

**LOUISIANA**  
**CHILD AND FAMILY SERVICES REVIEW PROGRAM IMPROVEMENT PLAN**  
**ROUND 3**

**COVER PAGE**

**State/Territory: Louisiana**

**Date Submitted: May 24, 2019**

**Date Resubmitted:**

**Date Approved:**

**PIP Effective Date:**

**End of PIP Implementation Period:**

**End of Non-Overlapping Year:**

**Reporting Schedule and Format: Bi-annually via a matrix and relevant documents identified in the PIP**

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## I. PIP TEAM

<b>Member</b>	<b>Title</b>	<b>Organization</b>
Rhenda Hodnett	Assistant Secretary	Department of Children and Family Services
Karla Venkataraman	Deputy Assistant Secretary	Department of Children and Family Services
Melissa Kenyon	Child Welfare Manager 2	Department of Children and Family Services
Michelle Faust	Child Welfare Manager 2	Department of Children and Family Services
Mona Michelli	Child Welfare Manager 2	Department of Children and Family Services
Toni Buxton	Child Welfare Manager 2	Department of Children and Family Services
Leslie Calloway	Executive Management Advisor	Department of Children and Family Services
Leslie Lyons	Regional Administrator	Department of Children and Family Services
Karen Washington	Area Director	Department of Children and Family Services
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Christy Tate	Child Welfare Manager 1	Department of Children and Family Services
Karen Grant	Child Welfare Manager 1	Department of Children and Family Services
Sharla Thomas	Child Welfare Manager 1	Department of Children and Family Services
David Sylvia	Data Program Manager	Department of Children and Family Services
Katherine Prejean	Child Welfare Training Manager	Department of Children and Family Services
Bradly McCollum	Child Welfare Consultant	Department of Children and Family Services
Nancy Meche	Parish Manager	Department of Children and Family Services
Kim McCain	Regional Program Specialist	Department of Children and Family Services
Jennifer Fields	Supervisor	Department of Children and Family Services
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Trina Banks	Supervisor	Department of Children and Family Services
Christopher Friis	Frontline Worker	Department of Children and Family Services
DeVance Ball	Frontline Worker	Department of Children and Family Services
Kerrie Myers	Frontline Worker	Department of Children and Family Services
Lazetter Fontenot	Frontline Worker	Department of Children and Family Services
Taieesha Jamerson	Frontline Worker	Department of Children and Family Services
Mark Harris	Executive Director	Pelican Center for Children and Families
Michelle Gros	Special Projects Coordinator	Pelican Center for Children and Families
Richard Pittman	Deputy Public Defender /Parent Attorney	Director of Juvenile Defender Services
Kathy Cook	Deputy General Counsel/Child Attorney	Child Advocacy Program/MHAP
Curtis Nelson	Deputy Judicial Administrator	La Supreme Court, Division of Children and Families
Judge David Matlock	Juvenile Court	Caddo Parish

<b>Member</b>	<b>Title</b>	<b>Organization</b>
Kim Avery	Bureau of General Counsel	Department of Children and Family Services
Candice Leblanc	Deputy General Counsel	Department of Children and Family Services
Franchesca Hamilton Acker	Child Attorney	Acadiana Legal Services
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Joseph Bodenmiller	Assistant Behavioral Health Director	Florida Parishes Human Services Authority
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Evangeline Boudreaux	Program Director	The Extra Mile Family Resource Center
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Tiffany Carroll	Parent Partner	The Extra Mile Family Resource Center
Jarvis Spearman	Youth Representative	Young Adults
Ashley Lacour	Kinship Caregiver	Foster Parents
Lucas Lacour	Kinship Caregiver	Foster Parents
Ford Baker	Program Manager	Office of Behavioral Health
Shemeka Sorrels	Strategic Consultant	Casey Family Programs
Teri Hrabovsky	Foster Parent/Executive Director	One Heart Nola

## II. PIP NARRATIVE

### INTRODUCTION

The Department of Children and Family Services (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).

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

Continuous Quality Improvement (CQI) is firmly grounded in the overall mission, vision, and values of the agency. As changes occur from organizational structure, to staff and customer needs, DCFS executive and regional management continuously assess and address identified concerns through the quality improvement process. The DCFS Mission, Vision, and Values statements are below:

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

**Vision:** Safe and Thriving Families and Individuals

**Values:**

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

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

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

The strategies and key activities listed in this Program Improvement Plan (PIP) build upon activities that are being implemented by the Department to positively influence safety, permanency and well-being outcomes. Louisiana recognizes that true system improvement and reform can only be accomplished and sustained with efforts that extend beyond the two-year PIP implementation offered through the CFSR process. The strategies and key activities will be aligned with our Child Welfare Principles of Practice and five priority areas of focus.

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

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

#### **Louisiana's Current Performance**

Louisiana in consultation with the Children's Bureau elected to conduct a State led review for its third round. 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 that 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 (2) of the seven (7) 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 this 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 that twenty (20) out of twenty-nine (29) cases (69%) reviewed were rated as a Strength. The primary concerns for the remaining nine (9) cases (31%) 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 that three (3) out of thirty-seven (37) cases (8%) reviewed were rated as a strength. Thirty-four (34) out of thirty-seven (37) cases (92%) reviewed were rated as an 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 or services provided did not match the family's identified needs.

Item 3: Louisiana's performance on risk and safety management indicates that nine (9) of sixty-five (65) cases (12%) reviewed received a strength rating. Fifty-six (56) out of sixty-five (65) cases (86%) reviewed were rated as an area needing improvement. 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 CFSR 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% with ten (10) of forty (40) cases receiving a strength rating. The remaining thirty (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.

### **Well-Being Outcome 1- 14% compliant**

Louisiana's performance in this outcome shows trends that 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 six (6) of sixty (60)

cases receiving a strength rating. In the fifty-four (54) cases receiving an area needing improvement rating, the main reasons were related to insufficient needs assessments, services not provided to meet parent's needs or services identified but not provided.

Data shows that 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; and
- As in Item 12b, ratings are lower in the area of father participation in case planning in In-Home cases. Data shows that in 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 thirty (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); and
- 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, forty-seven (47) of fifty-six (56) cases were rated as area needing improvement. The main factors leading to the rating were insufficient engagement with fathers, lack of concerted efforts to locate parents, and quality of the visits were insufficient to assess needs or deliver appropriate services.

## **OVERALL STRATEGY FOR PIP DEVELOPMENT**

Louisiana participated in a PIP development pilot led by the Children's Bureau and the Capacity Building Center for States and Courts to review CFSR outcomes, examine the root causes and 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, data analysis and discussions with stakeholders, to dig deeper into



problem areas. Louisiana has been supported by the expertise of the CASEY Foundation, the Annie E. Casey Foundation as well as received one of eight workforce grants through the Quality Improvement Center for Workforce Development. Throughout this process, Louisiana also received the assistance of the Capacity Building Center for States and Courts to conduct a deeper exploration of problem areas identified by DCFS, the creation of a data book and preparation for the final results meeting. A series of in person and virtual meetings were conducted that allowed the State to engage in activities focused on the steps of deeper problem exploration and root cause analysis including, but not limited to, the development of the 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, five (5) cross cutting themes emerged: safety and assessment, engagement, workforce development, service array and quality legal representation.

## **QUALITY ASSESSMENT**

- Current assessment and decision- making tools are fragmented, disjointed, and overcomplicated causing a lack of clarity and understanding by staff and stakeholders.
- The pathway to improving quality assessments and decision-making is to develop a unified assessment and decision-making model that emphasizes family engagement.
- Through this focused work, caseworkers 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. In turn, this assessment will lead to more accurate and consistent decisions regarding the children and families that we serve.

## **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 that supports client needs with available resources.

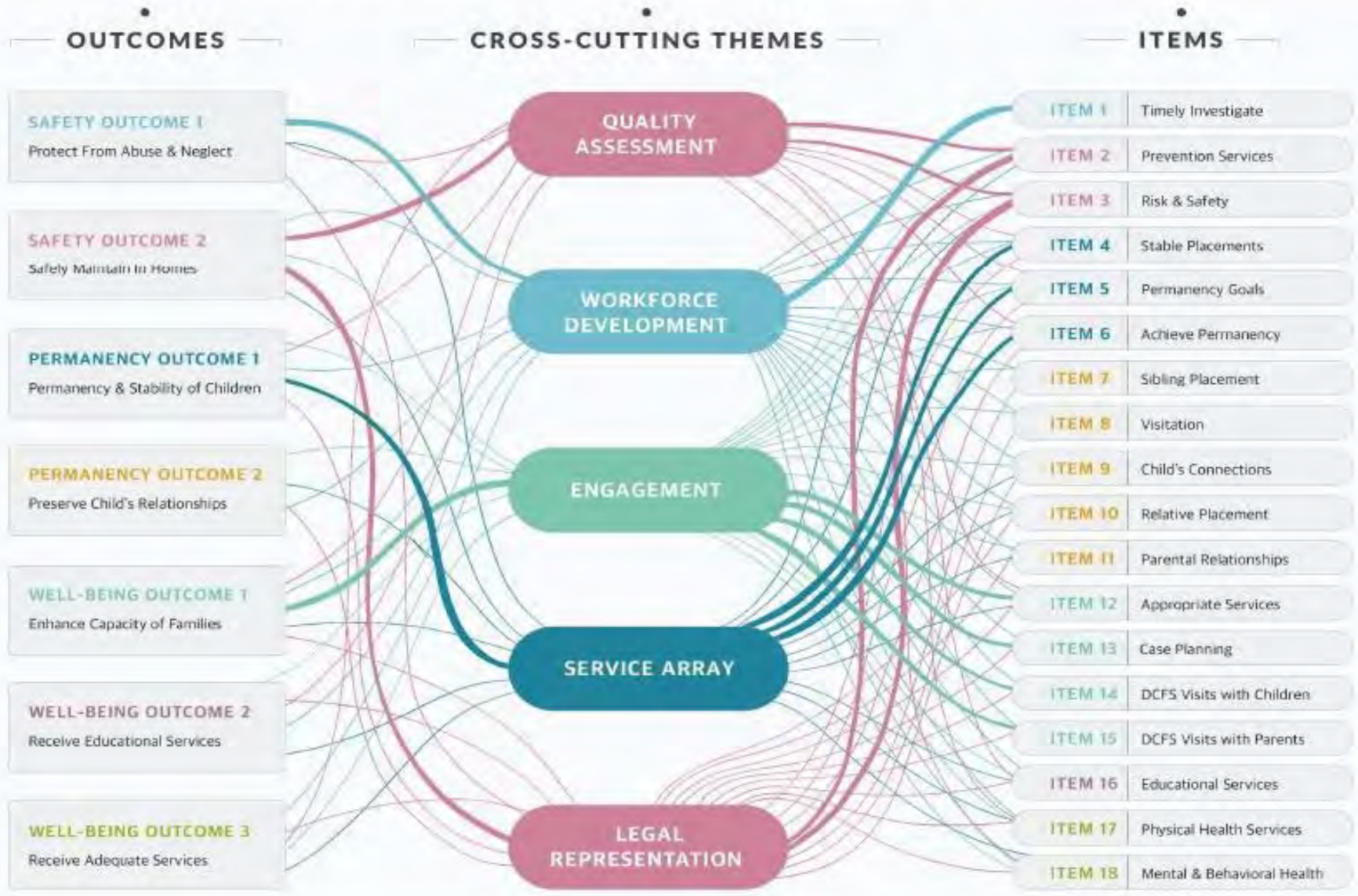
## **SERVICE ARRAY**

- 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 that threat cannot be mitigated by parental protective capacity. Those that do enter 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.

# LOUISIANA PIP STRATEGY



### **III. PIP MATRIX**

#### **QUALITY ASSESSMENT**

Louisiana utilizes various models and tools to assess safety, risk, and family functioning that form the basis of casework decision-making. The “Action for Child Protection” model is used for assessing safety and family functioning, the Children’s Research Center’s model of Structured Decision-making is used to assess risk, determine which cases and with what frequency in-home cases should be served and when these cases should be closed, and guide the recommendation for reunification or a change of case plan goal for children in state’s custody. While there is an argument to be made for each component of the assessment and decision-making model, integrating two distinct models has proven to be very confusing for staff and stakeholders. Multiple, disconnected information systems are used for documenting these assessments. Despite a significant focus on training of staff and stakeholders, they are left confused and frustrated. Decision-making is inconsistent and less effective than we expect, and less effective than families deserve.

#### **Problems**

- There is abundant evidence to suggest a lack of clarity among state agency staff, and stakeholders regarding safety; what constitutes a safety threat, when and how to appropriately implement a safety plan, and how to link reasons for removal with conditions for return.
- There is a lack of understanding about the information necessary to determine the extent to which a parent’s protective capacity may mitigate safety concerns and reduce risk.
- The lack of understanding and clarity contributes to a lack of focus on safety threats and conditions for return in case planning, in legal representation at court hearings, and, ultimately, in appropriate and timely permanency for children.

#### **Root Causes**

- Staff acknowledged that the assessment and decision- making process often consists of asking the questions on “the form”, documenting what was said, and then making decisions based on gut instinct rather than being able to critically assess the information and allow the tools to guide and support, not dictate, decision-making.
- Lack of understanding and clarity of core safety and assessment principles that guide case decision-making.
- The agency's turnover rate and reduction in staff has led to consequences, such as a lack of knowledge and skills in thoroughly assessing cases and decision-making, as well as experienced supervisory staff to guide staff.
- Assessment and decision-making tools are disjointed, overcomplicated and fragmented.
- Poor assessments lead to a reduced use of effective safety plans that prevent children from entering foster care and extend the time that a child remains in foster care.

#### **Theory of Change**

There was universal agreement among stakeholders at the PIP Pilot meeting that the first step toward improving child safety, permanency, and overall child and family well-being is to ensure an assessment and decision-making approach throughout the life of a case that emphasizes family engagement,

is valid, reliable, cohesive, easily understood and applied in practice by all stakeholders. In addition to assessment skills, emphasis will be placed on the consistent, appropriate use of safety plans, establishing conditions for return when children have been removed, or conditions for case closure when in-home services are being provided, and expectations regarding case planning with families.

To develop this revised model of assessment and decision-making, a group of staff and stakeholders will work with subject matter experts to review our current tools/processes and make recommendations for modifying and streamlining to ensure consistent terminology in assessment and decision-making across the life of a case. A draft document describing the revised model will be vetted to managers and staff, revised and finalized. Procedures will be modified and tools developed/modified to support the new model, etc.

Since we are in the early stages of contract negotiations with the vendor chosen to develop our CCWIS system, we are limiting any technology changes to our current system. Our intention and focus will be to clarify, streamline, and simplify practice guidance, policy, and training regarding core components necessary for competent decision-making and practice. Through these efforts, we will ensure there is a consistent understanding and approach regarding the purpose for each assessment (safety, risk, protective capacity, etc.) and how this information is intended to be used in decision-making throughout the life of a case. Training will be provided to all staff, regardless of program assignment, in order to ensure a comprehensive understanding of decision-making throughout the life of a case.

If, in the process of our systematic review of our assessment process and tools, significant changes are determined to be needed, we will incorporate those changes into our CCWIS project and develop a corresponding implementation plan within the scope of that work.

We believe that through this focused work, caseworkers 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. In turn, this assessment 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. Furthermore, when all parties are clear about safety threats and the conditions for return, case plans will be more focused on the vital services that are most likely to be effective; thus, permanency for children will be achieved sooner.

We anticipate a positive impact on the workforce that serves the child welfare system 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.

In partnership with subject matter and implementation experts, Louisiana will systematically review its current assessment process and tools to identify real and perceived strengths and challenges to effective use. This review will involve staff at all levels and key system partners. We will formally adopt an assessment and decision-making approach, corresponding terminology, and decision-making tools that emphasize family engagement, are more cohesive, consistent, valid, and easily understood by all stakeholders.

- Such that, 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.
- So that 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.
- So that case plans will be more focused on the vital services that are most likely to reduce threats and enhance protective capacities;

- So that attorneys and judges receive sufficient case information and agency identification of safety threats and assessment of parental protective capacity
- So that:
  - Correct decisions will be made about which children can be safely served in-home rather than unnecessarily removed,
  - Assessments and services are more targeted to child and family needs, and
  - Permanency for children will be achieved sooner.
- So that the workforce is positively impacted because of a greater sense of competence in the day to day work with families, and, ultimately, experience more positive outcomes for children and families overall;

**CROSS CUTTING THEME: QUALITY ASSESSMENT**

<b>GOAL:</b> Develop a unified assessment and decision-making model, emphasizing family engagement, in order to improve child safety, reduce repeat maltreatment, ensure appropriate services, and achieve timely permanency for children.				<b>APPLICABLE CFSR OUTCOMES OR SYSTEMIC FACTORS:</b> Safety Outcome 2
				<b>APPLICABLE CFSR ITEMS:</b> Item 2, Item 3
<b>KEY ACTIVITIES</b>	<b>PERSON RESPONSIBLE</b>	<b>QUARTER BEGIN</b>	<b>QUARTER COMPLETE</b>	<b>QUARTERLY UPDATE</b>
<b><i>1. Clearly define Louisiana’s CW Assessment and Decision-making (CWADM) model throughout the life of a case that is cohesive and easily understood by all stakeholders.</i></b>	Mona Michelli	-	Q1	-
1.1 Assess current assessment processes and decision points that pose challenges to staff and stakeholders.	Mona Michelli/Michelle Faust/Center For States	-	Q1	-
1.1.1 Create an inventory of existing assessment tools and decision-making, documents, instructions and policy guidance used by staff for case decision-making.	Mona Michelli/Michelle Faust, Center for States	-	Q1	-
1.1.2 Partner with the Center for States to form The CWADM Workgroup, comprised of both internal and external stakeholders/subject matter experts. The workgroup will include DCFS representatives of all levels and all programs (Centralized Intake, Child Protective Services, Family Services and Foster Care).	Mona Michelli, Michelle Faust, Center for States, Mark Harris	-	Q1	-
1.1.3 Distribute inventory of existing assessment and decision-making tools to workgroup members for evaluation; Request workgroup representatives from local offices to provide any locally used assessment and decision-making tools for evaluation by the entire CWADM workgroup.	Lori Miller	-	Q1	-
1.1.4 Evaluate <i>individual</i> assessment and decision-making tools for effectiveness, determining the strengths, needs and opportunities for change in each.	CWADM workgroup	-	Q1	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
1.1.5 Evaluate how each tool compliments one another to create a comprehensive assessment and decision-making approach.	CWADM workgroup	-	Q1	-
1.1.6 Identify <i>gaps</i> in DCFS' current approach, areas to strengthen connectivity of the tools, policy guidance, and training.	CWADM workgroup	-	Q1	-
1.2 Utilizing information learned from evaluating the existing tools, develop an assessment and decision-making approach that aligns information gathering, high quality assessment practices, and decision-making throughout the life of a case, considering current technology limitations).	Mona Michelli/Michelle Faust and CWADM workgroup	-	Q1	-
1.2.1 The CWADM workgroup will identify areas to unify and connect existing assessment tools and practices. Existing tools will be modified (based on necessity and feasibility considering technology limitations), with the goal of clarifying and unifying safety assessments and planning as much as possible.	CWADM workgroup	-	Q1	-
1.2.2 The Workgroup will create a CWADM model that includes input of all family members and ensures staff in all primary programs (Child Protective Services, Family Services, Foster Care) and stakeholders have a clear understanding of how safety, risk and service needs are assessed and addressed throughout the life of a case and impact daily decision-making.	CWADM Workgroup/Mona Michelli	-	Q1	-
1.2.3A CWADM model document will be produced that depicts a unified assessment approach. This document will include assessment types/descriptions, the purpose of each, relatedness to other assessments used in decision-making, and timeframes for completion. This document will also provide a roadmap for key activities needed to achieve full implementation of the CWADM model,	CWADM Workgroup/Mona Michelli	-	Q2	-



KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
such as system changes, policy changes, training, etc.				
<b>2. Ensure Agency policy, processes/procedures/documents/systems and practice support the CWADM model in all impacted programs.</b>	-	-	-	-
2.1 Eliminate redundant policies that add to confusion regarding case practice in assessing cases. Revise policies to reflect changes consistent with the CWADM model.	Mark Harris, Mona Michelli, Michelle Faust Toni Buxton	-	Q2	-
2.2 Develop training documents and tools for use by staff and other stakeholders that illustrate the continuity and connectedness of information throughout the life of a case, and how the information guides decision-making to improve child safety, appropriate services to reduce repeat maltreatment, child well-being, and timely permanency.	Jan Byland/Katherine Prejean/Training team; Leslie Calloway Mark Harris	-	Q2	-
2.3 Create court documents that reinforce the Department's assessment model in a way that ensures sound, reasonable efforts inquiries by judges and attorneys.	Mark Harris/Mona Michelli/Michelle Faust	-	Q4	-
2.3.1 Utilize the existing Court Improvement Program workgroups, comprised of legal stakeholders and DCFS staff, to develop templates, affidavits in support of Instante orders, and court reports and orders that reflect core definitions and concepts of the CWADM model and incorporate the identification of safety threats, child vulnerabilities, and parental protective capacities.	CIP, Mona Michelli, Michelle Faust	-	Q4	-
2.3.1.1 Add court forms/templates and instructions into DCFS policy and technology system(s) of record for use by all DCFS staff.	Toni Buxton	-	Q4	-
2.3.1.2 As policies/forms are modified, ensure communication of all changes and expectations related to such are	Mona Michelli, Michelle Faust	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
communicated through DCFS Monthly Policy Webinars that are held with all Child Welfare Staff.				
2.3.1.3 DCFS Program staff to collaborate with Regional DCFS Attorneys to ensure consistent application of policy form/court report changes.	Mona Michelli/Candice LeBlanc	-	Q4	-
2.3.1.4 CIP staff to collaborate with legal stakeholders to support consistent application of the newly developed affidavit forms, court reports, and orders.	Court Improvement Project	-	Q4	-
2.3.1.5 Add newly developed affidavit forms, court reports, and orders to the Louisiana Supreme Court website and other websites and resources judges utilize.	Court Improvement Project	-	Q4	-
2.3.1.6 Implement use of affidavit forms, court reports, and orders.	Court Improvement Project/Mona Michelli	-	Q4	-
2.4 Through existing CIP workgroups, develop and implement judge's bench cards that assist in reinforcing safety and risk principles, and supports to timely permanence.	Court Improvement Project	-	Q4	-
<b>3. Develop comprehensive communication and training plan of The Child Welfare Assessment and Decision-making model, including incorporation of material into ongoing training such as New Worker Training, Supervisory Training, etc.</b>	-	-	-	-
3.1 In partnership with the Child Welfare Training Academy and the Pelican Center, identify leads and a pool of trainers that will conduct training in each region.	Jan Byland/Leslie Calloway/Mona Michelli/Michelle Faust/Melissa Maiello/Mark Harris	-	Q1	-
3.2 Designate training leads to serve on multi-disciplinary work group in 1.1.2 above and to work closely with program staff in CPS, FS and FC to understand the CWADM model and concurrently begin developing (a) training curriculum, documents, tools per 2.2; (b) plan for preparing and supporting pool of trainers in	Jan Byland/Leslie Calloway/Mona Michelli/Michelle Faust/Melissa Maiello/Mark Harris	-	Q2	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
their roles; and (c) training evaluation/CQI plan.				
3.3 Design multi-layered training plan for DCFS child welfare staff to ensure consistent understanding of engagement and unified assessment approach, principles, policies, and decision-making tools to guide practice developed in 1.2 above. Layers of the plan shall include in each region/area: (1) training for management and supervisory staff together to ensure consistent understanding of engagement and assessment principles, policies, and decision-making tools to guide practice; (2) more in-depth training for supervisors in the CWADM model across the life of a case. (3) unit based training partnering supervisors with trainers to provide training that includes caseworker application of knowledge and skills.	Jan Byland/Katherine Prejean/Training Team	-	Q2	-
3.4 Prepare and support pool of trainers in their roles.	Assessment and Decision-Making Training Leads	-	Q3	-
3.5 Implement multi-layered training plan for DCFS child welfare staff including training evaluation/CQI.	Assessment and Decision-Making Training Leads/pool of trainers/LCWTA CQI lead	-	Q4	-
3.6 Integrate training on the CWADM model into on-going training offerings for new workers and new supervisors	Katherine Prejean, Leslie Calloway, Training team	-	Q4	-
3.7 Develop and implement training plan for multidisciplinary stakeholders of core safety principles and assessment process through the Court Improvement Project.	Mark Harris	-	Q3	-
<b>4. Develop and implement case consultation, quality assurance practices, and on-going supports that reinforce the CWADM model and provides continuous feedback to staff to ensure fidelity.</b>	Mona Michelli/Michelle Faust/Melissa Maiello	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
4.1 Implement CWADM model case reviews to monitor quality of assessments and decision-making and adherence to policy requirements.	Melissa Maiello	-	Q4	-
4.1.1 Convene a workgroup of CQI, Child Welfare Program staff, and Regional Program Specialists to develop a review instrument that measures compliance with implementation and quality of practice related to the CWADM model.	Melissa Maiello	-	Q2	-
4.1.2 CQI staff to develop procedures related to case reviews to include sample sizes, frequency, reviewers, and reporting.	Melissa Maiello	-	Q3	-
4.1.3 Incorporate Review Instrument into electronic case review system to provide roll-up data and measure progress.	Melissa Maiello	-	Q3	-
4.1.4 Formalize procedures for a case review feedback process to include both specific case review feedback to applicable staff, and roll-up data identifying trends for management decision-making and oversight.	Melissa Maiello	-	Q3	-
4.1.5 Trained staff (to include CQI, Program staff, and Regional Program Specialists) to begin conducting case reviews on a specified amount of cases per quarter.	Melissa Maiello, Mona Michelli, Michelle Faust, Leslie Calloway	-	Q4	-
4.1.6 Child Welfare Program staff from CPS, FS, and FC will begin meeting quarterly to review qualitative and quantitative data regarding case assessment and decision-making practices. During this meeting, specific areas of focus will be selected for continuous quality improvement. Examples may include: Identifying Safety Threats, Assessing and Building Parental Capacities, Conducting Risk Assessments, etc.	Mona Michelli/Michelle Faust	-	Q5	-
4.2 Provide Case Consultation on an on-going basis that reinforces the CWADM model.	Leslie Calloway	-	Q4	-
4.2.1 Regional Program Specialists will begin participating in a minimum of one case staffing per quarter, per region, per primary program. (CPS, FS, FC). During staffings, the RPS' will	Leslie Calloway	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
provide consultation and feedback on implementing the CWADM model.				
4.2.2 Regional Program Specialists will begin submitting quarterly reports to CW Program staff, and Regional Management staff summarizing case consultations provided. Summaries to include strengths, needs, and recommended training topics.	Leslie Calloway	-	Q5	-
<b><i>5. Develop and refine safety planning strategies that are consistent with thorough safety assessments and assist in preventing foster care when safely able to do so.</i></b>	Mona Michelli	-	Q5	-
5.1 Collaborate with the Court Improvement Program to ensure that all available legal options, including protective orders, informal or formal FINS, informal adjustment agreements, etc., to manage safety are used consistently to prevent children from entering foster care. Develop workgroup to assist with clarifying any available options and ensuring a common understanding amongst DCFS staff and legal stakeholders. Efforts in this action item would complete appropriate linkages to legal services that may address legal challenges families may be experiencing apart from abuse and neglect.	Mona Michelli/CIP	-	Q3	-
5.2 Revise DCFS Policy, providing staff with clear and concise guidance on available options to manage safety.	Mona Michelli	-	Q3	-
5.3 CW Programs to review policy during monthly webex to communicate expectations to all staff.	Mona Michelli	-	Q3	-
5.4 CW Programs to review available options during statewide management meeting to ensure a statewide understanding of leadership expectations regarding policy changes;	Mona Michelli	-	Q3	-
5.5 CW Legal to meet with all Regional Attorneys to ensure all are advising and assisting staff with exercising available legal options to prevent removal and manage safety;	Candice LeBlanc	-	Q3	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
5.6 The Court Improvement Project will incorporate safety management strategies into trainings conducted with legal stakeholders.	CIP	-	Q5	-

## WORKFORCE DEVELOPMENT

The Department of Children and Family Services (DCFS), works to meet the needs of Louisiana's most vulnerable citizens. The Department has approximately 1,500 employees administering child welfare services across the sixty-four (64) parishes of Louisiana. In 2016, the agency's turnover rate averaged 24%. Due to significant budget cuts, Louisiana Child Welfare had a 30% reduction in staff. DCFS began experiencing the consequences of the deep staff and budget cuts experienced over the years and are concerned that some indicators—for example repeat maltreatment—may reflect the impact of a much smaller and very much less experienced workforce. Additionally, higher caseloads affected staff's ability to build healthy relationships with families. Poor engagement impacted prevention, safety assessments, service array, resource development and permanency outcomes, which attributed to poor outcomes for children and families.

### Problems

- The caseload standard for Child Protection Services (CPS) is ten (10) investigations per month. CPS workers receive on average at least fifteen (15) investigations per month, each with a sixty (60)-day case closure plan. The cases generally overlap from the previous month and the inability to complete all investigative tasks causes cases to linger open, causing a growing backlog of open investigations.
- The caseload standard for Family Services (FS) program workers is fifteen (15) families. Each family is assessed and provided support based on the risk assessment guidelines. Staff caseloads exceed the caseload average, which hinders the caseworkers' ability to spend quality time with the families, assessing safety, providing services to reduce risks.
- The caseload standard for foster care is ten (10) children; however, the caseload average ranges from fifteen (15) to twenty-five (25). Foster Care caseworkers have become challenged in their ability to manage supports and services for the parents, children and foster parents. The Foster Care (FC) programs are overwhelmed in their roles as caseworkers.
- The time spent with clients is limited; therefore, the quality of work declines. Caseworkers were unable to determine fundamental issues resulting in abuse and neglect and timely service array became increasingly challenging, thus leading to disruption of high-risk cases, delayed permanency of cases in foster care and repeat maltreatment of some families in less than six months of case closure.
- Employees do not see their work as rewarding or achievable.
- Frontline staff are overwhelmed; there is a lack of supervisory support, employee morale declines.
- Supervisors less experienced in providing supervision and guidance to newer impressionable frontline staff.
- Absenteeism of staff and employee turnover.
- In some areas, the Department's turnover rate increased drastically, reaching an all-time high of 51%.

In 2016, the Louisiana Child Welfare Division completed a multidimensional, comprehensive, competitive workforce development grant application process through the University of Nebraska-Lincoln. Louisiana was one of eight states selected to partner with the University of Nebraska-Lincoln and the Quality Improvement Center for Workforce Development for a 5-year working agreement to test ways to improve Louisiana Child Welfare, employee retention and best outcomes for children and families. The Quality Improvement Center's Workforce, Evaluations and Implementation Specialists led an extensive data review, employee surveys and a full job task analysis and time study, which confirmed the problems listed, and led to further root cause exploration.

## **Root Causes**

- There has been a significant decline in staff and increase in the Child Welfare client population
- Caseloads have increased to one and a half more than the policy standard on average.
- Higher caseloads have become unmanageable for staff, leaving staff members to prioritize most important task over others.
- Supervisors are functioning outside of their leadership roles, some are carrying cases and unable to provide the supervision, guidance and support to their employees.
- Inexperience staff with minimal supervision and support become less confident in their abilities to complete adequate assessments or make safety and permanency decisions.
- There is no mechanism in place to ensure Child Welfare Caseworkers best practice and policy are aligned
- There are insufficient resources to support client needs (foster homes, client services).
- Supervisors are promoting at a faster rate, thereby having less experience and capacity to provide strong supervision and guidance to staff.

The Quality Improvement Center for Workforce identified root causes, which explained the performance deficits noted in the Child and Family Services Reviews. Therefore, efforts noted in the Program Improvement Planning session are being coordinated into the existing Quality Improvement Center's Workforce Development plan.

## **Theory of Change**

The pathway to improving outcomes for children and families is by improving Louisiana Child Welfare Workforce practices and supervisory knowledge and skills.

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 that the child welfare worker will be able to focus on more clinical tasks. The Teaming concept encompasses the Prevention and Permanency units collectively working together to meet the needs of children and families.

## **The Structure of the Teaming**

Child Protective Services (CPS) and Family Services (FS) programs will be combined into what will be called Prevention teams. Each supervisory unit focused on prevention will consist of three (3) CPS workers, two (2) FS workers, and one (1) Child Welfare Team Specialist (CWTS) serving as a support to the entire team. Additional support will be provided by clerical, who will assist with processing.

Each Permanency Team will consist of a Foster Care (FC) supervisor, two (2) pairs of FC workers (4) and will be supported by a CWTS worker, as well as general clerical support. Each FC worker pair will work closely together on their shared caseload. One FC worker will focus on engaging, supporting, and assisting parents and the other FC worker will focus on the care and needs of the children to ensure timely permanency



The teaming approach goal is that:

- The array of tasks performed is specific to each worker's role;
  - Both mothers and fathers are engaged;
  - Workload is manageable;
  - Worker stress levels are tolerable;
  - Undesirable turnover is reduced; and
  - Child and family outcomes are improved.
- The Child Welfare **Job Redesign** along with the implementation of the **Teaming** approach, will result in casework that supports client needs with available resources. The job redesign includes a specific focus on distinguishing between clinical and case management duties as opposed to 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;
- 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 that will encompass 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 how 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, and then expanded to the entire department of Child Welfare.

The Child Welfare New Supervisors training will be redesigned as a one year long comprehensive training to support and build capacity of new supervisors-identified as two-years or less in their supervisory role. New Supervisors will receive a multidimensional training to include the initial assignment of a WAE mentor, whose role will be to provide an immediate presence for new supervisors. The mentor will provide structured education, guidance, and support to new supervisors for 6 months until transitioning into the supervisors' classroom training segment. The WAE mentor will also be utilized for supervisors with over two-years of experience with a need for additional support self-identified or by management. The classroom training segment will consist of child welfare programs education, direct service practice to include modeling the Youth Villages Life-set model, which includes Reflective Group Supervision, Respectful Accountability(respectfully holding agency staff accountable for client services), Audio Recording of quality client interaction, (staff will audio record a client interaction, supervisors will use the interaction to constructively guide quality improved practice), and Employee/client accountability calls (supervisors will initiate one accountability call to a client to assess their perception of the department's direct service practice). In addition, a post-training supervisory peer support group and a post-education Continuous Quality Improvement

mentor who will support the transfer of classroom learning to quality practice. This comprehensive practice improvement will build capacity and confidence in new supervisors, which will reinforce the stability of supervisors.

The University of Nebraska-Lincoln, Quality Improvement Center's Nationwide Workforce Development grant is a research project with a goal of testing ways to improve child welfare, increase retention and improve outcomes for children and families. This research project will involve the experimental intervention outlined in the Key Activities and will include a monitoring and evaluation process.

**CROSS CUTTING THEME: WORKFORCE DEVELOPMENT**

<b>GOAL:</b> The Louisiana Child Welfare Workforce enhances performance and practices to improve safety, permanency and well-being outcomes.				<b>APPLICABLE CFSR OUTCOMES OR SYSTEMIC FACTORS:</b> Safety Outcome 1
				<b>APPLICABLE CFSR ITEMS:</b> Item 1
<b>KEY ACTIVITIES</b>	<b>PERSON RESPONSIBLE</b>	<b>QUARTER BEGIN</b>	<b>QUARTER COMPLETE</b>	<b>QUARTERLY UPDATE</b>
<i>1. Teaming structure implemented in 3 parishes targeted by the QIC-WD workforce development grant. The implementation will be Job Redesign and Teaming.</i>	-	-	-	-
1.1 Implementation of the JobRedesign and Teaming Structure that will: A. Enhance engagement with both mothers and fathers, assessments and support for families B. Develop skills to enhanceSafety/Risk assessments C. Increase prevention efforts and timely permanency for children and families. D. Promote a stable workforce.	Leslie Calloway/Regional Program Specialist/ QIC-WD- Training Specialist	-	Q3	-
1.2 Develop Implementation Team	QIC-WD/Leslie Calloway	-	Q3	-
1.3 Identify Pilot Parishes and Initial Implementation teams (Unit supervisors and members)	QIC/WD/ Implementation Team	-	Q3	-
1.4 Hire and onboard Team Specialist	QIC-WD/La Child Welfare/ Leslie Calloway	-	Q3	-
1.5 Provide Introduction of Job Redesign and Teaming concept to all Implementation Management, Supervisors, caseworkers and specialist	QIC/WD/Leslie Calloway	-	Q3	-
1.6 Team Building Trainings will be provided for management and supervisors to support developing and maintaining a stabilized working unit.	Jan Byland/Patsy Wilkerson	-	Q3	-
1.7 Provide Prevention and Permanency Team Unit trainings to include each manager, supervisor and their units (including the newly	QIC-WD/Nell Aucoin/Linda Carter/Kim McCain/Stacey	-	Q3	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
identified Child Welfare Team Specialist CWTS). This training will provide education on practice in the new design and performance improvement.	Mire/Leslie Calloway/ Renee Spell/ Tiffany Shaw			
1.8 Implement the new practice in the 3 pilot parishes.	QIC-WD/Leslie Calloway/Nell Aucoin/Stacey Mire/Renee Spell	-	Q3	-
1.9 Support the implementation/practice through Community of Practice meetings for Management, Caseworkers and Team Specialist groups (3 different groups), to build a family of support, problem solving and information sharing amongst those sharing the same job duties.	Leslie Calloway/Nell Aucoin/Stacey Mire/Renee Spell	-	Q3	-
1.10 Monitor and evaluate practice, culture and climate, stress assessment, job satisfaction, retention through a series of surveys and case review.	QIC-WD	-	Q4	-
<b>2 Increase the quality and frequency of visits with children and families in the QIC Workforce Pilot Parishes.</b>	-	-	-	-
2.1 Develop practice guidance on conducting quality visits with children and parents that ensures preparation for visits with attention to all aspects of safety, meeting conditions for return or other timely permanency goals; and well-being indicators such as the impact of trauma on physical and behavioral health, education, and maintaining family connections) documentation of observations and progress toward case plan goals; and clarity around next steps or follow-up actions needed.	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q2	-
2.2 Develop and implement training plan for staff in 3 QIC Workforce Pilot Parishes	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q3	-
2.3 Guidance and monitoring of practice improvement will be through supervision,	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
community of practice support meetings and continuous quality improvement.				
2.4 Assess effectiveness of changes in visitation practice	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q4	-
2.5 Modify practice guidance if needed	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q5	-
2.6 Begin implementation statewide.	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q6	-
2.7 Monitor CQI case reviews to determine effectiveness	Leslie Calloway/ RPS Team/ QIC- WD Training team	-	Q6	-
<b>3 Revise comprehensive, year-long training, “Capacity Building and Practice Improvement” for all new supervisors.</b>	-	-	-	-
3.1. Study and design the most effective method of utilizing the WAEs in the training process to build capacity in supervisors.	Leslie Calloway, Leslie Lyons, Stacey Mire, Shantrell Charles	-	Q2	-
3.2 Redesign the program for all new supervisors (Supervisors Capacity Building Program) to include 4 elements.	Leslie Calloway, Leslie Lyons, Shantrell Charles, Stacey Mire,	-	Q2	-
3.2.1 Provide mentor support focused on the transition to supervision and other administrative and leadership skills as a preparation activity while awaiting the beginning of formal classroom training.	Leslie Calloway, Leslie Lyons, Training Unit- Shantrell Charles, Stacey Mire,	-	Q3	-
3.2.2 Provide classroom training focused on CFSR practice outcomes (Safety, Permanency & Well-Being)	Leslie Calloway, Leslie Lyons, Shantrell Charles, Stacey Mire,	-	Q3	-
3.2.3 Provide direct Practice and Program Specific Education to incorporate the Youth Villages Model of supervision which emphasizes active learning and respectful accountability.	Leslie Calloway, Leslie Lyons, Training Unit- Shantrell Charles, Stacey Mire,	-	Q3	-
3.2.4 Provide post training- coaching to ensure the transfer of learning to practice in conjunction with CFSR practice outcomes.	Leslie Calloway, CQI Mentor Program	-	Q5	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
3.2.5 Develop and incorporate a supervisory evaluation and data monitoring system that supports positive outcomes, such as timely initial contacts and timely permanency goals with children.	Leslie Calloway, Leslie Lyons, Shantrell Charles, Stacey Mire,	-	Q5	-

## **ENGAGEMENT**

Engagement is an important aspect of all child welfare work with families and it is a cross cutting issue across all programs. Proper engagement is necessary for good outcomes. There is evidence through CQI case review data that the department does not consistently engage families; and in cases where engagement is occurring, it may only be with one parent. In the PIP planning meeting, the engagement workgroup discussed opportunities where engagement with families would yield a disproportionate positive outcome. The consensus was that interactions over the life of the case and ultimately case outcomes would be improved if comprehensive efforts were made to engage families at the initial stage of involvement.

CQI case review data, individual stakeholder interviews, and focus groups identified multiple factors that contribute to poor engagement including: lack of engagement skills, particularly with fathers; worker bias; heavy workloads; and the need for greater emphasis on the reason for and benefit to true engagement of youth and families as well as accountability to implement policies and practices that support better engagement.

In the PIP meeting, it was noted that DCFS is currently implementing several efforts that, if strengthened, could improve engagement. Two areas include the Family Team Meeting (FTM) process and the Quality Parenting Initiative (QPI). These two areas focus on engagement with families and are designed to support positive outcomes. These strategies focus on contacts with families and, if successfully implemented, will set the foundation for engagement throughout the case. DCFS does support the FTM process and compliance with meetings is high; however, the quality of engagement in the FTM needs improvement. In the PIP, DCFS will strengthen the FTM process by requiring Managers to participate in and evaluate the initial FTM on all cases in Foster Care and Family Services to ensure that there is a link between information (investigative findings, assessments, and case planning) and that staff are engaging families and that they have input in the development of their case plan. It is believed that if services are linked and engagement is strengthened, more children can be safely served in their homes or permanency can be achieved timelier when it is necessary for them to enter care. By requiring Managers to evaluate the FTM and provide feedback to staff, improvement will occur.

A second effort that is currently implemented in DCFS statewide that has potential to improve engagement is the Quality Parenting Initiative (QPI). This model encourages birth parents, foster caregivers, and department staff to partner in a co-parenting way whenever possible. DCFS began implementing QPI on a broad scale when the new administration entered in an effort to become better partners in service delivery and to maximize resources. Two QPI efforts that are a focus for the department include Comfort Calls and Ice Breaker Meetings. Comfort calls are calls made to biological parents by the worker after the initial placement of the child is made to assure them of the child's safety. This call is instrumental in engaging parents and being responsive to the trauma of removal. Ice Breaker meetings are meetings held within the first few days of foster care entry and involves the biological parents, caregivers, and the case manager coming together for a meeting. The focus of the meeting is for the biological parent to share the care needs of their child while providing temporary care. Although these efforts are occurring in cases throughout the state, it will become an expectation on all new cases entering Foster Care. The value of these efforts will be measured through the new surveying process outlined in this narrative.

The engagement group also identified the need for the department to elicit feedback on an ongoing basis from parents, youth, caregivers, and stakeholders. This will be accomplished through the use of surveys on the stakeholder's experience with the department.

The remaining efforts in the PIP will focus on engaging community partners and relatives to keep youth from entering care when possible. When entry into Foster Care cannot be avoided, entry into residential levels of care will be closely monitored and only considered after all service options have

been exhausted. DCFS will work to strengthen services on the front end to divert youth from entering care when possible. One effort proven to be effective in this area is Family Search and Engagement. DCFS will collaborate with Annie E Casey Foundation to provide training and consultation around involving dedicated staff to the front end of work to do extensive relative exploration and community service referrals to keep youth safely in their homes as an alternate to foster care entry. This work will require engaging with relatives, staff, and community partners to be successful. At the same time, DCFS will implement a process that considers residential placements only after community resources, relatives, and lower levels of care have been explored and exhausted.

### **Problems**

- Families and caregivers are not consistently engaged in case planning or service delivery. The inconsistency in engagement affects achievement of timely permanency and well-being of children while in the foster care system.

### **Root causes**

- There was agreement from the engagement workgroup that several root causes may be affecting engagement: lack of communication on department expectations around engagement; attitude and beliefs of staff toward birth parents; cultural biases; inadequate skills of staff; and lack of responsiveness and follow through with families.

### **Theory of change**

There was agreement among group participants that engagement in the Child Welfare system should begin at the first contact with a family. The consensus among the group is that the initial contact with families and caregivers is critical in building strong partnerships. The Theory of Change was developed to encompass the CW system exploring its attitudes, beliefs and biases when working with parents, children/youth, foster parents and relatives. It also includes the examination of systems biases, which considers how policies and practices influence those biases. The Theory of Change developed for the engagement cross cutting theme is as follows:

The Child Welfare system (Child welfare, Attorneys, Judges, etc.) will adopt practices and values that indicate 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;
- So that, there will be early and ongoing engagement of parents and youth;
- So that, there will be improved case plans, courts orders, and visitation (quality and frequency); and
- So that, there will be long-term improvements in permanency measures, due process for families and community view of the CW system.

Engagement practice goals:

(A) Early in new cases

- Positive “first system contacts” for parents and youth;
- Identification of all parents;
- Foster parent partnerships with parents to minimize trauma;
- Early parent-child visitation;



- Assessments will be fair and accurate; and
- All parties participate in case plan development.

(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.

There was universal agreement among stakeholders at the PIP meeting that DCFS needs to develop engagement expectations that can be carried out in all programs. The group felt that the first contacts with families and caregivers are critical in building a strong partnership. It was also determined that engagement efforts should be linked to the Department's Principles of Practice and should be communicated at every opportunity from the top of the department and down throughout the department.

**CROSS CUTTING THEME: ENGAGEMENT**

<b>GOAL:</b> Families and caretakers are treated as important partners in case planning and service delivery so that timely permanency is achieved and the well-being of children is ensured.		<b>APPLICABLE CFSR OUTCOMES OR SYSTEMIC FACTORS:</b> Well-Being 1		
		<b>APPLICABLE CFSR ITEMS:</b> Item 12, Item 13, Item 14, Item 15		
<b>KEY ACTIVITIES</b>	<b>PERSON RESPONSIBLE</b>	<b>QUARTER BEGIN</b>	<b>QUARTER COMPLETE</b>	<b>QUARTERLY UPDATE</b>
<b>1. Fully implement QPI strategies that support partnering of agency staff, caregivers, and birth parents to meet the care needs of children in foster care.</b>	-	-	-	-
1.1 Using the Implementation Science model, evaluate current practice on specific QPI practices (comfort calls and Icebreakers) to establish baselines and barriers to full implementation.	Leslie Lyons, Michelle Faust, Kaaren Hebert	-	Q1	-
1.1.2. Define process for full implementation and communicate expectations to staff statewide.	Leslie Lyons, Michelle Faust, Kaaren Hebert	-	Q2	-
1.1.3 Implement tracking process that captures utilization on applicable cases and exemptions for cases where implementation is not possible.	Leslie Lyons, Michelle Faust, Kaaren Hebert	-	Q3	-
<b>2. Create a process to elicit feedback from families that supports a culture of “respectful accountability”</b>	-	-	-	-
2.1 Convene a work group to develop survey tools and an ongoing process for parents, caregivers, and youth to provide feedback on engagement and responsiveness of staff. Process to include a feedback loop for positive and negative responses.	Sharla Thomas, Karen Grant, Carlas Johnson	-	Q2	-
2.1.1 Communicate and implement survey process statewide.	Sharla Thomas, Karen Grant, Carlas Johnson	-	Q3	-
2.1.2 Implement tracking and corrective action process into department’s CQI process.	Sharla Thomas, Karen Grant, Carlas Johnson	-	Q4	-
2.2 Develop an evaluation process for Managers to utilize in initial Family Team Meetings (FTM) in the Foster Care and Family Services programs to ensure that families (mothers and	Michelle Faust, Mona Michelli, Anthony Ellis	-	Q3	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
fathers) are engaged and have voice in planning and that there is a link between investigative findings, assessments, and case planning.				
2.2.1 Managers will be trained on the FTM process and evaluation expectations to include how feedback is shared with staff.	Michelle Faust, Mona Michelli, Anthony Ellis	-	Q4	-
2.2.2 Implement and track results.	Latrese Lacour/Jackie Brown	-	Q4	-
2.3 Implement a supervisory survey process to elicit feedback on staff engagement for all programs utilizing Youth Villages' YV Lifeset model as a guide.	Michelle Faust/Mona Michelli/Lillian Smith/Denise Evans	-	Q3	-
2.3.1 Train supervisory staff on utilization of tool and expectations for process.	Michelle Faust/Mona Michelli/Lillian Smith/Denise Evans	-	Q4	-
2.3.2 Communicate surveying process to staff statewide. Begin statewide implementation.	Michelle Faust/Mona Michelli/Lillian Smith/Denise Evans	-	Q5	-
2.3.3 Implement process and track results through the department's CQI process.	Michelle Faust/Mona Michelli/Lillian Smith/Denise Evans	-	Q8	-
<b>3. Create an environment that values families</b>	-	-	-	-
3.1 In partnership with the Child Welfare Training Academy, develop and implement skill building simulation training for new workers to include focus on engagement beginning at initial contact with families and build in evaluation.	Katherine Prejean, Jan Byland, Southern University School of Social Work staff	-	Q4	-
<b>4. Engage community services and supports in an effort to best serve children over 12</b>	-	-	-	-
4.1 Implement strategies to fully explore family supports and community services to safely maintain children in their homes when possible.	Mona Michelli/Michelle Faust/Regional Managers	-	Q1	-
4.1.1 Collaborate with Annie E Casey Foundation to implement Family Search and Engagement training to improve family finding efforts for placement in the beginning of the case and throughout the life of the case.	Mona Michelle/Michelle Faust/Regional Managers	-	Q1	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
4.1.2 Coordinate efforts between Child Protective Services staff and Regional Placement staff prior to removal of older youth to explore all efforts to safely maintain them in their home, or if removal is necessary, to ensure identification of person known to them for placement.	Lori Miller/Yvonne Domingue/Jackie Brown/Regional Managers	-	Q2	-
4.2 Implement a process to better manage entries and exits in the Non-Medical Group Home (NMGH) level of care.	Michelle Faust/Yvonne Domingue	-	Q2	-
4.2.1 Collaborate with Annie E Casey Foundation to implement a process of entry into the NMGH level of care that requires exhaustive efforts of relative search, less restrictive foster home search and preservation staffing to stabilize placements before residential placement is approved. Dedicate three staff (to cover tri-region areas) to serve in Placement Specialist role.	Michelle Faust/Yvonne Domingue	-	Q2	-
4.2.2 Train staff statewide on NMGH placement process.	Michelle Faust/Yvonne Domingue	-	Q2	-
4.2.3 Implement and track results of referrals, entries, and exits.	Yvonne Domingue	-	Q2	-

## **SERVICE ARRAY**

During the onsite PIP development meeting it was clear based on significant data from the federal Child and Family Services Review (CFSR) and discussions between the participants that Louisiana families who encounter the child welfare system are not always provided, or unable to access, adequate services and supports to address their issues, strengthen their parenting capacity to prevent maltreatment, avoid removals, reduce placement disruptions and restrictive placements, or timely reunify after a removal. The recent CFSR of Louisiana's foster care system rated the state's performance on these measures as needing improvement. Of the cases reviewed in the CFSR: only 8% showed strength in concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification; only 13.85% showed substantial achievement in enhancement of the families capacity to provide for their children's needs; only 13.85% showed strength in concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family; only 31% showed substantial achievement in children receiving adequate services to meet their physical and mental health needs; and, only 35.59% showed substantial achievement in addressing the physical needs of children. This data supported the consensus of the participants that children are being removed from their parents when many could potentially remain with their families, return to their parents' custody, or be placed with relative caregivers more expeditiously with accessible, available, and individualized trauma informed services and supports.

The Louisiana Court Improvement Program ("CIP"), and other legal stakeholders will partner with DCFS, and local communities to develop a system to support local communities and community leaders to create a more robust local service array, from prevention to permanency. This continuum of services will support and empower local communities to ensure children and families who need services are identified before maltreatment has even occurred (primary prevention) or early in abuse and neglect cases (secondary prevention) and able to participate in trauma-focused and resilience and protective capacity building activities and services. As a result, trauma to children will be prevented or reduced, fewer children will be abused and neglected, be removed, enter or re-enter foster care, and for those that do enter foster care, there will be a decrease in placement disruptions and an increase in obtaining permanency within twelve (12) months.

The service array strategy will build on the success of the CFSR Round 2 "Transformation Zone" in the 16<sup>th</sup> Judicial District where communities came together to identify gaps in services and strategies to fill the identified gaps. This strategy also relies on efforts already underway in Caddo Parish, where Judge Matlock and his court staff have convened local leaders to examine service array available to the community, the mechanism that referrals are made, and how families are transitioned from one service to another. By creating a service array continuum, with input from the community itself, parishes have a greater chance of identifying gaps in services, filling identified gaps, and connecting families to services that are available as well as helping families engage in services earlier to prevent the need for more costly and traumatic interventions after neglect or abuse has occurred.

### **Problems**

Children are being removed from their parents when many could potentially remain with their families, return to their parent's custody, or be placed with relative caregivers more expeditiously with accessible, available and individualized trauma informed services and supports.

The data and the experiences of the participants revealed that:

- Services are not consistently available across the state, and gaps in services exist due to lack of resources and knowledge of service needs and services that are actually available.
- The services families and parents need to receive or participate in to remove threats and vulnerabilities, complete safety plans and case plans, or build protective capacities are not being adequately assessed or are unknown by DCFS, attorney's, the court, and community partners or are more often than not unavailable, inaccessible, inadequate, inappropriate, or have unrealistic time frames.
- Services are often not comprehensive, individualized, or culturally or linguistically appropriate because the most effective service provider is unknown or there are not enough service providers to meet the diverse needs of the population and local communities.
- Without knowledge of appropriate, accessible, and available services to which children and families may be referred, DCFS is unable to make or show reasonable efforts to prevent removal or return children to their family.
- Safety plans and case plans are thus limited and easily driven by services that are known or available rather than tailored to meet the needs of parents and children.
- Further, there is no mechanism to follow up with parents and families to ensure services are successful in removing the threat or vulnerabilities, building the parents protective capacities, and facilitating timely reunification.

## **Root Causes**

After completing a root cause analysis based on the identified problems and data, the participants recognized the following are underlying causes and results of the lack of a comprehensive array of services and effective delivery of services:

- Some children are being removed and placed in DCFS custody simply because their parents or caregivers cannot access or do not know about basic services needed to provide a safe and stable home or meet the physical, medical, or educational needs of the child.
- There is not enough DCFS staff and attorneys to support the number of reports of abuse or neglect or removals, leaving limited time to assess the services and supports children and families need, connect them to the appropriate services, and follow through on the success of services. Further, DCFS staff and legal stakeholders do not have adequate tools upon which to assess risk and safety and determine the most effective interventions for children and families.
- The lack of a comprehensive array of services in each parish and local community is negatively impacting prevention of maltreatment and permanency outcomes. There are significant gaps in service array across the state, including preventative services and supports, and no mechanism in place to identify and fill gaps in services. Families have difficulty accessing services that could prevent maltreatment or the recurrence of maltreatment because of the lack of services, lack of knowledge of available services, lack of resources, lack of insurance or Medicaid, the need for a referral, and long waiting lists.
- There is a lack of coordination, collaboration, and follow through of care and services between DCFS, legal stakeholders, community partners, service providers, and recipients of the services.
- There is no centralized, unified, and integrated platform or database capturing all of the state-wide or local community services, resources, and supports for DCFS, legal stakeholders, community partners, or service providers to access in real time to identify appropriate, accessible, available, and individualized services to even make quality referrals, connect children and families too, or require the children or families to participate in.

- Due to a lack of access to ancillary legal services that could address issues, such as immigration, disability, expungements, individualized education plans (IEPs), federal educational disability accommodations, under- or unstable employment, and housing, parents are often unable to provide a safe and stable home or timely or adequately complete their safety or case plan and relatives are unable to qualify as a placement or obtain custody.
- There is not a process in place to track the success of services or to adjust services based on discoveries about the recipient, developments in the case, or physical or mental health needs of the recipient.

### **Theory of Change**

*Desired Long-Term Outcome:* A decrease in incidents of maltreatment, repeat maltreatment, entry into care, placement disruptions (such as lateral movements from one foster home to another), more restrictive placements (including placement in group homes, congregate care, mental health hospitals), and separation of children age birth to 18 from their families due to abuse/neglect. Duration to permanency will decrease for children experiencing removal.

*Pathway to Change:* To implement this strategy, the CIP, legal stakeholders, and DCFS will partner with judicial leadership in four (4) pilot sites, Caddo Parish, Rapides Parish, Livingston Parish, and East Baton Rouge Parish, to build the capacities of local communities by collaborating together to provide a comprehensive array of services and a strategy for effective delivery of services as well as 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, ancillary legal matters) as well as preventative services that could result in precluding the need for traditional child welfare services.

The CIP, legal stakeholders, and DCFS will take this a step further and organize a state level leadership committee where parishes can share systemic barriers and state-level leadership can advocate for solutions. To equip caregivers and service providers to provide trauma informed care and evidence based services that address the adverse emotional, behavioral, and attachment issues arising from maltreatment or from removal of children from their homes, the state level leadership committee will pursue partnerships 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/racial equity organizations, Office of Behavioral Health, Work Force Development, local 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.

The goal is for families and children who encounter Louisiana's child welfare system to have reduced incidents of maltreatment, repeat maltreatment, entry into care, and shortened foster care stays through the development and administration of this comprehensive array of accessible, available, and individualized trauma informed services and supports, collaborative communication, referral, and tracking processes, and consistent service assessments and approval processes.

Although a causal connection cannot be directly established, both time in care and re-entry into the system improved in the 16<sup>th</sup> Judicial District following the implementation of the Transformation Zone. The strategy is also consistent with the Systems of Care approach which proved to result in favorable outcomes in the first round of the CFSR. By carefully tracking indicators such as time to permanence, re-entry, placement disruptions, placement in congregate care, maltreatment rates, and reports of abuse and neglects in the four (4) pilot parishes, short term impact can be tracked, and correlations may be made with longer terms outcomes as well.

If this PIP strategy proves to be successful in the pilot parishes, efforts will be made to expand it to other parishes.



**CROSS CUTTING THEME: SERVICE ARRAY**

<p><b>GOAL</b> Build the capacity of DCFS, legal stakeholders, and local communities to provide a comprehensive array of services and effective delivery of services that strengthens protective capacities of families to prevent maltreatment, repeat maltreatment and entry into care, shorten foster care stays, reduce trauma and placement disruptions and more restrictive placements, and supports the safety, stability, and self-sufficiency of Louisiana families and children.</p>				<p><b>APPLICABLE CFSR OUTCOMES OR SYSTEMIC FACTORS:</b> Permanency 1</p>
				<p><b>APPLICABLE CFSR ITEMS:</b> Item 4, Item 5, Item 6</p>
KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
<p><i>1. Establish a Louisiana “My Community Cares” initiative in 4 pilot sites to unify child welfare stakeholders, community partners, and service providers in local communities to build their capacity to assess community needs, identify and eliminate gaps in services, share community resources, and connect children and families to multi-generational care and resources that strengthens protective capacities.</i></p>	-	-	-	-
<p>1.1 Create a toolkit for parishes to use to establish a pilot site and a catalog of prevention services, strategies, and capacity building mechanisms pilot sites can implement or access.</p>	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
<p>1.2 Create a spreadsheet or identify a database to track the attendance and contact information of the participants on the “My Community Cares” state level workgroup and parish level teams.</p>	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
<p>1.3 Identify and convene a “My Community Cares” State Level Workgroup representing multiple disciplines and systems to meet quarterly and provide collaboration, communication, and support at the state level to strengthen the capacity of parishes and address state-wide systemic challenges and gaps in services and supports.</p>	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
<p>1.4 Identify and invest resources in a lead coordinating entity in each pilot parish to fulfill the administrative role of the initiative.</p>	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
1.5 Meet with the judge, the DCFS lead/s, legal stakeholder lead/s, and the parish coordinating entity in each pilot parish to develop a tailored strategy for implementation of the initiative based on relevant data, initiatives, and programs that are already in place.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
1.6 Identify child welfare stakeholders and community partners (judiciary, government agencies, private businesses, consumer advisory councils, faith-based organizations, service providers, non-profits, foster youth, biological parents, and foster parents) in the 4 pilot parishes and invite them to be a part of the “My Community Cares” parish team and meet monthly to identify gaps in trainings, resources, and services, discuss opportunities to partner, and move action plans forward.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
1.7 Create a Service Array Assessment survey that allows for identification of services linked to protective capacities and primary, secondary, and tertiary prevention to conduct bi-annually in each pilot site to identify available services and supports and provide essential information on the scope of their services.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
1.8 As survey results are collected pilot sites will map out a service array continuum of service providers in each parish, including critical information needed to determine availability, accessibility, and appropriateness of the services.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
1.9 Create an annual assessment to obtain community partners’ and service providers’ input on gaps in services, resources, trainings, and effectiveness of communications (i.e. social network surveys).	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
1.10 Explore strategies to address the impact implicit bias, poverty biases, racial disparity, and disproportionality has on service array and delivery in each community.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
1.11 Create and review a geo map of data that identifies the top 3-5 areas in each pilot parish where the most abuse/neglect calls are made, where CPS does the most investigations, where DCFS makes the most removals, and the top 3-5 reasons children are removed in those areas based on case reviews.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q2	-
1.12 Identify a lead entity in each of the 3-5 areas of priority in the parish to convene community meetings/block parties/service fairs in those areas.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
1.13 Obtain input from foster youth, biological parents, foster parents in those neighborhoods/areas to voice concerns and barriers they had to needed services and supports.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
1.14 Select and/or create a substance abuse assessment to conduct on parents at each DCFS office in the four (4) pilot parishes.	CIP/Legal Stakeholders/Mona Michelli	-	Q4	-
1.14.1 Develop a process for the administration of the substance abuse assessments and referrals to service providers.	CIP/Legal Stakeholders/Mona Michelli	-	Q4	-
1.14.2 DCFS will place 1 substance abuse counselor onsite at the DCFS office in each of the 4 pilot parishes who can administrate the substance abuse assessment, make referrals for needed treatment, communicate and collaborate with the court and other service providers, and follow up with the success of services.	CIP/Legal Stakeholders/Mona Michelli	-	Q8	-
<b>2 Create a collaborative and coordinated communication, referral, and tracking process in each pilot parish between local service providers, DCFS, and legal stakeholders to increase the quality, appropriateness, and accessibility of services.</b>	-	-	-	-
2.1 Establish an online management platform in each parish and/or on a state level to showcase and manage local services, opportunities,	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
resources, trainings, and supports that are available to provide a central location for referrals, communication, and collaboration of needs of families.				
2.2 Identify strategic partners that could host the online platform in pilot parishes and/or on a state-wide level, including with Louisiana211.org, Careportal.org, and/or MeettheNeed.org.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q2	-
2.3 Create a strategy for implementation and maintenance of the online platform in each pilot parish and/or on a state-wide level.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q5	-
2.4 Implement the online platform and input data as collected in each pilot parish.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
2.5 Draft proposed DCFS policy and procedures as applicable and local court rules to align with the quality service delivery process and online platform.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
2.6 Develop a coordinated process for efficient communication and referral between DCFS, legal stakeholders, CASA, service providers, and community partners to connect families with quality services, services linked to protective capacities, timely referrals, and effective supports.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
2.7 Identify gaps in the current communication and referral process, such as services offered through courts and DCFS.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
2.8 Create a strategy for the implementation of a communication and referral process in each parish based on identified gaps, the online platform, and risk/safety and needs/services assessments.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
2.9 Create a listserv for each pilot parish to share community resources, services, opportunities, and needs.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
2.10 Evaluate a strategy for improving the current service delivery process that does not violate HIPPA regulations, but provides a tracking	CIP/Legal Stakeholders/Mona Michelli	-	Q6	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
mechanism for DCFS (or the court when necessary) to know whether the recipient accessed the service, service was appropriate, and service met the needs of the recipient.				
2.11 Strategize with the DCFS CQI Unit on how to operationalize an on-going CQI structure in each pilot parish that allows DCFS and/or the courts to track whether services required in the case plan were actually accessible and connected to protective capacities identified as insufficient.	CIP/Legal Stakeholders/Melissa Maiello	-	Q4	-
<b><i>3 Develop a pre-placement and post-placement comprehensive assessment of needed services that enables DCFS and legal stakeholders to connect families to appropriate services.</i></b>	-	-	-	-
3.1 Evaluate current processes and needs assessment instruments to determine whether changes need to be made to the process to make consistent with the service array strategies, to utilize the online platform and ensure it is based on results of the changes made to the risk/safety assessment process and ensure services are based on the protective capacities identified as insufficient to prevent removal.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
3.2 Evaluate possibilities of an integrated clinical pre-and post-assessment of needs co-occurring with DCFS, courts, and service providers that is linked to building protective capacities.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
3.3 Create a model “Care and Treatment” report for foster parents, relatives, or pre-adoptive parents caring for a child to exercise their legal right to be heard and provide relevant information as to the services the child is receiving.	CIP/Legal Stakeholders/LaTrese LeCour	-	Q4	-
3.4 Develop a procedure for foster parents to submit reports and for DCFS to track in the CCWIS system whether notice and opportunity to be heard was given and right was exercised or not.	CIP/Legal Stakeholders/LaTrese LeCour	-	Q5	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
3.5 Draft proposed DCFS policy and procedures as applicable.	CIP/Legal Stakeholders/Jacqueline Brown and LaTrese LeCour	-	Q8	-
<b>4 Pursue partnerships, grants, and/or alternative funding opportunities to expand prevention services and supports.</b>	-	-	-	-
4.1 Evaluate current budgets, funding, and partnerships to increase prevention services and supports.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
4.2 The CIP will pursue grants and partnerships with the Louisiana Children’s Trust Fund, Casey Family Programs, and others to hire, through a contract with the CIP, a state-wide “My Community Cares” Project Coordinator to administer the initiative, support a lead coordinating entity in each parish, and fund or host the online platform.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q2 Q5	-
4.3 The CIP will partner with Crossroads Nola and the Louisiana Child Welfare Training Academy to develop a Trauma Based Relational Intervention (“TBRI”) strategy to build capacity of pilot parishes to provide trauma informed services and supports.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
4.4 The CIP will partner with Civil Rights Section of DCFS, U.S. Department of Health and Human Services, Office for Civil Rights, and U.S. Department of Justice to develop a strategic plan to fill gaps in services in pilot parishes that raise civil rights issue; and, to educate on extent of civil rights violations in context of child welfare and procedure to prevent and/or resolve civil rights violations.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
4.5 Partner with Department of Health, Center for Evidence of Practice, and Office of Public Health to strengthen referrals and access to services and supports to fill identified gaps.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
4.6 Partner with Children’s Justice Act, Kinship Navigator Program, Children’s Trust Fund, Children and Youth Planning Boards, Informal and Formal FINS offices, Empower 225, and others with similar initiatives to initiatives to develop a service continuum from primary prevention through permanency. Through the Kinship Navigator Program partnership, PIP collaborators will partner with legal stakeholders to develop a legal services network to connect kinship caregivers to legal services and resources.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q4	-
4.7 Collaborate with legal partners to develop a prevention strategy to provide ancillary legal services to parents, children, and relative caregivers.	CIP/Legal Stakeholders/Jacqueline Brown	-	Q8	-
4.8 Partner with Casey Family Programs to host the “Cost of Poverty Experiences” (“COPE”) in each of the 4-pilot parish to DCFS staff, legal stakeholders, and service providers.	CIP/Legal Stakeholders/Jacqueline Brown, Jan Byland, Katherine Prejean, and	-	Q8	-
4.9 Partner with the Capacity Building Center for Courts and Casey Family Programs to identify and implement experiential training that emphasizes empathy for families and youth as well as their understanding of caseworker and foster parent roles.	CIP/Legal Stakeholders/Jacqueline Brown, Jan Byland, Katherine Prejean, and Mona Michelli	-	Q8	-

## **QUALITY LEGAL REPRESENTATION**

In Louisiana, each judicial district has its own public defender office system for representing indigent parents, with oversight by the statewide Louisiana Public Defender Board. Children and youth are provided legal representation by three regional entities: Acadiana Legal Services, Southeast Louisiana Legal Services, and the Mental Health Advocacy Service/Child Advocacy Program. The state performed poorly regarding safety assessment and management and service provision to families to protect children in the home and prevent removals or reentry into foster care. Children and parents across the state did not consistently report feeling that they had a voice prior to or in court proceedings, nor did they routinely report the opportunity to discuss their case with an attorney before court hearings or when critical decisions were made. The results of the CFSR underscore the fact that good information should drive judicial decision-making relevant to ensuring that foster care is used only as the safety plan of last resort.

To achieve the best outcomes for children and families, Louisiana needs qualified, competent attorneys with reasonable caseloads and specialized child welfare knowledge 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. Stakeholders believe that investing in the legal representation of children and parents will improve the quality of legal representation and appointment of counsel to ensure that diligent reasonable effort inquiries are made around service provision to prevent children's entry into foster care or re-entry after reunification.

Research demonstrates that strong legal representation for parents and children can reduce the number of children entering foster care and can expedite their return, if removed. Even when children are not able to return home, data suggests that strong representation can expedite other permanency options. Thus, the strategy is to implement a quality, multi-disciplinary, pre- and post-removal child and parent representation model in 4 pilot sites as a service to parents and children. The overarching goal of this strategy is to prevent or reduce entries into foster care, repeat maltreatment and achieve timely permanency as well as to support the safety, stability, and self-sufficiency of families and children. This strategy will develop a mechanism to ensure that concerted efforts are made by the state to assess and address the safety concerns of children and return children home as soon as it is safe to do so. Recent studies on similar models used in the City of New York and the State of Washington confirm these outcomes; and, Michigan piloted a program in which a multidisciplinary legal team worked with families before a petition was filed and none of the 110 children served in the pilot project were removed from their homes.

The consensus of the stakeholders is that when the courts and legal stakeholders work as partners with the department to prevent removals and re-entries, children and parents will experience better outcomes and reduced trauma and foster care will serve as a support to families, rather than as a replacement for them. The hope is that implementation of these PIP strategies in the four (4) pilot parishes will lay the foundation for sustained efforts to strengthen legal representation across the entire state.

### **Problems**

Children who come to the attention of the Louisiana child welfare system are being separated from their parents when many could potentially remain with their families with adequate services and supports. The recent federal Child and Family Services Review ("CFSR") of Louisiana's foster care system rated the State's performance on this measure indicated that in only 13.85% of cases reviewed by federal auditors were in substantial conformity with state and federal law and policies. Similarly, in only 13.85% of cases were concerted efforts made to assess and address the risk and



safety concerns relating to children in their own homes or while in foster care. Parents of these children experience multiple, complex problems and encounter significant gaps in service availability and accessibility to meet their needs. The CFSR results showed that in only 8.11% of cases were concerted efforts made to provide services to the family to prevent the child's entry into foster care or re-entry after reunification. If these parents had access to quality legal representation earlier in the process, including attorney's with access to collateral supports (i.e., social worker's and/or parent partner's), then these multi-disciplinary representation teams could advocate on behalf of the parent for appropriate, available and accessible services that may have prevented the need for removal.

## **Root Causes**

- Attorneys for parents and children are not always appointed at the earliest time possible, including prior to the continued custody hearing.
- Attorneys do not have access to collateral supports such as social workers, investigators, parent partners, etc. to help ensure that concerted and reasonable efforts to prevent removals and/or re-entries after reunification are made.
- Attorneys do not often participate in out-of-court meetings where critical decisions about or by their client are frequently made.
- Attorneys and judges need access to high-quality training programs to improve practice.
- Judges often lack sufficient information to make diligent inquiries 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.

## **Theory of Change**

*Target Population:* Attorneys representing parents and children in Child in Need of Care proceedings are the target population. An improvement in the quality of legal representation will impact all child welfare stakeholders including parents, children, foster parents, caseworkers, and courts.

*Desired Long-Term Outcome:* Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within twelve (12) months.

### *Pathway to Change:*

Louisiana will develop and implement a high-quality multidisciplinary legal representation model:

- 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 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 that do enter foster care, a higher rate will reach permanency within 12 months.

## QUALITY LEGAL REPRESENTATION

<b>GOAL:</b> Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within twelve (12) months.				<b>APPLICABLE CFSR OUTCOMES OR SYSTEMIC FACTORS:</b> Safety Outcome 2
				<b>APPLICABLE CFSR ITEMS:</b> Item 2, Item 3
<b>KEY ACTIVITIES</b>	<b>PERSON RESPONSIBLE</b>	<b>QUARTER BEGIN</b>	<b>QUARTER COMPLETE</b>	<b>QUARTERLY UPDATE</b>
<i>1. Develop and pilot a high quality multi-disciplinary pre and post-removal child and parent representation model as a service to parents and families to prevent maltreatment, recurrence of maltreatment, removal, entry into care, and achieve timely permanency as well as support the safety, stability, and self-sufficiency of families and children. This program will be modeled on the Detroit Center for Family Advocacy, the first organization in the country to provide multidisciplinary legal assistance to families to prevent the unnecessary entry of children into foster care.</i>	-	-	-	-
1.1 Collect data to evaluate the effectiveness of other multidisciplinary parent representation models that have been established in other states.	CIP/Legal Stakeholders	-	Q2	-
1.2 Collect data to evaluate the effectiveness of Louisiana’s pilot multidisciplinary parent representation program in Orleans parish that was established through the CIP in partnership with the Kellogg Foundation and the Orleans Public Defender’s Office	CIP/Legal Stakeholders	-	Q2	-
1.3 Identify the attributes of a high-quality multidisciplinary parent and child representation model that can be implemented in Louisiana, including identification of parents, referral process, advocacy, engagement, investigations, discovery, sufficient court preparation, out of court advocacy, handling ancillary legal matters, assessing service needs and connecting to services, conflict attorney issues, etc.), based on local organizational structure, judicial and agency	CIP/Legal Stakeholders	-	Q2	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
leadership, available parent representation, percentage of families eligible for Title IV-E funds, available funding for the program, and other factors.				
1.4 Select a court or courts to implement a high-quality multidisciplinary pre-removal representation program, in one or more of the pilot parishes, (based on the organizational structure, judicial and agency leadership, sufficient legal counsel, percentage of families eligible for Title IV-E funds, and other factors). DCFS will refer certain cases where children are at risk of removal to the program, where appropriate, to prevent children from entering foster care.	CIP/Legal Stakeholders	-	Q4	-
1.5 Develop a strategy to implement the pre-removal process to prevent children from entering foster care.	CIP/Legal Stakeholders	-	Q8	-
1.6 Select a court or courts to implement a high-quality multidisciplinary post-removal representation program, in one or more of the pilot parishes, (based on organizational structure, judicial and agency leadership, sufficient legal counsel, current timeliness, and percentage of families eligible for Title IV-E funds).	CIP/Legal Stakeholders	-	Q4	-
1.7 Develop a strategy to implement the post-petition process to support timely reunification.	CIP/Legal Stakeholders	-	Q8	-
1.8 Explore implementation and/or implement the high-quality parent and child representation model in one or more of the identified courts.	CIP/Legal Stakeholders	-	Q8	-
1.9 Draft proposed DCFS policies and court rules as needed to support the implementation of the model in each pilot parish and, if found to be feasible, statewide.	CIP/Legal Stakeholders	-	Q8	-
<b>2. Secure funding to implement and sustain the high-quality multidisciplinary representation programs.</b>	-	-	-	-
2.1 Create a budget to support the program in each identified court.	CIP/Legal Stakeholders	-	Q8	-
2.2 Amend the Title IV-E State Plan to claim federal funding for the parent and children attorney fees in child protective proceedings, if necessary.	CIP/Legal Stakeholders	-	Q8	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
2.3 Explore funding opportunities to implement the program in the identified pilot court/s; potential services include local grant funding and/or CIP funds.	CIP/Legal Stakeholders	-	Q8	-
2.4 Create a Memorandums of Understanding (MOU) between DCFS and the CIP to allow for IV-E reimbursement for legal representation.	CIP/Legal Stakeholders	-	Q8	-
2.5 Submit IV-E reimbursement for legal representation costs in pilot courts.	CIP/Legal Stakeholders	-	Q8	-
<b>3. Deliver a training program for parents and children's attorneys that supports quality legal representation.</b>	-	-	-	-
3.1 Develop high quality legal representation competencies and learning objectives for attorneys in pilot parishes.	CIP/Legal Stakeholders	-	Q2	-
3.2 Create a training plan strategy based upon the competencies.	CIP/Legal Stakeholders	-	Q3	-
3.3 Determine how training will be provided: live, online, etc.	CIP/Legal Stakeholders	-	Q3	-
3.4 Implement training program.	CIP/Legal Stakeholders	-	Q8	-
3.5 Evaluate training program.	CIP/Legal Stakeholders	-	Q8	-
<b>4. Attorneys will advocate for parents and children both in and out of court.</b>	-	-	-	-
4.1 Create a contract or MOU between the pilot parishes and attorneys that requires parent and children's attorneys to adhere to specific performance standards	CIP/Legal Stakeholders	-	Q4	-
4.2 Establish a procedure with the courts and DCFS to ensure parents' and children's attorneys are able to appear at the continued custody hearing absent good cause and that the same attorney will continue throughout the proceedings.	CIP/Legal Stakeholders	-	Q4	-
4.3 Establish a procedure with the courts and DCFS to ensure parents' and children's attorneys will participate in out-of-court meetings including Family Team Meetings and making sure attendance is documented and tracked and preparing children and parents in advance for court appearances.	CIP/Legal Stakeholders	-	Q4	-

KEY ACTIVITIES	PERSON RESPONSIBLE	QUARTER BEGIN	QUARTER COMPLETE	QUARTERLY UPDATE
4.4 Ensure that children's and parents' attorneys will inform the court of their clients' wishes at every hearing.	CIP/Legal Stakeholders	-	Q3	-
4.5 Ensure that children's attorneys will inform their clients of their right to attend court hearings and shall facilitate their attendance in accordance with Louisiana law.	CIP/Legal Stakeholders	-	Q3	-
<b>5. Parents' attorneys have access to collateral supports.</b>	-	-	-	-
5.1 Identify collateral supports in the identified courts in the pilot parishes for parent attorneys to access and determine how the supports will be accessed (social worker, investigator, parent partner, etc.).	CIP/Legal Stakeholders	-	Q8	-
5.2 Research and develop a process to access funding in the identified courts in the pilot parishes to provide the collateral supports.	CIP/Legal Stakeholders	-	Q8	-
5.3 Implement the process for parent attorneys to begin using the collateral supports in the identified courts in the pilot parishes.	CIP/Legal Stakeholders	-	Q8	-

## IV. PIP Measurement Plan and Bi-Annual Status Report

### Louisiana PIP Measurement Plan

**Child and Family Services Review (CFSR) Round 3  
Louisiana Program Improvement Plan (PIP) Measurement Plan Goal Worksheet  
Case Review Items Requiring Measurement in the PIP**

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

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level <sup>1</sup>	Number of applicable cases <sup>2</sup>	Number of cases rated a Strength	PIP Baseline <sup>3</sup>	Baseline Sampling Error <sup>4</sup>	PIP Goal <sup>5</sup>
<b>Item 1</b>	Timeliness of Initiating Investigations of Reports of Child Maltreatment (case review)	1.28	29	20	69.0%	0.10996367	<b>80.0%</b>
<b>Item 2</b>	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	<b>13.9%</b>
<b>Item 3</b>	Risk and Safety Assessment and Management	1.28	65	9	13.8%	0.054834666	<b>19.3%</b>
<b>Item 4</b>	Stability of Foster Care Placement	1.28	40	35	87.5%	0.066932802	<b>94.2%</b>
<b>Item 5</b>	Permanency Goal for Child	1.28	39	25	64.1%	0.09832118	<b>73.9%</b>
<b>Item 6</b>	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	10	25.0%	0.087635609	<b>33.8%</b>
<b>Item 12</b>	Needs and Services of Child, Parents, and Foster Parents	1.28	65	9	13.8%	0.054834666	<b>19.3%</b>
<b>Item 13</b>	Child and Family Involvement in Case Planning	1.28	61	10	16.4%	0.060673676	<b>22.5%</b>
<b>Item 14</b>	Caseworker Visits With Child	1.28	65	30	46.2%	0.079147023	<b>54.1%</b>
<b>Item 15</b>	Caseworker Visits With Parents	1.28	56	9	16.1%	0.062820026	<b>22.4%</b>

**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 plans to use the same sampling plan and case review process outlined for Round 3 to report ongoing progress on the Program Improvement Plan (PIP). The State will use CFSR onsite review findings as baselines for the PIP. Such reviews are aligned with the ongoing statewide CQI monitoring approach. The State intends to use a 6 month review period. Measurement period 1 will consist of reviews completed October 1, 2018- March 31, 2019.

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

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

**Case Review Schedule:** Louisiana plans to review the minimum number of 65 cases during the 6-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 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 the 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 CQI Procedures Manual for additional details.*

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

Sampling periods and Periods Under Review will advance following the schedule above for subsequent reviews completed through the end of the non-overlapping evaluation period

**Minimum Applicable Case Counts:** In order to meet minimum applicable case counts for Item 2 in Measurement Period 1 (PUR October 2017), Louisiana will review 3 additional cases. Louisiana will read item 2 only. A 62%/38% case type ratio will be applied to



the random ordered statewide oversample list from Measurement Period 1 (PUR October 2017) to select the next two Foster Care cases and the next In Home services case that is applicable to item 2. The review of these additional cases will be completed by the end of May 2019.

For future measurement periods, the State has implemented a process to monitor the applicable case counts four times throughout the 6 month review period to ensure that the minimum number of applicable cases are reviewed. A monitoring instrument has been developed and will alert the managers if additional cases need to be added at different stages throughout the review period. Additional cases will be added to ensure that minimum applicable case counts are met. Should additional cases need to be added to meet minimum applicable case counts, the case will be read in its entirety. The state will maintain a similar distribution and ratio of metro site cases and case types for subsequent measurement periods (+/-5%) when compared to the baseline period.

**Case Review Processes:** *\*Refer to the CQI Procedures Manual for additional details.*

***Explanatory Data Notes:***

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

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

<sup>3</sup>PIP Baseline: *Percentage of applicable cases reviewed rated a strength for the specified CFSR item.*

<sup>4</sup>Baseline 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.*

<sup>5</sup>PIP Goal: *Calculated by adding the sampling error to the baseline percentage. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will 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.*

## V. PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the Children's Bureau Regional Office responsible for the State. The approved PIP with original signature must be retained in the Children's Bureau Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:

- State child welfare agency
- Children's Bureau (Child and Family Services Review staff)
- Child Welfare Review Project, c/o JBS International, Inc.

### Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan.

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Name of State Executive Officer for Child Welfare Services

Date

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Children's Bureau

Date

## VI. Amendments

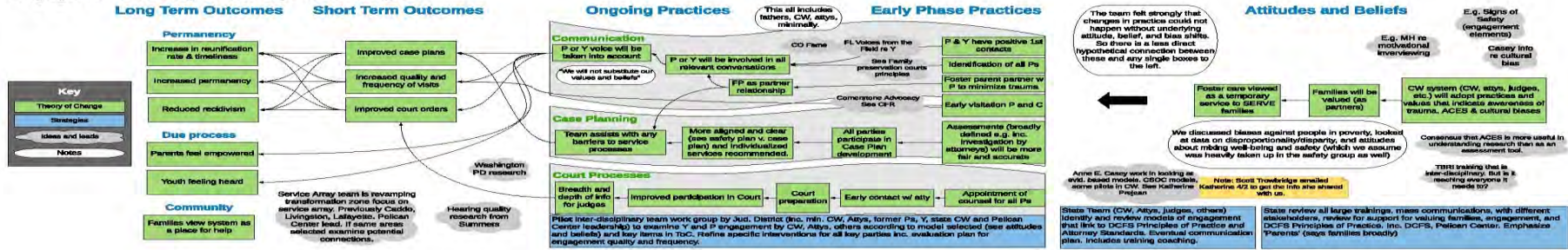
This section should only be completed in the event or renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35 (e) (4). Copies of approved, renegotiated PIP must be retained and distributed on [enter the date]. The renegotiated content of the attached PIP has been approved (initialed) by State personnel, the Children’s Bureau regional Office with the authority to negotiate such content and is approved by Federal and State officials:

Renegotiated Action Steps, Benchmarks or Improvement Goals	Date	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Approval of State Executive Officer for Child Welfare Services
						Approval Children’s Bureau

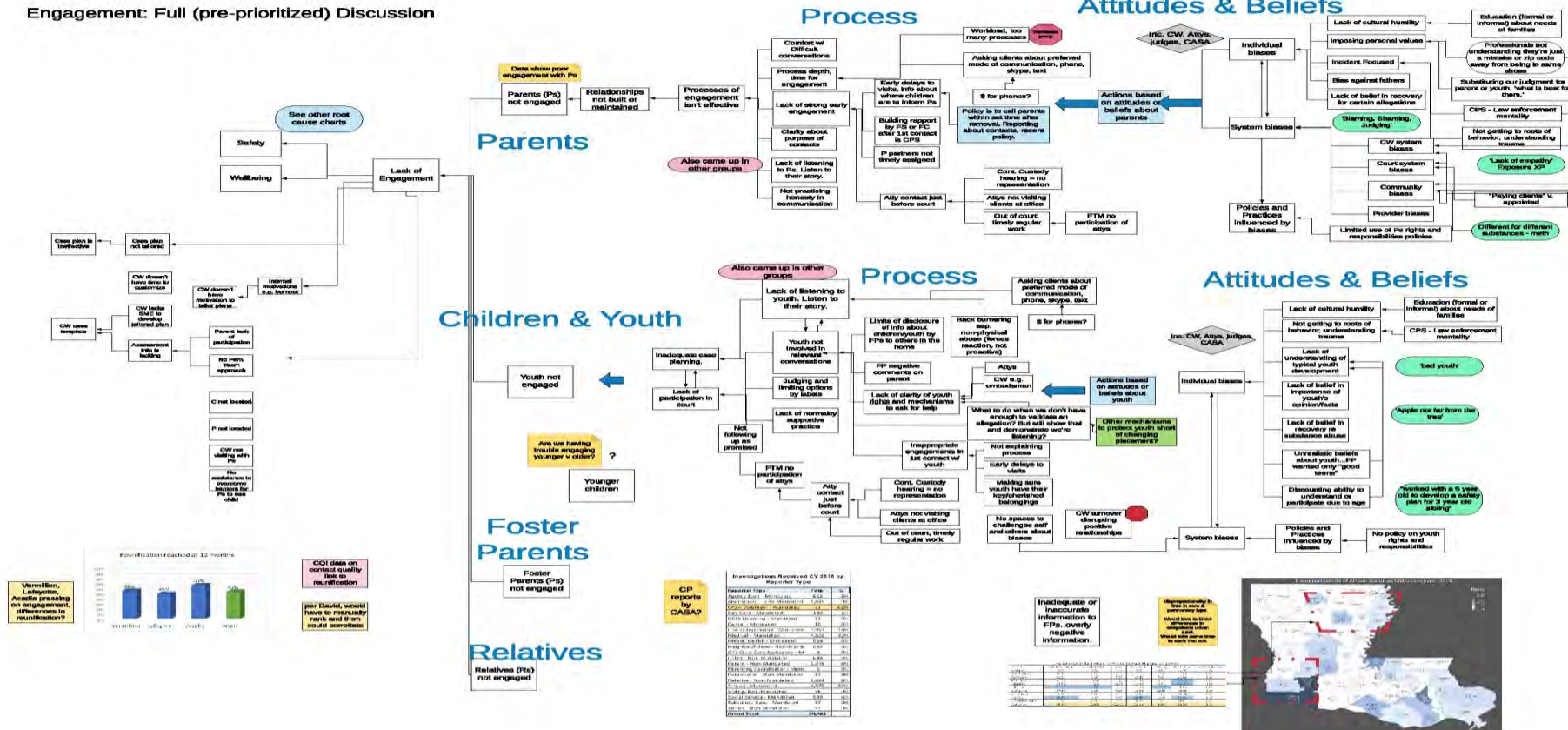
# VII. Appendix

## A. Engagement

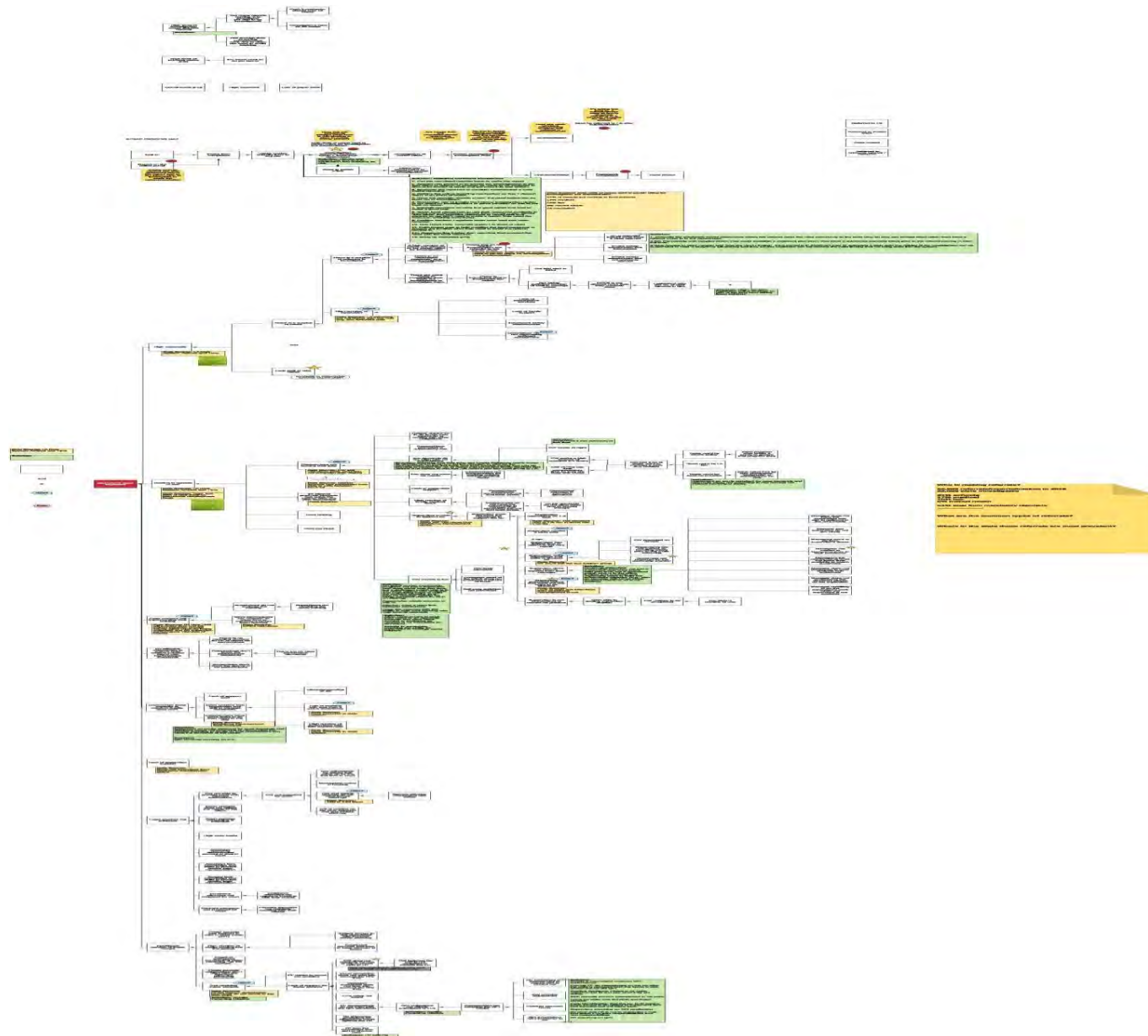
### Engagement: Theory of Change to Strategies



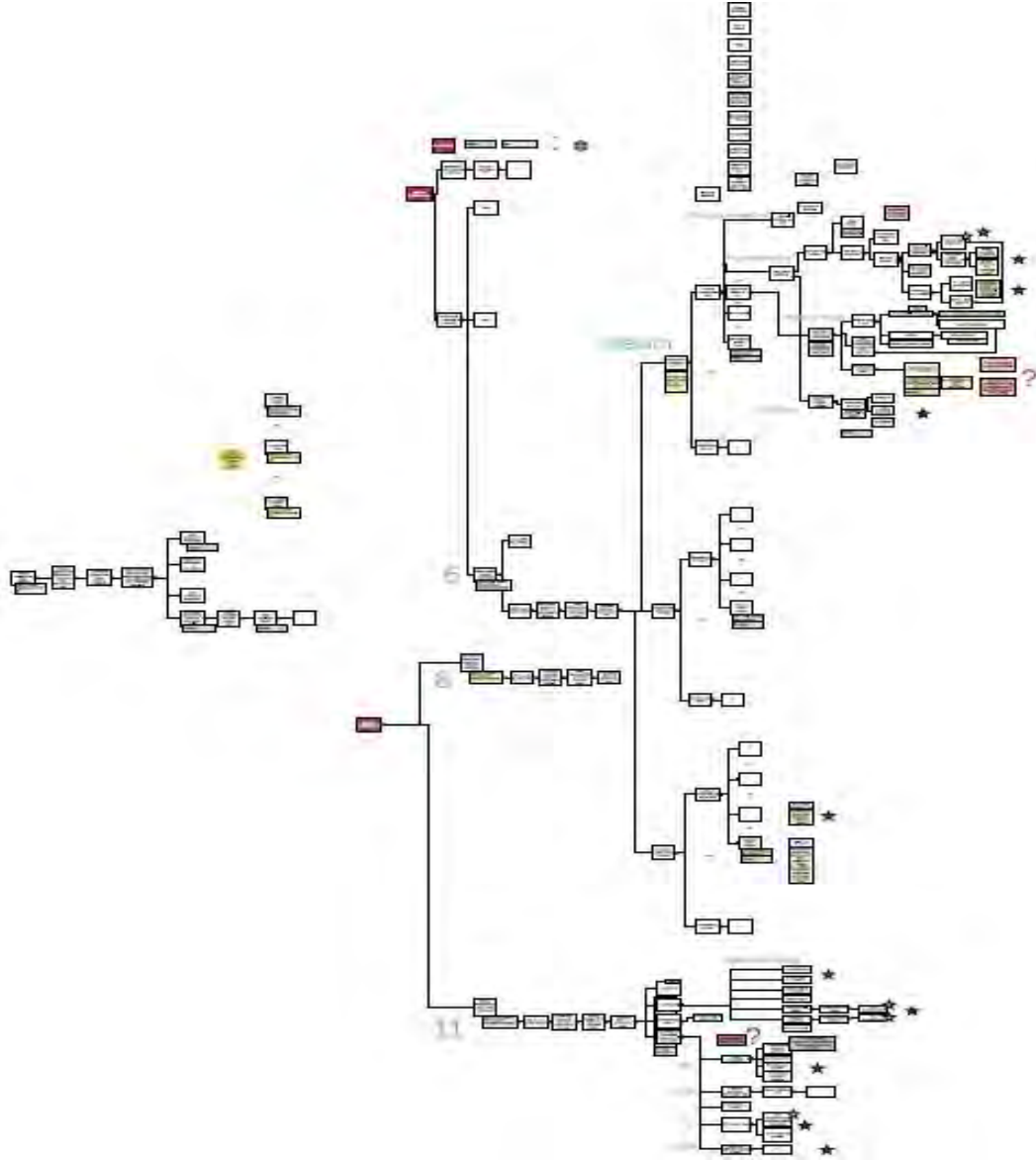
### Engagement: Full (pre-prioritized) Discussion



## B. Workforce



## C. Permanency 1 Cause Map



# D. Well Being 1 Cause Map

