan initiated by at least the 30th day after foster care entry and receives a finalized initial case plan within 45 days of the date the child was placed in the custody of the Department of Children and Family Services (DCFS). Afterward, 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 through worker preparation with parents, children, foster caretakers and other stakeholders who come together as a team in Family Team Meetings (FTMs), the purpose of which is to offer the parents support in achieving their goals for their family. The following policies and procedures are in place to assure case plans are developed for each child in foster care and the case plan is developed jointly with the child's parent(s):

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

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

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legal system, support and development of foster caretakers, and building partnership through our teaming process.

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

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

Periodic Reviews: In compliance with Louisiana law, DCFS has policies and procedures in place to ensure each child receives a case review hearing by the court every six months. DCFS policy requires a case planning meeting occur initially beginning by the 30th day from foster care entry and finalized by the 45th day from foster care entry. Ongoing case plan review by DCFS, the family and the family’s team of support must occur a minimum of every six months from the date of foster care entry. DCFS staff must provide the court a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to the case review hearings, which are held by the court every six months. DCFS staff is also required to notify the child’s foster caretakers of the case review hearings held by the court and the right of the foster caretaker to be heard. All other involved parties are notified of case review hearings by the court and of case planning meetings or reviews.

- Completion of case plan review meetings and court case review hearings must be documented in the case events of TIPS.
 - Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker’s supervisor.
- A sample of case plans are reviewed by CQI staff every six months.
 - Part of this process involves assessing the number of court case review hearings occurring timely and noting this as an administrative review in the database.
 - If a court-case review hearing has not occurred timely during the six-month timeframe, an administrative review is scheduled according to an established protocol within the region to ensure compliance.

If the safeguards for judicial review are not enough to ensure a periodic review of every child’s case, the following procedures are required. Referred to as Administrative Reviews (AR), monthly compliance reports are generated and issued to field staff with overall monitoring by CQI staff.

During the AR process, field staff (first line supervisors) are required to capture the following information through TIPS reviews/and or case record reviews:

- Review of and updates to the TIPS case event 3130 for all cases in which the judicial review is held every six months;

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- The number of instances in which the TIPS 3130 case event was not updated for the month under review, by child name;
- The number of internal ARs (by family) which are due for the month (because a judicial review was not held within the PUR); and,
- The number of internal ARs (by family) which were needed for the month but were not held timely (by conclusion of the month).
- The number of DCFS case plan review meetings, which were due for the month.
 - Family, not child, typically reports this number.
 - Adoption cases are counted by child because parental rights have been terminated and children freed for adoption are counted/tracked as their own family in TIPS;
- The number of DCFS case plan review meetings not held timely, which would be by the close of the month in which the meeting was due;
- Review of and updates to the TIPS case events 3100 and 3110 to assure and document initial and ongoing case planning meeting completion, respectively.

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

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

Permanency Hearings: As per Louisiana law, each child in foster care is assured a permanency hearing by the court every 12 months. It is common in Louisiana courts to use the periodic review hearing and permanency hearings interchangeably or a combination of both hearings. DCFS policy requires a permanency staffing occur initially within nine-months of foster care entry. This is to assess the potential for the family to achieve reunification prior to 12-months, identify any unaddressed needs of the family, determine any compelling reasons for not pursuing termination when the child has been in foster care 12-months, and/or determining steps necessary to pursue termination at the permanency hearing when the child has been in foster care for 12-months. Once an initial permanency staffing has been held, every case staffing held every three months thereafter is an ongoing assessment of the appropriateness of the child's permanency plan. Permanency hearings continue to be held every 12 months from the date the child entered foster care until permanency is achieved. These permanency hearings are held in conjunction with the case review hearings being held at 6-month intervals rather than separately. Therefore, DCFS staff is providing the court a report with the recommendations of DCFS for permanency for the child. The court report summarizes progress in the case and is submitted to the court along with an updated written case plan a minimum of 10 working days prior to the permanency and case review hearing. DCFS staff is required to notify the child's foster caretakers of the permanency hearings and case review

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hearings and their right to be heard at those hearings. All other involved parties are notified of permanency and case review hearings by the court.

- DCFS recommendations for permanency for children, court reports and updated, written case plans are presented to the court for review and approval a minimum of every six months (which incorporates the report due every 12 months for a permanency hearing) and must arrive to the court within 10 working days of the scheduled permanency and case review hearings.
- Completion of permanency staffings and annual permanency hearings must be documented in the case events of TIPS
 - Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker’s supervisor.

CQI is responsible for collecting and distributing data to regions. CQI supports the regions in providing technical assistance (working in VIBE, Excel spreadsheets) and training on the AR process. Regional management has the responsibility for utilizing the tools provided by CQI to ensure timely completion of the case activities and document completion. TIPS case events exist for all court hearings.

Termination of Parental Rights: DCFS has multiple processes and safeguards in place to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with the federal requirements. For cases where TPR is pursued, DCFS developed requirements for a nine-month permanency staffing. The staffing was created to ensure everything was in place to proceed with TPR if/when appropriate at the 12-month permanency hearing. As soon as the decision is made to proceed with seeking termination, a TPR packet is prepared and submitted to the staff attorneys. The staff attorney assigned to the case has 30 days from receipt of the TPR packet to file the petition for termination. From the filing of the petition, the termination proceedings follow the court process, which is guided by the Children’s Code legal requirements.

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed on a monthly basis. 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 all staff to review on the DCFS CW intranet page.

The TPR data reports along with CQI case review reports are shared with the Court Improvement Program (CIP). In the CIP CQI process, this data has been used in discussions on court timeliness measures. DCFS and CIP’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.

CQI case reviews provide data on the number of cases, which are rated as “strength”, or “area needing improvement” regarding filing of termination of parental rights (TPR) proceedings occur in accordance with federal requirements. Specifically, item six of the case review instrument measures the following: “Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement”.

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Notice of Hearings and Reviews to Caregivers: In FATS, in the federal compliance portion of the case plan document, DCFS captures the date written notification was provided to all foster caretakers informing them of the date, time, location of the hearings and their right to attend and be heard. In the case notes or case documentation portion of FATS when staff document contacts are made with the family, child and caretaker each month, they are able to indicate whether the caretaker was notified of the hearing and their right to be heard. All of this documentation is provided in narrative format with no capacity for rolling up the data.

DCFS is working to develop a case event in TIPS to allow the capacity to roll up data on whether notification of the foster caretakers and their right to be heard occurred in each case due for case review each month, regardless of whether it is an initial or ongoing case review. It will be possible to develop a report to display in WEBFOCUS regarding the percentages of cases where this occurred by region to allow field staff managers to plan for improvement on a regular basis. It will be possible to monitor from a state level to initiate higher level planning for improvement.

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

DCFS has worked on numerous fronts to obtain stakeholder feedback and participation in improving the delivery of services. These efforts are accomplished in part through the DCFS Advisory Board, the DCFS Internal Advisory Committee and the CW CQI process.

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

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

The 98A form includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of the right to receive notice, be present, and provide information at hearings. The caregiver must initial the form in a designated space stating they were provided this notice and a copy of the form be filed in the case record. Policy states the child’s assigned

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CASA worker shall be notified and given the opportunity to participate in the agency Administrative Reviews, which may be necessary on the case to review the case plan document and consider the appropriateness for planning for safety, permanency, and well-being of the child.

Strengths and Concerns: Departmental policy requires for any child whom is a member of or eligible for membership in a Native American tribe, the tribe absolutely must be consulted in relation to placement of the child for adoption and tribal members considered as adoption resources. Case planning for children in foster care typically involves the utilization of multiple stakeholders such as legal system partners, advocates, and service providers to effectively plan for service delivery meeting the unique needs of each family. DCFS has been collaborating with the Office of Juvenile Justice to provide an Integrated Case Planning process for both our Foster Care and In-home Services cases when youth are dually involved with both departments. DCFS continues to participate in the Coordinated System of Care (CSoC). The CSoC involves collaboration among systems in family planning to address the behavioral health care needs of the child receiving this level of services. The development of a model court report format, the provision of legal representation for families from the beginning of CW involvement with a family as well as more efforts at community engagement in the development of the service array for families are all critical areas of focus in the state’s PIP which will be instrumental in changing the case review system process to more effectively serve children and families.

QUALITY ASSURANCE SYSTEM –

Strengths: A notable strength is that the DCFS Secretary and Executive Management Team fully endorse and support the CQI process. CQI is also committed to assuring the validity and inter-rater reliability of case reviews. Another effort to improve validity and reliability of case reviews is the second and third level review process. This, combined with ongoing training serves to improve the validity and reliability of case reviews. The establishment of bi-directional feedback communication is also a noteworthy strength vital in any CQI process to ensure everyone who supports children and families is treated as an important partner (*CW Principle of Practice*).

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

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

CQI staff are housed in all nine regions of the state in order to provide local support to field staff regarding consultation on practice in addition to completing case reviews. The CQI Team is divided into three clusters, which correspond with the geographical regions of the state. The

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northern cluster includes three regions: Shreveport, Alexandria and Monroe. The central cluster includes the regions of Lake Charles, Lafayette and Baton Rouge. The regions of Covington, Orleans and Thibodaux comprise the southern cluster.

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

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

Quality Assurance (QA) staff, CQI managers, and 2nd level staff meet quarterly to review the QA processes and case review standards. Case review items and mock cases are reviewed and discussed to provide guidance and instruction to improve inter-rater reliability. Information is then passed to reviewers. In addition, QA staff, CQI managers, and 2nd level staff meet by phone bi-weekly to discuss any case review items or needs and debrief case review and process specifics. (*Refer to CW CQI Manual, 1.6 CQI Training Requirements, p. 5-6, para. 3-4 for additional details*).

Louisiana continues to conduct its own Child and Family Services Review (CFSR) and uses the same sampling plan and case review process outlined for Round 3 to report ongoing progress on the Program Improvement Plan (PIP). Such reviews are aligned with the ongoing statewide CQI monitoring approach. The State intends to use a 6-month review period with a minimum number of 65 cases reviewed: 40 out-of-home cases and 25 in-home services cases. The state will use a statewide simple random fixed sample to select the 65 cases. Reviewers will conduct review cases and interviews across the state simultaneously based on the statewide random sample with no stratification. Reviewers will cross regions as necessary to control for the randomness of the sample.

The State is divided into 9 regions: Orleans, Baton Rouge, Covington, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe. The sampling frame includes all geographic areas of the state and is representative of the child welfare population served and the major metropolitan area identified as New Orleans. The expected number and percent of cases to be included for the major metropolitan area is 7 cases (10%) of the sample. (*Refer to CW CQI Manual, Appendix A: Child Welfare CQI Sampling Plan, p.34-39*).

The CQI team uses the Onsite Review Instrument (OSRI) to conduct CFSR case reviews during a 6 month reporting period, aligned with the FFY timeframes. Louisiana inputs data regarding the OSRI into the Online Monitoring System (OMS). In addition to using the OSRI, Louisiana has

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implemented all 5 case related interviews to include, the child, parent, caregiver, caseworker or supervisor, and service provider.

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

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

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

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

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

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

The CFSR Round 3 Review was held in Louisiana from April 1, 2018 through September 30, 2018. Louisiana in consultation with the Children's Bureau elected to conduct a State led review. The results determined that Louisiana did not pass any of the outcomes or associated items. The following outcomes were targeted for improvement through a Program Improvement Plan (PIP): Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1 and Well-Being Outcome 1.

To develop the improvement plan, Louisiana participated in a PIP development pilot led by the Children's Bureau and the Capacity Building Centers for States and Courts. During a four-day

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planning session held March 25-28, 2019, a group of 68 individuals including representatives from DCFS, DCFS CQI, Louisiana Department of Health, service providers, individual court systems, parents, foster parents, relative caregivers, and youth reviewed the results of the CFSR outcomes, examined root causes, conducted data analysis and developed a theory of change and logic model. The entire planning session was rooted in the principals of the CQI process and allowed those who participated to learn the effectiveness of problem exploration, root cause analysis and bi-directional feedback loops. This collaboration resulted in the development of a program improvement plan inclusive of five (5) cross cutting themes: safety and assessment, engagement, workforce development, service array and quality legal representation. Louisiana’s PIP was submitted for approval on April 11, 2019 and was given final approval on May 31, 2019.

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

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

YEARS 1-5: FFY 2020 - 2024 Action Steps	
Maintain and enhance the QA/CQI system.	Maintain Louisiana CQI foundational structure by: <ul style="list-style-type: none"> • Continuing the use of a CQI team to complete case reviews. • Continuing a case review process that meets all requirements as set forth by the Children’s Bureau. • Continuing the use of state and regional level CQI committee. Maintain a quality data collection system that meets all requirements for the case review process. Continue on an ongoing basis to enhance interrater reliability in the case review process through mock exercises, trainings and biweekly support calls. Continue to provide analysis and dissemination of quality data through:

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	<ul style="list-style-type: none"> • Providing data presentations and holding discussions during state level and regional CQI meetings • Continuing to conduct consultations with workers and supervisors on cases immediately following the case review process • Exploring and creating opportunity to create bi-directional feedback loops in an effort to facilitate open communication. • Maintain bi-directional feedback loops that have been established through meetings with internal and external stakeholders • Continue to provide aggregate data to internal and external stakeholders upon request. <p>Continue to promote the use of data in meetings and presentations to encourage discussions and solicit feedback from stakeholders to be used in efforts to improve practice and outcomes.</p> <p>Monitor the CQI process in Louisiana and make any changes necessary to maintain the integrity of the process.</p>
<p>Assist in the development, implementation and monitoring of program improvement efforts</p>	<p>Assist the department in the development, implementation and monitoring of its Program Improvement Plan (PIP) to ensure bi-directional feedback loops are included that will allow for the dissemination of information to internal and external stakeholders.</p> <p>Assist in the development of Ad hoc/targeted case review processes, surveys and work groups for interventions outlined in the DCFS Program Improvement Plan (PIP).</p> <p>Assist in the development of data reports for interventions outlined in the DCFS PIP that can be used by DCFS, internal and external stakeholders to assist in decision-making.</p> <p>Monitor ad hoc/targeted reviews to assist programs in obtaining additional data to be used for problem exploration.</p> <p>Assist the Court Improvement Program (CIP) in operationalizing the CQI process in interventions outlined in the DCFS PIP.</p>

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

Some highlights illustrating the functioning and expanded investments in Louisiana’s child welfare training and workforce development system in the last year, which will continue as the department moves into the next 5-year period of service delivery, include:

- Support in implementation of the department’s CFSR PIP through review and revision of all current training modules to incorporate skill development of staff to achieve the objectives outlined around the core themes of Quality Assessment; Workforce Development; Family Engagement; Service Array; and, Legal Representation.
- Continued implementation of a competency based screening and selection process for new staff and stipend students.
- Coordination and delivery of initial training to new staff to provide them with knowledge and skills needed to meet their responsibilities.
- On-going implementation of Title IV-E Stipend Support Groups.
- Coordination and delivery of the Supervisory Certification Program to new supervisors throughout the state to provide them knowledge and skills needed to fulfill their responsibilities.
- Continuation of the DCFS Child Welfare Employee MSW Educational Support Program providing support for DCFS child welfare staff to pursue the Masters in Social Work degree.
- DCFS, the Louisiana Institute for Children in Families and the Pelican Center for Children and Families, will continue to reinforce the Quality Parenting Initiative (QPI) by incorporating the QPI philosophy into all trainings. QPI is an approach to strengthening foster care including kinship care, by refocusing on quality parenting for all children in the child welfare system regardless of where they live. QPI gives caregivers a more active role in the decision-making and service delivery for the children in their care. It also emphasizes the importance of the team approach – foster parents, agency staff and birth parents, working together to achieve the best outcomes for the child.

Initial Staff Training: All new DCFS child welfare employees are required to complete 64 hours of training in the first year. All new DCFS Child Welfare employees are assigned to New Worker Orientation (NWO) Cohorts upon notice of hire from the human resources section prior the assignment of cases.

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

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

Ongoing Staff Training: All DCFS CW employees are required to complete 20 hours of in-service training annually. In-service training hours are documented within a state fiscal year, which runs July 1 through June 30.

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

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

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

Through this partnership, the Pelican Center has been able to act as coordinator in providing multi-disciplinary educational training for child welfare legal stakeholders as well as DCFS staff and partners. The Pelican Center will continue to offer the following training sessions as we move into the 2020 – 2024 plan years:

1. **Cultural Consciousness:** a one-day training session.
2. **Safety Decision Making:** a one-day training session.
3. **Child Welfare Basics:** a one-day training session.
4. **Mosaic Dimension 2.0:** a one-day training session.
5. **Together We Can Conference:** an annual, three-day training series of workshops and speakers.

Foster and Adoptive Parent Training: New foster and adoptive parents must complete pre-service training to become certified. Regular foster parents complete “A Journey Home Pre-Service” consisting of eight three-hour sessions and child specific (kinship) families complete “A Journey Home Kinship Pre-Service” consisting of four three-hour sessions. The new training model was developed specifically for Louisiana through collaboration with AECF and Texas Christian University Child Development Center. It incorporates components of Quality Parenting and Trust-Based Relational Intervention (TBRI).

Once foster/adoptive parents are certified, they are required to complete 15 hours of training per year to maintain certification. Training sessions offered for foster/adoptive parents are multidisciplinary and open to participation by DCFS child welfare staff, legal and community partners. The following on-going training opportunities are offered multiple times in each region throughout the state to support foster/adoptive parent capacity to complete annual training requirements:

1. **Culturally Affirming Care:** is a one-day training.
2. **Introduction to Trust-Based Relational Intervention:** a one-day training session.
3. **Empowered to Connect Simulcast:** a one-day training.
4. **Adolescent Development Training:** a one-day training.

The Louisiana Child Welfare Training Academy hosts 11 categories for online trainings with 26 different topics to support the ongoing training development of foster parents, CASA, DCFS staff, community partners, students, mandatory reporters and University Alliance members. Among the categories offered are self-care, *A Journey Home*, culture, domestic violence, general training topics, bullying, QPI, safety, medication management, LGBTQ courses and TBRI.

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

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

- Centralized Intake (CI) for intake, screening and referral;
- Child Protective Services (CPS) for the assessment of reports of abuse/neglect;
- Family Services (FS) for in-home services when it is safe for a child to remain in the home;
- Foster Care (FC), Services to Parents (SP), Kinship Care (KC), Guardianship Subsidy, Chafee Independent Living Services, Adoption (AD), Education Training Vouchers and Extended Foster Care for out-of-home services;
- Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents;
- Day Care (DC) services are provided in collaboration with LDE:
 - to prevent removal and provide for the safety of children served in the CPS and FS cases as well as children remaining in the home with the parents in SP cases where at least one child has entered foster care; and,
 - to stabilize placements of children in foster home settings as well as ensuring children of minor parents who are in foster care have the care needed while the minor parents achieve educational goals and seek normalcy;
- Interstate Compact on the Placement of Children (ICPC) for cross-jurisdictional placement services to children in out-of-home placements or being adopted;
- Residential and Behavioral Health Care for children who are unable to live in family/home-based settings.

Services are provided in all political jurisdictions throughout the state, which encompasses 64 parishes divided into nine regions. While a DCFS, CW office is not located in all 64 parishes, they are located in 42 parishes statewide. Individuals who live in parishes where there is no CW parish office are still served in their parishes of residence by DCFS staff housed in neighboring parishes having offices. If travel for other services is required, DCFS provides transportation as resources allow.

The service array is provided through a number of specialized services and collaboration with community partners. Some examples include: a contract with the Language Line to serve clients with limited English proficiency; a drug screening contract allowing for a variety of screening options as needed to identify drug usage by parents; paternity testing contracts utilizing labs across the state to identify fathers; and, partnership with the Louisiana State Police to provide national, fingerprint based criminal background clearances on children’s caregivers and staff. Additional information on other specialized services can be found in the sections on CPS, Prevention and Intervention, and Chafee within this plan.

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

Homebuilders Intensive Home Based Services are child safety, placement and prevention services. This includes intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of the families. These services are provided to the highest risk families where children are at risk of out of home placement; or, families where reunification efforts are underway and the services are needed to support the safe transition home of the children.

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

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

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

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

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

The eligibility criteria for EFC is below:

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

Extended Guardianship Subsidies and Extended Adoption Subsidies will also offered to youth who enter a guardianship arrangement or are adopted between ages 16 and 18 from foster care who were eligible and began receiving the Guardianship Subsidy or Adoption Subsidy at the time of the guardianship arrangement or adoption. The extended subsidies may be provided to the youth's guardian or adoptive parent, if they continue to provide financial support to the youth, to provide for the ongoing care of the youth up to the youth's 21st birthday. For families to receive the extended subsidies their youth must meet the same criteria as youth eligible for the EFC program.

Primary services for FS and SP families are provided through the Family Resource Centers (FRC). These services include: parenting classes, visit coaching and family skill building.

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

The service array is individualized to meet the unique needs of children and families served by the department.

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

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all the assessment processes utilized by the department. The goals of this analysis include: ensuring statewide consistency in use of assessment processes; synchronizing the assessment processes for cohesion in service delivery across programs; building transparency in the service relationship with families; improving decision making regarding appropriateness of services in meeting client needs; and, partnering more effectively with court systems in guiding families to the best permanency solutions for their unique situation. DCFS intends to build a Louisiana Assessment model to be implemented across all CW programs. Once implemented, ongoing actions will be targeted to measuring and evaluating the impact on service delivery with changes to the model as needed to improve effectiveness.

DCFS and the Louisiana Department of Education (LDE) have worked together statewide to implement the federally recognized program, Every Student Succeeds Act (ESSA) requirements. Both departments have developed liaisons to manage communications more effectively to assist children in achieving improved educational outcomes. These efforts and partnerships will continue to ensure children in foster care have coordinated service delivery between DCFS and their school system to maximize access to appropriate educational services.

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

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

An Infant Mental Health/behavioral health screening tool was developed for children age five and under to assist workers with identifying behaviors which indicate further assessment and treatment might be needed. 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 developmental/behavioral health services. ECSS is a state program managed by the Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) and 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 developmental, cognitive, behavioral and relationship difficulties.

Three infant teams in the state in the Orleans and Baton Rouge regions provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or prenatal exposure to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessment, developmental evaluation, neurodevelopmental evaluation

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and school/daycare observations. The infant mental health assessment is used to assess the caregiver-child relationship, develop a plan of intervention and work with the caregiver and child to improve the caregiving relationship.

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

Among the DCFS' certified foster/adoptive family homes, there are specialized family homes are required to meet or exceed the Department's minimum requirements for family foster homes. They are required to possess or develop skills and abilities, which enable them to provide a specialized type of care to a specific category of children. Because of the specialized services required by some children foster/adoptive parents are required to adhere to certain restrictions regarding the age range, number, and extent of the special needs of the children placed in the home. Except for homes certified to provide care for large sibling groups, specialized family foster homes typically have a maximum capacity of four children. Specialized foster parents certified to provide care for children with medical problems, handicapping conditions and/or developmental disabilities are certified for a minimum capacity of two children and a maximum capacity of four (age range can vary). Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

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

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

The utilization of "Teaming" enables case managers and other team members to engage children, youth and parents/caretakers in the assessment and case planning process. Engagement of the family or youth is the most fundamental element of this process and it is critical to support change and achieve case plan goals. The DCFS "Teaming" approach is a collaboration of the case manager and youth/family team in understanding their situation, recognizing strengths, identifying challenges, making decisions, setting goals and achieving desired outcomes. The parents/youth and their team determines the following for each case plan goal: 1) who will assist the

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parent(s)/youth; 2) what actions are necessary; 3) initiation and completion timeframes for actions; and, 4) how specific care needs of each child will be fulfilled in foster care. “Teaming” practice for engagement and case planning with parent(s)/youth is a statewide practice. It is required throughout policy from initiation of casework to closure, in every case of a child in foster care. In the upcoming plan period, DCFS will be focusing on building the skill level of staff in “Teaming” with families, as well as expanding the policy requirements to ensure it is used in all Family Services cases as well as Foster Care. This area of work is part of the department PIP efforts to improve engagement of clients and community partners in achieving the case goals of families. Once the efforts in the two-year PIP are finalized, DCFS will continue to monitor “Teaming” practice through the CQI process and data review from the CCWIS system, which should be in place within the same timeframe.

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

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

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

Additionally, DCFS is working with AECF to modify the decision-making processes surrounding congregate care utilization. There has been extensive staffing changes and policy development

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regarding assessment of each child’s network of connections and placement options considering the child’s current functioning. It is a stratified process, which is expected to decrease the number of children in congregate care settings, and decrease the number of days spent in congregate care settings when these settings are used to meet a treatment need for a child. As this new process is implemented in the upcoming SFY, there will be evaluative processes put in place to measure the effectiveness of the changes. This evaluative process will be used to guide changes as needed to improve service delivery to children and youth.

DCFS conducts monthly scheduled psychopharmacology consultations with OBH representatives, a Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being outside of recommended psychotropic medication parameters. This service is provided to meet the individualized needs of children in foster care, statewide. The service provides for the oversight and safe, effective use of psychotropic medications by children in state custody. The service is accessible statewide by phone. Services address individual situations of the referred children. These services are planned for continuation into the new CFSP plan period.

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

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

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

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

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

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

The Dave Thomas Foundation for Adoption awards grants Wendy’s Wonderful Kids (WWK) 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. Currently, there are a total of eight full-time recruiters and one Supervisor managing all nine regions of the state. Recruiters are allowed to recruit for children with the goal of Another Planned Permanent Living Arrangement (APPLA). This program is targeting increasing adoptions for hard to place children and youth. The model provides for this service to be available to all children in custody, throughout the state. The child focused recruitment model allows for individualizing the child’s specific needs to locate a permanent caregiver for the child.

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

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

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

- 1) Collaborating with LA Methodist Children’s Home, a licensed child-placing agency to train, assess, and expedite certifications of kinship families providing care to children in state custody. As families reported certification timeframes of several weeks to several months during the focus group meetings, this expedited process seeks to complete family certifications within 45 days and provide 90-days of support after initial certification. This strategy will ensure kinship families receive necessary initial training and information soon after placement of the children in their home, as well as, financial assistance through foster care board payments.

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- 2) Addressing the cited issue and need for legal information by kinship caregivers, the Pelican Center for Children and Families and DCFS will conduct research and develop legal resource information guides, fact sheets, and a legal training curriculum to be available to kinship caregivers regardless of their involvement or connection to DCFS.
- 3) Developing updated Kinship Caregiver Information Guides. This provides kinship caregivers with basic information on kinship care; available federal and state financial resources for which they may be eligible; and, directs them on how to access local community resources for information or assistance.
- 4) Collaborating with LA 211 to determine services available to expedite access to needed information by kinship caregivers.
- 5) Securing access to national kinship-care resource material and information through the KINCARE Today magazine to provide this information to kinship families and DCFS staff and family resource centers assisting those families.
- 6) Updating the DCFS website to provide additional kinship information to assist families while further exploration of a stand-alone Kinship Navigator website takes place.

AGENCY RESPONSIVENESS TO THE COMMUNITY –

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: In implementing the provisions of Louisiana’s Child and Family Services Plan (CFSP) and developing related annual reports, the Department of Children and Family Services (DCFS), Child Welfare Program (CW) engages in ongoing consultation with the state’s four federally recognized Native American tribes, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies. The major concerns of these representatives are reflected in the goals, objectives, and annual updates of the CFSP. The department works closely with management staff, front-line staff and community partners to ensure goals from the CFSP are met. Concerns regarding performance measures and issues brought forth at both the statewide and regional level are addressed in the Continuous Quality Improvement (CQI) meetings or other regularly scheduled meetings. Departmental staff, community partners, and stakeholders work to improve service delivery by assessing current processes to determine the root causes of areas requiring improvement. The achievement of safety, permanency, and well-being is a primary consideration in ongoing efforts to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state. Though not a comprehensive list, the partnerships detailed below represent efforts to be responsive to the community.

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

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staff invite the tribal representatives to quarterly Continuous Quality Improvement (CQI) stakeholder meetings. The department also provides the tribes notice of all DCFS trainings statewide, as well as local foster parent recruitment and training activities.

LYLAC: DCFS staff facilitates the Louisiana Youth Leadership Advisory Council (LYLAC) group meeting, which is comprised of youth in care working toward independent living and youth who have aged out of foster care. Through ongoing, quarterly, statewide LYLAC meetings, communication is maintained and feedback is obtained from the youth. Regional LYLAC meetings are also held, at a minimum, monthly.

Open Table: The department implemented a mentorship model, “Open Table”, which offers long-term relationship and guidance from community based volunteers interested in working with the youth aging out of foster care. There are two tables serving youth in Monroe and two in Baton Rouge. Further development of this program in other communities is planned in the upcoming CFSP timeframe.

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

Citizen Review Panels (CRP): Louisiana has three Citizen Review Panels (CRP). The goal of each panel is to provide an opportunity for citizens to promote positive change for the safety and well-being of children. The panels meet, on a minimum, quarterly to discuss specific policies/procedures and in some instances, specific cases. The panels prepare an annual report, which is submitted within the state’s APSR.

University Alliance: The DCFS collaborates with public universities’ Schools of Social Work through an alliance of Louisiana universities. The members of the alliance include Southeastern Louisiana University (lead), Northwestern State University, Southern University Baton Rouge, Southern University New Orleans, Grambling University, Louisiana State University Baton Rouge and University of Louisiana at Monroe. The University Alliance collaborates with DCFS through the Louisiana Child Welfare Training Academy (LCWTA), as well as the Pelican Center of the CIP to provide training opportunities for DCFS staff, federally recognized tribes and other partners. These community stakeholders work to achieve: improving the quality of court hearings to ensure children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings; improving safety decision-making across systems by educating and training stakeholders on the principles of advanced safety decision-making; developing policy to support DCFS CW employees pursuing a Master of Social Work degree; and, standardizing procedures for recruitment/selection of Title IV-E CW stipend recipients.

Faith-Based Community Collaboration:

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

- recruit families willing to foster and adopt;
- retain and support certified foster/adoptive families;
- create an atmosphere of shared responsibility resulting in, overall, good child well-being outcomes for children and youth in the foster care system.

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

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

Healing Place (HP) Serve of Baton Rouge is a faith-based organization affiliated with Healing Place Church. They collaborate on various projects, such as human trafficking, transitional living for youth aging out of foster care, homeless youth and foster parent recruitment/support. HP Serve assists with photographing children awaiting adoption and maintaining a statewide Louisiana Heart Gallery (LHG). Children are also videoed by America's Kids Belong (AKB) in partnership with the LHG. The videos are posted on AdoptUsKids, DCFS and LHG's websites. HP Serve also hosts the Statewide Adoption Exchange meeting. The exchange meeting allows Adoption and Home Development staff (statewide) an opportunity to meet in one place to present certified families and children awaiting adoption in hopes of making potential matches.

Louisiana Methodist Children's Services collaborates in a variety of work efforts with the department, including but not limited to: a Psychiatric Residential Treatment Facility; a Treatment Foster Care program; Chafee Foster Care Independence Program services in 4 regions; and, development of the Foster Parent Support Organization.

Child Death Review Panels:

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

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The department's establishment of partnerships such as outreach to the faith-based community and other partners is vital to accomplishing the mission of the Child Welfare programs. The inclusion of foster/adoptive parents, former foster youth, community partners and the pursuit of birth parent participation in DCFS efforts at improvement are vital to the coordination of services, the way services are delivered, and implementing measurements which provide feedback from the community. The department recognizes this network of partnerships enhance existing strengths and core values while filling in the gaps which limit the community impact. Working together is integral to achieving improved outcomes for children, youth and families. DCFS partners are crucial to building capacity and gaining access to resources within the local communities which will sustain those families when DCFS is no longer involved. Teaming to create community partnerships is the only way to maximize limited fiscal and human resources for serving children, youth and families.

FOSTER & ADOPTIVE PARENT LICENSING, RECRUITMENT & RETENTION –

Certification: The Department of Children and Family Services (DCFS) Child Welfare (CW) – Home Development (HD) Program holds responsibility for certifying and re-certifying foster/adoptive family homes to meet the placement needs of children in the Louisiana foster care (FC) system. These homes are required to meet the department's prescribed minimum licensing standards for the health, safety and well-being of children placed in foster care, as well as those children, which become available for adoption. These families are dually certified to foster and adopt. The overall certification process is conducted by means of a home study, pre-service training and mutual assessment. The re-certification process involves assessing whether the home continues to meet licensing standards, providing support to the family, and addressing any identified issues/concerns. A family can be re-certified on an annual basis or a three-year basis. There are various types of family homes; each requiring a particular level of expertise and skill necessary to meet the care needs of the child placed in the home.

To assist interested individuals in determining whether they are ready to become a certified foster/adoptive family, information about certification is available on the department's website. CAFÉ has the capacity for individuals interested in becoming certified to complete an intake inquiry on-line and submit it via a designated provider portal. Applicants are also able to submit the foster/adoptive parent application via CAFÉ, as well as develop and update their profiles (address, phone/cell number, email address, etc.)

Home Development will adjust the Foster Parent Handbook. It is necessary to incorporate QPI principles and other information related to recent department program changes such as the development of the Extended Foster Care program.

The DCFS utilizes the Louisiana Adoption Resource Exchange (LARE) subsystem of the Tracking, Information and Payment System (TIPS) to maintain foster/adoptive parent certification data (e.g., the date of inquiry, orientation, application, clearances, training sessions, certification, closure, capacity, age range of child, as well as, newly certified relative and/or closed homes). In addition to the information tracked in LARE, on a monthly basis each region submits to state office, a monthly regional statistics log. The statistics log captures: number of new certified

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foster/adoptive families, number of closures, total number of homes; number new certified child specific families, number of closures, total number of child specific families; and combined total number of foster/adoptive and child specific families. The information from the statistics log is summarized in a statewide internal tracking document. This tracking document provides a means to compare regional data and assist in determining how the regions are progressing toward increasing the overall number of certified families, as well as, meeting regional recruitment/retention goals. All of this information is planned for recording, tracking, and reporting in the CCWIS system when completed.

Regional HD recruitment/retention plans include an annual needs assessment (demographics and placement needs of children within the region), goals/objectives, method of recruitment (general, targeted, child specific), orientation/pre-service training schedule, and the recruitment budget. The region's annual plan is used to review and/or monitor the following: 1) identified placement needs; 2) types of available homes; 3) strategies for increasing the number and types of foster/adoptive families; and, 4) results/outcomes. One of the overarching and consistent goals of the HD program is to have a continuous increase in the overall number of certified foster/adoptive families. In an effort to meet this goal, there is a targeted goal of a 2% statewide increase of families annually.

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

Retention: Retention is another important aspect of the certification/re-certification process. The retention of certified foster/adoptive families involves two processes: working with foster/adoptive parents as partners in permanency planning; and, providing families with identified support services. HD staff conduct support visits in the homes of certified foster/adoptive parents. Other methods utilized to retain foster/adoptive families include annual selection of a foster/adoptive parent(s) of the year; foster parent appreciation month; meetings between executive management and foster parent associations; participation of foster parents in trainings offered by the Louisiana's Child Welfare Training Academy (LCWTA); and encouraging foster/adoptive parents' participation in the Continuous Quality Improvement (CQI) process. Louisiana's goal is to engage

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and strengthen support of foster families in an effort to improve the retention of foster/adoptive homes.

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

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

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

QPI has been implemented in each region of the state. To date, the regions have developed committees to develop trainings for foster parents around court processes; judges in two jurisdictions are holding information meetings with staff to increase partnership between the court and staff. In one court jurisdiction, a judge created a form for foster parents to fill out so they could update the court about the child and the case without having to be present. A few regions have implemented a practice referred to as “Comfort Calls” by which calls are being made to birth parents when a child is initially placed into a foster home at the time of removal. A few parishes have even implemented Icebreakers. These are meetings between the birth parent, foster parent, worker and child (if appropriate). They are to be held three to seven days after a child is placed in a foster home. The purpose of the meeting is to discuss the child and their needs. HD has also been involved in the Child Placing Agency Licensing workgroup to revise licensing regulations. The workgroup is looking at modifying some of the regulations. Additionally, HD is working with AECF to generate new ideas and develop a strategic plan for development of more foster/adoptive home resources.

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

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

Diligent Recruitment of Foster and Adoptive Homes: DCFS regional HD units develop and implement annual regional, written recruitment/retention plans according to the Department's recruitment and retention plan policy guide. The regionally proposed plans are approved by the Area Directors and forwarded to the state office HD Section. Louisiana uses the Developing Recruitment Plans Toolkit from the National Resource Center for Diligent Recruitment. This has improved the needs assessments used to determine the demographics, needs, and placement requirements for the children in each parish and expanded it to include comparison of the data regarding current certified foster parents. A comparison of the children in care to the certified foster families allows for a much more accurate view of the specific types and locations of homes needed. The plans include goals and objectives in recruitment of additional resource families for targeted areas of need, retaining and supporting currently licensed families, and responding to and retaining prospective resource families during the inquiry to licensing phase of the process. The plans detail methods of recruitment, in addition to action steps, periods, persons responsible, and outcomes. Each specific recruitment method identified in the regional plans is linked to the data regarding children in foster care and certified foster parents. These plans are reviewed quarterly along with updated data to determine continued accuracy.

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

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

DCFS now provides a two-tier rate adjustment for Therapeutic Foster Homes. This initially served as a mechanism for more adequate reimbursement of foster caregivers for the level of care necessary to meet the needs of the department's most medically, developmentally and/or behaviorally challenged children. It is now also a recruitment tool to develop more specialized

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homes for specific populations of children requiring specialized care. Efforts are underway by DCFS to recruit additional TFC homes to serve children who have development delays, have been involved in sex trafficking, identify as LGBTQ, have serious conduct/behavioral issues, are older youth, and youth who have histories of sexual aggression.

DCFS is in the process of working with a private provider to establish a statewide **Foster Care Support Organization (FCSO)**. This organization will oversee foster care support in all 9 regions. The scope of work will include the state FCSO working with already established local and regional foster and kinship care support organizations to develop services that are more comprehensive or working with community partners to establish foster and kinship care support organizations in areas where there currently are no support organizations. Services will include monthly support groups for foster and kinship families; quarterly social events for children in foster care and the foster caregivers; developing and presenting in-service training for foster and kinship caregivers; developing a peer mentor program for foster and kinship caregivers; establishing a statewide communication system to disseminate support and training information to foster and kinship caregivers including a monthly or quarterly newsletter, and a website listing available resources; developing a conflict resolution process for foster and kinship caregivers; and, assisting DCFS with recruitment efforts for additional foster families.

Child Specific Recruitment: The WWK model focuses on child specific recruitment for older youth and/or children who have been available for adoption more than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of legal availability for adoption do not have an identified adoptive resource. The recruiters work in collaboration with DCFS adoption staff, the identified child and the child’s foster parents and any other person significant in the child’s life.

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

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

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Louisiana Fosters is to develop a resource network across the state to provide the kinds of supports foster parents need to ensure stability and guidance for the children and youth in their care.

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

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

FC/AD & HD Outcome Measures	Baseline (FFY 2018 data)	Year 1 – 2015 APSR (FFY 2019 data)	Year 2 – 2016 APSR (FFY 2020 data)	Year 3 – 2017 APSR (FFY 2021 data)	Year 4 – 2018 APSR (FFY 2022 data)	Year 5 – 2019 Final Report (FFY 2023 data)
	%	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	*863 total	IG: AP:	IG: AP:	IG: AP:	IG: AP:	IG: AP:

Annually, each of the nine regions developed targeted recruitment plans based on regional data of their current foster families and numbers and ages of children in care. While families were being certified, it was noted not all regions had the numbers and types of families to meet the needs of the children and youth in their regions. Most regions had an abundance of homes for children ages

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

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

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

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

GOALS, OBJECTIVES, AND OVERALL STRATEGY FOR IMPROVEMENT: Louisiana participated in a PIP development pilot led by the Children’s Bureau and the Capacity Building Center for States and the Capacity Building Center for Courts to review Louisiana’s CFSR outcomes, examine the root causes and to develop a theory of change and logic model in conjunction with key stakeholders across the state. Prior to the onset of this meeting, Louisiana engaged in numerous problem exploration efforts, analyzing data and engaging stakeholders, to dig deeper into problem areas. Louisiana has been supported by the expertise of Casey Family Programs, the Annie E. Casey Foundation and the Quality Improvement Center for Workforce Development. Throughout this process, Louisiana also received the assistance of the Capacity Building Center for States and the Capacity Building Center for Courts to conduct a deeper exploration of problem areas identified by DCFS, the creation of a data book and preparation of the final results meeting. A series of in person and virtual meetings were conducted, allowing the state to engage in activities focused on deeper problem exploration and root cause analysis

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including, but not limited to, the development of a data plan, exploration, validation and strategy development.

During the onsite PIP development meeting, a group of 68 individuals including representatives from DCFS, Louisiana Department of Health, service providers, individual court systems, parents, foster parents, relative caregivers, and youth convened for a four-day planning session March 25-28, 2019, to collaborate in the development of Louisiana's Program Improvement Plan.

After a brief data overview, participants self-selected into one of three groups including Safety, Permanency or Well-being. The groups were asked to define foundational root causes on areas needing improvement based on quantitative data provided, the CFSR final report and any additional data requested/needed. As a result, four crosscutting themes emerged: safety and assessment, engagement, workforce development and service array.

The overall strategy for PIP development focused on the following five areas based on the identified problems in each area shown below:

QUALITY ASSESSMENT:

- Current assessment tools are fragmented, disjointed and overcomplicated causing poor flow of information;
 - Improvement needed to develop tools reflecting a common understanding and support information collection and purpose of assessment throughout the life of a case.
- Lack of understanding of safety principles in every program and system wide partners; and
- Lack of fundamental understanding of child, family systems and drivers of behavior to accurately assess and/or identify needs.

ENGAGEMENT OF YOUTH, CAREGIVERS AND OTHER SYSTEM PARTNERS:

- Families and caregivers are not consistently engaged in case planning or service delivery.
- The pathway to improving engagement with families begins at the initial contact and continues throughout the life of the case.
- Families will be valued as partners and foster care will be viewed as a temporary protective service.

WORKFORCE DEVELOPMENT:

- Over the past several years, Louisiana has experienced a high turnover rate. There has been a significant decline in staff and an increase in child-welfare client population; additionally, supervisors need a greater depth of knowledge and skills to effectively guide staff.
- The pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory skills.
- The child-welfare job redesign along with the implementation of the teaming approach and a revised supervisory training program will result in casework supporting client needs with available resources.

SERVICE ARRAY:

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- Louisiana families are often unable to access appropriate services and supports to address their needs, strengthen parental capacity to prevent maltreatment, avoid removals, or facilitate timely reunification.
- The pathway to improving outcomes for children and families is by building the capacities of DCFS, service providers, courts, and local communities to provide a comprehensive array of services and effective delivery of services.
- Families and children who encounter Louisiana’s child welfare system will have reduced incidents of maltreatment and recurrence, entry into care, and shortened foster care stays through the development and administration of a coordinated and comprehensive array of accessible, available, and individualized trauma informed services and supports, a collaborative communication, referral, and tracking process, and consistent service assessments and approval processes.

QUALITY LEGAL REPRESENTATION:

- Parents and children do not consistently have access to quality representation because attorneys may not be timely appointed, not always trained in child welfare best practices, principles, law and competencies, included in family team meetings, nor able to access collateral supports to effectively advocate for their clients.
- The pathway to improving safety and permanency outcomes for children and families is by ensuring timely, quality legal representation for children and families.
- Children will enter foster care only when a safety threat to a child vulnerable to the threat cannot be mitigated by parental protective capacity. Those entering foster care will be returned home as soon as it is safe to do so, or reach permanency timely, when Louisiana has an adequate number of qualified, competent attorneys with specialized child welfare knowledge and high standards of practice to work with families at the earliest time possible to present the department and courts with all the information about the family that is available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

CFSP GOALS: The goals for accomplishing the DCFS vision during the five-year period 2020-2024 are organized according to the way DCFS will address the above listed themes through the PIP. The noted problems in each area above are the priority concerns and were the focus in developing the goals shown below.

Goal 1: Quality Assessment

Develop a unified assessment and decision-making model for DCFS, emphasizing family engagement, in order to improve child safety, reduce repeat maltreatment, ensure appropriate services, and achieve timely permanency for children.

- Rationale for selection of goal:
 - Louisiana will adopt an assessment approach and corresponding terminology, emphasizing family engagement to be more reliable, cohesive, and easily understood by all stakeholders.
- Objectives/Strategies to achieve goal:

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- Workers will become more confident and competent in their ability to gather pertinent information, assess safety threats with consideration to parental protective capacity, risk of repeat maltreatment, and family strengths and needs.
- Assessments will lead to more accurate and consistent decisions regarding which children can be served safely in their homes, and which children must be temporarily removed for their protection.
- Case plans will be more focused on the vital services most likely to reduce threats and enhance protective capacities;
- Attorneys and judges receive sufficient case information and agency identification of safety threats and assessment of parental protective capacity
- So that:
 - Fewer removals
 - Assessments and services improve
 - Permanency for children will be achieved sooner.
- The workforce is positively impacted because of a greater sense of competence in the day-to-day work with families, and ultimately, experiencing more positive outcomes for children and families overall.

Goal 2: Workforce Development

Through the Louisiana Child Welfare Workforce, enhance performance and practices to improve safety, permanency and well-being outcomes.

- Rationale for selection of goal:
 - The pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory knowledge and skills.
- Objectives/Strategies to achieve goal:
 - The Quality Improvement Center’s Workforce Development Project will implement Job Redesign and Teaming as an experimental design to improve Child and Family Outcomes. The job redesign aspect of the intervention included a comprehensive job analysis and process mapping to determine which tasks needed to be retained by the child welfare worker and which tasks could be assigned to a newly created professional position (called the Child Welfare Team Specialist, or CWTS). The CWTS will work in close partnership with the child welfare worker, assuming those duties generally categorized as administrative, so the child welfare worker will be able to focus on more clinical tasks. The Teaming concept encompasses the Prevention and Permanency units collectively working to meet the needs of children and families.
 - The Child Welfare **Job Redesign** along with the implementation of the **Teaming** approach will result in casework supporting client needs with available resources. The job redesign includes a specific focus on distinguishing between clinical and case management duties as opposed to

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

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

Goal 3: Engagement

Treat families and caregivers as important partners in case planning and service delivery so timely permanency is achieved and the well-being of children is ensured.

- Rationale for selection of goal:
 - Engagement in the Child Welfare system should begin at the first contact with a family. Group consensus is initial contact with families and caregivers is critical in building strong partnerships. The CW system must explore its attitudes, beliefs and biases when working with parents, children/youth, foster parents and relatives. This includes the examination of Systems Biases, which takes into account how policies and practices influence those biases.
- Objectives/Strategies to achieve goal:
 - **The Child Welfare system (Child welfare, Attorneys, Judges, etc.) will adopt practices and values indicating awareness of trauma, ACES and cultural biases so that,**
 - Families will be valued as partners and foster care viewed as a temporary service to serve families;
 - There will be early and ongoing engagement of parents and youth;
 - There will be improved case plans, courts orders, and visitation (quality and frequency);
 - There will be long-term improvements in permanency measures, due process for families and community view of the CW system.

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- **Engagement practice goals:**
 - (A) **Early in new cases**
 - Positive “first system contacts” for parents and youth;
 - Identification of all parents;
 - Foster parent partnerships with parents to minimize trauma;
 - Early parent-child visitation;
 - Assessments will be fair and accurate; and
 - All parties participate in case plan development.
 - (B) **Ongoing**
 - Parent or youth will be involved in all relevant conversations and their voice will be valued;
 - Foster parent will be a partner to parent and case manager;
 - Case plans will be clear and will recommend individualized services; and,
 - Team assists with barriers to accessing services.

Goal 4: Service Array

Build the capacity of DCFS, legal stakeholders, and local communities to provide a comprehensive array of services and effective delivery of services which strengthens protective capacities of families to prevent maltreatment, repeat maltreatment and entry into care, shortens foster care stays, reduces trauma and placement disruptions and more restrictive placements, and supports the safety, stability, and self-sufficiency of Louisiana families and children.

- Rationale for selection of goal: There will be a decrease in incidents of maltreatment, repeat maltreatment, entry into care, placement disruptions, more restrictive placements, and separation of children ages birth to 18 from their families due to abuse/neglect. Additionally, the duration of time in care to permanency for children experiencing removal will decrease.
- Objectives/Strategies to achieve goal:
 - The Court Improvement Program (CIP), legal stakeholders, and DCFS will collaborate with judicial leadership in four pilot sites. These sites include Caddo, Rapides, Livingston, and East Baton Rouge parish. These pilot sites will build the capacities of local communities by collaborating to provide a comprehensive array of services and a strategy for effective delivery of services. This will also create a parish-wide organizational structure to gather data and information on available services, make referrals, connect families to services, and make needs and opportunities known. This initiative will include developing a replicable and evolving model of multi-generational care for service array work and delivery across the state that will include services not traditionally thought to fall within child-welfare service array (i.e., mental health services, transportation, and ancillary legal matters). This will also assist with preventative services possibly resulting in precluding the need for traditional child welfare services.
 - The CIP, legal stakeholders, and DCFS will take this a step further and organize a state-level leadership committee where parishes can share systemic barriers and state-level leadership can advocate for solutions. To equip caregivers and service

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providers to provide trauma informed care and evidence based services that address the adverse emotional, behavioral, and attachment issues arising from maltreatment or from removal of children from their homes, the state level leadership committee will pursue partnerships to support the successful implementation of the service array strategies, build the capacity of the pilot sites to promote trauma informed parenting, care, and treatment, and develop new opportunities for training. These partnerships will include publications and communications of existing services, trainings, and resources as well as coordination with Casey Family Programs, the Louisiana Department of Education, Social Justice Equity, Office of Behavioral Health, Work Force Development, Chamber of Commerce, Louisiana Department of Health, Center for Evidence to Practice, Office of Public Health, Louisiana Association of United Ways (2-1-1 Louisiana), emergency responders, Children’s Trust Fund, Crossroads NOLA, CASA, Louisiana Supreme Court-Division of Children and Families, Empower 225, Louisiana Child Welfare Training Academy, Civil Rights Section of DCFS, Kinship Navigator Program, U.S. Department of Health and Human Services (“HHS”) Office for Civil Rights (“OCR”), U.S. Department of Justice (“DOJ”), church and faith-based organizations, law schools, Louisiana Bar Association, Louisiana Law Institute, Louisiana Bar Foundation, legal service entities, Child Advocacy Program, Louisiana law schools, local bar associations, Children’s Code Committee, and others to further develop and support the service array strategic plan, fill gaps in services, identify a services and needs online management portal, and support coordination of service communications and referrals within the pilot parishes.

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

Goal 5: Quality Legal Representation

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

- Rationale for selection of goal:
 - Develop and implement a high-quality multidisciplinary legal representation model.
- Objectives/Strategies to achieve goal:
 - Parent and children’s attorneys in the pilot parishes, Caddo, Livingston, East Baton Rouge and Rapides, will receive training on high quality legal representation to effectively advocate for their clients in court and out of court.
 - Attorneys in the pilot parishes will have enhanced knowledge and skills to competently represent their clients in child welfare proceedings.
 - Attorneys in the pilot parishes will be appointed at the earliest possible

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time and be present at the continued custody hearing to represent and advocate for clients.

- Fewer court delays will occur in the pilot parishes due to lack of parties and/or counsel at the continued custody hearing.
- Parents and children, and their attorneys, in the pilot parishes (resources permitting) will have access to enhanced legal representation, e.g., parent partners and social workers, and resources to resolve the case before a petition is filed with the court.
- Parents at risk of having their children removed from their home will have access to timely legal aid and social service assistance to remediate the threats and avoid the child’s removal from the home by resolving ancillary exacerbating issues.
- Parents and children with enhanced legal representation will receive greater access to supportive services and parenting time to facilitate timely reunification.
- Parents and children with enhanced legal representation will experience greater support and are more likely to engage in the reunification plan and the court process.
- Judges will have sufficient information after diligent inquiry to determine whether the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home, and after removal to make it possible for the child to return home.
- Fewer children will enter foster care, and for those entering foster care, a higher rate will reach permanency within 12 months.

OBJECTIVES:

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

MEASURES OF PROGRESS FOR GOALS: (The following plan for measurement was pulled from the state’s CFSR PIP.) Please note: This chart is the PIP measurement plan and only includes ten items (1-6 and 12-15). It does not include all 18 items. The MASC team provided the target goals for items (1-6 and 12-15). Since these are the items being measured in the CFSR PIP plan, these were the goals included in the CFSP. MASC has not provided additional information/data for Items 7-11 or 16-18.

Using 2018 State-Conducted CFSR Results to Establish Baselines and Goals

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	Baseline ³	Baseline Sampling Error ⁴	Goal ⁵
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment (case review)	1.28	29	20	69.0%	0.10996367	80.0%

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Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	37	3	8.1%	0.057439079	13.9%
Item 3	Risk and Safety Assessment and Management	1.28	65	9	13.8%	0.054834666	19.3%
Item 4	Stability of Foster Care Placement	1.28	40	35	87.5%	0.066932802	94.2%
Item 5	Permanency Goal for Child	1.28	39	25	64.1%	0.09832118	73.9%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	10	25.0%	0.087635609	33.8%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	65	9	13.8%	0.054834666	19.3%
Item 13	Child and Family Involvement in Case Planning	1.28	61	10	16.4%	0.060673676	22.5%
Item 14	Caseworker Visits With Child	1.28	65	30	46.2%	0.079147023	54.1%
Item 15	Caseworker Visits With Parents	1.28	56	9	16.1%	0.062820026	22.4%

Explanatory Data Notes:

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

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

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

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

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

Approach to Measurement: Louisiana intends to use Method #1 in Technical Bulletin #9, Retrospective measurement method using the state conducted case review results for the baseline period. The State conducted its own Child and Family Services Review (CFSR) and used the same sampling plan and case review process outlined for Round 3 to report ongoing progress in the Program Improvement Plan (PIP). The State will use CFSR onsite review findings as baselines. Such reviews are aligned with the ongoing statewide CQI monitoring approach. The State intends to use a 6-month review period.

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

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

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

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

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

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

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

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

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

STAFF TRAINING, TECHNICAL ASSISTANCE & EVALUATION:

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

Technical Assistance & Evaluation: Training and technical assistance provided to the regions will include policy development; on-site training; distance learning opportunities [pre-service and in-service]; pilot programs; program specific training; practice evaluation; training identified through surveys and needs assessments; case staffings; facilitated meetings; supervision and case management in regions with critical shortages of staff due to high turnover; modeling; coaching; and, mentoring of field staff and supervisors statewide. The Department of Children and Family Services (DCFS) executive management and Child Welfare (CW) executive management conducts meetings with field staff at least once per quarter to discuss performance, workforce development and other identified concerns.

IMPLEMENTATION SUPPORTS:

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

1. CW staff will continue in work with Casey Family Programs and AECF to achieve change in the areas of focus outlined in the Collaboration section of this plan.

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

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

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

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

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

Evaluation and research activities underway or planned with which the state agency is involved or participating: Technical Assistance (TA) is being considered at this time for Infant Team services; however, the Department is not at the point of making a decision at this time.

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SECTION 4: SERVICES:

CHILD AND FAMILY SERVICES CONTINUUM

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

This program involves skilled, prompt and sensitive intake services in response to reports of abuse and neglect in families, foster homes, day care centers, registered family day care homes and restrictive childcare facilities. Based on the level of risk at intake, a determination is made to refer a case for CPS. (For additional information on Centralized Intake (CI), please refer to the CAPTA portion of this plan.)

B.) Child Protective Services (CPS): CPS is a legally mandated, specialized social service for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include: an assessment to determine if the child(ren) have been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the home or facility and determination of whether a safety plan/intervention is needed to protect the child from harm, an assessment of future risk of possible harm, provision of emergency services as needed, participation in court hearings, and timely referral to other programs and/or community service providers in order to protect the child(ren) or otherwise serve the families.

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

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

D. Family Services (FS) Program: Provides services to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services provided while the child remains in the home. The families are encouraged to voluntarily partner with the

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department to improve parental protective capacities and reduce risk to their children. However, the department does seek court intervention to gain family cooperation, and, in limited situations, families may voluntarily request services when there is very low risk. In these situations court involvement is needed in order to prevent further child abuse or neglect from occurring, or families are desperate for assistance in providing better care to their children. Services are provided on a statewide basis. Workers conduct comprehensive family assessments with families struggling to overcome critical issues related to safety or risk. Case plans are jointly developed with the family for the goal of strengthening families to provide a safe, stable home environment for their children. The FS worker, as the case manager, may arrange for additional services based upon the family assessment. Services may be concrete and focused on accessing resources to address basic needs such as food or shelter, or may be focused on more complex issues requiring medical or therapeutic intervention.

E. Foster Care (FC) Program: Foster Care (FC) services include substitute, temporary care (e.g., foster family home, residential care, kinship care or youth living independently), and are utilized when the child’s health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with departmental staff and parents toward the achievement of permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. If return home is not in the child’s best interests’ services are provided to achieve an alternative permanent family setting for the child. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home, providing support for the family and connections for the child through ongoing communication and placement consideration for the child prior to considering other placement options. Throughout the time a child remains in foster care the child is provided an array of services to ensure well-being, such as basic daily care, medical assessment and care, educational/developmental assessment and care, trauma/mental health/behavioral/emotional assessment and care, contact/communication with family and other important connections, etc.

- **Extended Foster Care (EFC) Program:** Extends foster care services to youth. Criteria for program services are: Adjudicated as a Child in Need of Care (CINC); Aged out of foster care on 18th birthday; Currently 18-21 years old. The youth also has to meet one of the following: Enrolled in a secondary educational program or program leading to equivalent credential; Enrolled in an institution that provides postsecondary or vocational education; Participating in a program or activity designed to promote employment or remove barriers to employment; Employed at least eighty hours per month; or, Incapable of above educational or employment activities due to a medical condition.
 - EFC is a voluntary program and youth must sign a voluntary agreement to participate. Youth in EFC are no longer in the custody of DCFS, but are participating with an extension of foster care services. They retain all of their adult rights. DCFS will be utilizing the evidence-based YVLifeSet model through Youth Villages as the case management model for EFC. This model is proven to have improved outcomes for youth. All current Foster Care, care-setting types will be available to EFC youth.

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Each care setting will be making a decision as to accepting/keeping EFC youth. DCFS will be developing additional placement types available only to EFC youth to include additional transitional living facilities and housing options, host family homes, and supervised independent living situations.

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

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

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

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

- **Louisiana Voluntary Registry:** Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The registry is maintained and operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written

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request, which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted expanding the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The registry provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys' no longer in operation transferring their records to DCFS, as mandated by Louisiana law. The registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency ceased operation in 1999 through an agreement made at the time of the closure. This agreement terminated 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 confected in the state of Louisiana back to the 1920's. Additionally, all adoption records transferred to the Department from adoption agencies no longer in operation and retired adoption attorneys are maintained in the DCFS adoption file room. Authorized Adoption Section staff to provide information allowed by law to members of the adoption triad access the records frequently; however, records are only released by court order and no adoption record is ever destroyed.

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

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

I. Adoption Petition (AP) Program: DCFS reviews every adoption petition filed in the state for the courts. This review responsibility includes adoptive placements made by public and private agencies and those made by private attorneys for family member adoptions and unrelated persons'

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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 submits a confidential report of its findings to the court and assists the family with obtaining the revised birth certificate after the adoption. A copy of each adoption petition record is maintained in the adoption file room.

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

- **Extended Guardianship Subsidy (EGS) Program:** The EGS program is available to those children receiving a guardianship subsidy whose guardians wish to continue receiving subsidy services after the child reaches age 18. To be eligible for EGS the youth had to enter a guardianship arrangement from foster care after the age of 16, but prior to age 18; and, the child must meet the same criteria as required for participation in the state’s EFC program.

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

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

M. Interstate Compact on the Placement of Children (ICPC) Program: ICPC coordinates services with other states for out-of-state placements with relatives, foster parents, permanent adoptive homes and residential care providers when no other resource is available to meet a child’s treatment needs within the state.

SERVICE COORDINATION

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

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

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

SERVICE DESCRIPTION

The following is an assessment of gaps in the current provisions of services through the Child Welfare programs of the department:

1. 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 provided while the child remains in the home.
2. Children ages 0-5, including substance exposed or affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. The department continues to see a rise in the number of Substance Exposed Newborns (SEN). Policies, practices, and legislation have been developed to address the issues, but ongoing work is needed. DCFS will continue to monitor occurrence of SEN reports, and collaborations to address the issues.
3. DCFS will focus more attention on developing services to children age 5 and under. The department needs to reduce the length of time children under age five are without a permanent family.
4. The department will collaborate with the Court Improvement Program and Pelican Center in assessing effectiveness of the Family Preservation courts in assuring permanency for children; in effectively sustaining parental custody of children during parent substance use treatment; and, in preventing repeat maltreatment of children.
5. Safety focused practice is key to assessing the safety of children in families and the referral to services when needed. State and regional implementation plans will continue to target specific improvements in staff diligence regarding the sufficiency of information collection, the recognition of danger and the development of safety plans. State and regional staff will provide additional support and training to reinforce and extend field staff expertise in safety and risk assessment practice. Competency assessment and evaluations will be conducted to determine additional training and support needed for field staff. Consultations will continue to be available to field staff to further knowledge and development of skills.

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These areas as well as the gaps in practice identified through the PIP assessment and development will be a focus for improvements in CW practice through the 2020 - 2024 timeframe.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM, TITLE IV-B, SUBPART 1:

Services Specific to Use Of Funds:

Child welfare service components of the DCFS are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 48 parish offices. Major Service components include Centralized Intake (CI), Child Protective Services (CPS), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD).

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

- A. Services for Children Adopted from Other Countries
- B. Services to Children under the age of 5
- C. Efforts to Track and Prevent Child Maltreatment

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 continuous quality improvement efforts. The department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

A. Services For Children Adopted From Other Countries:

- **Activities to support the families of children adopted from other countries:** Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program, which assists families to record adoptions in Louisiana, and then obtain a revised birth certificate. Regional Family Resource Centers (FRC) provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post-adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody experiencing adoption disruption and/or dissolution Louisiana provides ongoing foster care services, to include board rate, independent living skills development, educational support services, medical assistance, psychological support, and clothing replacement services.

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Inter-Country Adoption Data:

Federal Fiscal Year	Number of Children With “Out of Country Birth Location”
2019-20	
2020-21	
2021-22	
2022-23	
2023-24	
TOTAL	

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

- **Activities Planned for FFY 2020-2024 to support children adopted from other countries, including the provision of adoption and post-adoption supports:** Quarterly review of adoption dissolution reports will be conducted to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

B. Services To Children Under The Age Of 5:

- **Targeted services provided to these children to reunify or find a permanent family:** All services typically offered to children in foster care to insure safety, promote permanency and sustain child well-being are provided to this population of children. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parents' custody. This involves placing children with relatives who are willing to adopt or accept custody/guardianship of the child or with foster parents who are dually certified as adoptive parents and who are willing to accept legal risk placements.
- **How developmental needs of children under age five are addressed:** Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child’s Medicaid provider. Through collaboration with LDH, Medicaid program, the Healthy LA managed care programs established a medical home for all children receiving Medicaid, which includes children in foster care, so primary care physician will be able to more efficiently monitor the child’s developmental needs. Through collaboration with the LDH, Office of Citizens with Developmental Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services. Finally, through interdepartmental collaboration with the Child Care Assistance Program, childcare 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

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involvement in the abuse and neglect. The assessment includes assessment for safety as well as any needs related to development, physical or mental and emotional health.

Specific policy addresses how to assess and work with Substance Exposed Newborns and their families. Policy provides guidance on conducting a thorough assessment of the infant, caregivers and the environment in order to determine what services, if any, are appropriate for the family.

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

Three infant teams in the state in the Orleans and Baton Rouge Regions provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence-based assessments used to assess the status of the caregiver-child relationship.

Training is being provided with Tulane Infant Mental Health statewide to staff and caregivers on planning transitions when infants and young children move to a different placement including reunification, adoption or different foster home placements. Transitions, particularly with infants and very young children must be carefully planned and take into consideration the attachment and development of the child and transitioning the child in a way which minimizes trauma and supports healthy attachments as the child moves to a different caregiver setting.

Foster parent pre-service training *A Journey Home* is devoted to childhood development with a focus on early childhood development. Two additional sessions in pre-service training are focused on understanding infant and childhood trauma and helping infants and children heal from trauma and how to support healthy attachments.

- **Activities Planned for FFYs 2020-2024:**

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- Implement Planful Transitions policy, incorporating Regional Program Specialist support to field staff throughout the state to help in transitions for children ages 0-6 whether into care, from care setting to care setting or out of care.
- Expedite foster family adoptions for young children when in the best interests of the child once termination occurs to insure timely permanency;
- Continue focus on early identification of relatives and notification of child involvement in foster care;
- Use family teaming to build team of supportive individuals for the family to improve achievement of case plan goals; and,
- Assess safety of child and parental protective capacities more frequently to achieve enhanced parental functioning to meet the safety needs of the child as soon as feasible.

A. Efforts To Track and Prevent Child Maltreatment Deaths:

- DCFS will compile, complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on deaths from the relevant organizations in the state.
- DCFS will develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts.

Louisiana utilizes multiple sources of information in investigating child fatalities that informs NCANDS reporting. For all allegations of Death and/or Life Threatening Injuries, Louisiana requires the additional allegation that caused the death or injury, which improves accuracy in reporting. The following are existing processes in place to track child maltreatment deaths:

- Law Enforcement agreements are in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, agreements of their working relationship and sharing of information.
- All child fatalities require a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision making. Child Death Review Panel members, Law Enforcement, Coroners, and other service providers are encouraged to participate in MDT's on cases where they are involved.
- A strong partnership with the Louisiana Child Death Review Panel has been established with the agency, that allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:
 - Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;

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- Quarterly state level Child Death Review Panel meetings to review systemic issues and develop strategies to reduce fatalities;
- Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions;
- Passage of state legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized DCFS to have access to any and all information/documents in the possession of the Child Death Review Panel;
- Fatality data is tracked and monitored at the DCFS State Office Executive Management level. Monthly fatality meetings are held with the DCFS Secretary, Deputy Secretary, Child Welfare Assistant Secretary, the Bureau of General Counsel, Child Protective Services' program staff, and regional management. During these meetings, each child maltreatment fatality is reviewed and assistance is offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report; and
- The DCFS Child Welfare Division contains a Data Analytics Unit. This unit tracks all fatality data and compiles an on-going report containing all legislatively required data.

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

The DCFS utilizes funds for family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

The department assures no more than 10% of funds is used for administrative costs and significant portions of expenditures are made in the four areas below:

- Family Prevention and Support Services (FPSS) – 23% of funds
- Family Preservation (FP) – 23% of funds
- Time Limited Reunification Services (TLR) – 23% of funds
- Adoption Promotion and Support Services (APSS) – 22% of funds

(Note: This comes to a total of 101%, but the totals are based on rounding up of numbers, which causes the slight discrepancy.)

Services provided in Louisiana with Promoting Safe and Stable Families (PSSF) funds include: A) Family Resource Centers, and B) Infant Teams.

A) Service/Program Description – Family Resources Center (FRC) services provided by the centers address FPSS, FP, TLR, and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are ten Child Welfare FRCs contracted to provide services. The current FRCs are listed below:

- 1.) Discovery FRC-Southeastern University, Baton Rouge Region
- 2.) Renew Family Resource Project-Southeastern University, Covington Region
- 3.) Nicholls State University Family Service Center, Thibodaux Region
- 4.) The Extra Mile, Lafayette Region
- 5.) Educational and Treatment Council, Inc., Lake Charles Region

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- 6.) Volunteers of America-North Louisiana, Alexandria Region
- 7.) Community Support Program-Portals, Shreveport Region
- 8.) Project Celebration, Shreveport Region
- 9.) Tulane Parenting Education Program, Orleans Region
- 10.) Children’s Coalition of Northeast Louisiana, Monroe Region

Each FRC provides services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from DCFS for families involved with the Department due to neglect and abuse of a child. FRCs provide three (3) CORE services: Parent Education, Visit Coaching and Family Skills Building. These services are provided through a three (3)-year contract.

- **Parent Education:** Each FRC is expected to have trained staff to provide parent education and skill building for families with children of all age groups. The following parenting programs have been approved for use by the FRC due to their evidence of effectiveness with the child welfare population but can only be facilitated by persons who have been trained by a qualified trainer: 1) The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children; 2) The Nurturing Parenting Program for parents of children ages 5-11; 3) The Nurturing Parenting Program for parents and their adolescents; 3) Systematic Training for Effective Parenting, (STEP), including Effective Black Parenting
 - **Visit Coaching:** Primarily targeting children in foster care, but this service benefits in-home families as well. Visit coaching helps the parent take charge of their visits (contacts/interactions with their children) and demonstrate more responsiveness to the needs of their children. For families in the Nurturing Parenting Program (NPP) program, the “family time” component can be expanded to accommodate visit coaching and often serves as the parent’s visit.
 - **Family Skills Building:** The Family Skills Building (FSB) service provided through the Family Resource Centers provides customized support, mentoring, and guidance in the areas of identified needs, which are not readily addressed by other services. FSB targets areas of family skills identified as areas of concern or problems in a family’s functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver’s ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client’s home or other designated locations.
1. **Decision-making process for Family Support Services** – The Family Resource Centers (FRC) were selected as providers through the Request for Proposals (RFP) process. DCFS placed ads requesting interested parties submit proposals. After the closing date, the proposals were reviewed and the agencies/organizations demonstrating the most qualifications, which aligned with DCFS standards, were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Family Resource Centers are located in one central location

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within the region, however, many have satellite locations allowing them to have a more visible presence and afford greater convenience to the clients.

2. **Population Served** – The Family Resource Centers (FRC) provide services to families referred by the Department and the Office of Juvenile Justice Family in Need of Services (FINS) Program. DCFS refers families with children ages 0-17 who are receiving services from the agency due to abuse or neglect. DCFS can refer families to an FRC involved with CPS, FS, FC, and Adoptions programs. Foster and adoptive parents are able to self-refer when there is a need for services to enhance their parenting skills or stabilize placements. There is emphasis placed on referrals for children ages 0-5, which have been identified as being at greatest risk for abuse and neglect. The Nurturing Parenting Program has a specialized curriculum to work with children and families in each age group.
3. **Gaps in Services** – Considering current capacity building efforts of the Louisiana Family Resource Center Network, the department’s plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

Program staff along with the FRC Network met the goal of developing service guidelines for each of the core services provided by the resource centers. Program staff and regional liaisons will monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines.

Tulane Parenting Education Program has continued to provide consultation resources to FRCs across the state. These consultations have occurred twice per month as set in the initial goal. Consultation services included on-going training, in addition to support and guidance to FRC staff in implementing parenting programs for clients, including Visit Coaching.

Activities Planned for FFY 2020-2024: DCFS Program staff will support the efforts of the FRC’s staff statewide to expand the service array to include the following:

- Additional evidence-based parent education programs and support services;
- Efforts toward prevention of domestic violence;
- Services for families of substance exposed newborns;
- Support services for families involved in substance use and/or behavioral health treatment;
- Improved data collection and continued focus on quality and outcome measures;
- Workgroups including staff from DCFS and FRCs will continue actions to enhance practice and service delivery.
- Skill development workshops will continue, as well as, FRC consultation with clinical staff of the Tulane Parent Education Program (T-PEP).
- The department will continue efforts with the FRCs to increase the number of referrals by 10% to ultimately improve staff referrals by 35% over the next three years and expand services being provided by the Family Resource Centers.
- Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services will be provided at the FRCs.

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- DCFS contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the Child Welfare FRCs.

The Extra Mile FRC in Lafayette implemented the Parent Partner program in 2013. They plan to use their expertise to assist other FRCs in adding a Parent Partner program to their service array by October 2020.

The Parent Partner program employs parents having successfully navigated the child welfare system. These parents want to support other parents, who may need assistance in understanding agency policies, procedures, forms, meetings, case plans, hearings, services, etc. These Parent Partners are in a unique position to share their personal experience and give guidance, understanding, hope, realistic advice and advocacy to parents currently involved with the agency. In addition, they form a critical link between the DCFS worker, other professionals, and the family.

B. Service/Program Description - **Infant Team** Services address FPSS, FP, TLR services. Two infant teams in the state provide infant mental health services. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence-based assessments used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad completes an interaction assessment and parent perception interview. Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver’s ability to appropriately respond to the child’s needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with DCFS case planning conferences, court reports and court testimony.

1. **Decision-making process for Infant Team Services** – The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. With ever increasing numbers of SEN, this service is seen as core to encouraging bonding with very young children and their parents to prevent child maltreatment, support families, preserve the family unit, and when unable to safely preserve the family unit strive for timely reunification of these very young children with their parents.
2. **Population served** - Children age 0-60 months who have experienced maltreatment in their families are the target population. There are two infant teams in the state. The team in New Orleans receives referrals from the 0-3 court team when children are placed in foster care as well as children 0-5 from additional courts in Orleans Parish when children are placed in foster care. The Permanency Infant and Preschool Program (PIPP), colloquially referred to as the “LSU Infant Team” in Orleans Parish, expanded its services to the Covington region by providing two clinicians to travel to this office one day/week to service families from this region. The clinicians will attempt to work with as many

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families as is feasible, but likely will be available to treat 8-12 families at any point in time.

The Tulane Infant Team receives referrals for children 0-5 who enter foster care in Jefferson Parish and serve children from St. Bernard, Orleans and Plaquemines parishes. One of the goals of these teams is to assist the department in developing a treatment plan aimed at achieving permanency as quickly as possible.

Gaps in Services - Most children and families in the state do not have access to specialized infant team services. A few, very young victims of abuse and neglect coming into foster care in other parishes of other areas of the state may access minimal specialized infant mental health services through the Early Childhood Supports and Services program. However, the majority are not receiving any specialized assessment and treatment services since infant teams are only located in the southern part of the state. The Baton Rouge Infant Team (Infant, Children, and Family Center or ICFC), services were discontinued during the SFY 2016. The contractual agreement between the LA Department of Children and Family services and the Infant, Children, and Family Center terminated as of June 30, 2016. The Infant Mental Health service provider did not enter into an additional agreement with the LA Department of Children and Family Services to continue the provision of infant mental health services for infants and children. Services to infants and children continue to be available through the Child Welfare Family Resource Centers, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the Louisiana Department of Health. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

Infant Team Activities Planned FFY 2020-2024: Infant Team services will continue to be provided through the teams currently providing services in the Orleans and Covington Regions with some penetration into the Thibodaux Region. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers. The goal is to increase communications between both providers who are providing services to the department's families as well as increase the number of children being served. In March 2019 the Department of Children and Family Services and the Louisiana State University Health Sciences Center (LSUHSC) entered into a Memorandum of Understanding (MOU) to assist DCFS by determining the effectiveness of LSU Infant Team. An LSUHSC clinician will utilize data from the Infant Team program participation to cross-reference with DCFS TIPS data to investigate, among other things, the level of effectiveness of the intervention, the factors related to positive outcomes for both the children and their caregivers, and if the children they have worked with re-entered foster care. The Tulane Infant Team will continue to provide monthly reports from consultants detailing documentation of consultation calls, site visits and progress or barriers to implemented services. The standardized reports include a review and receipt of all content (curriculums, attendance logs and developed tools, etc.) for the required workshop delivered to FRC and DCFS staff; DCFS participation in monthly consultation calls with the FRCs and the lead consultant; and a review of all invoiced expenses for continuity of contract specifications. As it relates to Medicaid funded services, for LSUHSC Infant Team cases, if families want to continue receiving services once their DCFS case is closed, they can go to LSUHSC's outpatient clinic, which accepts Medicaid. Families are seen as regular outpatients and sign the consent forms as the guardian of the children. Technical Assistance (TA) is being

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considered at this time; however, the Department is not at the point of making a decision at this time.

In an effort to increase communication and penetration into the number of children and families served, the LSUHSC Infant Team plans to share evaluation results with the Tulane Infant Team, as well as other collaborating agencies and courts around the country to learn more about the most effective aspects of the program as well as areas that need improvement. After reviewing the clients' and agency staff perspectives, public agency partners will be contacted in order to disseminate clinic-based replications of this early mental health intervention model with other centers with similar needs. Already, numerous individuals from throughout the country have come to observe the Orleans Parish Infant Team to learn how they can implement a similar program in their community and have had Orleans Parish Infant Team individuals come to assist them in establishing an effective court team treating the youngest children in foster care. Tulane's Infant Team will continue to provide on-going training, support, and guidance to Family Resource Center staff (worker and supervisor) in implementing the Visit Coach Model. And, ultimately, assist parents with children in foster care to achieve beneficial and productive visits leading to improved family reunification outcomes.

MONTHLY CASEWORKER VISITS:

DCFS will work to ensure by FFY 2024 and thereafter, caseworkers have consistently visited at least 95% of the children in the custody of the state monthly with 50% of these visits taking place in the child's home. Departmental policy already requires caseworker visits occur every month in the residence of the child and allows a supervisor to temporarily assign another worker when the officially assigned worker is out of the office for an extended period. If this type of reassignment occurs, it is documented in the case documentation.

Use of Monthly Caseworker Visit Funds:

- Travel and associated costs to support caseworker visits.
- Support core competencies by teaching caseworkers the skills required to conduct quality visits, which focus on engagement and emphasize the need for seeing each child monthly.
- Stress the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, in foster care program supervisory mentoring, in on-going training on risk and safety assessments, as well as integrating the importance of family engagement, appropriate assessment of family functioning, and targeted case planning in these efforts.
- Ongoing implementation of the training program for new child welfare workers. The new workers remain in trainee status for a six-month period after employment and are trained using a competency-based training model, which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Provide field staff encrypted laptops with air cards to support a mobile workforce.
- Continue implementation of a teleworker plan to increase staff mobility, improve casework and retain staff.
- Develop strategies for staff to manage the workload effectively in a climate of staff reductions as well demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. In addition, the Department will continue examination of trends in performance indicators in the context of human resources data (staff on board,

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FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).

- Support technology modernization efforts in developing a CCWIS system.

DCFS will continue to utilize the FATS system to provide the required data regarding monthly caseworker visits until the CCWIS system is completed. Data is extracted from the Tracking, Information and Payment System (TIPS) for state identification numbers (TIPS ID) and foster care entry and exit dates of all children served in foster care from October 1 through September 30 each FFY. The entry and exit dates are concatenated where each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs are matched against case notes in FATS to extract all face-to-face visits with each child made by an assigned caseworker or supervisor. If multiple visits occur in the same month, only one visit is counted. If any of the qualifying visits is made in the child's residence, the month is included in the numerator for visits occurring in the child's place of residence.

This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care.

The table below tracks the annual progress of 95% of children in foster care being visited by their worker each month with 50% of the visits taking place in the child's residence.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
	2018	95%	95.46%	50%
2019	95%		50%	
2020	95%		50%	
2021	95%		50%	
2022	95%		50%	
2023	95%		50%	
2024	95%		50%	

Activities Planned for FFY 2020-2024: In order to continuously monitor and improve compliance with monthly caseworker visits, the DCFS will do the following:

- 1) Continue monthly Performance Measures Consultant teleconferences to review regional performance in completion of caseworker visits in the child's residence.
- 2) CW Data unit provides percentage of visits held with children monthly to the Foster Care Program unit and Regional Performance Measures Consultants.
- 3) All regions require caseworker visits with children to be completed by the end of the month. A few of those regions have required caseworkers visits with children to be completed by the fifteenth (15th) of each month instead of the end of the month, to allow the worker additional time if an emergent situation occurs. The manager has to monitor unachieved visits and ensure the worker completes the visit.

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- 4) DCFS Data unit developed a dashboard report to reflect daily for workers statewide the status of all caseworker visits for ease in ongoing monitoring of compliance.

Data is provided annually from OJJ for their foster care population and merged with the DCFS data to provide the complete caseworker visit report for all children in foster care in Louisiana.

Office of Juvenile Justice (OJJ) Sampling Methodology: OJJ utilizes the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

- The OJJ population, for purposes of federal visitation is 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 are included in the population.
- A child with more than one custody episode during the 12-month period is considered one child.
- Children placed in an out-of-state placement are included in the data reporting population of the state with placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in OJJ custody, then the children are included in the population.
- Children who have run away from a placement are included in the population for as long as the child remains in the state's placement and care.

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 supporting 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 identified the months containing a recorded face-to-face visit and the months not reflecting 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 occurring 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 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 occurring in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care occurring in the residence of the child and dividing it by the total number of monthly visits made to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

DCFS Sampling Methodology: DCFS has uses the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

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

FFY	# of Children Served in FC at Least 1 Full Month FFY 2014 (unduplicated)	# of Full Months in Care	# of Full Months in Care with Face to Face Visit by Assigned Worker	# of Qualifying Visit Months with a Visit in the Child’s residence	% of Full Months in Care with Face to Face Visits	% of Qualifying Visits occurring in the Child’s Residence
2018	6,782	50,293	48,008	46,708	95.46%	97.29%
2019						
2020						
2021						
2022						
2023						

❖ *Data to be extracted from Web Focus Developer Studio*

ADDITIONAL SERVICES:

Child Welfare Waiver Demonstration Activities:

- Louisiana is not participating in any demonstration waivers at this time.

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Adoption and Legal Guardianship Incentive Payments:

- **Services the state expects to provide to children and families using Adoption & Legal Guardianship Incentive 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, a child specific recruiter, and statewide match exchanges.

Should there be additional funds because of the changes to how adoption incentive funds are disbursed by the ACF, the department will assess the feasibility of increasing the number of days for post adoption respite beyond the current 25-day limit allowed in the adoption subsidy policy. The department will assess the feasibility of covering therapeutic services for those families ineligible to receive services through Louisiana Behavioral Health Partnership.

Additionally, the Guardianship Subsidy program will be assessed for areas, which would benefit from additional supports to guardians in stabilizing guardianship settings and sustaining those care settings for the children.

- **The state’s plan to ensure timely expenditure of the funds within the 36 month expenditure period:** To ensure timely expenditure of the funds DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditure usage; identify costs of additional services; and, coordinate with the department’s budget section to ensure funds are appropriately utilized and expended within the allocated timeframe.

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child (age 9 and older)	Amount Awarded
FFY 2018	912	904	226	\$1,268,000
FFY 2019				
FFY 2021				
FFY 2022				
FFY 2023				
FFY 2024				

Data extracted on 05/28/2019 from WebFocus Developer Studio.

ADOPTION SAVINGS:

Methodology for calculating and reporting annual adoption savings:

- Louisiana uses the Children’s Bureau Method with Actual Amounts. Identification of actual amounts will not differ in any manner from the procedures used in the prior FFY.

How adoption savings are spent:

- These funds are used for subsidized maintenance costs for otherwise Title IV-E ineligible children in provision of Adoption and Guardianship subsidies.

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Services state expects to provide children and families with adoption savings, 2020 – 2024:

- The department intends to continue using the funds as they have been used in the past.
- Additionally the department is considering the following options for funding utilization:
 - Support groups for adoptive parents
 - Start with experienced foster parents as mentors to do preventive support with potential foster/adoptive parents and relative caretakers from the very first placement and as needed along the way to help them be aware of and cope with the issues that arise immediately.
 - Look at paying experienced foster parents an hourly salary to be their mentor, i.e. understanding the importance of adoption over guardianship placement, overcoming struggles/barriers to finalize an adoption, working through adoptive and guardianship crisis situations to prevent disruption, etc. It was suggested to look at bringing one experienced foster parent to mentor in each region and to include covering relative and fictive kin caretakers as well.
 - Funding for crisis situations to prevent disruption.

Estimated timetable for spending unused savings calculated for previous years:

- There are no unused funds at this time, nor are there typically unused funds.

Challenges in accessing and spending funds:

- There are no identified challenges in accessing and spending the funds.

If needed, complete and attach Attachment E:

- Louisiana has not changed the adoption savings methodology since 2015, and thus the Attachment E is not needed.

SECTION 5: CONSULTATION & COORDINATION BETWEEN STATES & TRIBES:

There are four federally recognized Native American Tribes in Louisiana:

- **The Chitimacha Tribe of Louisiana** is located in Charenton, LA in St. Mary Parish. Lonnie Martin is the chief and Karen Matthews is the Director of Health and Human Services. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-7000. Website: www.chitimacha.gov
- **The Coushatta Tribe of Louisiana** is located in Elton, LA in Allen Parish. Kevin Stickey is the Chairman and Rayne Langley is the Social Services Director. The mailing address is P.O. Box 967, Elton, LA 70532, and the telephone number is (337) 584-1433. Website: www.coushattatribela.org
- **Tunica-Biloxi Tribe of Louisiana** is located in Marksville, LA in Avoyelles Parish. Earl Joey Barbry is the chairperson and Evelyn Cass is the Social Services Coordinator. The mailing address is P.O. Box 331, Marksville, LA 71351, and the telephone number is (318) 253-9767. Website: www.tunicabiloxi.org

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- **Jena Band of Choctaw Indians of Louisiana** is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Christine Norris is the Chairwoman and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

Collaboration Activities: Annual meetings between federal, state and tribal partners are generally held to discuss collaboration, planning and service delivery between the state and the tribes. The meetings prove beneficial in improving service delivery to tribal families and children. Chafee Independent Living providers in regions where the tribes are located make ongoing outreach efforts to the tribes. Formal and informal working agreements with the Native American tribes are in place with local DCFS offices and state office staff facilitates quarterly teleconferences with all federally recognized tribes.

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

Plans, Reports and Reviews: DCFS provided tribes with an outline for the new Child and Family Services Plan (CFSP) and goals and action steps to obtain feedback for planning for the next five years at the annual tribal meeting.

Ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by DCFS. The department will resume site visits with tribes. The DCFS will conduct the conference calls and encourage tribal participation through meeting reminders and requests for agenda items, which are important to tribes as well as coordinate the site visits.

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

Measures taken by the state to comply with ICWA: DCFS provides initial and ongoing training to front-line staff to assure ICWA policy is understood and implemented and developed a computer-based course on ICWA, which is mandatory for staff. The course is available in the Department's on-line training environment. Tribal representatives are invited to participate in trainings offered by DCFS. In consultation with tribes, Louisiana has developed policies and procedures to comply with the Indian Child Welfare Act.

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Notifications to Indian Parents and Tribes: DCFS policy requires staff identify children who are Native American or eligible for tribal membership. The Child Protection Services (CPS) data system, A Comprehensive Enterprise Social Services System (ACCESS 2.0) intake screen captures information regarding Native American status, and inquiries continue throughout the life of the case, with Tracking, Information and Payment System (TIPS) data and/or ACCESS 2.0 being updated accordingly. Upon identification of a child served by DCFS and affiliated with a federally recognized Native American tribe, the tribe is notified. DCFS encourages identification of Native American children early in the child welfare process and stresses open communication with the family and the tribe throughout the family’s involvement with the department.

The department does not currently capture data within any of our data systems on the notification to tribes when a Native American child becomes involved in the child welfare system. DCFS captures this information on the case transfer staffing form when cases move from one Child Welfare program to another, but this is not an electronic process where data can be easily collected. The state hopes to achieve enhanced data tracking capacity in this area in the future if a Comprehensive Child Welfare Information System (CCWIS) system is developed.

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

FFY	Total Alleged Child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un-duplicated)	Percentage of Valid Native American child victims
2018 Baseline	26,672	71	0.27%	9,589	27	0.28%
2019						
2020						
2021						
2022						
2023						
2024						

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

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

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2018 Baseline	4	6	10
2019			
2020			
2021			
2022			
2023			

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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
2024			

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 meeting the specific ethnic and cultural needs of the child.

Services to Facilitate Reunification: DCFS policy recognizes the need for services to facilitate reunification with their Native American families, when safe and appropriate. Policy addresses Native American children in Foster Care and the need to involve tribes and parents in the FTM process and court proceedings to facilitate the reunification process.

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

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

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

Plans for Tribal Collaboration for FFY 2020-2024 CFSP: The state level Foster Care Unit will do the following:

- Continuously review and update policy and seek tribal input for improved guidance to departmental staff in serving Native American children and families;

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

SECTION 6: JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - CFCIP):

Agency Administering Chafee: The Department of Children and Family Services (DCFS) is the state department administering the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Program. DCFS state-office staff members meet onsite with Chafee providers and the contract distributor of the ETVs at least quarterly. They complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit. Staff attend Chafee independent living skills training classes offered by the providers to monitor youth participation and course content, as well as reviewing youth CFCIP service records to ensure individual assessment and service planning. Staff also review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

Description of Program Design and Delivery:

DCFS intends to strengthen services provided through the Chafee program by providing transitional services and Independent Living Skills (ILS) to prepare youth for transition into adulthood. DCFS is enhancing service array by providing in depth instruction within the home setting and classroom training to improve life skills for children ages 14-21. These services are being shifted from classroom ILS preparation to in-home skill assessment and learning/planning for 16-17 year olds. Youth Engagment Progrms are being rolled out in each Region in addition to social skill building for ages 14-21. Case management services for those not in EFC are currently offered to youth ages 18-21. An expansion of services will be added to include services through age 23 beginning July 2020. To assist in improving services to youth, Permanency Consultants and Specialized Youth Workers (SYW) provide case consultation, on-site coaching and training

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to assist caseworkers and supervisors in working youth towards permanency prior to exiting foster care. In addition, assistance is provided with community outreach to inform stakeholders of program improvements. The enhancements are geared towards increasing engagement of youth in FTM's, collaboration with community stakeholders and enhancing the skills of DCFS child welfare workforce when working with young adults to include coaching in family search and engagement. DCFS also expanded work with the Youth Advisory Board to help them restructure and plan initiatives throughout the year.

The programs are designed according to Positive Youth Development principles to achieve the purposes of the CFCIP and ETV programs. Consideration of adolescent brain development has been utilized in stratifying the curricula provided to youth through the CFCIP providers as well as in experiential learning opportunities provided to the youth. The CFCIP providers are moving toward a model of working with youth, which will be even more conducive to serving the developmental stages, and learning styles of youth as all learning activities are going to be individually targeted and tailored to each youth with the youth's input in designing the services the youth will receive. There will continue to be social activities hosted by the CFCIP providers to bring together the youth for peer-to-peer relationship development. Additionally, all youth will be provided a mentor to support relationship building and development of connections.

Service delivery for youth is provided by the youth's caregivers, DCFS workers and by contracted CFCIP provider agencies. **Four agencies** comprise the CFCIP providers statewide in nine regions. **Goodwill of North Louisiana** provides services in Shreveport, and Alexandria Regions. **Louisiana United Methodist Children and Family Services** serves the Monroe, Lake Charles, Lafayette and Covington Regions. **Goodwill Southeast Louisiana** serves New Orleans and Thibodaux Regions. **Empower225** serves the Baton Rouge Region. The **ETV provider** for the state is the **Louisiana Office of Student Financial Assistance (LOSFA)**. This state agency is located in Baton Rouge, but works collaboratively with the financial assistance offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development. The **National Youth in Transition Database (NYTD)** is the database used by the state of Louisiana to report demographics regarding youth in foster care (sex, race, ethnicity, date of birth and foster care status) and outcomes of youth involved in the Foster Care and EFC programs. For additional information regarding data collection, please see page 85 of plan.

Serving Youth Across the State: The LOSFA has done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates an interest in a program, which has not previously been available or utilized. Their educational institutions refer the youth to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.Ifapainc.org. DCFS has a youth link on the Department's internet site, which is disseminated routinely to youth to provide them information on education and other services to support the transition to adulthood. This link is www.dcfslouisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

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Prior to age 18, a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility serves each youth. (Tribal Social Service workers serving youth in tribal foster care with the four federally recognized tribes within Louisiana may also make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state/tribal custody after age 14. The CFCIP provider may serve youth enrolled in CFCIP services up to age 23, as needed. Youth are informed of the ETV program by their DCFS caseworkers and by CFCIP providers. By completing the Free Application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth are currently under the age of 26 and meet one of the following criteria:

- Exited foster care from DCFS or a federally recognized tribe at age 18 or OJJ custody between ages 18 and 21;
- If the youth exited foster care from DCFS custody after age 16, but prior to age 18 to an adoption or guardianship arrangement;
- If the youth exited foster care after the age of 14, but prior to age 18 to another permanency option (ex: reunification, custody to a relative, etc.)

(Louisiana extends ETV services to youth from other states/tribes meeting the same criteria who live in Louisiana and are not receiving ETVs from their own state/tribe.)

Starting in 2018 there has been a five-year limit on ETV funds and eligibility.

ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs are also eligible for ETVs. Satisfactory progress toward degree completion is required in order to maintain eligibility.

DCFS offers CFCIP and ETV services to all youth meeting the criteria above.

Youth receiving an ETV are required to apply for all financial aid and scholarships for which they might qualify. Periodic review of the youth's progress will continue to occur to assure the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to LOSFA, and/or a DCFS program consultant so the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

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In order for a student to be considered for many of the federal and state aid programs, they must complete the Free Application for Federal Student Aid or FAFSA. The postsecondary school uses the information from the FAFSA to determine eligibility for those programs. A student cannot receive any financial aid that exceeds the cost of attendance.

Cost of attendance varies from school to school. The elements of cost of attendance include tuition, books, room and board, miscellaneous expenses, transportation, and child care (if the student has a dependent). Students in off-campus housing have a higher cost than those living in the dorm or those who live at home. The formula for federal and state aid is:

Cost of attendance/COA minus expected family contribution/EFC (derived from info on the FAFSA) equals financial need.

Cost of Attendance (COA) – Expected Family Contribution (EFC) = Financial Need

Schools are required to use the formula above and cannot receive aid in excess of the cost of attendance.

Five groups of youth continue to be eligible for CFCIP services after they leave foster care:

- (1) Youth in the Extended Foster Care Program.
- (2) Youth who left foster care for adoption or guardianship after age 16 but prior to age 18 are informed by their worker of their continued eligibility for CFCIP services up to age 23, and are potentially eligible for ETV services, when the youth leaves foster care.
- (3) All youth who leave foster care for any reason after beginning CFCIP life skills training are eligible and encouraged to remain in the program until they complete it.
- (4) Youth who have aged out of foster care and make a plan to continue educational and vocational pursuits with the assistance of the ETV program.
- (5) Youth who have completed the life skills training program with a CFCIP provider may always return to the provider for additional assistance as resources allow.

Please note that the current DCFS Chafee services are available to age 21. DCFS will change to the Independent Living (IL) providers serving young adults to age 23 starting July 2020. Young adults 18-23 will be able to receive case management to include emergency assistance funds and coaching in IL skill building. They will also have the opportunity to be involved in youth engagement activities and programs, skill specific educational classes, and included in social activities.

NYTD data is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP providers. During these discussions, staff reiterate the importance of this information in assessing service delivery and improving work with youth. The CFCIP providers assist in surveying “NYTD follow-up youth”. DCFS implements an ongoing plan for the CFCIP providers to stay in contact with the sampled “NYTD follow-up youth” and with the baseline youth as they enter the population. The plan ensures CFCIP providers will have contact with each of these youth a minimum of every 60 days. It requires the providers send the youth a birthday and Christmas card to sustain the relationship and remind youth of the availability of the CFCIP providers as a connection and resource for services.

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DCFS does not have the ability to compare NYTD data by region to determine if services vary by location. The Independent Living contract service providers provide a consistent service array across the state. Each of their programs provide the same menu of services, same assessment, and same delivery technique of services. They will be using the same curriculum for independent living skill development within the next few years. Over the next two years, DCFS will be working with the local communities to build additional services in an adequate and functioning service array statewide.

DCFS is developing a CCWIS system that will allow for the increased accuracy of data collection for NYTD data elements. This will allow NYTD services data to be pulled from the data system regarding services received. We are working to develop a report in the interim that can compare the AFCARS and NYTD data. The baseline surveys will continue to be collected by the Independent Living contract providers. They make direct contact with young adults to facilitate the completion of baseline surveys. We will be strengthening our plan to share NYTD data with an increased number of stakeholders and youth to improve program development and change. This will include training youth to share the data with other youth.

Collaboration with Tribes: In all discussions with the tribes, they have requested to be notified of Chafee services that are available. Due to the small number of youth they serve, they have stated their interest in obtaining services through our contract providers when needed. The State Office team makes contact with each tribe quarterly by phone and email and then makes in-person visits annually. In addition, each year the Independent Living contract providers must meet with each tribe to discuss services available within their programs and how services are accessed. To date none of our federally recognized tribes have requested any Chaffe or ETV services for any of their youth.

Collaboration with other Private and Public Agencies: DCFS recognizes the value of coordination and collaboration across the spectrum of child and family serving organizations, and actively pursues partnerships to improve outcomes for youth in foster care, youth in the custody of OJJ or the federal tribes who need a permanent connection (integrated case management), youth who have left foster care for adoption or guardianship and youth who have aged out of foster care. Foster youth have been invited to participate in Program Improvement Plan (PIP) development, APSR review and development, policy development review and comment, and legislative testimony to support the Extended Foster Care program. Youth have presented at local and national conferences, completed legislative internships, and served with CFCIP providers in program development.

DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve as provide more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises. CFCIP providers collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Volunteers of America, National Park Services, IRS,

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YWCA, vocational schools, local businesses including financial institutions, Job Corps, the National Guard Youth Challenge and the Salvation Army to obtain needed services for youth.

The Louisiana Coalition of Independent Living Skills Providers, composed of DCFS program staff and representatives of each CFCIP provider, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 - DCFS continues to collaborate with several transitional living providers across the state providing housing and other services to runaway homeless youth and former foster care youth. DCFS collaborates with additional transitional living providers to provide transitional living services to youth ages 16 and 17 who are currently in foster care through contractual agreements.

Louisiana Youth Leadership Advisory Council State Board: DCFS collaborates with the CFCIP providers to facilitate and host quarterly development meetings for the LYLAC state board members.

Abstinence Programs: Independent Living Providers include sex education in their life skills groups. This phase of life skills development includes abstinence as an option, but DCFS does not collaborate with any programs devoted exclusively to abstinence. CFCIP providers do have access to materials from a national, evidence-based Choosing the Best curricula, which was a state, supported abstinence program provided by the Louisiana Youth for Excellence, Office of the Governor. Now CFCIP providers are focusing on integrating the LOVE 146, Not Another Number curricula into their independent living skills development offerings.

Local Housing Program: Regional and parish DCFS offices and CFCIP providers coordinate with local parish housing authorities and other housing programs. Collaboration with local housing authorities has resulted in youth being placed in permanent supportive housing. Additional youth are currently on the waiting lists for such housing, and collaboration will continue toward moving youth into permanent supportive housing. Additionally, CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. Covenant House in New Orleans is a temporary shelter, which is able to house youth for a short time if they have no suitable living arrangement once they reach age 18. DCFS and CFCIP staff collaborate with the Louisiana Emergency Solutions Grant program and Homeless Prevention and Rapid Re-housing program to provide short and medium term housing and utility assistance to youth exiting the foster care system.

Programs for Disabled Youth: DCFS refers youth with special needs for employment to Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. DCFS serves as a member of an Interagency Service Coordination

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Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana. DCFS staff and CFCIP providers are also able to support disabled youth through referrals for Social Security Benefits, Louisiana Housing Commission managed Permanent Supportive Housing, Louisiana Rehabilitative Services, and Louisiana Workforce Commission job search and job skill development services.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enrolled and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. JobCorp and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development. Additionally, many middle and secondary schools in Louisiana now offer Jobs for America's Graduates (JAG) programs, which may be an option for some DCFS youth in pursuing a vocational/career path while in these school programs as opposed to the traditional course selection.

Education and Employment: DCFS works in partnership with other state agencies receiving federal funds including the LDE, OCDD, Louisiana Department of Health (LDH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Mental Health and Substance Abuse Services for Youth: Health services for children and youth enrolled in Medicaid are managed through five managed care organizations (MCO) in Louisiana. Youth exiting foster care at age 18 retain their Medicaid coverage through age 26.

Youth exiting foster care receive assistance from DCFS caseworkers and CFCIP providers in making necessary linkages to other service or economic support programs through LDE and DCFS when needed. Examples would include Child Care Assistance for any children of the youth from LDE and food stamps (SNAP benefits) from DCFS.

Determining Eligibility for Benefits and Services: The state's criteria for objectively determining eligibility for benefits and services under the CFCIP and ETV programs is described above in the other portions of the John H. Chafee Foster Care Program section of this plan.

Cooperation in National Evaluations: The DCFS Independent Living/Transitional Services Program Coordinator, Elizabeth Anthon, (225) 342-3936, elizabeth.anthon.dcfs@la.gov, participates in quarterly conference calls coordinated by ACF Region VI. Through this process, the Coordinator is able to share developments in the Louisiana Chafee program with other state coordinators and learn about development in their state programs. This continuous shared learning opportunity allows for ongoing evaluation of the Louisiana program in comparison to these other

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programs. CFCIP providers often attend several National Conferences including Daniel Memorial and Pathways to Independence to assess the latest research and programs offered in other areas of the country for adaptations to the Louisiana CFCIP programs. Currently, DCFS is working with AECF to assess the effectiveness of the CFCIP service array for improvements.

Chafee Training Activities Planned FFY 2020-2024:

DCFS will continue to meet the needs of youth by providing training based on the individual needs of the young adult. Expansion for youth services will be incorporated for young adults ages 18-23 beginning in July 2020. Specifics regarding each are discussed in Description of Programs section beginning on page beginning on page 83.

DCFS will continue educating providers and youth regarding the availability and changes in service array for young adults by providing training to each DCFS region, ILS providers and Youth Advisory Boards throughout the state by June 30, 2020.

DCFS will work with the CCWIS team over the next 5 years to ensure capability to provide relevant data elements from NYTD that incorporates data that includes the services received and other sources of information that addresses how services vary by region.

EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information):

The ETV program, the methods the state uses to operate the program efficiently, and the methodology for assessing the use of these benefits is embedded within the John H. Chafee Foster Care Program information above.

The chart below reflects the continuing and new ETVs issued by year according to the state’s school year, which runs from August through July each year.

Continuing and New ETVs by School Year		
School Year	Total Vouchers	New Vouchers (First Time)
School Year 2018 (Baseline)	82	28
School Year 2019	91	27
School Year 2020		
School Year 2021		
School Year 2022		
School Year 2023		

CONSULTATION WITH TRIBES: The involvement of the federally recognized tribes in accessing CFCIP and ETV services is described throughout the John H. Chafee Foster Care Program section of this plan.

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SECTION 7. TARGETED PLANS WITHIN THE 2020 – 2024 CFSP:

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families meeting the needs of the infants, children, youth served by the child welfare agency. The following information describes the state’s plans for the 2020-2024 Child and Family Services Plan (CFSP).

Characteristics of children for whom foster and adoptive homes are needed: Children who enter the Louisiana foster care program are from diverse racial and ethnic backgrounds. Many of these children have various medical, emotional, behavioral, developmental and/or psychiatric needs. Other characteristics include adolescents, older youth and sibling groups. The Department’s goal is to have a sufficient number of foster/adoptive parents to meet and/or match the various placement needs. On April 28, 2019 there were 1,554 (African-American); 2,319 (Caucasian); and 261 (Other) children in foster care, which equates to 37.6% being African-American; 56.1% being Caucasian; and 6.3% other. (This is information was obtained from Web Focus.)

The regional Home Development program staff is responsible for preparing an annual recruitment/retention plan tailored to address the region specific temporary and/or permanent placement needs. A copy of the plan is made available to the state office level Home Development program for monitoring purposes.

The demographic data shows the following racial makeup of 1,068 single parent families for FFY 2019:

- 446 Caucasians (446 females and 0 males)
- 615 African-Americans (615 females and 0 males)
- 5 American Indian/Alaska Native (5 females and 0 male)
- 2 Asian/Pacific Islander (2 females and 0 males)

Of the 1,068 single parent families, 1,032 were not Hispanic; 13 were Hispanic; and 13 were Unknown. The remaining 2,240 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,769 (Parent 1) and 1,739 (Parent 2)
- African-Americans – 454 (Parent 1) and 478 (Parent 2)
- American Indian/Alaska Native – 7 (Parent 1) and 7 (Parent 2)
- Asian – 8 (Parent 1) and 8 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 3 (Parent 2)
- Unknown – 1 (Parent 1) and 5 (Parent 2)

Of the 2,240 – 2,149 (Parent 1) and 2,155 (Parent 2) were not Hispanic; 32 (Parent 1) and 34 (Parent 2) were Hispanic; and 59 (Parent 1) and 51 (Parent 2) were Unknown.

Specific strategies to reach out to all parts of the community: The DCFS continuously, seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the foster care program. During the previous five years, the

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Department experienced tremendous strides (as result of the designated regional recruiters), as well as some minor delays (resulting from the dissolving of the regional recruiter positions). Moving forward, the Department began to expand its utilization of community partners and stakeholders in the recruitment, certification and retention process. The partners include the cooperative agreement with the Louisiana Baptist Children’s Home, the Court Improvement Project and Wendy’s Wonderful Kids (WWK).

Quality Parenting Initiative (QPI): Statewide implementation of QPI was completed in May 2017. Each of the nine regions has established QPI regional steering committees and task force groups to identify, develop and implement strategies to support quality parenting based on the needs of their particular regions. The regional task force meetings are held monthly and consist of agency personnel, foster caregivers and community partners. Regional QPI steering committees are held quarterly to oversee implementation of the strategies recommended by their task force groups. Regions submit quarterly summaries of their region’s QPI implementation progress to the State Office QPI Team. Monthly conference calls are held with QPI regional leads to monitor progress and offer guidance with ongoing regional implementation. Statewide QPI meetings are held bi-annually and attended by regional management, regional QPI leads and task force members along with State Office Management to review progress, share information and assess continued needs to further embed QPI philosophies into day-to-day practice.

A Quality Parenting Partnership Plan Agreement was developed in 2017 outlining clear expectations of foster care providers as well as expectations of DCFS staff to support Quality Parenting. The partnership plan is presented in the new pre-service foster parent training and families sign the agreement before certification. For families certified before *A Journey Home* Pre-Service training, training was developed and presented statewide in a mandatory training that provided an overview of the Journey Home training along with the Department’s expectations of foster caregivers and staff as related to Quality Parenting. The Quality Parenting Partnership Plan Agreement was presented during this training and staff and foster caregivers were asked to sign the agreements at training. For those foster caregivers not attending the training in person, online training was made available. Supervisors present and review the Partnership Plan with all new DCFS Child Welfare employees.

In January 2018, DCFS staff expectations in support of Quality Parenting were incorporated into staff performance evaluations. State policies and guidance memoranda were revised to incorporate best practice standards and the goals of QPI including the implementation of Initial or Comfort Calls, Icebreaker meetings, and Transition Planning, and the timely sharing of comprehensive information with foster caregivers. Foster parent and kinship caregiver pre-service and in-service training curriculums were revised and implemented statewide to reflect the practices, principles, and philosophies of QPI.

Regions hold community-partner stakeholder meetings working to imbed QPI principles and practices throughout all levels and components of the child welfare system. Regions developed local trainings in response to identified needs within each region. Regions include staff, foster caregivers, community partners, etc., in training opportunities as possible.

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In April 2019, several DCFS staff, community partners, and foster parents attended the National QPI conference to share information on Louisiana’s implementation as well as to gather information from other states and QPI sites on successful strategies in those locations.

In collaboration with the Child Welfare Training Academy at Southeastern LA University, Tulane University Psychiatry department developed a training curriculum on Planful Transitions for children in care. The initial trainings began in May and will continue throughout the 2019 – 2020 FFY’s to ensure front line staff understand the impact on moves for children and of the essential components and strategies for successful transitions related to children and families in care. The training will be provided to foster caregivers throughout the state. DCFS is utilizing a train the trainer model in order to support sustainability of this training.

Strengths: DCFS state level management and administration continue to provide consistent support and commitment to ongoing implementation of QPI. While the depth of implementation may vary from region to region, there is commitment and successful implementation at some level across the state and within each region. Community partners across the state continue to express support and commitment to QPI implementation, practice and principles at the local levels.

Many courts have participated in trainings or received information on QPI and are working collaboratively with DCFS in continued implementation. DCFS enjoys a successful partnership with the Pelican Center for Children and Families in identifying and implementation strategies for engaging legal stakeholders in this process.

Areas of Concern: Continued successful implementation of QPI is taking into account the ongoing staff shortages, turnover and inexperience in new staff hired. While staff support the principles and practices of QPI, learning to prioritize these practices and strategies is a learning process, especially for newer staff and supervisors. Continued focus and attention is needed in further collaboration with legal stakeholders including judges and attorneys representing children and families to ensure support for the QPI practices being implemented statewide.

Activities planned for 2020 – 2024:

The next five years will focus on:

1. Continued collaboration with the Youth Law Center to implement QPI strategies and practices.
2. Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
3. Participation in evaluation process in collaboration with Casey Family Programs to assess strengths, needs, and impact of QPI on outcomes for children and families.

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community:

1. General recruitment focusing on bringing about an awareness of the need for foster/adoptive families;

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2. Targeted recruitment focusing on the specific needs of the children and youth in care, with demographic data (e.g., characteristics of children in care and characteristics of certified families); and
3. Child specific recruitment focusing on seeking adoptive resources for a child and/or a sibling group who are without an identified adoptive resource.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information: The DCFS will utilize some of the following diverse methods of disseminating general information about becoming a certified foster/adoptive parent and disseminating child specific information:

1. General recruitment activities: distribution of flyers and informational booklets at community events; conduct presentations on the need for foster/adoptive parents at faith-based events, educational forums and informational booth; post orientation dates and basic foster/adoptive information in local church bulletins; post orientation and pre-service training schedules on the Department’s website; post and foster/adoption awareness events. The Department will utilize current foster parents and the faith based community to recruit foster families.
2. Targeted recruitment activities: invite certified foster/adoptive parents who are placement resources for a particular population of children (medically fragile children, adolescents, or, older youth) to participate on the pre-service training panel; and invite older youth (awaiting adoption and/or aged out of care) to participate on the pre- service training panel session; provide demographic information on children in care and certified families during training sessions and presentations at community events; and faith and community based partnerships.
3. Child specific recruitment activities: Mini and Centralized Exchange meetings; photo listing (AdoptUsKids) and DCFS websites; media (television); Heart Galleries; present strength-based profiles of children/youth without an identified placement resource; solicit input from older children regarding their profiles; and partner with the community groups to feature child specific digital stories.
4. Child focused recruitment activities: WWK Recruiters with their children on their caseloads and the child’s network by building relationships and connections. Recruitment activities include: sibling visits and pre-placement outings (laser tag, ice cream, and zoo).

Strategies for assuring all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so the agencies can be accessed by all members of the community: Develop orientation/training pre-service schedule to cover at least a six-month period of time; post community partners’ information on the DCFS website; send notification via e-mail to community partners regarding DCFS regional orientation/pre-service training schedules once posted on-line; opening MAPP/GPS Train the Trainers community partners.

The DCFS Home Development staff are responsible for conducting the foster/adoptive parent certification process. Each region prepares an orientation and pre-service training schedule for a six-month period. This information is submitted to the state office Home Development Unit and the information is forwarded to the Department’s Bureau of Communication for on-line posting. Each region offers at least one Saturday as well as day and evening pre-service training sessions.

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Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: The DCFS has developed a pre-service training for foster parents entitled A Journey Home. One session of the curriculum focuses on Cultural Diversity. The Child Welfare Training Academy (LCWTA) offers trainings for staff on working with diverse communities, and develops online training for staff and foster parents to work with diverse communities including cultural, racial, and socio-economic variations. The online trainings include:

- Helping the Bullied
- Cultural Compassion: Addressing Implicit Bias
- A Journey Home refresher
- Domestic Violence
- Foster Parents & Responsibilities PT 1
- Foster Parents and Responsibilities PT 2
- Icebreakers: Meetings Between Foster/Adoptive Parents & Birth Parents
- Opening doors: Working with LGBTQ Children Youth & Families in Child Welfare
- Providing Culturally Affirming Care Pt 1
- Providing Culturally Affirming Care Pt 2
- Removed
- Supporting and Affirming LGBTQ Children & Youth
- The Connected Child
- Understanding Girls
- Working with LGBTQ Youth

Pre-Service Training for prospective foster parents includes a 3-hour session on Cultural Diversity and addresses working with LBTGQ children/youth.

Strategies for dealing with linguistic barriers: The DCFS has a responsibility to provide Limited English Proficiency (LEP) persons with access to programs and services. Staff utilizes the foreign language interpreters, when necessary and each region has an internal protocol for accessing an interpreter. The Department has membership with Language Line Services, which allows staff to communicate with LEP individuals in various languages 24 hours per day, seven days per week. The service also allows staff to utilize the bilingual services when communicating with families who do not use English as their first language. Staff can seek assistance from other staff proficient in a language other than English.

Non-discriminatory fee structures: DCFS does not charge a fee for individuals interested in becoming certified as foster/adoptive parents.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.: A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no

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identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two-week period. The DCFS collaborates with faith-based communities to feature the “Heart Gallery” and assist with child specific digital stories. Youth who are freed for adoption and do not have an identified resource, can be referred to the WWK program. The WWK recruiters conduct child-focused recruitment for youth who may be hard to place.

Region-specific, targeted recruitment plans from the 9 regions are reviewed quarterly. Each plan indicates the demographics of the children and the certified families, as well as the targeted objectives (e.g., increase number of homes by 10%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations) and strategies to recruit homes based on the needs identified in the data.

In FFY 2018, there was a decrease of 139 new foster home certifications; totaling 912 newly certified homes. There was a decrease of 39 home closures from the previous year; totaling 966 homes closed. The agency continues to have more child specific homes certified. This does not allow the department to have a pool of available foster/adoptive homes. However, with child specific certifications, it allows the child to remain with individuals to which they have a connection/bond. The department’s families initially interested in fostering, although dually certified, will often become the adoptive parent of a child in their home awaiting adoption.

At the end of FFY 2018, there were 4,478 children in Foster Care. The racial breakdown shows 1,690 were African-American; 2,528 were Caucasian; and 260 were “other”.

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, DCFS plans to utilize the following strategies to reach out to all parts of the community: Specific strategies to reach out to all parts of the community:

A review of the listing of some of the regions’ recruitment activities shows staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to: maintain an awareness of the need for foster/adoptive families 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. Wendy’s Wonderful Kids recruiters conducted child focused recruitment for children freed for adoption without an identified placement resources.

Data-driven, region-specific recruitment plans to help build and retain foster families who meet the QPI expectations and can meet the needs of the children in care continue to be used. All nine regions have Wendy’s Wonderful Kids Recruiters. Collaboration has continued with Louisiana’s Baptist Children’s Home, Crossroads NOLA, Louisiana’s Foster/Adoptive Parent Association and Healing Place in the recruitment and support of foster/adoptive parents. Louisiana Baptist Children’s Home held 62 orientations statewide in 2018 and completed 39 home studies for foster parent certification. Crossroads NOLA held 36 orientations in 2018.

Louisiana Fosters, an initiative of the First Lady of Louisiana created in 2017 has continued to grow. Louisiana Fosters unites support organizations and businesses in efforts of supporting children in foster care and the families caring for them. Sixty-five organizations are currently a

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part of Louisiana Fosters. DCFS recently issued a solicitation for a statewide Foster Care Support Organization and is currently negotiating the contract with a provider. Excepted services include: local foster parent support organizations in all nine regions of the state offering support groups, child and family activities, a foster parent peer-to-peer mentorship program, 24-hour crisis line, recruitment activities and statewide communication system for foster parents including a website and newsletter.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information: Louisiana Baptist Children’s Home (LBCH) and Crossroads NOLA work with the Department to recruit and provide orientation/training for potential foster/adoptive parents; and provide support to certified foster/ adoptive families. The Louisiana Heart Gallery (LHG) staff continues to collaborate with the department to facilitate professional photography of children awaiting adoption and without an identified adoptive resource. There are at least four Heart Gallery websites listed for Louisiana. The sites feature children in the custody and care of DCFS. The children awaiting adoption are featured on Adopt Us Kids website and the DCFS website. The regions use presentations, flyers, billboards and media (television and newspaper) to disseminate information.

A new recruitment message supporting Quality Parenting has been incorporated into pre-service orientations and training. The Annie E. Casey Foundation (AECF) is working with DCFS in efforts of improving general and targeted recruitment and is working to enhance the new recruitment message to encompass needs for all types of homes for children and youth. DCFS Communications is working the AECF Resource and Development Group on developing printed materials and PSA’s. The work group is working to improve regional recruitment plans to meet the specific needs of children in the respective regions. Louisiana Heart Gallery has active support in seven regions and has display exhibits in all nine regions of the state. DCFS works with Adopt US Kids in national recruitment efforts. WWK recruiters share information during pre-service training regarding children and youth in need of adoptive resources. QPI language has been incorporated into orientation and pre-service training.

Strategies for assuring all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that all members of the community can access the agencies: DCFS HD staff prepares schedules for orientation and pre-service trainings and send the information to State Office HD Section. Each region submitted a listing of the region’s scheduled orientations and pre-service training for the calendar year. The information was posted on the DCFS website for community access. In 2018, LCTWA added the following online trainings for foster parents: Medication Management, Infant Safety: Tragedy in the Backseat, A Journey Home Refresher Module 1: Overview, A Journey Home Refresher Module 2: Effective Partnership & Normalcy, A Journey Home Refresher Module 3: Substance Abuse, A Journey Home Refresher Module 4: Intro to TBRI, A Journey Home Refresher Module 4: Intro to TBRI, Culture Clash: Bringing the Perspective of Child Development to Social Services and Family Court, QPI: Parent Perspective for System Change, and Maximizing the Power of Adolescence.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: Moodle has been made available for DCFS staff as well as

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Community Partners and Foster Parents. The online trainings as follows are available to DCFS staff and Foster Parents: Culturally Affirming Care – Part 1, Culturally Affirming Care – Part 2 Cultural Compassion: Addressing Implicit Bias, Opening Doors: LGBTQ & Foster Care Supporting and Affirming LGBTQ Children and Youth.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN: Practitioners and providers who opt into the provider networks of managed care organizations (MCOs) provide health care services for children in foster care. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, LDH and OJJ.

Children will receive health care services according to the following schedule:

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 thirty 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
 - 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 the date
 - Exam to occur during this 12 to 14-month period even if the child has had other medical exams in the interim.

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- 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 a licensed physician, physician’s assistant, or nurse practitioner,
 - Shall result in documented description of child’s medical status and recommendations for ongoing medical care, equipment and services.
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 be completed by licensed 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 prescription
 - Medically necessary transportation will be provided to the child according to medical necessity
 - Medically acute hospital care, emergency room services, rehabilitation of hospital services, psychiatric hospital care, medical tests, laboratory test, x-rays, physical therapy, occupational therapy, speech therapy, and other medically necessary services will be provided according to physician orders and in accordance with medical necessity criteria or parental insurance guidelines,
 - Other specialized medical clinic services such as family planning, prenatal, substance abuse, mental health, dialysis, radiation, sexually transmitted disease, tuberculosis, etc., will be provided according to physician orders and in accordance with Medicaid or parental insurance guidelines,
 - Waiver supports and services are provided as available and based on eligibility,
 - Drug trials or experimental treatments are not provided to any child in FC for the purpose of research or treatment unless the child’s condition is such that:
 - all other options for treatment have been exhausted,
 - there is no hope for improvement or recovery,
 - potential risks do not outweigh the experimental opportunity to the child,
 - the child, based on ability to understand, has been consulted and agreed,
 - the child’s parents have provided written agreement for the child’s participation, 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,

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- Within 60 days of FC 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 a licensed dentist,
 - Shall result in documented description of child’s oral health and recommendations for ongoing dental care.
7. Inter-periodic dental screenings may occur when:
- Oral health concerns arise,
 - Will be completed by a licensed dentist,
 - Shall result in documented description of child’s oral health and recommendations for ongoing dental care.
8. Initial mental health screening/TBH Assessment
- Completed within 30 days of FC entry,
 - Completed by child’s FC case manager.
9. Follow-up mental health screenings/ TBH Assessment
- Completed a minimum every six months thereafter the initial screening
 - Arranged based on indicators:
 - in the initial screening,
 - in child’s current level of functioning in child’s home, school, and/or social environment,
 - in child’s emotional condition.
 - Will be completed by professionally licensed and credentialed:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.
 - Shall utilize 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,

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- Immunizations to follow current American Academy of Pediatrics “Recommended Immunization Schedule”,
 - Specialized vaccinations to be provided upon recommendation of child’s current physician in periods of widespread epidemic,
 - Will be completed by a licensed physician, physician’s assistant, or nurse practitioner,
 - Shall result in documented description of child’s medical status and recommendations for ongoing medical care, equipment and services.
2. Treatment for identified dental care needs:
- Provided only to resolve oral health issues,
 - Preventive services for physically handicapping and medically necessary malocclusions impacting swallowing or speech,
 - Medicaid covered or parent contracted and financially subsidized services only,
 - Will be completed by a licensed dentist,
 - Shall result in documented description of child’s oral health and recommendations for ongoing dental care.
3. Treatment for identified mental health care needs:
- Arranged based on:
 - Recommendations by professionally licensed and credentialed evaluator (i.e., LCSW, LPC, LMFT, Child Psychologist, or Child Psychiatrist),
 - Evidence of child’s current level of functioning in child’s home, school, and/or social environment,
 - Child’s emotional condition,
 - Child’s readiness to participate in treatment.
 - Completed by professionally licensed and credentialed professionals:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Professional Counselor (LPC),
 - Licensed Marriage and Family Therapist (LMFT),
 - Child Psychologist,
 - Child Psychiatrist.
 - Involve medication only when medically necessary, all other options are insufficient, and the minimum necessary dosage is utilized,
 - Documentation of the description of child’s mental health status,
 - Documentation of ongoing mental health care.

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

Updating a child’s health information:

- The child’s foster caregiver collects documentation of all health care services provided to a child at the point of service,
- Foster Care case manager collect documentation of health care services during monthly visits with the child and the child’s caregiver,

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- Foster Care case managers maintain health care services documentation in the child’s case record.

Sharing a child’s health information:

- Foster Care case managers provide copies of the child’s health care information:
 - at a minimum of every six months to the parents at case planning meetings,
 - at least every six months through court report,
 - Prior to or at placement with any foster caregivers.
- Information may be provided to the child, foster caregiver or parents at any time needed or requested,
- Information is provided to other service providers only as needed to access services to meet the child’s care needs or to provide for the protection of others when the child has a communicable disease.

Development and implementation of an electronic health record.

- DCFS maintains a database form for electronic documentation and updating of the child’s health record within the case plan system.
- The database is accessible to all DCFS staff when it is necessary to track the child’s health care from different areas of the state.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and

Monitoring for medical, dental and mental care needs:

- Each medical provider will be responsible for monitoring the child’s well-being and the impact of all treatment provided,
- The child’s foster caregiver will be responsible for daily monitoring of the child’s health status and for accessing the appropriate services as needed to address any health concerns which arise,
- The child’s parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child,
- The DCFS or OJJ FC case manager will monitor the child’s health status through monthly visits with the child and child’s caregiver, collection of documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,
- LDH will insure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

Steps to ensure the components of the transition plan development process relating to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document:

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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 a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions. The worker will explain the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18. This also includes explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself,
- The judicially appointed tutor or curator of the patient, if one has been appointed,
- The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions,
- The patient's spouse, not judicially separated,
- Any adult child of the patient,
- Any parent, whether adult or minor, for his or her child,
- The patient's sibling.

LDH provides the DCFS and OJJ staff information from their databases regarding Medicaid covered services provided to children in custody of the respective agency upon request.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care: Through creation of the Medicaid managed care system known as Healthy LA the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider network to resume healthcare services.

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

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The Department is also currently collaborating with LDH to utilize the services of a psychiatrist for state level consultation by departmental staff regarding children prescribed multiple psychotropic medications to assess the impact of long-term usage of multiple medications.

Activities Planned in FFY 2020-2024 to improve health care and oversight of children and youth in foster care:

- Prevent inappropriate diagnosis of mental illness, other emotional or behavioral disorders.
- Prevent inappropriate diagnosis medically fragile conditions.
- Prevent inappropriate diagnosis of developmental disabilities.
- Prevent placement in settings that are not foster family homes as a result of an inappropriate diagnosis.
- Research American Academy of Pediatrics for best practice protocols and revisions to the plan of health care services for children;
- Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding;
 - The MOU is currently in the process of circulation to stakeholders for final review of any expansions, additions, changes and/or updates.
- Continue regular data sharing routine with LDH for psychotropic medication monitoring;
- Evaluate and develop extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.
- DCFS will continue to fund TBH screening across the state and support trauma-informed focused services. Counseling services are available for children in foster care, but not the types of trauma-informed assessment and services that are necessary to treat trauma. Without access to these specialized services, many foster parents, caseworkers, and birth parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms.

Data Outcomes Goals:

Louisiana plans to improve stability of placements for children in care by decreasing the number of moves per 1,000 days in care from 5.86 to 3.45 by 2024.

Baseline: National Standard 4.12 moves
FFY 2017 Louisiana Performance 5.86 moves

APSR: National Standard 4.12 moves
FFY 2018 Louisiana Performance 6.18 moves

Using trauma-informed assessments and interventions, Louisiana plans to decrease the number of children placed in residential care to 5% by 2024.

Baseline: FFY 2017 7.8% of children were placed in residential care
FFY 2018 7.6% of children were placed in residential care

APSR: 2018 7.6% of children were placed in residential care

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As Louisiana strives to have a child welfare system that is trauma-informed, the reoccurrence of maltreatment while in foster care will decrease from 3.58 victimizations per 100,000 days in care to 3.0 by 2024.

Baseline: 2018 National Standard 8.5%
FFY 2015 Louisiana Performance 6.26% victimizations

APSR: FFY 2016 Louisiana Performance 4.35% recurrence of maltreatment

Objective 1: By 2019, DCFS will reduce negative symptoms of secondary trauma.

Measure: Staff self-reports of negative impacts from secondary trauma symptoms will be reduced.

Baseline data: Survey data from October 2018 indicated 48% of workers experience Moderate to High Direct Secondary Traumatic Stress

Strategy 1: By 2024, DCFS will develop guidance for supporting staff through critical incidents.

APSR Update: By meeting with DCFS caseworkers personally early in this project, the LCTP team learned that the most problematic issue in regards to the mental health of their clients is finding appropriate access to mental health specialists. The LCTP therefore undertook a mystery shopper project to document for the first time the true level of access to mental health care for children in the child welfare system of Louisiana. We called all individuals who were listed as licensed providers for youth in the Medicaid provider directories. Out of 2,643 listings publicized by Medicaid insurance networks, only 26% of those (n=674) represented unique individuals who were willing and able to accept patients. We estimate that this is approximately seven times lower than national recommendations for access to mental health care.

Strategy 2: Beginning in 2020, reduce reliance on psychotropic medication to manage dysregulated behavior of children in foster care. APSR Update CFS is awaiting the data for 2018 on the use of psychotropic medication for Louisiana's children in foster care. This information is compiled by our partners in Louisiana Department of Health Division of Medicaid and Managed Care Services. 2018 data for all children in foster care indicates 18.9% received psychotropic medication. The percentage for 2017 was 19.3%. For the general Medicaid child population in Louisiana, approximately 9% receive psychotropic medications. Please see the update below for ongoing efforts provided by DCFS to help reduce the reliance on psychotropic medication to manage dysregulated behavior of children in foster care.

Strategy 3: Continue plan for monitoring the use of psychotropic medications with youth in foster care.

APSR Update: DCFS policy requires workers to include psychotropic medication information in court reports. This information includes whether or not a child has been prescribed psychotropic medications, and information on each medication including the dosage and prescriber. These changes will help provide additional awareness and oversight of the use of psychotropic medication children and youth in foster care.

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DCFS developed a training curriculum provided statewide to resource parents and staff on the use of psychotropic medication with children in foster care. The training includes providing an awareness of a trauma-informed system of care, how medications may be one part of a comprehensive treatment plan that first includes other therapies that address specific behavioral/emotional disorders, being part of a child and family’s treatment team, and how to actively engage and support youth in their treatment planning and care.

DCFS continues to work closely with our partners in the Division of Medicaid and Office of Behavioral Health on the use of psychotropic medication with children in foster care. We continue to assess identified needs, as well as enhance resources and supports for our resource families, youth, birth parents, and staff. DCFS is in the process of the development of moving towards a tele meds system of practice with the intent of one prescriber being assigned to a child throughout their journey through foster care.

DCFS continues to conduct biweekly and follow-up Polypharmacy and Diagnostic Consultations with a licensed child Psychiatrist. The intent of the consultations is to increase awareness and understanding of psychotropic or psychiatric medications that may be prescribed to help a child or youth with behavioral or emotional problems. DCFS is collaborating with the Office of Behavioral Health in this endeavor and will be gathering input and feedback from staff on this matter. In addition, DCFS continues to explore additional resources.

Strategy 4: By 2020, the state will have the internal and external capacity for trauma informed assessment and case planning.

Measure: Caseworkers are able to complete the Trauma Behavioral Health (TBH) tool, using it in conjunction with the safety assessment to inform case planning; increase the level/number of trauma-informed treatment services; increase placement stability; reduce re-entry; increase timely reunification; decrease utilization of congregate care; and increase the number of youth aging out of foster care with a permanent placement or plan.

Baseline: Data reflects an overall 30% completion rate by staff in all regions.

Intervention 1: In 2019, continue training caseworkers, families and resource families about the impacts of trauma across the lifespan.

Intervention 2: By 2024, 80% completion rate by staff in all regions

C. DISASTER PLAN: See Appendix D

D. TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training supporting the goals and objectives of the 2020-2024 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives reflecting the ever-changing nature of staff training and development. The training plan is based on providing legally required training, feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

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DCFS, in partnership with the Universities Alliance and the Pelican Center (PC), has established the Louisiana Child Welfare Training Academy (LCWTS). While the work in strengthening the LCWTA continues, the academy is working to provide comprehensive and consistent education and training to departmental staff, foster parents, and other key child welfare stakeholders including judges, attorneys, Court Appointed Special Advocates (CASA).

This training plan is supported by the use of child welfare trainers, university partners and other stakeholders. The Department utilizes Titles IV-E and IV-B funding and Title XX-Social Services Block Grant (SSBG) funds for allowable training and administrative costs. The non-federal match includes state general funds provided by DCFS and the Universities Alliance and general fund supported costs of trainers and trainees provided by public agencies other than DCFS. Full implementation of this plan is contingent upon funding and resources.

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; and planning meaningful visits between parents and their children in foster care).
- **Education** is information presented from a broader perspective; it contributes to one's overall knowledge but is not expected to necessarily result in immediate application on the job (ex. Understanding the dynamics of domestic violence; Core concepts of child trauma; and the effects of commonly abused drugs).
- **Professional development** refers to on-the-job training (ex. coaching, mentoring, and various forms of supervision such as task supervision, reflective supervision, or supervision for licensure).

Training, education, and professional development opportunities should always be considered in the following instances:

- Someone is preparing for or is new to a job;
- There is a new policy, area of focus, or practice expectation (new law, initiative, etc.); and,
- There is a gap in performance determined to be a result of lack of knowledge or skill.

The decision to offer training, education, or professional development – or a combination of all three – should be carefully considered, and based on the expected outcome. Training needs are continually assessed utilizing feedback and input from staff, university partners, biological parents, foster/adoptive parents, youth and other stakeholders. Evaluations are conducted following each training to provide direct feedback about the training experience and need for future training topics. The new LCWTA Learning Management System provides the capacity to collect and report this data in a routine and systematic manner. Trainings contain assessments providing information on improvement in subject knowledge and comprehension and several provide information about improvement in key competency areas because of the training experience.

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Statewide Training: Staff is offered various training opportunities throughout the year and the Department provides a competency-based CW curricula. Child Welfare New Worker Orientation curriculum revisions were implemented and further refined. All course curriculum is reviewed and revised on an annual basis and as evaluative feedback suggests a need. Title IV-E Child Welfare Scholars/Interns are encouraged to attend child welfare new worker orientation trainings provided and staff hired to work in the Social Services Section of Federally Recognized Tribes are invited to attend all child welfare trainings provided. Staff development and training opportunities have been provided to address the skills and knowledge needed to carry out child welfare duties. DCFS collaborates with the LCWTA, the Pelican Center, the University Alliance, Healthy Blue (a Medicaid managed care organization), Louisiana State Office of Behavioral Health, the Office of Public Health and several community organizations to collaboratively provide training opportunities for DCFS staff, federally recognized tribes and other partners. The automated registration for training and LCWTA learning management system was developed and implemented. The integrated system will be used for all child welfare trainings offered by LCWTA.

Regional Training: Social Work requirements, worker safety, supervisory training and other local training as determined by management and/or legal mandates, is supported by university partners, providers, other state departments and/or training staff. DCFS regional trainers provide the overall, agency-wide DCFS orientation training to all newly hired DCFS employees. The DCFS Regional Training Unit has initiated the transfer of all Child Welfare program specific training responsibilities to the DCFS Child Welfare Training Unit and LCWTA, and this transfer will conclude in June 2019. The mandated reporter training content and curriculum has been updated to reflect current legislation, policy, and procedures and is now available to all mandated reporters and others through the LCWTA learning management system.

Methods to Measure/Outcome Measures: Trainers are required to complete an evaluation summary after every training session and submit it along with the individual trainees' training evaluations. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs.

The Louisiana Child Welfare Training Academy (LCWTA) along with DCFS the Pelican Center for Children and Families, and the University Alliance began the initiative to provide continuous online education to Foster Parents, staff and stakeholders through the LCWTA LMS. The LCWTA began registering Foster Parents into the LCWTA LMS at the beginning of 2018 to offer increased opportunities to achieve certification and continuous education. Moreover, it offers convenience to those who have difficulty with childcare or have medically complex children to receive training without leaving the home. The LCWTA LMS offers learners the convenience to watch training videos, to take quizzes and receive immediate test results, to get a certificate of completion and the ability to evaluate the training they received. Learners can access Child Welfare educational material 24 hours a day seven days a week.

Partnerships/Collaboration: The Department has entered into an agreement with the Pelican Center for Children and Families, and Southeastern Louisiana University. The agreement is to develop and maintain a training and staff development program comprehensive and responsive to

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the needs of DCFS staff, foster parents, federally recognized Native American tribes and other key stakeholders.

The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other stakeholders produce an annual interdisciplinary conference. The conference concentrates on key areas of CW practice involving the safety, permanency and well-being of children in or at risk of entering the foster care system.

Title IV-E funds are utilized for this three-day annual training conference called *Together We Can* (TWC). The TWC conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training.

Child Welfare Scholars and Employee Educational Support Program: Child Welfare Scholars are selected using the competency based screening and selection process. Educational stipends are awarded to non-employee Scholars with the expectation they will work for DCFS in child welfare after graduation. Employees also have the opportunity to apply for educational support to pursue a Masters in Social Work degrees from Grambling, LSU or Southern University in New Orleans with a commitment to continue working in Child Welfare. The chart below shows the number of students' receiving stipends and employees receiving educational support through State Public Universities.

Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of BSW / MSW Stipends SFY 2019	# of BSW / MSW Stipends SFY 2020 Projected	# of BSW / MSW Stipends SFY 2021	# of BSW / MSW Stipends SFY 2022	# of BSW / MSW Stipends SFY 2023
Southern University at New Orleans (SUNO)	4 BSW 5 MSW	3 BSW 5 MSW	BSW MSW	BSW MSW	BSW MSW
Grambling State University (GSU)	2 BSW 2 MSW	2 BSW 2 MSW	BSW MSW	BSW MSW	BSW MSW
Southern University Baton Rouge (SUBR)	5 BSW 0 MSW	5 BSW 0 MSW	BSW MSW	BSW MSW	BSW MSW
University of Louisiana at Monroe (ULM)	3 BSW 0 MSW	5 BSW 0 MSW	BSW MSW	BSW MSW	BSW MSW
Northwestern State	5 BSW 0 MSW	5 BSW 0 MSW	BSW MSW	BSW MSW	BSW MSW

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Educational Stipends of Persons Preparing for Employment					
State (Public) University	# of BSW / MSW Stipends SFY 2019	# of BSW / MSW Stipends SFY 2020 Projected	# of BSW / MSW Stipends SFY 2021	# of BSW / MSW Stipends SFY 2022	# of BSW / MSW Stipends SFY 2023
University (NSU)					
Southeastern Louisiana University (SLU)	5 BSW 0 MSW	3 BSW 0 MSW	BSW MSW	BSW MSW	BSW MSW
Louisiana State University (LSU)	0 BSW 2 MSW	0 BSW 3 MSW	BSW MSW	BSW MSW	BSW MSW
Annual Total # BSW Stipends / Cost (\$6,500 each)	24 BSW \$6,500 each \$156,000	23 BSW \$7,500 each \$172,500	BSW \$7,500 each	BSW \$7,500 each	BSW \$7,500 each
Annual Total # MSW Stipends / Cost (\$8,500 each)	9 MSW \$8,500 each \$76,500	10 MSW \$9,500 each \$95,000	MSW \$9,500 each	MSW \$9,500 each	MSW \$9,500 each

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA): The CIP developed the Pelican Center mentioned above to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant CW stakeholders. Through the partnership with the DCFS and the University Alliance described in and mentioned throughout the CFSP, all parties work together to develop and implement training and education of CW practitioners including children’s and indigent parents’ attorneys, judges, CASAs, and district attorneys. Primary focus of the CIP relates to improving the overall quality of safety decision-making by legal stakeholders, which include judges, attorneys for all parties, district and agency attorneys. The operating theory of change is as follows:

Strategic Goals and Training Activities Planned for FFY 2020-2024 (Please refer to Appendix B and the systemic factors section on Staff Training for additional information.):

Recruitment: Recruit competent, dedicated child welfare professionals

- I. Increase the number of competent, committed, and culturally diverse social workers entering DCFS Child Welfare by 3-5% each year over the next 5 years ending June 30, 2024.
 - a. Develop a comprehensive recruitment plan by June 30, 2020 to recruit a diversity of current and prospective students into child welfare.
 - b. Develop an assessment tool on interest in child welfare.
 - c. Develop targeted scholar positions for key regions/parishes.
 - d. Continue to utilize competency based screening and selection process
 - e. Develop communities of practice at individual Universities in the Alliance.
 - f. Implement comprehensive recruitment plan through 2024.

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- II. Increase the number of Child Welfare Legal Specialists (CWLS) by 3-5% each year over the next 5 years ending June 30, 2024.
 - a. Develop a recruitment plan to recruit attorneys into child welfare by June 30, 2020.
 - b. Implement recruitment plan through 2024.
- III. Co-Develop a data/research plan between DCFS, LCWTA, University Alliance (UA), and Pelican Center to gather, analyze and use data effectively to support recruitment initiatives by June 30, 2020.

Retention: Support the retention of child welfare professionals

- I. Increase the retention of DCFS CW staff and scholars by a statistically significant percentage each year.
 - a. In collaboration with DCFS, develop a retention plan by July 1, 2020, including setting statistically significant retention targets for child welfare staff and scholars.
 - b. Continue to utilize and evaluate the competency based screening and selection process
 - c. Continue to support and refine the Employee Educational Support Program
 - d. Support DCFS implementation of QIC Workforce Development Program in collaboration with Lead DCFS Project Staff and the WIE Leadership Team (Workforce, Implementation & Evaluation) with the Quality Improvement Center for Child Welfare Workforce Development.
 - e. Develop and recommend retention incentives for child welfare staff
 - f. Support staff well-being
- II. Develop retention plan for Louisiana Child Welfare Legal Specialists (CWLS) by June 30, 2020 and implement the plan 2021-2024.
- III. Increase the retention of law students who complete a child welfare externship and enter the child welfare workforce by a statistically significant percentage each year.
 - a. Develop a retention plan by January 1, 2021.
 - b. Implement retention plan for law students 2021-2024.

Learning: Offer comprehensive quality learning opportunities

- I. Offer comprehensive training and professional development opportunities
 - a. Expand child welfare trainer/talent development resources by hiring seven (7) additional full-time or FTE staff within DCFS and LCWTA University Alliance by 2022 consistent with available resources. See Infrastructure Goal.
 - b. Recruit and develop parent, foster parent, and youth/former youth co-trainers to be integrally involved in expanding learning opportunities in child welfare
 - c. Continue to offer required training to child welfare staff, foster parents, legal professionals, and mandatory reporters each year.
 - d. Develop individualized and multidisciplinary training plan for a variety of CW professionals annually by January of each year.
 - i. Prioritize learning plans/needs relating to assessment, engagement, workforce, service array and legal representation strategies in Louisiana's CFSR Program Improvement Plan (PIP) for SFYs 2020 and 2021. See Louisiana's CFSR PIP.

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- ii. Expand training plan for new DCFS child welfare employees for the initial three years of employment to support achievement of intermediate to mastery levels of child welfare practice.
- iii. Conduct on-going needs assessment to guide development of annual training plans focused on learner needs and priorities.
- iv. Develop and maintain a comprehensive course catalog of current training/learning opportunities for child welfare professionals.
- v. Offer individualized, targeted training and learning opportunities to child welfare professionals and service providers consistent with priority tiers and resources.
- e. Offer multidisciplinary learning opportunities.
- f. Support the development of individualized talent development plans.
- g. Create a professional development continuum for each CW professional, offering comprehensive training and professional development opportunities from entry through advanced levels for each professional by July 1, 2022.
- h. Develop more innovative trainings (interactive, simulation, experiential, virtual) to facilitate learning and professional development
 - i. Expand courtroom simulation training in SFY 2019-2020
 - ii. Develop simulation-based training for new staff including focus on engagement and assessment to be offered through Southern University in Baton Rouge in SFY 2019-2020.
 - iii. Offer experiential Better Together training including parents, foster parents, and child welfare staff as training co-horts
 - iv. Explore options for virtual reality training.
- i. Expand use of blended learning approaches to provide more just in time learning opportunities, build competency, and facilitate transfer of learning in day-to-day practice.
- j. Develop tools, processes, and evaluation instruments to support effective transfer of learning in critical training/practice changes/improvements.
- k. Develop Mentor Pairing among child welfare professionals to model and reinforce quality practice and provide support
- l. Continue to strengthen the Title IVE Child Welfare Scholars Program, including the Child Welfare Employee MSW Educational Support Program (Cross-referenced with retention
- m. Implement a comprehensive selection and support process for internship supervisors
- n. Develop Certification Programs supporting advanced and specialized practice
 - i. Research the creation of certificate programs with the Board of Regents.
 - ii. Develop a template for applying for certificate programs.
 - iii. Create Certificate programs through University partnerships, the LCWTA, and the Pelican Center to advance learning and development of students and employees.
 - iv. Incentivize Certificates
- o. Develop and support Communities of Practice [Cross reference with Recruitment and Retention])

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- i. Develop face-to-face and online community of practice environments to help scholars and employees connect virtually and in person utilizing support groups.
 - 1. Provide regular and substantive opportunities for engagement in discussions and experiences in child welfare.
 - 2. Provide opportunities for research in child welfare.
 - 3. Develop continued support networks
 - a. Develop enhanced level mentoring programs for new and veteran employees
 - p. Provide for specialized recognition of practice (e.g. layers of certification)
 - i. Create levels of recognitions depending on specific trainings participated in (Circle of excellence program)
 - 1. “We are Child Welfare” recognition strategy
 - 2. LA Bar Association
 - 3. Together We Can Conference
 - 4. Child Welfare Award/Children’s Law Award
 - ii. Create levels of recognitions for CW professionals who serve above and beyond or who participate in trainings beyond required training hours
 - q. Develop Advanced Supervision Certification Program with incentives
 - r. Reach out to communities to educate on the system of child welfare; Start with the 4 pilot parishes identified in CFSR PIP
 - i. Create a strategy to educate on the system of child welfare supporting the CFSP PIP
 - ii. Create a marketing campaign to educate on the child welfare system supporting the CFSP PIP
 - iii. Create a bureau of speakers that include various CINC related disciplines
 - iv. Mandatory reporter training
- II. Offer comprehensive learning opportunities supporting professional competencies by July 1, 2022.
- a. Formalize framework for competency-based learning aligned with Louisiana child-welfare practice principles, U.S. Children’s Bureau Child and Family Services Review practice expectations, and screening and selection competencies by June 30, 2022.
 - i. Develop and refine professional competencies
 - ii. Identify learning opportunities to support professional competencies
 - iii. Develop course curriculum aligned with competencies for each stakeholder professional.
 - iv. Develop/support transfer of learning components to critical/practice changes/improvements
 - b. Implement comprehensive competency-based learning beginning July 1, 2022.
- III. Expand expertise in child welfare each year through July 1, 2022.
- a. Develop at least one area of child welfare expertise for each of the seven university Social Work Departments aligned with priority needs by July 1, 2020.
 - b. Recruit, prepare and support additional trainers/learning professionals/experts each year consistent with available resources and areas of highest need until all needs met.

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- IV. Participate in research opportunities.
- a. Develop annual research plan.
 - i. Identify and develop valid assessment of learning opportunities
 - ii. Develop metrics for improvement
 - iii. Conduct ongoing needs assessment of learning
 - iv. Report on assessment findings and make necessary adjustments to learning plan.

Infrastructure: Build capacity to effectively, and efficiently fulfill the LCWTA University Alliance mission.

- I. Assess, strengthen, align, and maximize human, technological, fiscal and programmatic resources to effectively, and efficiently fulfill the LCWTA mission for the next 5 years.
 - a. Develop and utilize integrated mission, dynamic strategic goals, and 60-90 day action plans across LCWTA partners to focus and steer work aligned with highest priorities and impact on outcome and meeting State Plan and CFSR/PIP priorities.
 - b. Assess infrastructure needs and develop plan to build capacity aligned with highest priorities consistent with strategic plan and available resources by March 1 each year.
 - c. Update Memorandum of Understanding to accompany new three-year LCWTA agreement to be effective July 1, 2020.
 - d. Align budgets and fiscal resources each year consistent with strategic goals and outcomes.
 - e. Expand human resource capacity in strategic priority areas in SFY 2019-2020.
 - i. Add 3-4 full-time (or FTE) training and talent development staff within LCWTA partnership to be focused on CFSR/PIP priorities, simulation training, advanced supervision, on the job training and transfer of learning.
 - ii. Expand, restructure, and re-align the LCWTA business office at Southeastern to support expanded operations and full integration of the 5 areas of success.
 - iii. Re-align and expand administrative support at Northwestern to support scholars, Supervisors, Staff and University Liaisons, integrated LMS and implementation of University Alliance goals.
 - iv. Create and administrate child welfare externships for law students to execute the legal components of the strategic plan.
 - v. Pelican Center to subcontract with an attorney to engage with the Department to develop legal components of kinship navigator program. (Pelican Center)
 1. Kinship caregiver legal training.
 2. Kinship caregiver legal guide.
 3. Kinship caregiver legal services network.
 - f. Expand human resource capacity consistent with strategic goals/priorities and available resources in SFYs 2020-2021 and SFY 2021-2022, including adding 3-4 additional full time (or FTE) trainers/talent development specialists.
 - g. Align human and programmatic resources consistent with strategic priorities and goals/action plan achievement.

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- h. Expand data measurement, analytic, evaluation, research, and reporting capacities to effectively Measure and Communicate LCWTA Outcomes.
- i. Expand technology to support learning, data/CQI, collaboration, and effective and efficient operation of LCWTA guided by the 5 areas of success.
 - i. Continue with implementation of integrated learning management system across LCWTA partners.
 - ii. Assess need for additional data/analytical tools to support effective collaboration and robust CQI and reporting
- j. Evaluate and confirm appropriate resource(s) to refine policy and procedures in priority areas.
- k. Develop and implement strategic communication plan across LCWTA partners, including effective branding
- l. Assess and develop plan for physical space needs

Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E and Title IV-B and Title XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state’s Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100%-time study conducted by all Child Welfare (CW) Trainers. Each trainer accounts for all hours in the workweek, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters the information into a database. The database, which was created to document and track training activities, contains all courses from the CW training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff. Random Moment Sampling (RMS) procedures are in place and field staff is sampled on an ongoing basis. The process identifies activities staff is engaged in including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed.

Training expenditures include: travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material. The following chart outlines actual and projected training expenditures.

Projected Training Expenditures					
Category of Expenditure	Projected FFY 2018	Projected FFY 2019	Projected FFY 2020	Projected FFY 2021	Projected FFY 2022
Salaries -cost allocated expenses for staff in the field and state office including stipends	\$776,085.00				
Travel	\$165,098.00				
Operating Services -advertising, printing, equip. maintenance, rental equipment/ buildings, utilities, telephone services, postage, building security, dues, etc.	\$2,207				
Supplies	\$376				

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Projected Training Expenditures					
Category of Expenditure	Projected FFY 2018	Projected FFY 2019	Projected FFY 2020	Projected FFY 2021	Projected FFY 2022
Acquisitions	0				
Interagency Transfers -services provided by other state agencies for services such as telephone, insurance, building rentals, indirect cost, printing and advertising	\$4,663				
Other Charges -contract with university for the purpose of developing child welfare curricula to prepare future graduates for competent practice in child protection, family services, foster care and adoption programs, and training of foster and adoptive parents.	\$2,861,818				
Total	\$3,810,247				

Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

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

Travel Costs: Travel and Training costs October 1, 2018 – September 30, 2019, are as follows:

- **Lodging:** Average \$174.50 (low for Tier I - \$94.00 – high for Tier 2 - \$161.00 per night excluding taxes and surcharge)
- **Meals:** Average of \$55.00 per day; (Tier I - \$51.00 per day: Breakfast \$9.00; Lunch \$13.00; Dinner \$29.00; Tier II (including New Orleans) - \$59.00 per day: Breakfast \$12.00; Lunch \$17.00; Dinner \$30.00.)
- **Trainees' workbooks:** Average cost \$15.00 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of \$70.00 per day per trainer. One eight-hour day of trainer salary is \$560.00. Two trainers teach some courses, (ex. New Worker Orientation) bringing the trainer cost to \$1,120 per day.
- **Contract Trainer Cost:** Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore; no fees are associated with the minimum and maximum costs.

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

- **Minimum Cost:** For training held at the state office/headquarters or a DCFS regional office with the MIN number of trainees (10) incurring costs of average lodging cost \$174.50 + \$55 for meals and \$15/workbook = \$2,445.00, per day (\$244.50/trainee)
 - With one DCFS trainer (\$560.00) = \$3,005.00 (\$300.50/trainee)
 - With two DCFS trainers (\$1,120.00) = \$3,565.00/day (\$356.50/trainee)
 - With Contract Trainer (\$650.00) = \$3,095.00 (\$309.50/trainee)
- **Maximum Cost:** For training held at the state office/headquarters or a regional office with the MAX number of trainees (30) incurring costs of average lodging cost \$174.50 + \$55 for meals and \$15 for workbooks = \$7,335.00 per day (\$244.50/trainee)
 - With one DCFS trainer (\$560.00) = \$9,015.00 (\$300.50/trainee)
 - With two DCFS trainers (\$1,120) = \$10,695.00 (\$356.50/trainee)
 - With Contract Trainer (\$650.00) = \$9,285.00 (\$309.50/trainee)

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