

LOUISIANA'S CHILD AND FAMILY
SERVICES REVIEW
STATEWIDE ASSESSMENT



Department of
**Children &
Family Services**

Building a Stronger Louisiana

FEBRUARY 2018

<http://www.dcfslouisiana.gov>

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section I: General Information

Name of State Agency	
DEPARTMENT OF CHILDREN AND FAMILY SERVICES LOUISIANA	
Period Under Review	
<p style="text-align: center;">Onsite Review Sample Period: October 1, 2016 – September 30, 2017 Out of Home Population April 1, 2017 – November 14, 2017 In Home Population</p> <p>Period of AFCARS Data: FFY 2016 Period of NCANDS Data (or other approved source; please specify alternative data source) FFY 2016</p>	
Contact Person	
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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

DCFS – CHILD WELFARE (CW) STATE OFFICE

Rhenda Hodnett Assistant Secretary
Karla Venkataraman Deputy Assistant Secretary
Lisa Welch CW Manager 2 – Child Protective Services, Family Services
Michelle Faust CW Manager 2 – Foster Care, Home Development, Adoption
Melissa Kenyon CW Manager 2 – Continuous Quality Improvement (CQI),
Interstate Compact on Placement of Children
Federal Programs
Marcia Daniel Director – Staff Development, Liaison, Policy/Federal Plans
Jan Byland Director – Child Welfare Training Academy (CWTA)
Candice LeBlanc Deputy General Counsel 2 - Bureau of General Counsel
Sharla Thomas CW Manager 1 – CQI
Karen Grant CW Manager 1 – Continuous Quality Improvement
Carlas Johnson CW Manager 1 – Continuous Quality Improvement
Toni S. Buxton CW Manager 1 – Foster Care
Barbara Mayes CW Manager 1 – Liaison, CW Policy/Planning
Christy Tate CW Manager 1 – Home Development, Transitioning Youth
Shannon Catanzaro CW Manager 1 – Adoption, Wendy’s Wonderful Kids
Katherine Prejean CW Manager 1 – CW Training
Kristen Brown Data Consultant
Bradly McCollum CW Consultant – CW Policy/Planning, Federal Liaison
Bernadette Mitchell CW Consultant – Family Service
Shantrell Charles CW Consultant – CW Training
Renee Spell CW Consultant – CQI
Angela Bridges CW Consultant – CQI
Tara Holland Administrative Assistant

DCFS – CHILD WELFARE (CW) REGION/PARISH OFFICE

Sherry Powell Attorney Supervisor – BGC
Keesha Bordelon Attorney Supervisor – BGC
Tracy Deselles Area Director – Covington
Kayla Jones CW Manager 1 – East Baton Rouge Parish
Jane Voorhies CW Consultant – CQI Co-chair – Covington
Jessica Griffin Smith CW Consultant – CQI Co-chair – Shreveport
Susan Vaught Supervisor – Covington
Christopher Friis Case Manager – Vernon Parish
Keonna Goethie Case Manager – Lincoln Parish
Marie Lofton Supervisor – Family Services, Foster Care - Winn Parish
Carla Wilson Supervisor – Adoption Lake Charles Region

STAKEHOLDER/COMMUNITY PARTNER

Mark Harris LA Supreme Court, Court Improvement Project
Executive Director – Pelican Center for Children and Families

Eileen Fourroux Consultant – Pelican Center for Children and Families

Thailund Green Consultant – Pelican Center for Children and Families

Patsy Wilkerson Consultant – Pelican Center for Children and Families

Alanah Odoms Hebert Director - Division of Children & Families, LA Supreme Court

Anne Simon Judicial Fellow – Court Improvement Project

Kevin Clements Juvenile Court – East Baton Rouge Parish

Franchesca Hamilton-Acker Attorney – Acadiana Legal Services (for Children)

Ayanna Butler Attorney – Southeast Louisiana Legal Services (for Children)

Richard Pittman Indigent Defenders Board Supervising Attorneys for Parents

Kathy Cook Mental Health Advocacy Attorney - Deputy General Counsel

Mona Maxwell Social Services Director, Jena Band of Choctaw

Karen Matthews Tribal Social Worker

Erika Simon Family and Youth Counseling Agency – Lake Charles

Angie Thomas Methodist/Independent Living Service

Joan Lasseigne The Extra Mile Family Resource Center (FRC)

Tiffany Carroll The Extra Mile FRC

Raven Sique Parent Mentor

Letia Bailey Tulane Parenting Education Program

Laura Martin Discovery Family Resource Center & Renew FRC

Gina Bergeron Nicholls State University Family Service Center

Evangeline Boudreaux The Extra Mile Family FRC and Homebuilders Program

Joshua Blackwell Volunteers of America FRC – Central Louisiana

Sheila Lietchty Educational and Treatment Council

Shavon Hall Portals/Community Support Programs, Inc.

Janet Arnold Project Celebration

Lynn Clark Director – Children’s Coalition for Northeast Louisiana

Shelley Leavitt, Ph.D. Associate Director – Institute for Family Development

Dr. Corie Hebert Assistant Professor, Southeastern Louisiana University/
IV-E – Child Welfare Training Academy

Tonyalea Elam Southeastern Louisiana University

Arianne Zaunbrecher Southeastern Louisiana University

Betty Zinna Southeastern Louisiana University – CWTA

Laura DiMattia Southeastern Louisiana University

Gabriela Acosta Southeastern Louisiana University

Karen Hallstrom Contractor (Training & Education Consultant) - CWTA

Susan Shaffette Consultant – Team Dynamics, LLC

Kathleen Stewart-Richey CEO, LouisianaChildren.org (manages LA CASAs & CACs)
Wade Bond Director, Court Appointed Special Advocate (CASA) – Alexandria
Carla Burgos Director, Program Services - Louisiana CASA
Isaac Patterson CASA Volunteer, Baton Rouge Region
Paula Andrus CASA – South LA
Vickie Keys CASA – St. Landry
Lenora Clemons CASA – Jefferson
Penny Collins CASA – South LA
Alfred Doucette FYCA CASA
Monique Duresseau CASA – South LA
Glenda Garber CASA – South LA
William Glaze CASA – West CENLA
Sheila Horton CASA – West CENLA
Lindsay Simon CASA – South LA
Allyn Stroud CASA – South LA
Ann Tolleson CASA – South LA

Pat Golembiewski Child Advocacy Services
Jim Williamson Children's Advocacy Network
Linda Burns Children's Advocacy Network
Jodi Taylor Children's Advocacy Network

955725304 Biological Parent – Reunited with Children from Lafayette
955575591 Biological Parent – Reunited with Children from Orleans
955575357 Youth – Aged out of Foster Care - Orleans
Barbara Calais Foster Parent – Lafayette and President, Louisiana FP Association
Charity Averhart Foster Parent – Covington Region
Joan Lasseigne Foster Parent – St. Martin Parish
Lori Albert Foster Parent – Iberia Parish
Katherine Prejean Foster Parent – Covington Region
Mable Chaisson Foster Parent – Lafayette Parish
Walter Calais Foster Parent – Lafayette Parish
Tabitha Rhodes-Guidry Foster Parent – Lafayette Parish

Bryan Lindert Eckerd Connects (High Risk Case Review Process)
Dr. Michael Scheeringa Tulane University (Trauma Informed Practice)
Tara Allen Facilitator/Consultant – CWTA

**Section II: Safety and Permanency Data
State Data Profile**

[State data profile deleted in its entirety.]

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

For Louisiana specifically, the current CFSP and APSR can be found at the following links:

- CFSP: <http://www.dcfsl.a.gov/index.cfm?md=pagebuilder&tmp=home&pid=266>
- APSR: <http://www.dcfsla.gov/index.cfm?md=pagebuilder&tmp=home&pid=132>

In prior CFSR's, Louisiana included in the data analysis the statewide data indicators as outlined in the Adoption and Foster Care Analysis and Reporting System (AFCARS) data reports (found in section II of this report). For Round 3 of the CFSR, the Children's Bureau issued Technical Bulletin #9 on October 16, 2016, which stated, in part, that for states that have a CFSR in FY 2016 or subsequent years, the CB will utilize the AFCARS data indicators for context, but will not utilize them for the final report on substantial conformity. For this reason, Louisiana's state performance on Items 1-18 will be primarily based on the outcomes from the Continuous Quality Improvement (CQI) case review process and additional quantitative dashboard reports.

Louisiana Child Welfare utilizes a statewide Continuous Quality Improvement (CQI) system in an effort to improve and sustain positive change within practice, process, and outcomes. The reviews are conducted through the CQI unit, which is directed out of state office; however staff is housed statewide. Reviews are conducted in a manner similar to the CFSR process. The reviews follow a standard protocol to include use of the federal review instrument (On Site Review Instrument- OSRI) as well as stakeholder interviews. Cases are randomly selected for the reviews and include both in home cases as well as foster care cases. The review findings are compiled in a cumulative report distributed to management and the field offices and a debriefing is held with the field office. The findings are incorporated into the CQI process through the CQI committees. The CQI committees work continuously to improve practice by including feedback loops from internal stakeholders as well as external stakeholders at the state and local level to improve the overall safety, permanency and well-being of children, youth, and families in our state.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

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

DATA:

ACN0004: Compliance Rate with Initial Face-to-Face Contact with Victim and Parent/Caretaker

CONTACT TYPE	FFY 2016 Q1	FFY 2016 Q2	FFY 2016 Q3	FFY 2016 Q4	FFY 2017 Q1	FFY 2017 Q2	FFY 2017 Q3	FFY 2017 Q4
ALLEGED VICTIM	80.05%	77.90%	76.85%	76.16%	77.71%	77.14%	75.64%	74.94%
PARENT/ CARETAKER	83.45%	81.73%	82.24%	81.03%	80.49%	80.26%	82.07%	79.20%

** Data obtained from the DCFS Webfocus Dashboard. Please refer to page 98-99 in the Louisiana 2017 APSR for data on prior years.*

Percentage of Alleged Victims seen in CPI Cases	
SFY 2017 Q1	97.19%
SFY 2017 Q2	96.86%
SFY 2017 Q3	96.60%
SFY 2017 Q4	96.86%

**Data taken from Louisiana Performance Accountability System (LAPAS)*

CQI Case Review Item 1: Timeliness of initiating investigations of reports of child maltreatment

ITEM 1	OUTCOME	FFY2015 Q3		RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2 FFY 2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Safety 1: Timeliness of Initiating Investigation	Strength	43	90%	46	79%	36	86%	29	85%	25	71%
	Area Needing Improvement	5	10%	12	21%	6	14%	5	15%	10	29%
	Not Applicable	54		62		78		38		85	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 98 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 1: Cumulative Report

ITEM 1	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	Percent
Safety 1: Timeliness of Initiating Investigations	Strength	185	82%
	Area Needing Improvement	41	18%
	Not Applicable	332	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

ASSESSMENT OF STRENGTHS AND CONCERNS: SAFETY OUTCOME 1

STATE RESPONSE: While Louisiana does have a high rate of compliance with regard to the number of face to face contacts with alleged victims and parents/caretakers in CPS cases, the state has struggled with ensuring that these contacts are made timely. Data from the Louisiana dashboard indicates that 97% of victims are seen, however timeliness of seeing alleged victims is approximately 77%, across reporting periods, and timeliness of seeing parents/caretakers is approximately 82%, across reporting periods. Compliance with face to face contacts with the alleged victim refers to each alleged victim being seen timely; while contact with only one caretaker or alleged perpetrator is required to meet compliance of timely face to face contact with the alleged perpetrator. Data from the OMS Practice Performance Report showed that in 23% of the cases reviewed, reasons for delays in the initiation of investigations or assessments and/or face to face contact were due to circumstances beyond the control of the agency, for example law enforcement involvement in a case that prohibits contact with the perpetrator. The

Department believes one major contributing factor to not seeing victims and parents/caretakers timely has been the continuous cycle of high caseloads and high staff turnover. In March 2017, the CPS program had 216 staff to respond to 5,398 cases and 11,271 children. The average caseload for a CPS worker was 25 with CPS supervisors averaging 11.7 cases as well. The high caseloads being carried by workers and fact that supervisors are managing cases as well, in an attempt to offset the high caseload of frontline staff, has created delays in case assignment by supervisors and delays in initial contacts by workers simply due to capacity.

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

ACN0007 – Absence of repeat maltreatment within six months of initial incident

DESCRIPTION	Period Start Date							
	10/1/2015	1/1/2016	4/1/2016	7/1/2016	10/1/2016	1/1/2017	4/1/17	7/1/17
% Absent Repeat Maltreatment	94%	94%	95%	94%	93%			
Total Unduplicated Valid Victims-1st 6-months of Period	6,060	5,981	5,695	5,351	5,321			
Total Unduplicated Valid Victims Without Recurrence	5,698	5,622	5,401	5,014	4,966			
Total Unduplicated Valid Victims With Recurrence	362	359	294	337	355			

** Data obtained from the DCFS Webfocus Dashboard.*

LaPAS Measure 23651	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Time Frame	10/1–12/31/14	1/1– 3/31/15	4/1– 6/30/15	7/1- 9/30/ 15	10/1- 12/30/15
Absence (in percent) of maltreatment of children receiving Family Services for 6 months after validated CPI report (Goal = 95%)	93.55%	92.91%	92.83%	93.73%	94.60%
	1/1/16	4/1/16	7/1-9/30/16	10/1-12/31/16	1/1-3/31/17
	93.75%	93.52%	92.64%	91.32%	92.42%
	4/1-6/30/17	7/1-9/30/17	10/1-12/31/17	1/1-3/31/18	4/1-6/30/18
	92.38%	91.64%			

**Data taken from Louisiana Performance Accountability System*

Percent of new family services cases with children who remain home without valid CPI case within 6 months of closure	
SFY 2017 Q1	83%
SFY 2017 Q2	84%
SFY 2017 Q3	85%
SFY 2017 Q4	86%
SFY 2018 Q1	87%

**Data taken from Louisiana Performance Accountability System (LAPAS)*

CQI Case Review Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

ITEM 2	OUTCOME	FFY 2015 Q3	RP 3 CY2015	RP 1 CY2016	RP 1 FFY2017	RP 2 FFY 2017
		PUR: July 2014	PUR: October 2014	PUR: APRIL 2015	PUR: October 2015	PUR: April 2016
		Percent	Percent	Percent	Percent	Percent
Item 2: Services to family to protect children in the home and prevent removal or re-entry into Foster Care	Strength	76%	75%	73%	69%	58%
	Area Needing Improvement	24%	25%	27%	31%	42%

**In the Round 3 OSRI, Safety Item 3 was changed to Safety Item 2. Louisiana began using the new OSRI in January 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 102 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 2: Cumulative Report

ITEM 2	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care	Strength	195	70%
	Area Needing Improvement	84	30%
	Not Applicable	279	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 3: Risk and Safety Assessment and Management

ITEM 3	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2 FFY 2017	
		4/1-6/30/15 PUR: July 2014		7/1/2015- 12/31/2015 PUR: October 2014		01/01/2016- 06/30/2016 PUR: April 2015		10/1/2016- 3/31/2017 PUR: October 2015		4/1/2017- 9/30/2017 PUR: April 2016	
		# of Cases	Percent	# of Cases	Percent	# of Cases	Percent	# of Cases	Percent	# of Cases	Percent
Safety Item 3 (formally item 4): Risk /Safety Assessment/ Management	Strength	74	73%	74	62%	80	67%	43	60%	50	58%
	Area Needing Improvement	28	27%	46	38%	40	33%	29	40%	70	42%

*In the Round 3 OSRI, Safety Item 4 was changed to Safety Item 3. DCFS began using the new OSRI in 1/2015. Please refer to page 104 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.

CQI Case Review Item 3: Cumulative Report

ITEM 3	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# of Cases	Percent
Safety Item 3: Risk and Safety Assessment and Management	Strength	329	59%
	Area Needing Improvement	229	41%
	Not Applicable	0	

Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's

Timeframe	FFY 2016 Q1	
Area	# of Cases Meeting Practice	%
Identification of Present Danger	102	85%
Extent of Maltreatment	59	49%
Circumstances Surrounding Maltreatment	66	55%
Child Functioning	49	41%
Adult Functioning	28	23%
General Parenting	36	30%
Disciplinary Practice	43	36%
Caregiver Protective Capacities	59	49%
Identification of Impending Danger	76	63%

*Data from ASFP Ad hoc Targeted Reviews. Please refer to Louisiana 2017 APSR page 86 for prior year data

Louisiana Data Profile – CFSR Round 3 Data Indicators

[Indicator/National Standard]	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Recurrence of Maltreatment National Standard ≤9.1%	8.3%	9.3%	9.5%	9.2%			

[Indicator/National Standard]	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Maltreatment in Care (Victimizations per 100,000 days in care) National Standard ≤ 8.50	*	6.51	5.34	6.26			

**No data available for this period*

ASSESSMENT OF STRENGTHS AND CONCERNS: SAFETY OUTCOME 2

STATE RESPONSE: Louisiana’s state performance on the Safety outcome national standard of Maltreatment in Care is significantly better than the national standard at 6.26 victimizations per 100,000 days in care as compared to the National standard of 8.5; however, Louisiana’s state performance was slightly over the national standard for recurrence of Maltreatment by 0.1%. Louisiana’s recurrence of maltreatment is 9.2% compared to the National standard of 9.1%.

According to the dashboard report ACN 0007, Louisiana is above the 90th percentile for absence of repeat maltreatment within 6 months of the initial incident. The percent of family services cases with children who remain in the home without a valid CPS case within six months of the initial validated report is above 90% as well. There is a slight decrease to 87% after 6 months of case closure of the Family Services case which overall indicates that services provided were effective to prevent recurrence of maltreatment over time, having only a 3% decrease. The CQI case review cumulative data for Item 2 indicates that Louisiana is approximately 70% in providing services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care.

Although Louisiana exceeds the national standard in relation to maltreatment in care, the area of risk and safety assessment and management has been an area of focus as it has seen a steady decline over the past several years (15% since FFY 2015). The state is doing fairly well with regard to completing timely and accurate initial (70%) and on-going (64%) safety and risk assessments, however struggling with providing appropriate safety planning. In only 46% of cases where safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including the family’s engagement in safety related services. Comments pulled from case reviews revealed that issues surrounding safety planning were a result of having no safety plan when a safety plan was warranted, or for cases where a safety plan was in place, the safety plans were not appropriate or were not monitored on an on-going basis to ensure safety. In addition, in 30% of the cases, safety concerns were not adequately or appropriately addressed. (**Data taken from the OMS Practice Performance Report- ALL PUR’s and OMS Narrative for “No” Responses for Item 3C.*)

As part of its long-term commitment to keep children safe, DCFS implemented a research-based safety focused approach for assessing child abuse and neglect. Implementation of the Advanced Safety Focused Practice (ASFP) model [also referred to as Safety Focused Practice (SFP)] shifted the focus away from the traditional incident based model to a focus on child safety. Statewide implementation was completed in November 2013. The Advanced Safety Model is a structured process used to determine whether a child is at present or impending danger of

substantial harm from abuse/neglect. According to targeted ad hoc reviews, conducted by CQI reviewers, staff had difficulty interpreting impending danger and failed to appropriately address the areas of assessment. The implementation of this project was during a period of substantial staff turnover and high caseloads and the cultural shift of moving away from incident based decision making is not completely embedded within practice.

The agency is doing very well (over 95%) with addressing any safety concerns with the foster child in the foster home or placement facility and during visits with the parents/caretakers or other family members.

B. Permanency
Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

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

CQI Case Review Item 4: Stability of foster care placement

ITEM 4	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2 FFY 2017	
		4/1/15-6/30/15 PUR: July 2014		7/1/2015-12/31/2015 PUR: October 2014		1/01/2016-06/30/2016 PUR: April 2015		10/1/2016-03/31/2017 PUR: October 2015		4/1/2017-9/31/2017 PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 4: Stability of Foster Care Placement	Strength	57	76%	57	76%	59	79%	33	73%	68	81%
	Area Needing Improvement	18	24%	18	24%	16	21%	12	27%	16	19%

*** FFY 2015 Q2 Item 6 information regarding the stability of foster care placement changed to being captured in Item 4 of the 2014 OSRI. Due to Louisiana switching from a quarterly review cycle to a 6 -month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 107 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 4: Cumulative Report

ITEM	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# of Cases	Percent
Permanency 4: Stability of Foster Care Placement	Strength	285	78%
	Area Needing Improvement	81	22%
	Not Applicable	0	

*Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's

Of all children who were served in foster care during reporting period, and who were in foster care for at least 8 days but less than 12 months, the percent who had two or fewer placement settings.	
SFY 2017 Q1	83%
SFY 2017 Q2	81%
SFY 2017 Q3	81%
SFY 2017 Q4	81%
SFY 2018 Q1	81%

*Data taken from Louisiana Performance Accountability System.

CQI Case Review Item 5: Permanency goal for the child

ITEM 5	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 5: Permanency Goal for Child	Strength	52	69%	48	64%	43	57%	31	69%	43	51%
	Area Needing Improvement	23	31%	27	36%	32	43%	14	23%	41	49%
	N/A	0		0		0		0		0	

** FFY 2015 Q2 Item 7 information regarding the permanency goal for the child changed to being captured in Item 5 of the 2014 OSRI. Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 107 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.

CQI Case Review Item 5: Cumulative report

ITEM 5	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Permanency 5: Permanency Goal for Child	Strength	227	62%
	Area Needing Improvement	139	38%
	Not Applicable	0	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

ITEM	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP 1 FFY2017		RP 2FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Strength	48	64%	48	64%	38	51%	23	51%	36	43%
	Area Needing Improvement	27	36%	27	36%	37	49%	22	49%	48	57%
	Not Applicable	0		0		0		0		0	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 113 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 6: Cumulative report

ITEM 6	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Permanency 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Strength	198	54%
	Area Needing Improvement	168	46%
	Not Applicable	0	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

Item 6: Achieving Reunification, guardianship, adoption or other planned permanent living arrangement timely: The agency and court made concerted efforts to achieve permanency timely	
Reunification	61%
Guardianship	44%
Adoption	48%
APPLA	60%

**Data taken from the OMS Practice Performance Report- ALL PUR's*

Of children exiting foster care during the time period, the average length of time to permanency (in months)	
SFY 2017 Q1	13.65
SFY 2017 Q2	14.12
SFY 2017 Q3	14.34
SFY 2017 Q4	14.16
SFY 2018 Q1	14.71

**Data taken from Louisiana Performance Accountability System. LAPAS measure does not distinguish between type of permanency*

Of children exiting foster care during the time period, the average length of time to permanency (in months)			
Quarter	Average Months to Reunification with Birth Family	Average Months to Guardianship/Custody	Average Months to Adoption
SFY 2017 Q1	8.74	6.06	27.35
SFY 2017 Q2	7.88	7.49	30.70
SFY 2017 Q3	7.92	8.70	29.20
SFY 2017 Q4	8.33	7.16	30.05
SFY 2018 Q1	8.70	6.88	31.58

**Data extracted from WebFocus Developer Studio on December 27, 2017*

Louisiana Data Profile – CFSR Round 3 Data Indicators

Permanency	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Permanency in 12 Months (Entries)							
National Standard ≥40.5%	52.2%	47.7%	49.8%				

Permanency	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Permanency in 12 Months (12-23 Months) National Standard ≥43.6%	*	*	56.0%	55.7%	53.7%		
Permanency in 12 Months (24+ Months) National Standard ≥30.3%	*	*	40.6%	38.5%	42.4%		
Re-Entry to Foster Care National Standard ≤8.3%	5.2%	5.3%	5.4%				
Placement Stability (Moves per 1,00 days in care) National Standard ≤4.12	*	*	6.00	5.53	5.43		

**No data available for this period*

ASSESSMENT OF STRENGTHS AND CONCERNS: PERMANENCY OUTCOME 1

STATE RESPONSE: Louisiana is slightly over the national standard of placement stability with 5.43 moves per 1000 days as compared to the national average of 4.12, however CQI case record review Reporting Period 2 FFY 2017 indicates that 81% of records reviewed had stable placements and 78% stability of case records reviewed over time. In over half of the case records reviewed, the placement change was planned by the agency in an effort to achieve the child’s case plan goals or to meet the needs of the child and in over 89% of the cases; the child’s current or most recent placement was stable. Additionally, 81% of all children served in SFY 2017-2018, who were in foster care for at least 8 days but less than 12 months, had two or fewer placement settings.

Louisiana exceeded the national standard of Permanency in 12 months with 49.8% of children exiting to permanency as compared to 40.5% nationally. Louisiana also exceeded the national standards of exiting to permanency between 12-23 months, with 53.7% as compared to 43.6% nationally and exceeded the national standards of exiting to permanency over 24+ months, with 42.4% as compared to 30.3% nationally. Of all children exiting foster care during SFY 2017-2018, the average length of time to permanency was 14.2 months. Children were typically reunified with their birth family around 8.3 months and exited to permanency through adoption around 29 months on average during SFY 2017-2018. In addition, Louisiana exceeds the national standard of re-entry into foster care by almost 3%. Only 5.4% of Louisiana’s children re-enter care as compared to 8.3% nationally.

In almost 88% of cases reviewed, the permanency goals were established in a timely manner and in almost 78% of the cases reviewed, the permanency goals were appropriate to the child's need for permanency and the circumstances of the case. However, in only 68% of the cases, the agency filed for a Termination of Parental Rights (TPR) petition timely or an exception applied. (**Data from OMS Practice Performance Report- All PUR's.*) CQI Case reviews indicate that Louisiana is still only at 62% strength for Item 5. Data indicates that the low strength rating is related to timely filing of TPR petitions.

Stakeholder information obtained regarding the filing of TPR petitions indicates that the TPR's are being filed timely, however it often takes months to get into court, sometimes the state dismisses the TPR and there are times when the TPR proceedings stay open for long periods of time and the court doesn't keep good records and a new TPR hearing must be held. CQI Case record reviews indicate that continuances are found to last a significant amount of time, typically to allow parents more time to make changes, administrative issues, and agency staff turnover. In addition, lack of information in the case record to support termination can be a barrier to proceedings. DCFS and the Court Improvement Project (CIP) recognize that there are data gaps in relation to tracking delays in TPR hearings, the point where delays occur, continuances and reasons for these occurrences and are working jointly to improve this process.

Although Louisiana is doing well in establishing permanency goals timely and exceeding the national standards of reaching permanency timely, CQI case record reviews indicate there is still much improvement needed in this area, specifically related to assessing the appropriateness of pursuing guardianship as a permanency goal for the child when it can be shown to be in the best interests of the child. DCFS recognizes this need and has implemented multiple policy changes to include removing the requirements to pursue TPR prior to changing the goal to guardianship, allowing foster parents to obtain guardianship, removing the 6 consecutive months immediately prior to seeking guardianship requirement of placement with the certified caregiver as well as several other policy requirements which were restricting the use of this permanency option and making the criteria more stringent than the federal requirements.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

CQI Case Review Item 7: Placement with siblings

ITEM 7	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Permanency 7: Placement with Siblings	Strength	27	96%	35	85%	39	97.5%	23	92%	42	76%
	Area Needing Improvement	1	4%	6	15%	1	2.5%	2	8%	13	24%
	Not Applicable	47		34		35		20		29	

*** FFY 2015 Q2 Item 12 information regarding the placement with siblings changed to being captured in Item 7 of the 2014 OSRI. Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 119 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 7: Cumulative Report

ITEM 7	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 7: Placement with Siblings	Strength	185	88%
	Area Needing Improvement	25	12%
	Not Applicable	156	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 8: Visiting with parents and siblings in foster care

ITEM 8	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 8: Visiting with parents and siblings in foster care	Strength	29	66%	39	72%	39	65%	24	67%	39	54%
	Area Needing Improvement	15	34%	15	28%	21	35%	12	33%	33	46%
	Not Applicable	31		21		15		9		12	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 120 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 8: Cumulative report

ITEM 8	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 8: Visiting with parents and siblings in foster care	Strength	195	66%
	Area Needing Improvement	102	34%
	Not Applicable	69	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 9: Preserving connections

ITEM 9	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 9: Preserving Connections	Strength	44	75%	53	73%	60	80%	31	69%	60	72%
	Area Needing Improvement	15	25%	20	27%	15	20%	14	31%	23	28%
	Not Applicable	16		2		0		0		1	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 120 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 9: Cumulative report

ITEM 9	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 9: Preserving Connections	Strength	279	77%
	Area Needing Improvement	83	23%
	Not Applicable	4	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 10: Relative placement

ITEM 10	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 10: Relative Placement	Strength	52	90%	53	74%	65	88%	32	71%	54	68%
	Area Needing Improvement	6	10%	19	26%	9	12%	13	29%	26	33%
	Not Applicable	17		3		1		0		4	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 125 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 10: Cumulative report

ITEM 10	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 10: Relative Placement	Strength	275	77%
	Area Needing Improvement	82	23%
	Not Applicable	9	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

Executive Management Report

% of Foster Children Placed with Relative (last day of month)

Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17
42%	43%	44%	43%	43%	43%	43%	43%	43%	42%	42%	42%
Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	Apr -18	May -18	Jun -18	Jul -18	Aug -18	Sep -18
42%	42%										

**Data taken from Monthly Executive Management Report*

CQI Case Review Item 11: Relationship of child in care with parents

ITEM 11	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 11: Relationship of child in care with parents	Strength	25	66%	32	65%	32	65%	20	61%	36	56%
	Area Needing Improvement	13	34%	17	35%	17	35%	13	39%	28	44%
	Not Applicable	37		26		26		12			

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 123 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 11: Cumulative report

ITEM 11	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 11: Relationship of child in care with parents	Strength	170	64%
	Area Needing Improvement	97	36%
	Not Applicable	99	

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

ASSESSMENT OF STRENGTHS AND CONCERNS: PERMANENCY OUTCOME 2

STATE RESPONSE: Louisiana is doing well with the continuity of family relationships and connections being preserved for children. In the last reporting period, 76% of case records reviewed indicated that siblings were placed together and 88% of case records reviewed over time indicates that siblings were placed together. Thirty-eight percent of cases reviewed show that a foster child was placed with all of their siblings and eighty percent of the time there was a valid reason for the child's separation from siblings in placement. In almost 79% of the cases reviewed, concerted efforts are also being made to maintain the child's important connections, i.e. neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school and/or friends.

In 75% of the cases, concerted efforts were made to ensure the frequency of visitation between the mother and child was sufficient to maintain or promote the relationship and in 86% of the

cases to ensure the quality of the visits between mother and child. In 66% of the cases, concerted efforts were made to ensure the frequency of visitation between the father and child was sufficient to promote the relationship and in 82% of the cases to ensure the quality of the visits between the father and the child. (**Data taken from the OMS Practice Performance Report- ALL PUR's*)

Further review of case review comments for Areas Needing Improvement (ANI) for this item showed that the main issues for the state are with regard to poor frequency of visitation between children and parents and children and siblings. For the visits that did occur, the quality of visitation was sufficient. Some factors contributing to poor frequency in visitation included:

- Incarcerated parents
- Transportation issues
- Cross regional cases-long distances
- Siblings placed in group homes/ hospitals
- Siblings placed across the state

With the agency's reduction in front line staff as well as support staff, workers have had difficulty managing family visitation, an area where they used to have more assistance.

According to CQI case record reviews, concerted efforts to place with relatives appears to be declining over time from 88% in April 2015 down to 71% in October 2015 and an additional decrease to 68% in April 2016.

According to the OMS Practice performance report, in the majority of cases, staff is failing to identify maternal and paternal relatives (70% and 78% respectively). In cases in which relatives are identified, staff did not make concerted efforts to locate maternal relatives in 55% of the cases and paternal relatives in 62% of the cases. In 47% of the cases, maternal relatives were not informed and 45% of paternal relatives were not informed of the need for child's placement. In 62% of the cases, staff did not make concerted efforts to evaluate maternal relatives and in 57% of the cases, staff did not make concerted efforts to evaluate paternal relatives.

Data shows that we need to make improvements in all areas of identifying, informing those relatives of the child's situation and need for placement and evaluating the relatives for suitability of placement.

However, according to the Monthly Management report, the percent of actual relative placements has remained stable at 42% to 43%, with over 50% of foster children having been placed with a relative at some point in their foster care episode. Over the past two years, DCFS has encouraged certification of relative placements and put emphasis on placing children in certified homes. The decline of concerted efforts to place children in a relative placement could be an unintended consequence of these efforts over time. According to the OMS Practice Performance report, almost 42% of a child's current or most recent placement was with a relative; of those relative placements, 94% were appropriate to meet the child's needs.

Although Louisiana is doing well with the continuity of family relationships and connections being preserved for children in relation to siblings, the relationship of the child in care with the parents needs improvement. In 69% of cases concerted efforts were made to promote, support or maintain a positive nurturing relationship between the child in care and his/her mother, however in 58% of cases concerted efforts were made to promote, support or maintain a positive nurturing relationship between the child in care and his/her father. (**Data taken from OMS Practice Performance Report- ALL PUR's.*) In the majority of the cases, comments from case reviews (OMS Item Rating Summary for Item 11 ANI's, All PUR's) showed that parents are not being frequently informed of activities and/or appointments involving their children where they may be able to participate and bond with their children outside of regular visitation. In some cases, the parent may have been notified, but not encouraged to attend or the agency did not ensure that the parent had transportation to attend. This is an area where increased engagement with parents may translate into improvement in this item.

C. Well- Being

Well- Being Outcomes 1, 2 and 3

Well-Being Outcomes include: (A) families enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2 and 3.

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

CQI Case Review Item 12: Needs and services of child, parents and foster parents

ITEM 12	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 12: Needs and	Strength	64	63%	65	54%	57	48%	31	43%	41	43%

ITEM 12	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Services of Child, Parents and Foster Parents	Area Needing Improvement	38	37%	55	46%	63	52%	41	57%	79	66%

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 126 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review: Item 12 Cumulative report

ITEM 12	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 12: Needs and Services of Child, Parents and Foster Parents	Strength	265	47%
	Area Needing Improvement	293	52%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 12a: Needs assessment and services to children

ITEM 12a	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 12a: Needs assessment and Services to Children	Strength	90	88%	95	79%	95	79%	51	71%	85	71%
	Area Needing Improvement	12	12%	25	21%	25	21%	21	29%	35	29%

**Please refer to page 127 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review: Item 12a Cumulative report

ITEM 12a	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 12a: Needs and Services to children	Strength	430	77%
	Area Needing Improvement	128	23%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 12b: Needs assessment and services to parents

ITEM 12b	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 12b: Needs assessment and Services to Parents	Strength	41	52%	55	63%	58	61%	26	43%	34	33%
	Area Needing Improvement	38	48%	32	37%	37	39%	35	57%	70	67%
Not Applicable		23		15		25					

**Please refer to page 128 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review: Item 12b Cumulative report

ITEM 12	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 12b: Needs and Services to parents	Strength	230	49%
	Area Needing Improvement	241	51%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 12c: Needs assessment and services to foster parents

ITEM 12c	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 12c: Needs assessment and Services to Foster Parents	Strength	62	90%	54	78%	56	82%	29	73%	62	78%
	Area Needing Improvement	7	10%	15	22%	12	18%	11	27%	18	23%
Not Applicable		33		51		52		32		40	

* Please refer to page 129 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.

CQI Case Review Item 12c: Cumulative report

ITEM 12c	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 12c: Needs and Services to Foster Parents	Strength	274	81%
	Area Needing Improvement	64	19%

*Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's

Item 12: Agency conducted a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the needs

Child	82%
Mother	69%
Father	54%
Foster Parent	86%

*Data taken from OMS Practice Performance Report- ALL PUR's

Item 12: Appropriate services were provided to meet the needs that were identified

Child	76%
Mother	67%
Father	47%
Foster Parent	80%

*Data taken from OMS Practice Performance Report- ALL PUR's

CQI Case Review Item 13: Child and family involvement in case planning

ITEM 13	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015 PUR: July 2014		7/1/2015-12/31/2015 PUR: October 2014		01/01/2016-06/30/2016 PUR: April 2015		10/1/2016-03/31/2017 PUR: October 2015		4/1/2017-9/30/2017 PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 13: Child and Family Involvement in Case Planning	Strength	69	69%	79	68%	61	53%	37	53%	51	44%
	Area Needing Improvement	31	31%	37	32%	54	47%	33	47%	64	56%
Not Applicable		2		4		5		2		5	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 130 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 13: Cumulative report

ITEM 13	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 13: Child and Family Involvement in Case Planning	Strength	306	57%
	Area Needing Improvement	233	43%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 14: Caseworker visits with the child

ITEM 14	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015 PUR: July 2014		7/1/2015-12/31/2015 PUR: October 2014		01/01/2016-06/30/2016 PUR: April 2015		10/1/2016-03/31/2017 PUR: October 2015		4/1/2017-9/30/2017 PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 14: Caseworker Visits with the Child	Strength	88	86%	101	84%	100	83%	49	68%	85	71%
	Area Needing Improvement	14	14%	19	16%	20	17%	23	32%	35	29%

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 131 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 14: Cumulative report

ITEM 14	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 14: Caseworker Visits with the child	Strength	437	78%
	Area Needing Improvement	121	22%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

MEASURE	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017
Visits Completed	61%	92%	95%	96%	96%	96%	96%
Visits In Residence	89%	84%	88%	89%	89%	97%	98%

Source: Annual Report Submitted to the Children's Bureau on Monthly Caseworker Visits with Children in Foster Care

CQI Case Review Item 15: Caseworker visits with parents

ITEM 15	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 15: Caseworker visits with parents	Strength	53	61%	47	49%	48	48%	27	45%	32	31%
	Area Needing Improvement	34	39%	48	51%	52	52%	33	55%	71	69%
Not Applicable		15		25		20					

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 131 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 15: Cumulative report

ITEM 15	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 15: Caseworker Visits with the parents	Strength	216	46%
	Area Needing Improvement	252	54%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

ASSESSMENT OF STRENGTHS AND CONCERNS: WELL-BEING OUTCOME 1

STATE RESPONSE: The overall performance for item 12 has been on a steady decline and continues to fall below 50%, mainly due to poor engagement with parents, mostly fathers. Some of the following issues were identified in case review findings:

- Father's needs were not assessed
- No searches for fathers
- Parent was not referred for identified services
- No on-going monitoring or follow-up to ensure services were meeting the needs of the client

Feedback provided from staff and stakeholders during CQI regional exit meetings revealed that staff may be experiencing difficulty effectively engaging parents to provide appropriate services for the following reasons: fathers are unknown or the mothers refused to give information on the father's, parents location is unknown due to issues with substance abuse or mental illness which often makes it difficult to locate them, and the lack of engagement skills by workers.

When reviewing the practice of child and family involvement in case planning, in 76% of the cases, concerted efforts were made to involve the child in case planning and in 68% of the cases, concerted efforts were made to involve the mother in case planning; however, in only 51% of the cases, concerted efforts were made to involve the father in case planning. Some issues identified by stakeholders groups with regard to case planning included: parents not participating in case planning meetings in some areas of the state, case planning meetings are held without the parents when they do not attend and the language in case plans is not parent friendly.

Louisiana has consistently performed above the 95th percentile with regard to monthly caseworker visits with the child and of those visits during the past two years, 97.5% have been conducted in the child's home. According to the OMS Practice Performance report, in 18% of cases, workers visited at least twice a month. In 84% of the cases, the quality of the visits between caseworker and child were sufficient.

According to the OMS Practice Report, in 24% of cases, visitation with the mother occurred at least twice per month. In 37% of cases, visitation with the mother occurred at least once per month. In 31% of cases, visitation with the mother occurred less than once per month and in 7% of cases, visits with the mother never occurred. Overall, in 64% of cases, the frequency of visits with the mother was sufficient and in 73% of cases the quality of visits with the mother was sufficient. In 57% of cases, both frequency **and** quality of visits with the mother were sufficient.

Less frequent contact is being made with fathers in addition to lesser quality contacts being made with these fathers. In 14% of cases, visits with the father occurred at least twice per month. In 19% of cases, visits with the father did occur at least once per month. In 47% of cases, visits with the father occurred less than once per month and in 19% of cases, visits with the father never occurred. Overall, in 61% of cases, the frequency of visits with the father was sufficient and in

59% of cases, the quality of visits with the father was sufficient. In 57% of cases, both frequency **and** quality of visits with the father were sufficient.

Stakeholder information received during regional CQI meetings from frontline staff indicate that they ensure that the children are seen monthly; however, shortages in foster care staff make it difficult to visit children and parents monthly. In March 2017, point in time data revealed that an additional 114 foster care staff were recommended.

Reviewing the data from Well-Being Outcome 1, the common issue which appears to be affecting the practice across these items is the engagement with families, specifically engagement with parents. Improvement in engagement may lead to better assessments, case planning and overall provision of services. The following are examples of themes which have been identified across items:

- No attempts to locate fathers and assess their needs
- No on-going planning with fathers

*Data obtained from OMS Practice Report- All PUR's; OMS Item Rating Summary for Item 12 ANI's, All PUR's, CQI Regional Meeting Notes

Well Being Outcome 2: Children receive appropriate services to meet their educational needs

CQI Case Review Item 16: Education needs of the child

ITEM 16	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 16: Educational Needs of the Child	Strength	61	88%	57	83%	59	89%	36	88%	58	81%
	Area Needing Improvement	8	12%	12	17%	7	11%	5	12%	14	19%
Not Applicable		33		51		54		31		48	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 134 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review: Item 16 Cumulative report

ITEM 16	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 16: Educational Needs of the Child	Strength	279	85%
	Area Needing Improvement	48	15%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

ASSESSMENT OF STRENGTHS AND CONCERNS: WELL-BEING OUTCOME 2

STATE RESPONSE: Louisiana's performance on Item 16 Educational Needs of the Child is 85% which is below the federal standard of 95%. In 87% of cases, concerted efforts were made to accurately assess the child's educational needs and in 82% of cases, concerted efforts were made to address the child's educational needs through appropriate services.

Common issues identified through case reviews included: lack of on-going assessments throughout the PUR to identify appropriate services, services not provided to match the child's needs, and appropriate educational services not provided for older youth.

**Data obtained from OMS Practice Performance Report-All PUR's and Item Rating Summary for Item 16, ALL PUR's*

CQI Case Review Item 17: Physical health of the child

ITEM 17	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of cases	%
Item 17: Physical Health of the Child	Strength	62	69%	56	58%	51	56%	21	36%	24	23%
	Area Needing Improvement	28	31%	41	42%	40	44%	37	64%	80	77%
Not Applicable		12		23		29		14		16	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 135 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 17: Cumulative report

ITEM 17	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 17: Physical Health of the Child	Strength	218	47%
	Area Needing Improvement	242	53%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR*

CQI Case Review Item 18: Mental/behavioral health of the child

ITEM 18	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 18: Mental/Behavioral Health of the Child		58	82%	56	75%	54	75%	25	63%	37	59%
	Area Needing Improvement	13	18%	19	25%	18	25%	15	37%	26	41%
Not Applicable		13		45		48		32		57	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 135 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review: Item 18 Cumulative report

ITEM 18	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 18: Mental/Behavioral Health of the Child	Strength	237	71%
	Area Needing Improvement	95	29%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

ASSESSMENT OF STRENGTHS AND CONCERNS: WELL-BEING OUTCOME 3

STATE RESPONSE: There has been a significant drop in performance in this item since FFY 2015 (46%). Louisiana's performance for Item 17, the Physical Health of the Child, is well below the federal standard of 95%, averaging 47%. Data from case reviews shows that the greatest area needing improvement is with regard to dental health needs of children. In 54% of cases, the agency accurately assessed the child's dental health needs and in 44% of case, the agency ensured that appropriate services were provided to children to address all identified

dental health needs. Whereas, in 72% of cases, the agency accurately assessed the child's physical health needs and in 66% of cases, the agency ensured that appropriate services were provided to children to address all identified physical health needs.

Although there may be rare exceptions, children in DCFS custody are eligible for Medicaid; therefore, medical and mental health services for children are generally covered through Medicaid. All children in DCFS custody receive medical and dental care when medically necessary or required for wellness. Children in DCFS custody are provided a medical home by being linked to a specific health plan and primary care provider through one of the Bayou Health Plans. A medical home assures continuity of medical services, is consistent with national best practice standards, and meets the requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 ([Public Law 110-351](#)).

While the state policy is consistent with the AAPD recommendation of dental exams every 6 months, Louisiana has an additional requirement in policy that infants must receive their initial dental exam at the eruption of their first tooth, or age one, whichever occurs first and the exams must be completed by a licensed dentist. This requirement has posed some hurdles for staff due to the fact that many dental providers across the state who accept Medicaid have not been willing to see children at this age. This systemic issue has been discussed in CQI regional exit meetings and discussions are underway as to how to address this problem.

Another factor affecting the ratings for item 17 as it relates to dental examination is a change in policy which requires exams every six months when the state's TIPS system has been set to track the information annually. This problem is being addressed with the state's AFCARS improvement plan.

In 72% of cases, the agency accurately assessed the child's physical health needs and in 66% of those cases, the agency ensured that appropriate services were provided to children to address all identified physical health needs.

In 81% of cases, the agency accurately assessed the child's mental/behavioral health needs and in 70 % of those cases, the agency ensured that the appropriate services were provided to the child to address all identified mental/behavioral health needs. Additionally, Louisiana provided fairly good oversight of prescription and psychotropic medications, 82% (physical health issues) and 74% (mental health issues) respectively. (**Data obtained from OMS Practice Report- All PUR's and Item Rating Summary for Items 17 and 18 All PUR's*)

Section IV: Assessment of Systemic Factors

A. STATEWIDE INFORMATION SYSTEM

Item 19: Statewide Information System: Is the state operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

State Response: The Department of Children and Family Services substantially meets conformity in this area.

DCFS utilizes a number of information systems to track data for Child Welfare (CW). The primary system of record is the Tracking, Information and Payment System (TIPS). For a full description of data systems utilized by DCFS, please refer to the [2017 APSR](#) (DCFS Systemic Factors/Information Systems, p. 38-39, para. 2-9).

TIPS is a critical system to house and report data on children currently in foster care, as well as those children who have been served in foster care in previous years. Using TIPS, the Department is able to collect and report required data elements for federal reporting as well as for any ad hoc reporting that is needed.

The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined and ever-changing extraction process. Change requests are submitted regularly through our System Development Life Cycle process (SDLC) and the TIPS system is updated quarterly to reflect changes that are requested to improve overall data quality as well as the ability to adequately report on AFCARS and NCANDS requirements.

The Department uses the bi-annual AFCARS submissions to identify errors that exist in TIPS with regard to children served in Foster Care during each period. Within just a few days of the AFCARS period ending, the Department begins working to clean up fixable errors that are identified. In the weeks leading up to the submission, weekly files are texted and distributed to field staff for cleanup of missing and/or inconsistent data.

In the 2017A AFCARS submission, the Department started with 1,100 fixable errors. When the file was submitted, only 4 errors remained – a 99.6% decrease in errors. Timeliness errors, because they cannot be corrected, and errors related to the Office of Juvenile Justice are not factored into this calculation. With regard to the 2017B AFCARS submission, the Department began with 1,045 fixable errors and submitted a file with only 16 fixable errors – a 98.5% decrease for the 2017B period.

The Department is required to report Office of Juvenile Justice (OJJ) data as a part of the bi-annual AFCARS submission. Currently, TIPS does not interface nor capture data from OJJ, which was an issue cited during CFSR Round 1 as a key problem. As a way to ameliorate this issue, the Department has taken steps to store OJJ child-specific information – including child

demographics, an OJJ assigned identifier, and an OJJ program file that will identify the AFCARS period in which a child was served by OJJ. Adding these functions to the TIPS system will allow for improved reporting and full incorporation of the OJJ population into the Continuous Quality Improvement (CQI) process. This system enhancement is scheduled for the January 2018 change cycle. With this change, multiple years of OJJ data will be available for view and extraction within TIPS and the same information will be stored for OJJ children following each OJJ submission.

TIPS functions as the primary statewide information and payments system; this system tracks demographics, location, legal status, and goals for all children in foster care. Using the data captured in TIPS, DCFS produces reports through a data extraction process employing the tool, WebFocus Developer Studio. Many reports are available on-demand via a dashboard to staff at all levels and the purpose of many such reports is to identify when key data elements are incorrect or missing.

The internal-use dashboard includes a report to identify children in foster care with an incorrect social security number (SSN). Programming logic is used to identify numbers in the SSN field in TIPS that do not meet the criteria of a SSN. For example, a number that begins with a ‘9’ or is a string of 9 repeated digits. This report can be run daily and provides point in time data for children in foster care on a specific day. On December 22, 2017, 8% of children were identified as having an incorrect social security number (347 children with a missing SSN, of 4,340 children in foster care). A SSN can be missing for a number of reasons, the most prevalent being newborn children in foster care who have not yet been assigned a SSN. The Foster Child with Incorrect SSN report is available to all levels of staff and allows the user to drill down to child level information allow for the user to easily identify the child requiring correction.

Another report available to all staff is the Children in Foster Care with No Placement in TIPS. This report identifies children in which a placement authorization either has not yet been entered (often related to children who entered foster care after hours) or at a time when the child’s placement authorization has expired (placement authorizations are normally set for 6 or 12 months and must be updated or extended after that time has elapsed). On December 22, 2017, 40 (less than 1%) of 4,340 foster children had a missing or expired placement authorization. Users are able to drill down to the child specific information in order for field staff to update placement information for children on their caseload. One area this report lacks adequate data, is with regard to placement changes. However, this area will be reviewed as part of a CQI addendum to ensure the current placement and placement history correctly captured in TIPS correctly reflect the placement(s) of the child.

Additional reports can be run on an ad hoc basis to review other child demographic information that may be unknown or missing – for example gender, race, and ethnicity.

Demographics of children in foster care on December 22, 2017 (n=4,340)

Demographic Field	# Children with Missing/Unknown Data	% of Children with Missing Data
Gender	8	0.18%
Race	111	2.56%
Ethnicity	336	7.74%

**Extracted using WebFocus Developer Studio on 12/27/2017*

The data above, in addition to the reports regarding the missing SSN and placement information demonstrates the Department's ability to readily identify the demographic characteristics and location of the children in foster care at a point in time, or within the preceding year.

To further assist in identifying missing or incorrect vital information, DCFS plans to use the CQI review process to begin doing data checks in key areas, such as placement, to more quickly identify cases requiring additional information in this area. By adding an addendum review instrument in the Quality Assurance Tracking System (QATS) – see [2017 APSR](#) for a full description (DCFS Systemic Factors/Information Systems, p. 39, para. 7), all out-of-home cases reviewed during the 6-month case review period will be subject to the additional review instrument. Questions addressed within the review instrument include:

- Does the SSN in TIPS match the child's Social Security card/case record?
- Does the date of birth (DOB) in TIPS match the child's birth certificate/case record?
- Does the gender in TIPS match the child's birth certificate/case record?
- Does the child's race in TIPS match what is recorded in the case record?
- Does the child's permanency goal in TIPS match the most recent court judgment/case record?
- Does the child's current placement and placement history in TIPS match what is recorded in the case record?

Using the above questions in a case review addendum will allow for roll-up reports to be produced; errors to be identified, and corrections to be made in areas that the TIPS data cannot readily identify data gaps.

In addition, DCFS has a number of other avenues in which areas of data quality are reviewed. DCFS uses NCANDS reporting to identify areas of missing demographic information; using the Federal Visitation Report, gaps in data can be quickly identified and corrected as well. Further, data sharing agreements existing between DCFS and the Louisiana Department of Health (LDH) allow staff to better identify missing demographic data and take action to correct those errors.

TIPS currently interfaces with other systems providing information on Medicaid Eligibility as well as Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. Using these interfaces, users are able to review and verify information to correct TIPS data when errors are discovered.

In November of 2017, a process was implemented to verify data on children entering foster care each month; using WebFocus Developer Studio, a report of children who entered care in a certain month are identified and matched against the Medicaid system. The fields matched between TIPS and Medicaid include, full name, DOB, SSN, and Medicaid number. For the September, 2017 entry report, 237 children were identified as having entered foster care. Of that 237, 26 children (10.97%) were found not to have a name match in Medicaid; after corrections were made, only 12 (5.06%) were found not to have a name match in Medicaid. The same process is completed with regard to the child's DOB, SSN, and Medicaid number. Two separate variables are examined - the first is whether the child is found in the Medicaid system at all using

name, date of birth, SSN, or Medicaid ID number; the second is whether children identified as receiving Medicaid can be matched using those 4 indicators. For those that have mis-matched indicators present, the data can be corrected in the DCFS TIPS system. If children are not found in Medicaid another process to ensure those children are receiving Medicaid can be examined.

The results for the children who entered Foster Care in September of 2017 are summarized in the table below. 237 children entered Foster Care and remained in care at the times of extraction. For those children with data not matching Medicaid exactly, corrections were made leaving DCFS with less than 1% of children who entered during September, matching Medicaid’s database. Medicaid requires more documentation (birth certificate, social security card/verification, etc.) to be entered into their system, whereas DCFS may take a statement from a client or collateral causing data inconsistency in TIPS. Matching against Medicaid assists in correcting these errors timely.

Children entering foster care – September 2017 (n=237)

Data Field to Match	#/(%) Children with No Medicaid Match at Entry	#/(%) Children with No Medicaid Match after Corrections	#/(%) Children with Mis-Match with Medicaid at Entry	#/(%) Children with Mis-Match with Medicaid after Corrections
Name	26(10.97%)	12(5.06%)	9(3.8%)	1(.42%)
Date of Birth	19(10.97%)	12(5.06%)	7(2.95%)	0(0%)
Social Security Number	52(21.94%)	38(16.03%)	8(3.37%)	0(0%)
Medicaid Number	35(14.76%)	0(0%)	15(6.32%)	2(.84%)

**Extracted from WebFocus Developer Studio on November 9th and 16th, 2017*

Completing this type of match draws the Department’s attention to gaps in data within TIPS and the systems with which TIPS interfaces. Also, it allows for these gaps to be corrected earlier and with more frequency. When data gaps still exist after correction, it further alerts staff to reach out to the child’s family, the Social Security Administration, or to the Office of Vital Records to verify and obtain correct information.

Finally, there are plans to update the TIPS system to collect better information regarding children with diagnosed conditions, the tribal status of children in foster care, children’s educational status, and additional placement details. Not only will these improvements benefit our federal reporting, these enhancements will also improve data quality overall.

B. CASE REVIEW SYSTEM

Findings throughout the document are based on information collected from the various involved stakeholders. [The Louisiana Department of Children and Family Services, 2016/2017 Annual Progress and Service Report](#), Case Review Process Section, pages 56 through 66 were reviewed and are referenced herein by citation as follows: (APSR, pg. #). Additionally, data from the DCFS CQI Data Analysis from October 1, 2014; April 1, 2015; October 1, 2015; April 1, 2016; and, October 1, 2016 was utilized.

Item 20: Written Case Plan: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

Case plan requirements/Required Provisions:

Description of child's placement

Services being provided to

Child

Parents

Foster parents

Information regarding child's school progress

Child's health records

Stakeholder Input: Feedback below received from various different internal and external stakeholders as well as clients through a variety of methods and represents both strengths and areas needing improvement. Please see appendix A for a comprehensive list of Stakeholders.

- Case planning meetings do not always bring out the same information as is brought out in the court process.
 - Court process is adversarial and this can lend to a different focus in a case as opposed to the case planning process.
- It is difficult for parent attorneys to attend case planning meetings.
 - Feel it is a more productive use of their time to present arguments to the judge and get judicial ruling than working with DCFS Social Workers
- In some areas parents do not participate in case planning meetings
 - Case planning meetings move forward even if parents don't participate
- Families can bring anyone they want to the case planning meeting. Often get extended family members, friends, neighbors who participate.
- Initially, DCFS staff goes out to family homes to discuss non-negotiables and to find out what the parents' goals for the family are prior to the actual case planning meeting.
- In some areas the mental health advocates also serve as the child's "CINC" attorney, but in other areas they can be two separate entities. The mental health advocates are the CINC attorney of record in 14 parishes. In the other 50 parishes the legal services organizations provide CINC representation.
- In case planning "team" meetings, what is necessary to help parents and what is available to support parents tends to be the focus
- Language in case plans is not parent friendly
- In some areas there are complaints about the complexity of case plans and parents being unable to follow them.

- Need family friendly language in the way the court process is referenced – need to discuss this change with judges
- Foster parents feel a need for their voice to be heard by DCFS staff in case planning without ramifications for expressing their concerns. Foster parents want to feel their voice is valued in the case planning process
- There should be greater accountability on the part of all stakeholders regarding implementation of case plan activities

Data:

CQI Case Review Item 13: Child and family involvement in case planning

ITEM 13	OUTCOME	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017	
		4/1/2015-6/30/2015		7/1/2015-12/31/2015		01/01/2016-06/30/2016		10/1/2016-03/31/2017		4/1/2017-9/30/2017	
		PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016	
		# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Item 13: Child and Family Involvement in Case Planning	Strength	69	69%	79	68%	61	53%	37	53%	51	44%
	Area Needing Improvement	31	31%	37	32%	54	47%	33	47%	64	56%
Not Applicable		2		4		5		2		5	

**Due to Louisiana switching from a quarterly review cycle to a 6-month review cycle, RP 3 CY2015 includes 3 months of data from FFY 2015. In FFY 2016, Louisiana switched from a calendar year review cycle to a federal fiscal year review cycle to align with the FFY and CFSR time frames. This switch caused Louisiana to undergo a preparatory period from 7/1/2016-9/30/2016 when no CFSR reviews were completed. Please refer to page 130 in the Louisiana 2017 APSR for data on PUR's prior to July 2014.*

CQI Case Review Item 13: Cumulative report

ITEM 13	OUTCOME	Cumulative Data on PUR's: July 2014- April 2016	
		# OF CASES	%
Item 13: Child and Family Involvement in Case Planning	Strength	306	57%
	Area Needing Improvement	233	43%

**Data obtained via OMS Statewide Summary Report: All Sites, All Case Types, Case Status (Approved and Final), ALL PUR's*

CQI Case Review Item 13: Child and family involvement in case planning

The agency made concerted efforts to actively involve the family in the case planning process.												
	FFY 2015 Q3		RP 3 CY2015		RP 1 CY2016		RP1 FFY 2017		RP 2 FFY 2017		All Reporting Periods	
	PUR: July 2014		PUR: October 2014		PUR: April 2015		PUR: October 2015		PUR: April 2016			
	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%	# of Cases	%
Child	45	83%	62	84%	50	81%	30	67%	46	65%	233	76%
Mother	67	78%	76	81%	67	68%	34	58%	49	53%	293	68%
Father	34	65%	33	57%	29	45%	16	46%	26	43%	138	51%

State Response/Systemic Factor Functioning: The “Written Case Plan” is viewed to be an area needing improvement related to ensuring each child has a written case plan developed with the child’s parents and caretakers which includes the required provisions. DCFS uses data from the Continuous Quality Improvement (CQI) case review process to determine if case plans are developed for all children in care and if they were developed jointly with the child’s parents. In RP 1 FFY 2017, the CQI case review of 72 cases showed of the 70 applicable cases for item 13, 53% were rated as a “strength” and 47% were rated as “an area needing improvement”. When reviewing this data more intensively for the same time period, the data shows 67% of the cases involved the child in developing the case plan. Mothers and fathers were involved 58% and 46% of the time, respectively. In RP 2 FFY 2017, the CQI Case review of 120 cases showed that of the 115 applicable cases for item 13, 44% were rated as a “strength” and 56% were rated as “an area needing improvement”. When reviewing this data more intensively for the same time period, the data shows 65% of the cases involved the child in developing the case plan. Mothers and fathers were involved 53% and 43% of the time, respectively. According to CQI case record reviews, the agency has steadily declined in the area of child and family involvement in the case plan over the last several reporting periods.

According to the CQI case review comments, fathers were not involved in the child’s life, fathers did not want to work the case plan and fathers had not made themselves available for consistent case planning. Alternatively, other CQI case review comments indicate that the agency did not engage the family in the case planning process.

Feedback provided from staff and stakeholders during CQI regional exit meetings revealed that staff may be experiencing difficulty effectively engaging parents for the following reasons: fathers are unknown or the mothers refused to give information on the father’s, parents location is unknown due to issues with substance abuse or mental illness which often makes it difficult to locate them, and the lack of engagement skills by workers. Some issues identified by stakeholder groups with regard to case planning included: parents not participating the case planning

meetings in some areas of the state, case planning meetings are held without the parents when they do not attend and the language in case plans is not parent friendly.

Regarding the agency's lack of concerted efforts to engage families, the department has 30% less staff over the last decade, although caseloads are similar or higher. On March 31, 2017, point in time data revealed that an additional 114 foster care staff were recommended. The agency believes that if it were fully staffed, improved effort could occur in attempting to engage disengaged parents.

The agency is able to monitor whether written case plans have been developed, however there is a barrier in being able to ensure that the child has a case plan developed jointly with the child's parents through quantitative data. Qualitative data exists through CQI case reviews in relation to concerted efforts to involve the child and parent in case planning, however quantitative data is only available to ensure that the case was developed, but does not inform of whether it was developed jointly. The state is able to monitor that the case plans are developed jointly with the child and parents through the CQI case review comments in accordance with Item 13, however this is a manual and tedious process.

Ways in which DCFS is working to improve case planning is through the Quality Parenting Initiative (QPI) and CQI consults. Through QPI, DCFS is establishing a core philosophy of ensuring quality parenting for the children served with regard to all activities. This includes the relationships we have with stakeholders, the way we work with the legal system, how we support and develop foster caretakers, and how we build partnership through our teaming process with the parent with whom we work. This cultural shift in the values is being developed to strengthen existing professional relationships and generate greater community partnerships in serving the families and children. Staff is hoping to see greater involvement of parents and caretakers in the case planning process as a result of this work as well as stronger support systems for parents and the caretakers of their children while in foster care.

Item 21: Periodic Reviews: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review:

Periodic review requirements:

Determine the child's safety

Review the continuing need for foster care

Determine compliance with case plan and progress towards alleviating or mitigating the causes necessitating placement in foster care

Stakeholder Input: Feedback below received from various different internal and external stakeholders as well as clients through a variety of methods and represents both strengths and areas needing improvement. Please see appendix A for a comprehensive list of Stakeholders.

- When there are multiple workers during a FC case there are problems in the transition process from one worker to the next and knowing what is going on in the case. At time that makes it difficult to explain in court what was happening in the case.
- As a norm the hearings are being held and are occurring timely. The process of what occurs is challenging. A thorough review of what is required and what actually gets processed is not necessarily seen.
- There seems to be a culture of courts accepting what is in the case plan as opposed to testimony in many places. There is minimal testimony typically. Barriers to the process are systemic issues around how these hearings are administered and the time issues to ensure coverage of these matters by the court.
- Internal case reviews with supervisors and attorneys are occurring on some cases prior to hearings. Decisions may be made to try to return children, but sometimes judges delay the return to see sustained change by the parents over time before they make a final decision.

Data:

In FFY 2016 a total of 7,726 judicial reviews were due. Of that number, 7,397 cases underwent a review [either through the courts or through the state’s Administrative Review (AR) process.] Based on these numbers, 95.7% of cases received periodic review in FFY 2016.

In FFY 2017, a total of 7802 judicial reviews were due. Of that number, 7276 cases underwent a review [either through the courts or through the state’s Administrative Review (AR) process.] Based on these numbers, 93% of cases received periodic review in FFY 2017.

Cases for which judicial reviews were due but not held (for various reasons such as court continuances) are required to be reviewed through the state’s AR process. In FFY 2016, a total of 197 cases needed to be reviewed through the AR process. Of that number, 112 or 57% of the ARs were held timely. A total of 85 or 43% of the required ARs were not held timely. In FFY 2017, a total of 292 cases needed to be reviewed through the AR process. Of that number, 129 of the ARs were held timely.

Review Hearings within 90 days of disposition: How often do cases with a child in out-of-home care have a review hearing within 90 days of disposition?	
Always	50%
Often	37%
Sometimes	11%
Rarely	2%
Never	0%

*Date obtained from the Louisiana Court Improvement Program through the Pelican Center for Children and Families Survey: January 2018. A total of 4106 people were sent a link to the survey. Six percent (237) completed the survey. Participants included a wide range of system based stakeholders including judges, court staff, attorneys, DCFS caseworkers, supervisors, managers, CASA, DCFS consultants and service providers and law enforcement.

Review Hearings at least every 6 months following the Initial Case Review Until Permanent Placement: How often do cases with a child in out of home care have a review hearing at least every 6 months following the initial case review hearing until permanent placement?	
Always	68%
Often	28%
Sometimes	4%
Rarely	0%
Never	0%

*Data obtained from the Louisiana Court Improvement Program through the Pelican Center for Children and Families Survey: January 2018. A total of 4106 people were sent a link to the survey. Six percent (237) completed the survey. Participants included a wide range of system based stakeholders including judges, court staff, attorneys, DCFS caseworkers, supervisors, managers, CASA, DCFS consultants and service providers and law enforcement.

State Response/Systemic Factor Functioning: The "Periodic Review" is viewed to be in substantial conformity based on quantitative case event data, stakeholder feedback and a recent survey completed by the Louisiana Court Improvement Project through the Pelican Center for Children and Families. The state does provide a process, the "Case Review Hearing Process" and the "Administrative Review Process (AR)" for ensuring a periodic review of the status of each child which includes the required provisions occurs no less frequently than once every 6 months. The case review hearing typically occurs in all cases; however, the department utilizes the administrative review process as a backup to ensure that cases do not miss the periodic review through any unforeseen issues which may arise in the case review hearing process.

According to stakeholder feedback received, as a norm the hearings are being held and are occurring timely. According to a survey conducted by the Louisiana Court Improvement Project, most respondents believe cases with a child in out-of-home care “always” or “often” (87%) had a review hearing within 90 days of disposition and virtually all of the respondents who answered the question about whether review hearings are held every 6 months following the initial review until permanent placement said this was “always” or “often” the case. Quantitative data indicates that in FFY 2016, the agency was at 95.7% completion of having a judicial review through either the court or the administrative review process. In FFY 2017, the agency was at 93% completion of having a judicial review through either the court or the administrative review process

CQI case reviewers are responsible for collecting and distributing data to regions when an Administrative Review is needed due to the judicial hearing not being held. CQI supports the regions in providing technical assistance (working in VIBE, Excel spreadsheets) and training on the AR process. Regional management has the responsibility for utilizing the tools provided by CQI to ensure timely completion of the case activities and document completion. TIPS case events exist for all court hearings.

Most field staff questioned regarding the required ARs which were not held, reported being unaware of the need to conduct the internal AR. DCFS is currently exploring ways to improve outcomes in this area which include reviewing the roles and responsibilities of staff providing and monitoring data with plans to initiate necessary changes to the process.

Item 22: Permanency: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequency than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Permanency hearing requirements:

- Determine the permanent plan for the child
- For a child who has attained age 14, determine the services needed to assist the child to make the transition from foster care to independent living
- Consult with the child in an age appropriate manner regarding the proposed permanency or transition plan for the child

Stakeholder Input: Feedback below received from various different internal and external stakeholders as well as clients through a variety of methods and represents both strengths and areas needing improvement. Please see appendix A for a comprehensive list of Stakeholders.

- All participants in the process need to better understand the purpose of the permanency hearings and their role/ responsibility as a part of that process.
- Consistency in getting permanency hearings on the dockets timely statewide needed
- There is confusion about the permanency plan and parents' role in achieving the plan other than to prevent Adoption.
- When a child is a member of a tribe the tribe is not always notified of the permanency hearings.
- Permanency actions are sometimes being taken in cases such as placement changes or guardianship recommendations without notification of the child's attorney.

Data:

FFY	Permanency Hearings Due	Permanency Hearings Accomplished	Permanency Hearings Timely
2016	2719	2556 (94%)	2194 (86%)
2017	2894	2625 (91%)	2217 (84%)

*Data obtained from TIPS Case event 3110

Permanency Hearings within 9 months of disposition: How often do cases with a child in out of home care have a permanency hearing within 9 months of Disposition?	
Always	43%
Often	40%
Sometimes	12%
Rarely	3%
Never	1%

*Date obtained from the Louisiana Court Improvement Program through the Pelican Center for Children and Families Survey: January 2018. A total of 4106 people were sent a link to the survey. Six percent (237) completed the survey. Participants included a wide range of system based stakeholders including judges, court staff, attorneys, DCFS caseworkers, supervisors, managers, CASA, DCFS consultants and service providers and law enforcement.

Permanency Hearings every 12 months following the initial Permanency hearing until permanent placement: How often do cases with a child in out of home care have a permanency hearing every 12 months following the initial permanency hearing until permanent placement?	
Always	61%
Often	32%
Sometimes	6%
Rarely	1%
Never	1%

*Date obtained from the Louisiana Court Improvement Program through the Pelican Center for Children and Families Survey: January 2018. A total of 4106 people were sent a link to the survey. Six percent (237) completed the survey. Participants included a wide range of system based stakeholders including judges, court staff, attorneys, DCFS caseworkers, supervisors, managers, CASA, DCFS consultants and service providers and law enforcement.

Permanency Hearings every 12 months following the initial Permanency hearing until permanent placement: How often do cases with a child in out of home care have a permanency hearing every 12 months following the initial permanency hearing until permanent placement?	
Always	61%
Often	32%
Sometimes	6%
Rarely	1%
Never	1%

*Date obtained from the Louisiana Court Improvement Program through the Pelican Center for Children and Families Survey: January 2018. A total of 4106 people were sent a link to the survey. Six percent (237) completed the survey. Participants included a wide range of system based stakeholders including judges, court staff, attorneys, DCFS caseworkers, supervisors, managers, CASA, DCFS consultants and service providers and law enforcement.

Statewide Judicial Review Hearing- Compliance Data for Child in Need of Care Cases

FFY	Total Cases	In Compliance	Not In Compliance	Compliance Percentage
2014	611	575	36	94.1
2015	476	437	39	92

❖ *CINC permanency compliance numbers for active cases.*

State Response/ Systemic Factor Functioning: The "Permanency Hearing Process" is viewed to be in substantial conformity as the state ensures each child in foster care under the supervision of the state has a permanency hearing in a qualified court which includes the required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. According to the quantitative data, CIP data, and a recent survey conducted through the Louisiana CIP, permanency hearings typically occur timely in the majority of cases.

During FFY 2016, TIPS case event data indicated that 2719 permanency hearings were due and 2556 (94%) were accomplished. Of the permanency hearings that were accomplished, 2194

(86%) were held timely. In FFY 2017, TIPS case event data indicated that 2894 permanency hearings were due and 2625 (91%) were accomplished. Of the permanency hearings that were accomplished, 2217 (84%) were held timely.

According to a recent survey conducted by the Louisiana Court Improvement project among those who answered the question related to a permanency hearing held within 9 months of disposition resulted in just over 40% said this “always” happens, another 40% said it “often” happens. The remaining 16% said it happens only “sometimes”, “rarely” or “never”. Over 90% of the survey respondents said permanency hearings “always” or “often happen every 12 months following the initial hearing until permanent placement and 93% indicate that a permanency hearing is held every 12 months following the initial permanency hearing until permanent placement.

As per [2016 Louisiana APSR](#), pg. 61:

A review of data provided by stakeholders from the Louisiana Court Improvement Project (CIP) shows that judicial hearings were held timely in 94.1 percent of cases for children in Foster Care in FFY2014. In FFY 2015, the percentage declined to 92%. Data is not available past 2015.

This data does not include a breakdown to reflect the number of hearings serving as Judicial or Periodic reviews. It is common in Louisiana courts to use the Periodic Review Hearing and Permanency Hearings interchangeably or a combination of both hearings, according to CIP. Therefore, the data provided above is collected from both hearing types. Exploration of data collection methods in this area is still needed as data gaps continue to exist.

Greater accuracy and timeliness of data entry is an area needing improvement and will be achieved through TIPS training in conjunction with improved data efforts through the AFCARS Improvement Plan, through revisions in foster care policy regarding case staffings and through the development of reports that will be tracked by the Performance Measure Consultants (PMC).

Item 23: Termination of Parental Rights: How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

Termination requirements:

- The child has been in foster care for 15 months of the most recent 22 months
- The parent has committed a serious offense such as killing another child
- Documentation of Compelling Reasons not to file for TPR
- The child is living with relatives

Stakeholder Input: Feedback below received from various different internal and external stakeholders as well as clients through a variety of methods and represents strengths and areas needing improvement. Please see appendix A for a comprehensive list of Stakeholders.

- Participants do find compelling reasons are being considered in some areas and in some courts. Where they are considered, the reasons are presented to the court with a judicial decision made regarding whether the compelling reasons are appropriate for not pursuing TPR when it is in the best interests of the child.
- In some cases, the timeframes are unrealistic for parents. Parents who are just getting out of jail typically have no way to work on a case plan timely enough to get their children back.
- DCFS BGC attorneys are available to consult and guide field staff in decision making around pursuing TPR.
- DCFS workers are viewed as not really understanding the meaning of compelling reasons and how to use other than the age/developmental level of the child and how that impacts the child's ability to express their wishes.
- Appeals courts have been found to use some incredible reasons for overturning termination decisions. An example is "the parent loves the child."
- Appeals process is viewed as getting better due to better representation of all parties in the cases. The appeals court is being provided better briefs related to the hearings.
- For long term cases the tribe does not see DCFS coming back and pursuing a connection for the tribal kids that stay in foster care a long time.
- DCFS typically files for TPR. The child's attorney can file the termination proceedings, but this is rare.
- Reportedly a significant number of foster caretakers do participate in the actual TPR proceedings
- It is felt TPR is not getting filed at the 18th month
 - when TPR is filed timely it often takes months to get into court
 - sometimes the state dismisses the TPR proceedings
 - when foster parents have tried to intervene, they have been told they could not because the proceedings had already been filed
 - when the child's attorney has tried to intervene, they have been told they could not because the proceedings had already been filed
- sometimes the TPR proceedings stay open for long periods of time but no one can move the case because there was already a proceeding open
- sometimes the court doesn't keep records well and when there are no court records, another TPR hearing has to be held
- sometimes continuances are found to last a significant time based on CQI case reviews
 - typically to allow parents more time to make changes
 - small percentage due to administrative issues
 - some due to agency staff turnover

- o lack of sufficient information in the file to support termination can be a barrier to proceedings

Data:

CQI Case Review Item 5F: The agency filed or joined a termination of parental rights petition in a timely manner or an exception applied.						
ITEM 5	OUTCOME	FFY 2015 Q2	RP 3 CY2015	RP 1 CY2016	RP 1 FFY2017	RP 2 FFY 2017
		4/1/2015-6/30/2015 PUR: July 2014	7/1/2015-12/31/2015 PUR: October 2014	01/01/2016-06/30/2016 PUR: April 2015	10/1/2016-03/31/2017 PUR: October 2015	4/1/2017-9/30/2017 PUR: April 2016
Permanency 5F: TPR Petition	Strength	71%	66%	64%	69%	69%
	Area Needing Improvement	29%	34%	36%	31%	31%

**Data obtained from OMS Performance Practice Report*

As per [2016 Louisiana APSR](#), pgs. 62-63: The following chart shows data collected by DCFS staff attorneys on all TPR cases.

FFY	Total TPR's Filed	TPR's Filed After ASFA Date	Percent Filed Timely
2015	464	115	75%
2016	582	174	70%
2017	482	134	72%

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

State Response/ Systemic Factor Functioning: The "Filing for Termination of Parental Rights Process" is viewed to be an area needing improvement based on CQI case review data, data collected by DCFS BGC attorneys, CQI exit interviews and stakeholder input. The TPR proceedings generally occur in all cases in accordance with federal guidelines unless compelling reasons are documented for applicable cases to indicate TPR proceedings should not occur. However, CQI exit meetings with staff indicate that the agency BGC attorneys are backlogged causing delays in receiving the TPR judgement, and there are court delays in filing TPR's. Feedback from staff has indicated that it can take several months to file a TPR petition and/or receive a TPR judgement. Stakeholder input indicates TPR's are not getting filed at the 18th month, however quantitative data indicates that approximately 72% of the TPR's submitted were filed within the AFSA timeframes. Stakeholder input also indicates that when a TPR is filed timely it often takes months to get into court, sometimes the state dismisses the TPR proceedings, and sometimes the TPR proceedings stay open for long periods of time but no one can move the case because there was already a proceeding open. CQI case review comments indicate that sometimes continuances are found to last a significant time, typically to allow parents more time to make changes, a small percentage due to administrative issues, some due to agency staff turnover and lack of sufficient information in the file to support termination can be a barrier to proceedings. In addition, DCFS field staff experience difficulty receiving notice of TPR appeals being held. When TPR appeals do occur it can take a long time after the hearing for

the transcript from the hearing to be completed and be provided to the department which creates delays.

Item 24: Notice of Hearings and Reviews to Caregivers:

Notice requirements:

- Receive a letter or phone call or personal contact from a caseworker letting you know
 - Date, time, location of hearing
 - your right to provide comments or information to the court/judge
- Receive a form with notification of the hearing and including space for providing your input

Stakeholder Input: Feedback below received from various different internal and external stakeholders as well as clients through a variety of methods and represents strengths and areas needing improvement. Please see appendix A for a comprehensive list of Stakeholders.

- Foster caretakers are being notified in open court of the next court hearing when they are in attendance.
- Judges typically recognize when foster caretakers are present and offer them an opportunity to share
- In one area of the state the judge has a special form the judge has created for foster parent feedback
- Foster caretakers periodically complain they are notified of hearings with a very short timeframe and can't make arrangements to be there or they don't feel they are encouraged to participate
- It is felt some DCFS staff does not understand it is important or necessary for foster caretakers to be present in court.
 - This can be a shift in perspective needed by DCFS staff in alignment with our QPI movement to make foster parents feel part of the partnership.
 - CASA can play a role in supporting this partnership

State Response/ Systemic Factor Functioning: The "Notice of Hearings and Reviews to Caregivers" is viewed to be an area needing improvement as the ability to track and capture data on this process is difficult. The state does provide a process for foster parents, pre-adoptive parents, relative caregivers, and other foster caretakers of children in foster care to be notified of, and have a right to be heard in any review or hearing held with respect to the child in accordance with the required provisions. DCFS staff currently notifies foster caretakers of reviews and hearings through monthly contacts with the caretakers. Additionally, all participants in reviews and hearings are notified of upcoming reviews and hearings during each review and hearing.

DCFS captures the date written notification was provided to all foster caretakers informing them of the date, time, location of the hearings and their right to attend and be heard. In the case notes or case documentation portion of the Family Assessment Tracking System (FATS) when staff document contacts are made with the family, child and caretaker each month, they are able to

indicate whether the caretaker was notified of the hearing and their right to be heard. All of this documentation is provided in narrative format with no capacity for rolling up the data.

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

A recent survey conducted by the Louisiana Court Improvement project indicates that 91% of the time parents, foster parents and relative caregivers are “always” or “often” given notice of hearing and reviews, however we are unable to confirm the accuracy of this data.

DCFS is currently and will continue to work with DCFS staff, stakeholders and foster caretakers as part of the Quality Parenting Initiative (QPI) process to develop more collaborative relationship in having awareness of when review and hearing proceedings are occurring, preparing for those proceedings, and ensuring the voice of the child's caretaker is heard in the review and hearing processes.

C. QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response: Louisiana is in substantial conformity with the Quality Assurance System systemic factor. The state's Continuous Quality Improvement system functions statewide and is a vital part of the DCFS structure. The system is based on the CQI functional components as outlined in ACYF-CB-IM-12-07 issued on August 27, 2012. Louisiana's response to the Quality Assurance System Systemic Factor is outlined below according to the functional components contained in the above stated Informational Memorandum.

Foundational Administrative Structure:

History regarding the development of Louisiana's CQI foundational structure is outlined in the state's [APSR for FFY 2016](#) (QA Section, Foundational Administrative Structure, p. 39-40 para.1) as well as in the Quality Assurance System Systemic Factor – Foundational Administrative Structure section of the state's [APSR for FFY 2017](#) (p. 41-42). The information

provided below provides a current update to reflect Louisiana's ongoing efforts to maintain its established CQI system.

The Department of Children and Family Services (DCFS) continued its commitment of supporting an environment of continuous quality improvement. Child Welfare (CW) Continuous Quality Improvement (CQI) remained a vital part of the DCFS structure. The CQI Team maintained its previously reported structure ([APSR FFY2017](#), Foundational Administrative Structure, p. 41, para 1-2) of three managers along with 22 case review staff who hold various roles in the CQI process. The established training protocol for CQI staff also remained intact with the CQI Unit maintaining bi-weekly conference calls along with quarterly in-person meetings. More information regarding training of CQI staff is included below in the Case Record Review Data and Process section of this systemic factor.

DCFS continued to monitor and make improvements in the area of communicating information captured through the CQI process. Following the initial meeting of the State Level CQI Committee in December 2016 and through discussions among CQI Unit Management, it was decided that the composition of the committee change to reduce to the representation of management level staff and to include more regional field staff and stakeholders.

Members of the new committee include the following:

- State Office CW Manager 2
- State Office CW Manager 1
- State Office Program staff (2)
- Regional Area Director
- Regional CQI Committee Chair
- Regional CQI Committee Co-Chair (2)
- CW Data Consultant
- CW Training Academy
- CQI Managers
- State Office Clerical Staff
- Regional Field Staff (4)
- Stakeholders
 - Court Improvement Program (CIP) Representative
 - Tribal Representative
 - Youth Independent Living Coalition Representative
 - CASA Representative
 - District Court Representative
 - Foster Parent
 - Parent
 - Youth

The first meeting of the new committee was held on June 29, 2017. During this meeting participants discussed the philosophy of CQI, DCFS CQI Structure, using data in decision making, and expectations of members in future meetings. Emphasis were placed on the committee's role in the CQI Communication feedback loop as well as the committee's

responsibility in reviewing Regional CQI referrals sent to the committee for response and/or study.

Although the state level CQI committee was only slated to meet biannually, the new committee recommended meeting quarterly to ensure that dialogue continues at all levels. The committee meetings will continue to focus on the following topics:

- CFSR preparations and planning
- Regional CQI Committee updates
- Data presentation/review/analysis
 - Case Reviews
 - Red Flag Case Review staffings
 - Targeted Case Reviews
 - MIS Data
- Stakeholder communication and needs
- Referrals
- Agency updates/ planning/Next Steps
- Region Spotlights – presentations reflecting regional strength based practices

It should be noted that data from CQI case review results will be presented bi-annually during the April and October meetings of the committee. This places the dissemination of the case review data on the same schedule as that of the Regional CQI committees.

The quarterly Regional committee meetings have continued in all nine regions since January 2017. The focus of the meetings remained:

- Data overview and state level CQI committee updates
- Regional work/issues/planning/ updates on submitted committee work
- Stakeholder communications/needs/ regional and state level referrals/agency functions

One main function of regional CQI committees continues to be involving staff at all levels in participating in identifying the Department’s strengths, barriers and needs for service delivery. In April 2017, 15 CFSR Items were presented statewide during regional meetings for discussion while during the October 2017 meetings, 9 CFSR Items were presented. A chart entitled “CFSR Items presented at Regional CQI Exit Meetings” outlines the items presented in each region and can be found in the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process section of this QA Systemic Factor report.

Additional information regarding the foundational structure, functioning and meetings of the 9 Regional CQI Committees is included in the Foundational Administrative Structure section of the APSR for FFY2017 (QA Systemic Factor, p. 42, para 3-6).

Data overviews are an important focus of the state level committee. Statewide data results from CFSR case reviews were presented during the committee meetings for discussion and feedback regarding the quality of service delivery. Data regarding cases reviewed and found to have safety concerns was presented during committee meetings for discussion before dissemination to Regional committees.

The committee continued to also stress the importance of the use of CQI referrals in the feedback loop to communicate with Executive Management, State Office Management and Field staff. Procedures for submitting, responding and collecting data for state level referrals have been developed. Recent data shows that a total of 42 referrals have been submitted to the state level committee since Quarter 3 of CY 2017 for resolution. As of December 31, 2017, a total of 29 responses were received from Executive Management and State Office Management. The responses were sent to all regional committees for dissemination to field staff statewide.

Additional information regarding referrals to the state level CQI Committee can be found in the Analysis and Dissemination of Quality Data and the Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process sections of this QA Systemic Factor report.

Quality Data Collection:

In August 2017 Louisiana began using the traditional random sampling methodology as planned. No major problems have been reported as a result of the reduced number of cases for CFSR case review or change to sampling methodology.

CQI continues to use the process of pairing and rotating reviewers and QA staff each review period. Efforts to strengthen inter rater reliability among QA staff also continued during FFY 2017 with QA exercises with mock case reviews and bi-weekly support calls for QA staff.

Although DCFS acknowledged its data gaps in the 2017 APSR, and the potential for those gaps to affect data quality, collaborative efforts with the data unit are underway to determine areas where data quality issues are most present. The following activities were considered as solutions for improving data quality:

- Development of a process to match information found in case records with corresponding information in the TIPS system.
 - As part of the IT Systemic Factor, DCFS is developing a supplemental questionnaire for cases sampled in the CQI review process. These questions will be narrowly focused to address the areas of foster child demographics, goal, and placement. It will include the comparison of what is in the DCFS system of record and what is documented in the case record. All cases that are reviewed as a part of the in-home sample will be subject to this questionnaire with the intention of improving overall data quality.
- Visitation Report for dashboard
 - Unfortunately this task is still being worked on as it is a difficult request to program for everyday use by field staff. As a temporary work-around, Performance Measures Consultants have access to a version of this report that can be run on demand and shared with staff. These key individuals are identified as they have knowledge in this area and are the primary individuals responsible for gathering and compiling data for their regions.
- Development of TIPS data reports to assist in identifying AFCARS errors.
 - Focus has shifted to developing reports to capture CFSR round 3 data so additional progress has not been made in this area.

Case Record Review Data and Process: The CQI Team continues to prepare for the 2018 CFSR. Louisiana moved from a calendar year review cycle to a federal fiscal year (FFY) review cycle to align with the FFY and CFSR timeframes. This change resulted in Louisiana undergoing a preparatory period from 7/1/2016-9/30/2016 when no CFSR case reviews were completed. The change began on October 1, 2016 with the beginning of Reporting Period (RP) 1 FFY 2017. History regarding the development of Louisiana's case record review process is outlined in the state's [APSR FFY 2017](#) (QA Systemic Factor Section, p.43-45)

The CQI team continued to use the OSRI to conduct CFSR case reviews during 6 month reporting periods, aligned with the FFY timeframes. Louisiana continued to input data regarding the OSRI into OMS.

In FFY 2017, it was determined that the CQI team would implement a new level of quality assurance (QA) to ensure best practice in rating CFSR reviews. The decision was made to add an additional 3rd level manager review to randomly selected case reviews. In order to accomplish this, 6 new QA reviewers were identified from the current review staff, and the current QA reviewers were moved into the role of 2nd level reviewers. The 3 CQI managers, who were previously completing all 2nd level reviews, would be completing the 3rd level manager reviews in the new structure. These changes were implemented in October 2016. No substantial problems have occurred as a result of the change and staff experienced a rather smooth transition to the new process.

The training protocol established for CQI staff remains intact. CQI managers and QA staff continued to lead training sessions. The CQI Unit has maintained bi-weekly conference calls and/or webinars to discuss CQI matters, case review items and standards, and to train staff on changes to policy and procedures (state and/or federal). Quality Assurance (QA) CQI staff continued to meet separately to review QA processes and case review standards. Regional and statewide meetings were held to train staff.

The entire CQI team continued to participate in quarterly trainings. The following is a list of the trainings and dates of trainings for CCY 2017:

- January 25, 2017: CQI Consultation for CW Supervisors
- March 8, 2017: Effective CFSR Case Review Exit Meetings
- May 10, 2017: Mock Case Presentation with Federal Partners
- July 5, 2017: Team Building- Improving CQI
- September 26, 2017: Start of Reporting Period 1-2018: CFSR Tips and Reminders from JBS.

In October 2017, the final version of the Louisiana CQI manual was sent to the Children's Bureau for final approval.

Analysis and Dissemination of Quality Data: Although a number of procedural improvements have been made in the analyzing and dissemination of data from the CFSR case reviews, Louisiana continues to distribute data to all levels of the Department and to external

stakeholders. The Analysis and Dissemination of Quality Data section of the [Louisiana 2017 APSR](#) (QA Systemic Factor, p.45, para 5 – p.46 bullet 2) outlines the state’s previous procedures. Please note that no changes were made at the Worker/Supervisor Level and the procedure remains the same as stated in the State’s [APSR for FFY 2017](#).

- Worker/Supervisor Level: CQI reviewers conducted consultations with workers and supervisors on every review held.
- Regional Level: Extensive data presentations and discussions at CQI Regional Committee meetings with the potential for feedback loops. A detailed discussion of the format for the meetings is included in the [Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process](#) section of this QA Systemic Factor report.
- State Level: Quarterly State Level CQI meetings with the potential for bi-directional communication. A detailed discussion of the format for the meetings is included in the [Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process](#) section.

Distribution of data and opportunities for input continued with external stakeholders on the state as well as regional levels. The DCFS data unit provided aggregated data to external stakeholders on a recurring basis as well as upon request.

Stakeholder	Report	Request
LA Department of Health	Foster Care/LDH Match	Monthly recurring
Court Appointed Special Advocate (CASA)	Foster Care Count	Monthly recurring
LA Department of Health	Foster Care Entries	Monthly recurring
LA Department of Education	Point in Time- Children in Foster Care	Monthly recurring
Casey	AFCARS Data	Bi-annually
LA Legislature	Human Trafficking Report	Annually
LA Legislature	HCR 74 Report on Children in Foster Care	Annually
LA Department of Administration	LAPAS	Quarterly
Caddo DA's Office	Foster Care Data	Quarterly
Casey	Short-Stayer Data	Quarterly
Mindshare/Eckerd	CPS Data	Weekly
LA Department of Health	Match of Infants served by both Depts.	Annually
LA Department of Health	Fatality Data	On-Demand
Dave Thomas Foundation for Adoption	Adoption Data	On-Demand
CASA	Fatality Data	On-Demand

**The aggregate data reports above were distributed to the identified requesting stakeholders. Data reports requested by DCFS programs and provided to external stakeholders are not included in the chart above.*

The DCFS continues to invite stakeholders to participate in statewide meetings where CFSR and targeted case review data results are discussed. On the state level stakeholders included representatives from the Court Improvement Program (CIP), Tribes, CASA and residential placement facilities. Continuous but unsuccessful efforts had been made at the state level to include parents, foster parents and youth participation in meetings where case review data is

discussed. In CY 2018 Louisiana will continue to extend invitations to that stakeholder group on the regional and state levels. On the regional level representatives from courts, tribes, CASA and service providers participated in quarterly regional committee and stakeholder subcommittee meetings.

The CQI Team continues to conduct ad hoc/targeted reviews. Information regarding the process for requesting, conducting and evaluating ad hoc/targeted reviews as well as reviews currently underway can be found in the Analysis and Dissemination of Quality Data section of the [2017 APSR](#) (QA Systemic Factor Section, p 47, para 3 – p.48, para 1).

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

As in previous years, CQI continued to promote the use of data to improve practice and guide collaborative efforts. Stakeholders were afforded opportunities to review data and provide feedback during statewide meetings, state level CQI meetings as well as regional meetings. Discussions during the meetings have focused on planning and implementing changes aimed at improving outcomes.

Recent program improvements to Louisiana’s work with youth are the result of the Department’s functioning Quality Assurance system. Using a statewide Quality Assurance process, data was collected and analyzed from Youth Transition Plan (YTP) case reviews as well as state and regional focus groups to facilitate program improvement measures.

CQI began Youth in Transition Plan (YTP) case reviews in 2014. It was determined that although an earlier training had been implemented in 2013, practice with older youth in care had not improved significantly. Based on this assessment, a new training was developed. Review findings were utilized to determine areas of focus for the training. The YTP training was piloted with CQI and Program staff in December of 2015 and the training was implemented statewide from December of 2015 through April of 2016. Three hundred ninety-four foster care and adoption case managers and supervisors were trained.

However, no marked improvement was seen in YTP case reviews. The YTP targeted case reviews were suspended as it was felt that sufficient data had been collected to explore identified concerns. The last targeted review was conducted for RP1 CY 2016 (January 1, 2016-June 30, 2016).

**TABLE S1: Statewide Youth Transition Plan Compliance Data
YTP Statewide Data - RP1 CY 2016**

Item #	QUESTIONS	RP1 CY2016
1	Were all required YTPs completed within the Period Under Review?	31.1
1 A	If the answer to 1 is “No”, have any required YTPs been completed within the PUR?	62.5
2		

Item #	QUESTIONS	RP1 CY2016
3	Has every section of the YTP been fully assessed during the PUR to include updated goals and action steps that indicate on-going assessment of the child's needs?	8.9
4	Based on the assessment information, does the plan address the needs and desires of the youth in a realistic manner?	26.7
5	Does it appear that the youth has guided development of the Plan?	37.8
6	Does the YTP indicate the youth has individuals in their life to provide continued connection and support after DCFS involvement?	33.3
7	Are the services in the plan, and the action steps to achieve the goals, adequate to prepare the youth for independence considering their individual circumstances such as their age, developmental level, medical conditions, financial resources, etc.?	17.8
8	Does the case documentation indicate that the youth has been given opportunities to demonstrate capacity for success at independent living prior to aging out in areas such as: sense of belonging, mastery, independence and generosity?	82.2
Percentages = Yes ratings for each item		

The review included 45 statewide cases that were pulled from a random sample of youth ages 14 and over. The sample was based on the assigned worker and the worker's location in Louisiana's Tracking Information Payment System (TIPS). Item 2: "Was the Youth Transition Plan attached to the case plan and court report?" was removed for this review period due to policy changes which required entering YTP in Louisiana's Family Assessment Tracking System (FATS). The most notable result of the review showed that 31% of the case reviewed had all required YTPs completed for the PUR. In Louisiana YTPs are due every 6 months for all Foster Care cases with a youth age 14 or older. A YTP is also due within 60-90 days prior to a youth's 18th birthday.

In an effort to determine effectiveness, the YTP Review July-October 2016 was developed. This review was divided into two parts. One part would examine if YTP review, and consultation after the review, affected future YTP practice. The second part would examine if from training and YTP reviews, supervisors in the foster care (FC) and adoption (AD) programs across the state were able to gain knowledge of an appropriate YTP and implement that knowledge with staff.

The first part of the review began in July 2016, looking back at all YTP reviews conducted in RP 1 CY 2016 (January 1, 2016-June 30, 2016). This part of the review was titled the "Youth Transition Plan Re-review."

Youth Transition Plan Re-Review

Table S1: Provides the re-review instrument items for the Youth Transition Plan Re-review.

TABLE S1: YTP Re-Review Instruments

[Item #]	[QUESTIONS]
Item 1	(NA) Question not applicable for re-review.
Item 2	(NA) Question not applicable for re-review.
Item 3	Has every section of the YTP been fully assessed during the Period Under Review?

[Item #]	[QUESTIONS]
Item 4	Based on the assessment, does the plan address the needs and desires of the youth in a realistic manner?
Item 5	Does it appear that the youth has guided development of the plan?
Item 6	Does the Youth have individuals in their life to provide continued connection and support after DCFS involvement?
Item 7	Are the services in the plan adequate to prepare the youth for independence considering their individual circumstances such as their age, developmental level, medical conditions, financial resources, etc.?
Item 8	(NA) Question not applicable for re-review.

Statewide YTP Re-review Outcomes

Table S2: Provides per region, the total number of YTPs re-reviewed, # of YTPs with all “Yes” ratings, # of YTPs with all “No” ratings, and percentage data of YTPs with all “Yes” ratings.

TABLE S2: YTP Re-Review Statewide Outcomes Data

Region	# of YTPs Re-reviewed	# of YTPs with All “Yes” Ratings (Items 3-7)	# of YTPs with At Least 1 “No” Rating (Items 3-7)	% of YTPs with All “Yes” Ratings (Items 3-7)
Orleans	2	0	2	0%
Covington	1	1	0	100%
Thibodaux	1	0	1	0%
Baton Rouge	2	0	2	0%
Lafayette	2	2	0	100%
Lake Charles	4	1	3	25%
Alexandria	1	0	1	0%
Monroe	1	0	1	0%
Shreveport	1	0	1	0%

Table S3: Provides percentage data representing the statewide responses to items on the Youth Transition Plan Re-review instrument.

TABLE S3: YTP Re-Review Statewide Item Outcomes Data

Item #	# of YTPs Re-reviewed	# of YTPs with “Yes”	# of YTPs with “No”	% of Yes Ratings
Item 3	15	7	8	46.7%
Item 4	15	8	7	53.3%
Item 5	15	10	5	66.7%
Item 6	15	8	7	53.3%
Item 7	15	8	7	53.3%

All cases in which a YTP review was conducted during RP 1 CY 2016, that were still open cases in July of 2016, were re-reviewed to determine if needs learned during the RP 1 review were addressed and corrected after consultation of those reviews ended. Out of 45 YTP reviews

conducted for RP 1 CY 2016, 15 cases remained open that were eligible for re-review. The re-review of those 15 cases was conducted between July-October 2016. Staff had the opportunity to update YTP plans and to consult, at their discretion, with foster care state office staff prior to their YTP being re-reviewed.

Youth Transitional Plans (YTP): The second part of the review began in August 2016. This part of the review was titled the Youth Transition Plan Supervisor Review. Area Directors in each region were asked to have all FC and AD supervisors in their region select the best YTP they had supervised the completion of and send it to State Office for review.

Youth Transition Plan Supervisor Review

Table SR1: Provides the instrument items for the YTP Supervisor Review.

TABLE SR1: YTP Supervisor Review Instrument Items

[Item #]	[QUESTION]
Item 1	Did the YTP contain goals and realistic action steps to achieve goals within domains? To rate as a “yes” this had to be present in a minimum of the Education and Health domains.
Item 2	The YTP contained evidence of involvement of others (outside of the youth and case manager) in development or accomplishment of the plan as evidenced (I.e. by the sign-in sheet, others listed as responsible parties in action steps of the plan, or others listed in the plan that have some action or role in accomplishment of the plan).
Item 3	The YTP list a person identified to have contact with the youth (act as a permanent connection) and a plan for contact was detailed. If there was no person identified for the youth to have contact with, there was a detailed plan regarding how a contact person/permanent connection would be identified.
Item 4 (Youth age 17+ only)	The YTP for any youth age 17 detailed a confirmed plan for where the youth will live after they turn 18. If there was no confirmed plan, there must be action steps leading to the development of a confirmed plan prior to reaching age 18.

**Pass ratings must receive “Yes” ratings for all items, 1-3 (4 when applicable). Fail ratings indicate one or more “No” ratings for items 1-3 (4 when applicable).*

***A Pass rating regarding the above most basic criteria does not indicate that the YTP meets a best practice standard or is in compliance with all that is required in policy, but instead indicates that the YTP meets a basic practice standard.*

Table SR2: Provides data for the regional cluster including Orleans, Covington, and Thibodaux Regions.

TABLE SR2: Regional Cluster: Orleans, Covington, Thibodaux YTP Supervisor Review Compliance Data

Region	# of YTPs Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Orleans	*7	4	3	57%
Covington	11	1	10	9%
Thibodaux	6	2	4	33%

**1 supervisor in West Jefferson not reviewed due to FMLA leave. Supervisor not counted in # reviewed.*

Table SR3: Provides data for the regional cluster including Baton Rouge, Lafayette, and Lake Charles Regions.

TABLE SR3: Regional Cluster: Baton Rouge, Lafayette, and Lake Charles YTP Supervisor Review Compliance Data

Region	# of Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Baton Rouge	4	1	3	25%
Lafayette	13	6	7	46%
Lake Charles	8	0	8	0%

Table SR4: Provides data for the regional cluster including Alexandria, Shreveport, and Monroe Regions.

TABLE SR4: Regional Cluster: Alexandria, Monroe, and Shreveport YTP Supervisor Review Compliance Data

Region	# of YTPs Reviewed	# of YTPs Passing	# of YTPs Failed	% of YTPs Passing
Alexandria	7	1	6	14%
Monroe	9	4	5	44%
Shreveport	10	0	10	0%

The review questions for this review examined the most basic criteria to meet a basic/safe practice standard for YTPs. The review also determined if reviews submitted were in the current format in the Family Assessment Tracking System (FATS), though this information was not used in rating, rather for informational purposes only. Statewide, 75 YTPs were reviewed for the YTP Supervisor Review.

Following the YTP Review July-October 2016, CQI conducted regional focus groups with staff at multiple levels to identify barriers and possible solutions to improve outcome in our work with Youth. Focus groups began in FFY 2017. The caseworker focus groups identified the development of plans with appropriate goals and action steps as the main barrier in working with youth. The groups discussed their struggles with developing plans for children with special needs, behaviors problems and with elopement issues.

Supervisors and Managers focus groups agreed that the majority of staff don't have the skill set to engage youth in the development of transitional plans. This results in transitional plans that are not specific to the youth's situation, according to the groups.

All of the groups discussed and recommended specialized youth workers as a solution to improving outcomes for youth.

Louisiana's use of Quality Assurance process to collect and analyze data has led to the following programmatic changes in working with our youth.

- One effort to positively impact youth aging out of Louisiana foster care is the development of the Transitioning Youth Unit in state office to support the efforts of the field in improving the outcomes for older youth exiting the foster care program. Currently, there is one Supervisor and 1 consultant. One critical means to improving the outcome for older youth exiting foster care is ensuring that each child exiting has a permanent connection. Consultants have also offered monthly case consultation to field staff in preparing youth that are aging out of foster care within the next six month timeframe to ensure a permanent connection was established and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth’s ability to transition into adulthood successfully.
- The Quality Parenting Initiative (QPI) was introduced statewide to change the staff perspective on greater partnering with foster caretakers in the way children and youth are served. Emphasis was placed on encouraging improved relationships between foster caretakers and the families of the children and youth, and developing greater commitment of foster caretakers to the parenting role.
- Specialized Youth Workers have been appointed statewide, with at least one within each of the nine (9) regions. The individualized case management services will be provided by case managers who are specifically trained to work with youth, understand the importance of collaboratively working with the youth to develop a realistic plan for the child upon aging out as well as the development of at least one viable permanent connection. There are currently 19 workers statewide.

Louisiana’s efforts to help supervisors and field staff to link daily practices to data results through the use of CQI/CFSR Mini Prep Session is outlined in this named section of the [APSR for FFY 2017](#) (QA Systemic Factor, p.49, para 4 – p. 50).

CQI/CFSR Mini Prep educational sessions for field staff supervisory units were held on a quarterly basis beginning October 2016. These sessions allowed and encouraged small group discussions and questions related to case practice and outcomes. Below is the quarterly schedule along with topics for discussion.

CQI Mini Prep Sessions: Schedule and Topics

Quarterly Prep Sessions for Field Staff	Content of Prep Sessions
October 2016-December 2016	CQI: Understanding the CQI Process (30 min.-1 hour) 2016
January 2017-March 2017	Safety Outcome Items mini-training to include best practice understanding related to items (1 hour)
April 2017-June 2017	CFSR timeline and Permanency Outcome Items mini-training to include best practice understanding related to items (1 hour)
October 2017-December 2017	Well-being Outcome Items mini-training to include best practice understanding related to items (1 hour)
January 2018-March 2018	Case Related Interview and Stakeholder Interview mini-training (1 hour)

**This chart does not include the quarter of July 2017 to September 2017.*

Sessions were suspended statewide for the quarter July 2017 through September 2017 due to two Emergency Preparedness events which required the reallocation of DCFS staff. The Mini Prep sessions will continue through March 2018.

Although attendance of field staff is not mandatory at mini sessions, it is strongly encouraged by Regional Management teams. Field staff included Child Welfare Trainees, Child Welfare Specialists 1-3 and Child Welfare Supervisors.

CQI Mini Prep Session: Attendance for Quarter through September 2017

Region	Number of Participants 10/2016- 12/ 2016	Number of Participants 1/2017-3/2017	Number of Participants 4/2017-6/2017	Number of Participants 7/2017-9/2017
Orleans	97	95	89	
Covington	44	107	101	
Thibodaux	72	55	53	
Lake Charles	63		108	
Lafayette	69	67	55	
Baton Rouge	45		88	
Shreveport	81	87	106	
Alexandria	77	73	81	
Monroe	75	69	77	
Total	623	553	658	

**The data report above shows the number of field staff who participated in CQI Mini Prep Sessions conducted by CQI Reviewers since October 2016.*

Sessions were not held in two regions during the Quarter of January 2017 through March 2017 due to regional management changes. However, make up sessions were held in both regions during the following quarter to ensure staff received information on the assigned subjects. In April 2017, the CFSR Time Line and Safety Outcome sessions were presented to 56 staff in Lake Charles Region and 48 in Baton Rouge. In June 2017, Permanency Outcome sessions were presented to 52 staff in Lake Charles and 40 in Baton Rouge. Therefore the number of participants for those regions in chart above for Quarter April 2017 through June 2017 includes the numbers for the makeup sessions.

In addition to the Mini Prep sessions, CQI launched an Intranet Web page in September 2017. The page features a message from the Department Secretary who introduces the CFSR and encourages staff to visit the web page monthly for updates. Each month the site features a CFSR focus Item from the Children’s Bureau Child and Family Service Review Fact Sheet along with input from a featured region. Although regions featured have expressed enthusiasm regarding participating in this project, CQI currently has no way to measure the effectiveness of the web page. According to DCFS communication staff, they are currently exploring technology which will capture the number of visits to the web page.

Louisiana continues to promote bi directional feedback opportunities on the Regional and State Levels through data presentations at CQI Regional Committee and CQI State Level Committee

meetings. External Stakeholders are invited to participate in the meetings on the regional and state levels.

In April 2017, the CQI Unit moved forward with incorporating the CQI Regional Case Review Exit meetings into the Regional CQI Committee meetings. Information regarding the rationale for the procedure change and the success of a pilot implementation can be found in the of [Louisiana's 2017 APSR](#) (QA Systemic Factor, p. 51, para 4 – p. 52).

In the new meeting format, the CQI management reviewed case review data from OMS to identify any statewide trends. CQI staff serving as co leaders of the regional committees helped the regional committees to analysis case review data and determine which items should be presented during the Exit portion of the Regional CQI meeting. Any Items identified as statewide trends by CQI management were also added for presentation at the regional meetings. Prior to the meeting, a group of staff consisting of Managers, Supervisors and case workers were choose to serve as core preparatory group. CQI staff met with the group to introduce the CFSR case review process discusses the results of case ratings and to prepare the group to lead and participate in discussions during the Regional meeting. The following CFSR Items were presented during the regional meetings.

CFSR Items presented at Regional CQI Exit Meetings

Regions	CFSR Items April 2017	CFSR Items October 2017
Orleans	12 17	3 15 17
Covington	12b 13 15 17	5 11 17
Baton Rouge	8 12b 17	3 15 16 17
Thibodaux	3 11 17	6 12c 14 17
Lafayette	9 13 17	3 15 17
Lake Charles	3 14 17	3 15 17
Alexandria	12b 13 15 17	12b 13 15 17
Shreveport	5 12b 17 18	6 12b 13 17

Monroe	6	5
	13	12b
	17	17

**Items listed in the chart above represent subjects as identified in the CFSR On-Sight Review Instrument (OSRI)*

Well-Being Outcome 3: Item 17 – Physical Health was identified by CQI Management as an item to be presented statewide for both the April 2017 and October 2017 due to downward performance ratings. During the regional meetings staff was given the opportunity to provide feedback regarding potential barriers in practice in their geographic area which may attribute to performance issues and to brainstorm for possible solutions to the barriers. All 9 regions created regional subcommittees to further study the barriers and possible solutions.

The Regional committees have several options for disseminating feedback which includes referral to a CQI Regional Subcommittee for additional study or to the State Level CQI Committee for review, response and/or identification of additional solutions. Feedback from the meetings to include identified barriers and possible solutions is also sent to the state office management for review.

Regional committee referrals sent to State Level Committee are first reviewed by a CQI Unit Manager to determine whether a referral is appropriate for consideration on the state level or should be returned to a Regional CQI committee for study on the regional level or requires additional information for a state level response. The following charts contain data regarding referrals accepted on the state level beginning in Quarter 3 and Quarter 4 of CY-2017.

State Level Committee Referrals by Regions and Quarters

Referrals by Regions	Referrals Q3-2017	Referrals Q4-2017
Orleans	0	0
Baton Rouge	0	0
Covington	14	5
Thibodaux	3	12
Lafayette	0	1
Lake Charles	0	0
Alexandria	0	3
Monroe	0	4
Shreveport	0	0
Total Referral by Regions	17	25

**Chart represents the number of Regional CQI Committee Referrals by region and quarter accepted by the State Level Committee for response/review.*

A total of 17 referrals were submitted to State Office program sections and Executive Management for response during Quarter 3 of CY2017. Of the 17 referrals, 15 were resolved, returned to regional committees and included in the quarterly statewide report. One referral response was received after the dissemination of the statewide report and 1 referral was returned to the region on additional information. The chart below shows the concerns and/ or issues that were addressed through the referral process. In Quarter 4 CY 2017 a total of 25 referrals were received by the State Level committee. As of December 31, 2017, 13 of the 25 referrals were resolved on the state level, 6 were returned to the sending Regional Committees and Management Teams for possible action and 6 referrals were pending responses.

State Level CQI Referral Subjects

Concerns/Issues	# of Concerns Q3-2017	# of Concerns Q4-2017
Statewide Information System	2	4
Case Review	0	0
Quality Assurance	0	0
Staff and Provider Training	1	5
Resources Development	2	2
Responsiveness to the Community	1	2
Recruitment	0	0
Retention	2	5
Licensing	0	0
Policy	3	4
Agency Process	3	1
Forms	3	2
Other	0	0
Total Referrals	17	25

**This chart shows the number of referrals to the State Level Committee according to referral subject.*

The majority of the referral concerns in Quarter 3 CY-2017 pertained to Agency processes, policy and forms. Two of the referrals in the Agency process category were concerning the staff use of personal cell phones for business purposes, while the remaining referral raised concerns with staff's difficulty in engaging parents in the Family Team Meeting process.

One referral to the committee resulted in changes that will impact Louisiana's informational systems as well as improving practice. CQI Referral 3010 was submitted to the State Level Committee for review. The issue presented was a request for a systems change to reflect completion of 6 month dental examinations. This oversight had potential to adversely affect the outcome of timely completion of dental examinations. The referral resulted in the submission of a systems change which will notify staff of the coming due date of the 6 month exam.

In Quarter 4 CY-2017, 5 referrals pertained to Staff and Provider Training and 5 were concerning retention of staff. Resolution of the referrals for this quarter is pending.

The CQI Unit Manager sends the de-identified accepted referrals to the appropriate State Office program section for response. All responses are presented for review and discussion during the State Level Committee meeting. Upon the approval of the state Level Committee, the referral response is considered resolved and sent to the Region of origin. A quarterly statewide report of all resolved referrals is sent to the regions for dissemination and feedback during quarterly Regional CQI Committee meetings.

D. STAFF AND PROVIDER TRAINING

Louisiana is in substantial conformity with systemic factor Staff and Provider Training.

The Louisiana Department of Children and Family Services (DCFS) is committed to supporting a competent, stable workforce as a top priority. Through the Louisiana Child Welfare Training

Academy (LCWTA) strategic partnership (involving DCFS, the Louisiana Universities Alliance, and the Pelican Center for Children and Families), Louisiana has expanded the resources available to support child welfare training and workforce development. The LCWTA continues to focus on aligning and maximizing human, fiscal, and programmatic resources to support high quality training and professional development of students, staff, foster and adoptive parents, providers, legal stakeholders, and other key community partners and working closely with DCFS staff to advance critical child welfare workforce investments. This includes supporting initial and on-going training and professional development of DCFS child welfare staff and foster and adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners.

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

- Implementation of a competency based screening and selection process for new staff and stipend students.
- Coordination and delivery of initial training to 235 new staff who confirmed the training provided them with knowledge and skills needed to meet their responsibilities.
- On-going implementation of the highly rated Title IVE Stipend Support Groups.
- Implementation of an expanded new worker on the job training program in the Baton Rouge office that helped stabilize and retain new CPS staff.
- Coordination and delivery of the Supervisory Certification Program to 46 new supervisors throughout the state who confirmed the program provided them with knowledge and skills needed to meet their responsibilities. Continued implementation of the highly rated Permanency Certificate Program.
- Initiation of the DCFS Child Welfare Employee MSW Educational Support Program providing support for DCFS child welfare staff to pursue the Masters in Social Work degree. Currently ten DCFS child welfare staff are participating in the program with more planned. Through university partnership, also expanded clinical supervision resources to support staff obtaining advanced licensure.
- In collaboration with partners, expanded training in trauma informed care, domestic violence and child welfare, mental health, self-care, worker safety, Understanding Girls, TBRI, ACES, SBIRT, and juvenile trafficking. Led by Pelican Center, provided interdisciplinary training in Child Welfare Basics, Cultural Consciousness, and Safety Decision-Making.
- Expanded participation in the 2016 Together We Can Conference to 608 total attendees and recorded select sessions being made available as on-line trainings.
- In collaboration with Casey and Texas Christian University, DCFS created and implemented new pre-service training for foster and adoptive parents A Journey Home and a one-day in-service version for existing staff and foster/adoptive parents. Evaluations by foster/adoptive parents and staff affirm the new training provides them with knowledge and skills needed to meet their responsibilities.
- DCFS, the Louisiana Institute for Children in Families and the Pelican Center for Children and Families, introduced the Quality Parenting Initiative (QPI) statewide and in

each region of the state. QPI is an approach to strengthening foster care including kinship care, by refocusing on quality parenting for all children in the child welfare system regardless of where they live. QPI gives caregivers a more active role in the everyday lives of the children in their care. It also emphasizes the importance of the team approach -- foster parents, agency staff and birth parents, working together to achieve the best outcomes for the child.

- Partnered with New Jersey training and university leaders to prioritize key components of LCWTA infrastructure, develop curriculum, and expand in-state trainer network.
- Expanded evaluative capacity through hiring of LCWTA staff focused on data, analysis, and reporting, among other priority responsibilities. The LCWTA is gathering and analyzing additional data, including pre- and post- test evaluations, to inform the effectiveness of training and professional development and support continuous quality improvement.
- Implemented new website with latest Moodle functionality to support on-line training as well as future automation of registration, tracking, reporting, testing, and evaluation.
- Louisiana applied and was selected as one of eight sites to participate through the Quality Improvement Center for Child Welfare Workforce Development.

Item 26: Initial Staff Training: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

New DCFS child welfare employees are assigned to New Worker Orientation (NWO) Cohorts upon notice of hire from the Human Resources section. Between October 1, 2016 and September 30, 2017 a total of 235 new workers went through the New Worker Orientation; 97% of them completed the initial service hours required, while the remaining 3% did not due to resignation.

The following is a list of some of the training sessions provided to initial staff members between October 1, 2016 and September 30, 2017. New staff also participated in other trainings offered to all staff.

- **New Child Welfare Worker:** is a multi-week training that was provided 13 times; a total of 227 initial staff members have completed the training. This training provides new child welfare staff with foundational knowledge and skills needed for effective child welfare practice across multiple program areas, and includes program specific training to assist in preparing new staff for their daily tasks and duties.
- **Legal Training for New Child Welfare Staff:** is a six-hour training that was provided two times; a total of 47 initial staff members have completed the training.
- **Courtroom Simulation Training for New CW Staff:** is a one-day training that was provided one time; a total of 37 initial staff members have completed the training.

- **Trauma Informed Care for New CW Staff:** is a two-day training that was provided four times; a total of 56 initial staff members have completed the training.
- **Title IV-E Stipend Support Groups and Professional Development:** training was conducted 14 times; a total of 75 interns/staff members participated in the training.

In collaboration with the LCWTA, DCFS staff gathered training evaluations from new worker participants in “New Child Welfare Worker Training,” “Legal Training for New Child Welfare Staff,” “Courtroom Simulation Training for New CW Staff,” “LCWTA Trauma Informed Care for New CW Staff,” and “Title IV-E Stipend Support Group and Professional Development.” Initial staff completed 928 training evaluations and the results indicate:

1. That 88% of new workers agreed that the content of the material presented provided them with knowledge/skills needed to meet their responsibilities in this area of work.
2. That 89% of new workers agreed that children and families will benefit from knowledge and skills gained during the training.
3. That 88% of new workers agreed that overall the training was a useful experience.
4. That 85% of new workers agreed that the instructional material was helpful to building knowledge and skills.

Item 27: Ongoing Staff Training: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

All DCFS CW employees are required to complete 20 hours of in-service training annually. In-service training hours are documented within a state fiscal year which runs July 1, 2016 through June 30, 2017. A total of 1,113 staff continued with their in-service training; 95% of them completed the mandated in-service training hours while the remaining 5% did not due to resignations and/or untimely completion of activities.

The following is a list of some of the training sessions provided to child welfare staff members statewide between July 1, 2016 and June 30, 2017:

- **Supervisor Certification Program:** is a 12 month training and professional development certificate program that consists of six, two-day training sessions along with one on one supervisory coaching as well as supervisory support groups. The Supervisor Certification Program was provided twice; a total of 46 supervisors completing the training.
- **Practicing Permanency:** is a 10 day program focused on advanced foster care and adoption. A total of 24 staff members completed the training.
- **Understanding Girls a Trauma informed Perspective:** is a two-day training session that was conducted 13 times; a total of 236 staff members completed the training.
- **Infant Mental Health:** is a six one-day training program that was conducted twice; a total of 12 staff members completed the training.

- **Supervisor Support Group:** is a one-day training session that was conducted nine times; a total of 70 staff members completed the training.
- **Child Welfare and Social Work Ethics:** is a one-day training session that was provided once; a total of 50 staff members completed the training.
- **Understanding ACES:** is a one-day training session that was provided once; a total of 25 staff members completed the training.
- **Competency Based Screening and Selection Process for Child Welfare Professionals:** is a three one-day training session that was provided once; a total of 39 staff members completed the training.
- **Substance Abuse Train the Trainer:** is a two one-day training session that was provided once; a total of 16 staff members and partners completed the training.
- **Understanding Girls Train the Trainer:** is a two one-day training session that was provided twice; a total of 15 staff members and partners completed the training.
- **Understanding Infant Death from Investigative Perspective Training Series:** is a one-day training that was provided nine times; a total of 376 staff members and partners completed the training.
- **Child Victims with Disabilities:** is a two one-day training that was provided three times; a total of 353 staff members and partners completed the training.
- **Lunch and Learn:** is a one-hour web-based training sessions offered monthly. Topics included “Self-care Management,” “QPI Partnership Plan,” “Best practices in Working with Older Foster Care Youth,” “Effective Case Transfer,” “CFSR Working Together to Improve Practice,” and “Pathways to Permanency.” A total of 447 staff members participated in the Lunch and Learn sessions.

In collaboration with LCWTA, DCFS staff gathered training evaluations from current staff in the “Supervisory Certification Program,” “Practicing Permanency Certification,” “Understanding Girls,” “Infant Mental Health,” “Supervisor Support Group,” and “Lunch and Learn” series. Staff members completed 850 training evaluations and results indicate:

1. That 90% of current staff agreed that the content of the material presented provided them with knowledge/skills needed to meet their responsibilities in this area of work.
2. That 90% of current staff agreed that children and families will benefit from knowledge and skills gained during the training.
3. That 91% of current staff agreed that overall the training was a useful experience.
4. That 82% of current staff agreed that the instructional material was helpful to building knowledge and skills.

The Louisiana Children’s Justice Act Task Force gathered training evaluations from participants of “Understanding Infant Death from an Investigative Perspective,” and “Child Victims with Disabilities.” A total of 581 staff members and partners completed training evaluations and results indicate:

1. That 95.6% of the staff members and partners agreed that the topic was informative and valuable.
2. That 92.7% of the staff members and partners agreed that the materials are supportive and can be easily utilized.
3. That 90% of the staff members and partners agreed that they'll be able to share this information.

Community Partner Trainings

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

Through this partnership the Pelican Center has been able to act as coordinator in providing multi-disciplinary educational training for child welfare legal stakeholders as well as DCFS staff and partners. During the federal fiscal year of 2017, the Pelican Center conducted nine in-person trainings. A total of 539 DCFS staff completed the courses.

The following is a list of the training sessions provided to current staff members between July 1, 2016 and June 30, 2017:

- **Cultural Consciousness:** is a one-day training session that was conducted twice; a total of 82 staff members completed the course.
- **Safety Decision Making:** is a one-day training session that was conducted three times; a total of 240 staff members completed the training.
- **Child Welfare Basics:** is a one-day training session that was conducted four times; a total of 217 staff members completed the training.

The Pelican Center gathered training evaluations from participants of “Cultural Consciousness,” “Safety Decision Making,” and “Child Welfare Basics.” A total of 507 participants completed training evaluations and results indicate:

1. That 89% of the participants agreed that overall the training was a useful experience.
2. That 80% of the current staff agreed that children and families will benefit from knowledge and skills participants gained during this training.
3. That 93% of the current staff agreed that the activities (Small group exercises) completed were helpful to building knowledge and skill in this topic.

The 2016 Together We Can conference marked the 14th year of this annual event. The goal for the 2016 conference was to achieve 500 registrations and we reached 121.6% of the target by enrolling 608 participants. The attendees included a diversity of child welfare staff and

stakeholders. CASA represented 30% of those attending. DCFS staff represented 28% of those in attendance. Legal Stakeholders accounted for 12% of those attending.

There were a variety of plenary sessions and workshops conducted during the Together We Can Conference 2016 covering topics in areas such as: “Introductions,” “Family Engagement,” “Adolescent Issues,” “Special Populations,” “LGBTQ,” “Court,” “Trafficking,” and “Hearing from Foster Youth.” The Pelican Center staff gathered training evaluations from 20 sessions and workshops given throughout the conference. Participants completed 767 evaluations and results indicate:

1. That 97% of the participants agreed that the topic was informative and valuable.
2. That 96% of the participants agreed that the topic contributed to the whole conference.

Item 28: Foster and Adoptive Parent Training: How well is the staff and provider system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under the Title IV-E) that address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

New foster and adoptive parents must complete pre-service training to become certified. Midway through the 2016- 2017 year, DCFS transitioned from using the MAPP/GPS pre-certification training model to a newly developed pre-certification training model called “A Journey Home.” The new training model was developed specifically for Louisiana through collaboration with The Annie E. Casey Foundation and Texas Christian University Child Development Center; it incorporates components of Quality Parenting and Trust-Based Relationship Interventions (TBRI). The pre-certification training now consists of seven sessions with an additional session for parents interested in adoption. The new pre-certification training was initiated in February 2017 statewide. All new foster/adoptive parents completed either the MAPP/GPS or Journey home training.

Once foster/adoptive parents are certified, they are required to complete 15 hours of training per year to maintain certification. In state fiscal year 2016-17, there were approximately 1,583 active foster homes reported; (this figure does not include the 81 foster homes that were granted a training waiver due to their homes being devastated in the 2016 Great Flood, which affected Baton Rouge and Covington regions nor the 85 inactive homes that had not had placements in 1.5 or more years.) Data indicates that 83% of active foster/adoptive parents completed their training requirements while the remaining 17% of active foster/adoptive parents that did not receive their required training hours in SFY 2017 were contacted and a plan put in place to ensure completion of in-service training hours for SFY 2018.

Region	# FP needing in-service training hours for SFY 2017	# FP inactive w/o required in-service training hours for SFY 2017, w/o placement in 1.5 years and closed	# FP needing in-service training hours for 2017 w/o inactive #FP	# FP that received required in-service training hours for SFY 2017	# FP active w/o required in-service training hours SFY 2017
Orleans	86	10	76	60 (4%)	16 (1%)
Baton Rouge	124 (18FAH*)	8	116	73 (5%)	43 (2.7%)
Covington	137 (63FAH*)	16	121	83 (5%)	38 (2.4%)
Thibodaux	225	23	202	160 (10%)	42 (2.7%)
Lafayette	362	0	362	341 (22%)	21 (1.3%)
Lake Charles	254	2	252	238 (15%)	14 (0.9%)
Alexandria	166	3	163	156 (10%)	7 (1.8%)
Shreveport	172	9	163	134 (8%)	29 (1.8%)
Monroe	142	14	128	67 (4%)	61 (3.9%)
Totals	1,668	85	1583	1,312 (83%)	271 (17%)

*FAH = Flood Affected Homes = 81

The following on-going training opportunities were offered multiple times in each region throughout the state, between July 1, 2016 and June 30, 2017. Each of these training sessions were offered as multidisciplinary training for foster/adoptive parents, DCFS child welfare staff and legal and community partners.

The following is a list of some of the training sessions provided to foster/adoptive parents and staff between July 1, 2016 and June 30, 2017:

- **A One-day Journey Home training:** All existing certified foster parents, as well as all DCFS Child Welfare staff were offered a shortened version of A Journey Home pre-certification training. The intent was to ensure that all foster parents and DCFS child welfare staff become knowledgeable about the latest knowledge and skills needed to work with children in care, such as providing trauma informed care. Kinship providers also received a version of the new training. Statewide, a total of 3,311 foster and adoptive parents and DCFS child welfare staff completed one of the versions of A Journey Home or the MAPP/GPS training.
- **Culturally Affirming Care:** is a one-day training that was conducted multiple times on each region for a total of 58 training sessions; a total of 975 current staff, foster/adoptive parents completed the training.
- **Quality Parenting Initiative:** is an overview of QPI conducted statewide and in each region of the state. Over 1,200 staff members, foster/adoptive parents, youth, legal and community partners participated in the sessions held throughout the state.

- **Introduction to Trust-Based Relational Intervention:** is a one-day training session that was conducted four times; a total of 71 current staff, foster/adoptive parents completed the training.
- **Trust-Based Relational Intervention:** is a one-day training session that was conducted twice; a total of 67 current staff, foster/adoptive parents completed the training.

In collaboration with LCWTA, DCFS staff gathered training evaluations from current staff, foster/adoptive parents from the “A Journey Home training,” “Culturally Affirming Care,” “Quality Parenting Initiative” “Introduction to Trust-Based Relational Intervention,” and “Trust-Based Relational Intervention.” Current staff and foster/adoptive parents completed 6,098 training evaluations, and results indicate:

1. That 91% of current staff, foster/adoptive parents agreed that the content of the material presented provided them with knowledge/skills needed to meet their responsibilities in this area of work.
2. That 95% of current staff, foster/adoptive parents agreed that children and families will benefit from knowledge and skills gained during the training.
3. That 93% of current staff, foster/adoptive parents agreed that overall the training was a useful experience.
4. That 92% of current staff, foster/adoptive parents agreed that the instructional material was helpful to building knowledge and skills.

DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. DCFS Licensing verifies that all licensing requirements, including required training, are met during on-site licensing inspections. During FFY ending September 30, 2017, DCFS Licensing verified through licensing review that 100% of the staff in 33 of the 36 state licensed or approved facilities completed required training. In the remaining three facilities, completion of required training was not verified due to licensing not conducting a follow-up inspection during the period in which the auditors were reviewing the training was received. Across all the facilities, a total of 418 staff members completed mandatory training requirements while for the three remaining facilities that are awaiting to be reviewed; only four staff members are pending being verified or have been inspected outside the period reported.

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) program is in substantial conformity in the area of ensuring that there is an adequate array of services accessible to all political jurisdictions throughout the state.

The DCFS provides an array of services that assesses the strengths and needs of children and families, determines other service needs, and addresses the needs of families as well as individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The state's CW service continuum/service array includes Centralized Intake (CI) for intake, screening and referral; Child Protective Services (CPS) for the assessment of reports of abuse/neglect; Family Services (FS) for in-home services when it is safe for a child to remain in the home; Foster Care (FC), Kinship Care (KC), Guardianship, Youth Independent Living and Adoption (AD) for out-of-home services; Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents; and Interstate Placement on the Placement of Children (ICPC) for cross-jurisdictional resources.

An analysis of the services available across the state indicated that formal programs for service delivery are available in all political jurisdictions throughout the state which encompasses 64 parishes divided into 9 regions. While a DCFS, CW office is not located in all 64 parishes, they are located in 42 parishes statewide. Individuals who live in parishes where there are no CW parish office are still served in their parishes of residence by DCFS staff housed in neighboring parishes that do have offices. If travel for other services is required, DCFS provides transportation.

The service array is provided through a number of specialized services, key initiatives and best practices. Some examples include a contract with the Language Line, Safety Focused Practice (SFP), Trauma and Behavior Health (TBH) screenings, and independent living services (ILS). For additional information on SFP, TBH and ILS please refer to the CPS, Prevention and Intervention, and Chafee portions of this plan.

Preventative services are provided to families through the DCFS Family Services program. The philosophy is that each child should remain in the home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of the children from their families by identifying family problems, assisting families in resolving their problems, and preventing the breakup of families when a child can be cared for safely in the home. Family service workers complete a comprehensive assessment of the family that identifies the unique needs, strengths and protective capacities of the family. Family services workers are assigned in each of the 42 parish offices and service the entire 64 parishes throughout the state.

Homebuilders Intensive Home Based Services are child safety, placement and prevention services. This includes intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of the families being serviced. These services are provided to the highest risk families where children are at risk of out of home placement.

Foster care is a planned, goal-directed protective service for children and their parents who must live apart because of child abuse, neglect, or special family circumstances necessitating out-of-home care. Foster care services are intended to be an interim process to provide care for a child

until he is reunited with his family or until another permanent living situation is provided. The Department provides services to parents whose children are in foster care in order to enhance their caretaker protective capacities and remove the safety threats that resulted in the children’s removal from the home. The Department assists families in developing a network of support through extended family, friends, and community to sustain family functioning.

The chart below gives the total number of children and youth served during the federal fiscal years.

FFY	Cumulative FFY
Baseline: 2013	7,437
2014	7,973
2015	8,406
2016	8,108
2017	7,792
2018	

*Data obtained from Web Focus Report

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

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

The DCFS contracts with 10 providers throughout the State to provide services to children and families serviced through the Departments. Primary services provided through the Family Resource Centers includes: Parenting Classes, Visit Coaching and Family Skill Building. January through October of 2017, 1220 cases were referred to the Family Resource Centers throughout the State as follows:

Referrals by Region (Jan-July 2017)

Region	Parish	# Referrals (Case)
Orleans		53
	East Jefferson	24
	West Jefferson	22
	Orleans	5
	Plaquemines	0
	St. Bernard	2
Baton Rouge		111
	East Baton Rouge/Pointe Coupee	100
	East Feliciana	3
	Iberville/West Baton Rouge	8
	West Feliciana	0
Covington		230
	Livingston	87
	Tangipahoa/St. Helena	57
	St. Tammany	51
	Washington	35
Thibodaux		90
	Ascension	13
	Assumption	0
	Lafourche	45
	St. Charles	0
	St. John/St. James	6
	Terrebonne	26
Lafayette		136
	Acadia	18
	Evangeline	15
	Iberia	11
	Lafayette	36
	St. Landry	7
	St. Martin	18
	St. Mary	17
	Vermillion	14
Lake Charles		179
	Allen	32
	Beauregard	23
	Calcasieu	114
	Cameron	1
	Jefferson Davis	9
Alexandria		135
	Avoyelles	39
	Catahoula	4
	Concordia	2
	Grant	0
	LaSalle	5
	Rapides	42
	Vernon	33
	Winn	10
Shreveport		66
	Bienville	1
	Bossier	3

Region	Parish	# Referrals (Case)
	Caddo	19
	Claiborne	1
	DeSoto	10
	Jackson	3
	Natchitoches	15
	Red River	1
	Sabine	8
	Webster	5
Monroe		220
	Caldwell	6
	East Carroll	4
	Franklin	14
	Lincoln	7
	Madison	6
	Morehouse	13
	Ouachita	146
	Richland	15
	Tensas	1
	Union	4
	West Carroll	4
TOTAL		1220

*This data is compiled at State Office via monthly reports received from the 10 family resource centers.

Item 30: Individualizing Services: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) program is in substantial conformity in the area of Individualizing Services. The service array can be individualized to meet the unique needs of children and families served by the Department.

Services in languages other than English have been and continue to be available to meet the unique needs of non-English speaking children and families statewide. Through the Language Line, DCFS provides translation services statewide numerous times per month. The need for this service has increased over the last four years primarily for Spanish and Vietnamese speaking clients; however, it is accessed for other languages as needed.

In most areas of the state when therapy is needed for a non-English speaking client, the agency will conduct a search of available providers for the language needed and if unavailable utilize a translator. In the Greater New Orleans area where non-English speaking clients may be more prevalent, more services are available to service these clients. Resources that assist in this area include: Jefferson Parish Human Service Authority, Tulane Parenting and Education Program, Hispanic Apostolate of Catholic Charities of New Orleans, and several independent therapists.

DCFS CW individualizes services through an assessment process which is initiated when the Department first becomes involved with children, youth and families and continues throughout

the life of a case. To accomplish this comprehensive assessment, DCFS uses an assessment based approach throughout the child welfare continuum. There is significant focus on this assessment process and DCFS believes it is key in engaging children, youth and families, identifying their strengths and needs, jointly developing behaviorally-specific case plans and providing the most appropriate services that meet the individualized needs of the children, youth and families.

The Structured Decision Making (SDM) Instrument and Safety Focused Practice (SF) Assessment is utilized to determine the need for ongoing services, in or out-of-home. Intensive home based services can be provided through the Homebuilders program for families with children deemed to be at a high risk of removal. Homebuilders services are available throughout the State to all 9 Regions and 64 Parishes. These services are contracted through 8 agencies in different areas of the state. DCFS contracts the Institute for Family Development to provide oversight and data on these services to assess fidelity and success.

Client Feedback was positive regarding the Homebuilder services provided. Out of 251 surveys returned, 98% reported that the therapist explained that they were available to the client 24/7 and 98% reported using the new skills learned. On a rating scale of 1 to 5, with 5 being positive, clients reported at a rate of 4.92 that their therapist listened and understood them and their concerns; 4.90 that their therapist demonstrated a respect for their culture and values; and 4.88 communicated an overall satisfaction with the Homebuilders Program and therapist.

**Homebuilders Success Rate
Placement Prevention/Reunification Achieved at Closure
For Those that Completed Intervention**

[Intervention]	Youth Referred	PP or R Achieved	% Youth with PP or R Achieved
Life Changing Solutions-Shreveport	123	109	88.62%
START	53	52	98.11%
VOA Baton Rouge	58	44	75.86%
Pathways	70	70	100.0%
The Extra Mile – Team 2	64	64	100.0%
The Extra Mile – Team 1	123	120	97.56%
Counsel NOLA – Metro	78	76	97.44%
The Bridge Family Therapy – Monroe	39	33	84.62%
Grand Total	608	568	93.42%

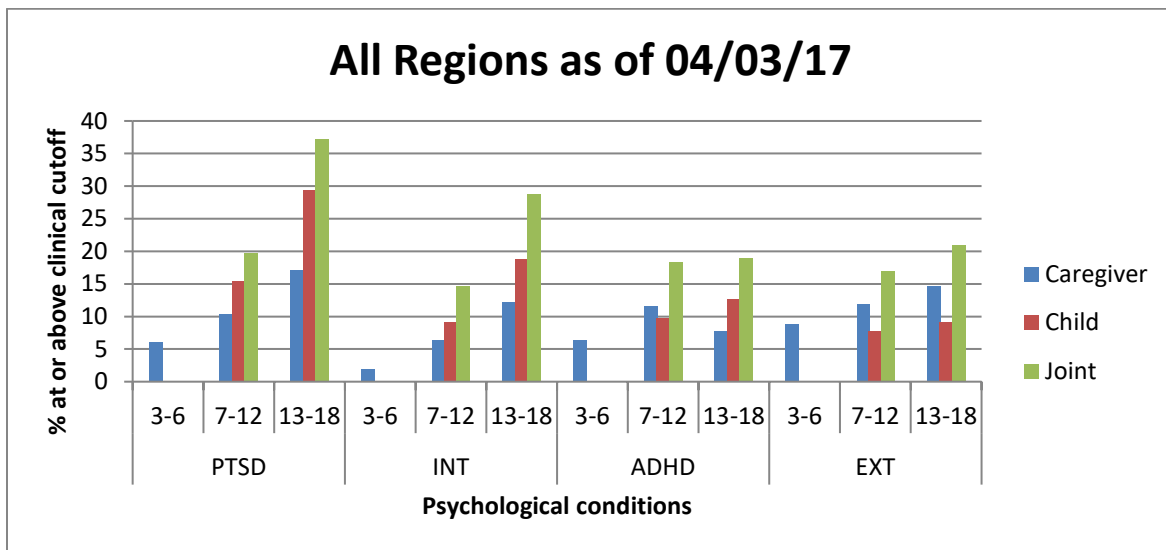
This data was provided by the Institute for Family Development for the period of July 1, 2016 to June 30, 2017

In addition to contract services provided through outside entities, some of those agencies also provide individualized services available to families and children served within a defined area.

Louisiana has implemented Trauma and Behavioral Health (TBH) screenings statewide. The work was initiated as part of the Louisiana Child Welfare Trauma Project Grant directed by Tulane University’s Department of Psychiatry and Behavioral Sciences in partnership with DCFS. The goal of the project is to improve the social and emotional well-being of children in the state’s CW system that has mental and behavioral health needs. The project has worked with DCFS to increase the capacity of the workforce to screen for trauma in children and refer those with a positive screening for comprehensive clinical assessments and/or mental health treatment

services. To accomplish this goal, staff, as well as providers, received specialized training in trauma informed service delivery.

TBH screens are completed by the caregiver of the child on all cases and, if the child is 7 years or older, the child also completes a screen. The screens are completed when a FS case is opened, as they enter FC, and again at the 6 month case planning. To monitor the implementation of this practice, the CQI team conducts quarterly reviews of TBH screenings in a targeted case review. The chart below shows what the scores have been on the TBH as of 4/3/2017 and shows the areas in which children and youth need treatment and what service array is needed in order to effectively treat them.



TBH results include: Post-Traumatic Stress Disorder (PTSD); internalizing disorders (e.g. anxiety and depression) (INT); Attention Deficit Hyperactivity Disorder (ADHD); and externalizing disorders (e.g. defiance and conduct (EXT)).

Number of Respondents

Age	Caregiver	Child	Joint
3-6 yrs	1759	0	0
7-12 yrs	1702	1544	1443
13-18 yrs	931	977	864

Flexible funds are available to address specific or unique needs of children and families when the need is beyond what can be provided through state contracted services. In the first quarter of 2017, \$282,764 was spent on families utilizing flexible funds.

Expenses January 1, 2017 – March 31, 2017 by Expense Category

Region	Evaluation	Incidental	Interpreter	Medical	Preventative Assistance	Transportation	Grand Total
Orleans	\$50.00	\$651.38	\$0.00	\$13,366.12	\$69.97	\$12,968.28	\$27,105.75
Baton Rouge	\$400.00	\$154.76	\$0.00	\$2,085.02	\$1485.23	\$8710.01	\$12,835.02
Covington	\$0.00	\$359.04	\$0.00	\$22,831.14	\$5426.73	\$23,164.20	\$51,731.11

Region	Evaluation	Incidental	Interpreter	Medical	Preventative Assistance	Transportation	Grand Total
Thibodaux	\$0.00	\$734.42	\$0.00	\$6266.00	\$84.55	\$10,360.65	\$17,445.62
Lafayette	\$1187.09	\$655.67	\$210.00	\$12,745.12	\$4445.66	\$14,337.48	\$33,581.02
Lake Charles	\$0.00	\$69.97	\$0.00	\$22,418.93	\$234.86	\$5942.52	\$28,666.28
Alexandria	\$125.00	\$370.54	\$0.00	\$23,649.70	\$421.44	\$3107.80	\$27,674.48
Shreveport	\$875.00	\$416.82	\$0.00	\$37,736.76	\$492.19	\$3593.46	\$43,114.23
Monroe	\$1750.00	\$582.53	\$0.00	\$28,605.66	\$217.47	\$7589.01	\$38,744.67
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1816.11	\$18.16.11
Grand Total	\$4387.09	\$3995.13	\$210.00	\$169,704.45	\$12,878.10	\$91,589.52	\$282,764.29

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child’s Medicaid provider. Through collaboration with the LDH, Medicaid program, the new Healthy LA managed care programs established a medical home for all children receiving Medicaid, which includes children in foster care, so the primary care physician will be able to more efficiently monitor the child’s developmental needs; through collaboration with LDH, Office of Citizen’s with Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services; and through interdepartmental collaboration with the Child Care Assistance Program, child care services are offered to children in foster care to address developmental and socialization needs.

Staff is required to complete an assessment of the client family (Assessment of Family Functioning) including assessment of each child in the home regardless of their involvement in the abuse and neglect. The assessment includes assessment for safety as well as any needs related to development, physical or mental and emotional health.

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

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

Infant mental health services are provided by three infant teams in the state in the Orleans and Baton Rouge Regions. (For additional information on the Infant teams please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include: intake assessment,

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

The numbers of children and families served are listed below:

- **Baton Rouge Infant Team** –
 - In SFY 2012-2013 the infant team worked with 85 children representing 67 families.
 - In SFY 2013-2014 the infant team worked with 69 children representing 65 families.
 - In SFY 2014-2015 the infant team worked with 99 children representing 76 families.
 - In SFY 2015-2016 the infant team worked with a total of 62 children and their parents/caregivers. Infant team services were discontinued during SFY 2016.

- **Tulane Infant Team** –
 - In SFY 2012-2013 the infant team worked with 60 children representing 51 families.
 - In SFY 2013-2014 the infant team worked with 56 children representing 27 families.
 - In SFY 2014-2015 the infant team worked with 56 children representing 27 families.
 - In SFY 2015-2016 the infant mental health services were incorporated into the service array of the Tulane Parent Education Center (T-PEP).

- **Orleans Infant Team** – (services provided through Louisiana State University Health Sciences Center).
 - a. In SFY 2012-2013 the infant team worked with 34 children representing 29 families.
 - b. In SFY 2013-2014 the infant team worked with 55 children representing 32 families.
 - c. In SFY 2014-2015 the infant team worked with 43 children representing 41 families.
 - d. In SFY 2015-2016 the infant team worked with 65 children and their parents and caregivers.

DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the Department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/adoptive parents. DCFS foster/adoptive parents certified prior to May 1, 2015, were allowed eight dependents including foster children and their own children. They could not care for more than six foster children at any given time and there could not be more than two children

under the age of two years, including their own children. Effective May 1, 2015, DCFS changed its policy to allow six dependents in the home including foster children and their own children in the home.

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

Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

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

DCFS works with providers to deliver specialized services to facilitate timely reunification when a child is in foster care. These services include visit coaching and the Nurturing Parent Program. Family Resource Centers (FRC) provide Visit Coaching services which target children in foster care as well as in-home families. Each center has staff trained as visit coaches to help the child welfare worker and parent structure visits. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. Before each visit, families are prepared to give their children their full attention, including meeting the competing needs of siblings and the different reactions of each child. During the visit, the coach actively recognizes the family's strengths in responding to their children and guides them in improving their skills. After the visit, the family and coach evaluate how the next visit could be improved and the coach helps the family cope with their feelings so they will return for the following visit. The Nurturing Parenting Program (NPP) (also cited under time-limited reunification services) is provided to parents with children of all ages; however, the program is delivered to three groups of parents; parents of infants, toddlers, and pre-school children; parents of children ages 5-11 and; parents and their adolescents. This program provides support groups for parents and caregivers as well as education on parenting skills.

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in FC to require particular consideration in cases involving children ages 5 and under to insure developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.

The Department works with the LDH Nurse and Parent Partnership program to gain greater access to this program for child welfare families and youth in the early months of caring for their first child to insure knowledge and skills in caring for these young children to prevent FC entry of the infants.

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

"Teaming" practice for engagement and case planning with parent(s)/youth is a statewide practice. It is required through policy from initiation of case work to closure, in every case of a child in foster care.

DCFS continues to partner with the Louisiana Department of Health (LDH) and other child-serving agencies to deter out of home placements and support reunification by enrolling children and their families in the Coordinated System of Care (CSoC). CSoC uses the wraparound child and family team approach to collaborative care planning to assess the strength and needs of children and families to determine the most appropriate plan of care. In FFY 2016, (Sept 30 2017) a total of 4,162 youth were served by CSoC. Of these 11% (n=486) enrollees were children with DCFS involvement. The majority of the youth served with DCFS involvement were served in Family Service program, and the service was put in place to divert the separation of the children from their parents. DCFS is working to increase the utilization of wraparound to enhance the reunification process when children and youth are reunited with their families and to support the durability of adoptions.

Louisiana maintains a working collaboration with Healthy Louisiana, a system of integrated managed care. The Managed Care Organizations (MCO) are responsible for the administration of primary healthcare as well as the administration of specialized behavioral health. Louisiana Medicaid contracts with five insurance carriers. DCFS selected two carriers to serve as "DCFS preferred providers" to manage healthcare and behavioral services for the majority of the children and youth in DCFS custody. The two selected are Louisiana Health Care Connections and Healthy Blue (formerly known as Amerigroup). DCFS works closely with these two preferred providers to ensure their provider networks are sufficient to meet the needs of youth in DCFS care with regard to geodensity, specialization and sensitivity to child welfare issues. In

addition, DCFS collaborates with Utilization Management and Case Management division of the providers to ensure children and youth are connected with the appropriate level of care to meet their treatment needs. As all children in custody are assigned to one of the preferred providers, the service is statewide and is tailored to meet the individual needs of the child. In rare instances, a child entering custody may already be assigned to a different provider and due to their individualized medical and/or behavioral need; DCFS may select to keep the child assigned to that provider.

An adequate network of behavioral health services and supports is a critical component in effectively addressing the needs of children and their families in order to provide safe and nurturing environments to maintain children safely home with their parents. DCFS works closely with the Louisiana Department of Health (LDH), which maintains responsibility and oversight of an adequate network of behavioral health providers to serve the state’s Medicaid population. DCFS endeavors to enroll youth in case management services to ensure healthcare is individualized to meet each child’s needs regarding type of care, frequency of encounters and length of care. Network development and areas for additional focus are standing topics for discussion at monthly interdepartmental meetings between DCFS, LDH and the health plans. Discussions focus on identifying barriers to and opportunities for improvement or other needed adjustments. The following table documents the number Licensed Mental Health Providers in each of the political jurisdictions covered in the CFSP, and the total Medicaid members served in FY ’16.

Healthy Louisiana Behavioral Health Service Provider by DCFS Region – FFY 2016 (10/1/2015-9/30/2016)

Behavioral Health Service Provider	Age 0-5		Age 6-12		Age 13-17		Age 18+		STATE TOTALS	
	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider
Region 1 – Orleans										
1) Psychiatrist	411	92	2,592	201	1,996	221	6,447	337	11,446	851
2) Medical Psychologist	34	6	232	8	73	9	105	10	444	33
3) Other Psychologist	322	38	630	65	303	55	685	71	1,940	229
4) LCSW	740	155	2,830	357	2,264	358	4,201	390	10,035	1,260
5) LMFT	15	8	50	17	45	14	183	21	293	60
6) APRN	2,116	79	1,920	88	1,569	100	3,535	228	9,140	495
7) CNS	1	1	6	2	6	4	37	8	50	15
8) LPC	87	48	567	144	367	132	602	158	1,623	482
Orleans Region Totals	3,726	427	8,827	882	6,623	893	15,795	1,223	34,971	3,425
Region 2 – Baton Rouge										
1) Psychiatrist	329	58	1,182	118	995	141	3,256	237	5,762	554
2) Medical Psychologist	15	4	109	11	51	9	62	10	238	34
3) Other Psychologist	126	23	394	44	225	41	207	45	952	153
4) LCSW	1,814	133	4,562	227	2,194	192	2,633	227	11,203	779
5) LMFT	7	4	43	13	44	15	11	5	105	37
6) APRN	1,854	117	1,585	118	1,121	128	2,921	224	7,481	587
7) CNS	1	1	5	2	9	4	20	9	35	15
8) LPC	37	20	234	64	138	55	182	54	591	193
Baton Rouge Region Totals	4,183	360	8,114	597	4,777	585	9,292	811	26,367	2,352
Region 3 – Covington										
1) Psychiatrist	346	40	1,784	118	1,240	115	2,797	232	6,167	505

Behavioral Health Service Provider	Age 0-5		Age 6-12		Age 13-17		Age 18+		STATE TOTALS	
	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider
2) Medical Psychologist	8	4	69	13	31	9	218	18	326	44
3) Other Psychologist	149	42	565	57	368	59	562	50	1,644	208
4) LCSW	665	144	2,638	254	1,527	225	2,451	295	7,281	918
5) LMFT	19	5	56	14	35	13	38	13	148	45
6) APRN	1,357	97	1,998	124	1,208	126	2,167	225	6,730	572
7) CNS	34	2	264	5	125	5	75	10	498	22
8) LPC	147	40	581	73	392	67	263	79	1,383	259
Covington Region Totals	2,725	374	7,955	658	4,926	619	8,571	922	24,177	2,573
Region 4 – Thibodeaux										
1) Psychiatrist	126	45	1,226	137	893	128	2,711	220	4,956	530
2) Medical Psychologist	4	1	25	5	7	4	4	4	40	14
3) Other Psychologist	96	19	235	43	117	29	260	43	708	134
4) LCSW	544	99	1,561	214	923	165	2,101	226	5,129	704
5) LMFT	3	2	33	4	10	4	12	7	58	17
6) APRN	4,093	93	2,712	106	1,612	116	2,458	206	10,875	521
7) CNS	0	0	1	1	3	2	19	6	23	9
8) LPC	23	19	163	55	135	52	145	53	466	179
Thibodeaux Region Totals	4,889	278	5,956	565	3,700	500	7,710	765	22,255	2,108
Region 5 – Lafayette										
1) Psychiatrist	192	50	1,024	94	987	119	3,448	225	5,651	488
2) Medical Psychologist	1	1	12	7	7	3	54	6	74	17
3) Other Psychologist	70	20	200	40	118	32	367	38	755	130
4) LCSW	632	109	1,788	189	1,257	199	2,784	238	6,461	735
5) LMFT	4	2	48	4	32	10	35	9	119	25
6) APRN	2,532	127	2,327	156	1,666	179	4,415	276	10,940	738
7) CNS	1	1	10	3	7	5	54	14	72	23
8) LPC	55	25	312	70	244	64	168	64	779	223
Lafayette Region Totals	3,487	335	5,721	563	4,318	611	11,325	870	24,851	2,379
Region 6 – Lake Charles										
1) Psychiatrist	62	15	444	46	439	50	1,615	145	2,560	256
2) Medical Psychologist	6	2	25	4	14	3	52	4	97	13
3) Other Psychologist	48	14	76	21	55	22	30	18	209	75
4) LCSW	202	59	1,069	97	747	117	1,116	136	3,134	409
5) LMFT	2	1	26	2	14	2	20	3	62	8
6) APRN	315	68	510	80	460	79	1,714	146	2,999	373
7) CNS	3	3	14	5	32	6	146	8	195	22
8) LPC	40	24	215	44	207	48	134	50	596	166
Lake Charles Region Totals	678	186	2,379	299	1,968	327	4,827	510	9,852	1,322
Region 7 - Alexandria										
1) Psychiatrist	104	26	591	65	452	68	1,322	193	2,469	352
2) Medical Psychologist	2	2	4	2	3	2	70	7	79	13
3) Other Psychologist	104	14	311	26	120	25	134	19	669	84
4) LCSW	317	80	1,359	154	934	146	1,297	170	3,907	550
5) LMFT	15	4	54	5	44	6	20	5	133	20
6) APRN	1,703	83	1,474	113	782	101	1,564	192	5,523	489

Behavioral Health Service Provider	Age 0-5		Age 6-12		Age 13-17		Age 18+		STATE TOTALS	
	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider	member served	# of provider
7) CNS	1	1	1	1	8	4	27	6	37	12
8) LPC	33	12	146	36	126	36	54	28	359	112
Alexandria Region Totals	2,279	222	3,940	402	2,469	388	4,488	620	13,176	1,632
Region 8 – Shreveport										
1) Psychiatrist	264	53	1,693	106	1,255	119	3,596	217	6,808	495
2) Medical Psychologist	7	2	28	4	12	4	28	3	75	13
3) Other Psychologist	91	12	192	30	81	34	96	31	460	107
4) LCSW	632	101	1,695	162	1,191	157	1,544	190	5,062	610
5) LMFT	14	10	63	15	55	16	120	24	252	65
6) APRN	2,039	98	1,779	92	993	100	1,486	185	6,297	475
7) CNS	0	0	0	0	3	2	5	4	8	6
8) LPC	93	45	538	100	388	93	480	103	1,499	341
Shreveport Region Totals	3,140	321	5,988	509	3,978	525	7,355	757	20,461	2,112
Region 9 – Monroe										
1) Psychiatrist	244	43	1,167	82	767	97	1,881	172	4,059	394
2) Medical Psychologist	58	2	153	2	55	2	2	2	268	8
3) Other Psychologist	47	9	151	19	63	15	63	21	324	64
4) LCSW	431	73	1,746	129	1,225	123	1,029	132	4,431	457
5) LMFT	35	5	168	15	116	11	64	16	383	47
6) APRN	2,084	112	1,371	113	905	120	2,432	182	6,792	527
7) CNS	8	1	36	3	17	5	59	14	120	23
8) LPC	82	23	479	58	332	58	223	58	1,116	197
Monroe Region Totals	2,989	268	5,271	421	3,480	431	5,753	597	17,493	1,717
STATE TOTALS										
1) Psychiatrist	2,078	422	11,703	967	9,024	1,058	27,073	1,978	49,878	4,425
2) Medical Psychologist	136	24	657	56	253	45	595	64	1,641	189
3) Other Psychologist	1,053	191	2,754	345	1,450	312	2,404	336	7,661	1,184
4) LCSW	5,977	953	19,248	1,783	12,262	1,682	19,156	2,004	56,643	6,422
5) LMFT	114	41	541	89	395	91	503	103	1,553	324
6) APRN	18,093	874	15,676	990	10,316	1,049	22,692	1,864	66,777	4,777
7) CNS	49	10	337	22	210	37	442	79	1,038	148
8) LPC	597	256	3,235	644	2,329	605	2,251	647	8,412	2,152
STATE TOTALS	28,097	2,771	54,151	4,896	36,239	4,879	75,116	7,075	193,603	19,621

To ensure ongoing services that are accessible and individualized to meet the needs of children/youth, DCFS created a new statewide unit to manage the transition and continued collaboration with integrated health management. The twelve person Behavioral Health and Placement Services Unit works closely with the managed care entities and providers to ensure youth are connected with the appropriate behavioral health residential treatment and residential level of care to address their needs.

Pursuant to the transition to Healthy Louisiana, DCFS assumed administration of agreements with residential facilities and child placing agencies, two residential levels of care that had previously been managed by Magellan. These levels of care are not Medicaid reimbursable, and for this reason no longer fall within the scope of work of the MCOs.

Currently, DCFS contracts with twenty (20) Non- Medical Group Homes, and eight (8) Child Placing Agencies to provide Therapeutic Foster Care (TFC) to youth in Louisiana who are in DCFS custody. Services for children who are in need of treatment facilities such as Psychiatric Residential Therapeutic Facilities (PRTF) and Therapeutic Group Homes (TGH) are contracted through OBH.

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

Effective October 1, 2017, the DCFS enacted a new fee schedule for Child Residential Care and Therapeutic Foster Care. Fees for these services had remained static since 2012. Since such time, costs of doing business and costs of living have increased considerably. In addition to adjusting for increasing costs, DCFS moved to a two-tiered rate scheme to allow providers to tailor supervision and resources to ensure the safety and wellbeing of children in care at those levels of care. The transition to managed care for behavioral health services has impacted these placement levels. More frequently, children who present with greater needs for supervision and behavior management are referred for care at these levels. Examples of these needs include, but are not limited to children and youth who present with acute to behavioral health challenges, developmental or medical condition(s); aggression towards peers; aggression towards authority; property destruction; elopement risk with tendency to self-harm when unsupervised; youth who are or have history of being sexual aggressive; involvement in human trafficking; and history of criminal activity. Providers expressed the need for a rate adjustment to accommodate adjustments to their staffing and training structures, in order to appropriately care for youth with greater needs.

DCFS and the Office of Juvenile Justice contracted the services of Hornby Zeller Associates, Inc. to develop a standard and federally approved rate setting methodology determined by cost-based data. Providers submitted budget files containing three types of information: Expenditures, Revenues and Capacity. In addition, random moment survey data and survey information was collected.

The two tables below show the new rate structure and fee schedule.

TFC

Level	Rate	Family/Admin split	\$ Increase	% Increase
Level I	\$ 86.50	\$ 35.20 / \$ 51.30	\$ 20.79	31.64%
Level 2	\$ 122.59	\$ 59.93 / \$ 62.66	\$ 56.88	86.56%

Child Residential

Level	Rate	\$ Increase	% Increase
Level I	\$ 148.44	\$ 22.81	18.16%
Level 2	\$ 196.68	\$71.05	56.55%

Monthly calls are held with all eight (8) Child Placing Agencies by the Behavioral Health unit to discuss the needs of the children within the custody of DCFS. The department recognizes the need for additional TFC homes based on the increasing behavioral needs of the children presenting to include diagnoses of Autism and developmental delays. The department is also experiencing a decrease in the number of homes that are willing to accept older youth, especially youth with law enforcement involvement. We are focused on our TFC providers recruiting homes for the following population of children: Developmentally Delayed (OCDD), Human Trafficked Victims, LGBTQ Youth, Conduct Disordered, Older Youth and Youth with histories of sexual aggression.

Unduplicated Count of Children Served in Residential/TFC*

Placement Type	TFC	Group Home	PRTF	Psychiatric Hospital	Total
FFY 2015	254	296	115	140	805
FFY 2016	221	323	126	130	800
FFY 2017	216	372	121	118	827

Extracted on 1/23/2018 using WebFocus Developer Studio

*Calculated using child's longest specialized placement for that FFY; child may have experienced multiple placements.

DCFS continues to conduct monthly scheduled psychopharmacology consultations with OBH representatives, a Board Certified Child Psychiatrist and DCFS staff on children in foster care identified as being outside of the recommended psychotropic medication parameters. This service is provided to meet the individualized needs of children in foster care, statewide. The service provides for the oversight and safe, effective use of psychotropic medications by children in state custody. The service is provided statewide, in both urban and rural areas and easily accessible by phone. Services are tailored to meet the individual needs of children in foster care.

Comprehensive health care services are provided for children in foster care with multi-level oversight and ongoing consultation with physicians and other healthcare professionals. The plan was developed in collaboration with the Louisiana Department of Health (LDH), Office of Juvenile Justice (OJJ), foster parents, youth in care, and others. The Health Care Services Plan is operational as a Memorandum of Understanding (MOU) between DCFS, LDH and OJJ.

Children will receive an initial health care screening upon entrance into foster care. For newborns, the examination must occur prior to the child's hospital discharge. For other children, the examination must occur within 30 days of FC entry unless the child entered foster care from a medical facility or there is documentation of a medical exam and findings within the past 30 days. For children under 6 years of age, the examination shall include a universal blood lead screening. Regular periodic medical screenings must occur after birth as follows for children under 2 years of age:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years

All screenings must be at least 30 days apart. Treatment for identified medical care needs is provided in adherence to physician recommendations to maintain medical well-being of the child and in accordance with Medicaid or parental insurance guidelines. Immunizations follow the current American Academy of Pediatrics “Recommended Immunization Schedule.” Specialized vaccinations are provided upon recommendation of the child’s current physician in periods of widespread epidemic.

The child’s foster caregiver collects documentation of all health care services provided to a child at the point of service. The FC case manager collects the documentation during monthly visits with the child and the child’s caregiver. Copies of the child’s health care information are shared with the parents at a minimum of every six months at the case plan team meeting.

Youth, age 16 and older, are informed by their case manager of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. The worker explains to the youth that a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions for him or herself.

Medical services provided by Medicaid are available statewide to all children in foster care. The service is hindered by transportation issues at times. All field offices try to maintain at least one transportation worker that can assist in transporting a child to a medical appointment if necessary.

Regular periodic medical screenings must occur a minimum of annually for children ages 2 through 17. The screening shall include screenings of current development, medications, immunizations status, hearing, speech and vision.

Initial dental screenings are due at the eruption of the first tooth for infants or age 1, whichever occurs first and every 6 months thereafter.

Regular dental screenings are completed a minimum of annually. Treatment for identified dental care needs is provided only to resolve oral health issues. Preventative services are provided for physically handicapping and medically necessary malocclusions impacting swallowing or speech.

Medical and dental care screenings are documented in the FATS system and attached to the child and family’s current case plan.

Initial Medical Completion			
FFY	Due	Accomplished	Timely
FFY 2017	3,092	2,563 (83%)	1,303 (42%)
FFY 2016	3,146	2,252 (72%)	1,460 (46%)
FFY 2015	3,481	2,726 (78%)	1,757 (50%)

Annual Medical Completion			
FFY	Due	Accomplished	Timely
FFY 2017	2,036	1,229 (60%)	587 (29%)
FFY 2016	2,215	1,386 (63%)	592 (27%)
FFY 2015	2,384	1,709 (72%)	886 (37%)

Initial Dental Completion			
FFY	Due	Accomplished	Timely
FFY 2017	2,312	1,389 (60%)	872 (38%)
FFY 2016	2,411	1,528 (63%)	849 (35%)
FFY 2015	2,449	1,726 (70%)	1,024 (42%)

Annual Dental Completion			
FFY	Due	Accomplished	Timely
FFY 2017	1,584	1,024 (65%)	652 (41%)
FFY 2016	1,770	1,255 (71%)	733 (41%)
FFY 2015	1,805	1,370 (76%)	841 (47%)

In addition to some of the key services noted above, Chafee Foster Care Independence Program (CFCIP) contract providers conduct individual assessments of each youth referred to their programs. The assessment is used to determine each youth's level of readiness to function independently in areas such as relationship building, financial planning, career readiness, etc. From that assessment the providers develop with the youth an individualized plan for developing skill levels that range from group sessions with other youth, homework exercises, classroom instruction, videos, to experiential learning activities. Providers provide in-home instruction/learning activities as necessary to meet the unique needs of a particular child. Four independent living service (ILS) providers serve youth in every parish from throughout the state.

The providers also assisted youth with the following services:

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

FFY 2017 (October 2016 - September 2017)

Region	# of youth served (14-17)	# of youth served (18+)	# completed IL program (14-17)	# attended LYLAC (14-17)	# attended LYLAC (18+) *
Alexandria	51	23	16	90	0
Baton Rouge	14	17	0	55	0
Covington	70	5	4	61	0
Lafayette	0	0	0	0	0
Lake Charles	34	1	0	0	0
Monroe	267	10	13	66	0
Orleans	110	12	0	125	0
Shreveport	73	31	14	105	0
Thibodaux	45	2	0	0	0

* LYLAC meetings did not break down age of youth. Youth can also be duplicated in the count if they attended duplicate meetings.

YOUTH CONFERENCE DATES						
Region	SFY 2014	SFY 2015	SFY 2016	*SFY 2017	SFY 2018	SFY 2019
Alexandria/Shreveport	June 5	June 4	June 2	N/A		
Lafayette/Lake Charles	June 6	June 4	June 2	N/A		
Baton Rouge/Covington	June 9	June 1	May 26	N/A		
New Orleans/Thibodaux	June 11	June 11	June 2	N/A		
Monroe	June 12	June 11	June 9	N/A		

*Youth Conferences were not held in SFY 2017 due to weather incidents as well as the delay in approval of CFILP contracts.

In the first quarter of calendar year 2017, focus groups with youth were held across Louisiana (Baton Rouge, New Orleans, Ruston and Monroe) where executive staff was able to meet with the youth to determine areas of need and areas of improvement within the department. The youth who participated were youth in DCFS care and OJJ care. Ten or more youth were involved in each group. Common themes within the youth focus groups included the importance of support systems including workers for the youth, increased family interaction, concerns regarding aging out of care, youth having more input and control over their case plans, and limiting the number of placements. There was a mixture of positive and negative feedback depending on the youths' personal experiences. Several youth indicated they wanted to be more active in the case planning process and in court while several youth found value in case workers who visited regularly and listened to them making sure to follow through with discussed plans. Additional communication and feedback from youth in care is obtained through the quarterly meetings of the Louisiana Youth Leadership Advisory Council (LYLAC).

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

The Advisory Board advises the Secretary on many issues including operations within the Department, service delivery structure and departmental performance. Members of the Advisory

Board include: children’s advocates, community partners, foster parents, legislators, judges and community leaders. The Advisory Board has provided recommendations on communications and strategies for advancing DCFS in the community and legislature. They have also worked with the Department to engage foster parents and make recommendations for assisting youth in care and aging out of foster care.

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

In an effort to positively impact youth aging out of Louisiana foster care, DCFS developed the Transitioning Youth Unit in state office to support the efforts of the field in improving the outcomes for older youth exiting the foster care program. Currently, there is one Supervisor and 1 consultant. We are currently in the process of filling 3 additional Youth Consultant positions. One critical means to improving the outcome for older youth exiting foster care is ensuring that each child exiting has a permanent connection. Youth Transition Planning (YTP) training was provided statewide on two different occasions with all foster care and adoption staff to promote the importance of thorough case planning, engagement of teams of support in achieving youth goals as well as establishing permanent connections and mentors for youth. Chafee IL contract providers, CASA and older youth were engaged as partners in preparing the statewide trainings. Policy clarifications were made by program staff to guide field staff in planning for multiple permanency options in case planning and staff were guided on the development of a teaming philosophy in looking for strengths and the supporting development of the capacity to safely parent the child in the family, including the necessary supportive services needed. Consultants have also offered monthly case consultation to field staff in preparing youth that are aging out of foster care within the next 6 month timeframe to ensure a permanent connection was established and to offer assistance in establishing other necessary community supports, connections and services when needed to support each youth’s ability to transition into adulthood successfully. The Quality Parenting Initiative (QPI) was introduced statewide to change the staff perspective on greater partnering with foster caretakers in the way children and youth are served. Emphasis was placed on encouraging improved relationships between foster caretakers and the families of the children and youth, and developing greater commitment of foster caretakers to the parenting role.

There are 19 Specialized Youth Workers statewide, with at least one within each of the nine (9) regions. The table below provides the number of youth that are 16 and 17 years old and the suggested number of workers to cover the caseload of all 17 year olds, at a minimum. The individualized case management services are provided by case managers who are specifically trained to work with youth, understand the importance of collaboratively working with the youth to develop a realistic plan for the child upon aging out as well as the development of at least one viable permanent connection.

Current Numbers

Region	# of FC 16-17 year olds	# of FC 17 year olds	# of workers needed (caseload size 10)	# of workers suggested to pilot SYW (caseload size of 10)
Alexandria	39	20	2.0 (17yo)-3.9 (16-17yo)	2
Baton Rouge	25	10	1.0 (17yo)-2.5 (16-17yo)	2
Covington	66	27	2.7 (17yo)-6.6 (16-17yo)	3
Orleans	43	24	2.4 (17yo)-4.3 (16-17yo)	2
Lafayette	40	19	1.9 (17yo)-4.0 (16-17yo)	2
Lake Charles	29	11	1.1 (17yo)-2.9 (16-17yo)	2
Monroe	47	21	2.1 (17yo)-4.7 (16-17yo)	2
Shreveport	59	31	3.1 (17yo)-5.9 (16-17yo)	3
Thibodaux	30	13	1.3 (17yo)-3.0 (16-17yo)	2

The current number of SYW in each region is as follows:

New Orleans—2
 Baton Rouge—1
 Covington—2
 Thibodaux—2
 Lafayette—2
 Lake Charles—2
 Alexandria—2
 Shreveport—3
 Monroe—3

It has been determined that the caseload of a SYW should be lower than the standard foster care caseload due to the nature of the work with the youth. In addition, once the case is assigned to the SYW, the case remains with that worker regardless of the child’s placement. This can present a geographical challenge and supports the need for a lower case load. Due to the current statewide caseloads, it is not possible for all SYW to carry a lower case load. Efforts will continue to accomplish this goal.

In another effort to support youth aging out of foster care, DCFS has embraced The Open Table model as an effort to expand public/private partnerships and engage faith organizations in delivering services to the larger community. This team approach provides mentorship, support, and friendship, while providing coordinated care – similar to the wraparound approach in Systems of Care.

Systems of Care Values and Principles:

Family Driven
 Youth Guided
 Culturally and Linguistically Competent
 Evidence Based Practices and Clinical Excellence
 Continuous Quality Improvement

Volunteers contribute \$10 per month to support the program and they have “homework” that helps the brother or sister with socialization, life skills, or other needs. Assignments might include providing a cooking lesson, teaching bookkeeping basics, finding affordable health

insurance, or fixing a bike found at a yard sale so that it can be used for transportation to work. Together, the Table tackles each obstacle to improve functioning and economic stability. Through the trust forged between Table members, doors open to allow exploration of paths to employment, housing, health care, and education and training.

Thus far, DCFS is collaborating with three (3) regions to implement the model. The regions with faith based commitments are Covington, Baton Rouge and Alexandria.

In the 4th quarter of 2017, a residential step down project was implemented to address youth aged 16 and 17, with a goal of RUF and with an identified resource. Fifteen (15) youth met the initial criteria. Phone calls were held with state office level staff and field staff with case management decision making responsibilities to think creatively in the specific and individualized supports needed to accomplish a smooth and safe transition of a child from a residential facility. It was hoped that many of the youth could return to their families. Of the 15 youth identified, ten returned to their family, 3 were ruled out for various reasons and 2 youth were stepped down to a less restrictive setting. This process is currently being evaluated to assess the effectiveness and how to move the process in a more efficient manner, always ensuring the safety of the child. This is a service that pertains to youth placed anywhere in the state and is specific to the individualized need of the identified child. Services must be specific to the child and the family in which the child will be placed for a successful placement.

In FFY 17, Youth Transition Calls were begun to serve the needs of 17 year old youth in foster care without an identified permanent connection. The calls are held monthly and include staff from state office as well as staff that have case management decision making responsibilities. Staff work collaboratively to determine the child's specific and individualized needs as it relates to them exiting foster care upon their 18th birthday. A review and diligent search of the child's foster care record is completed to access names and contact information of possible relatives, fictive kin or previous foster parents. The youth's case manager works with the youth to identify possible permanent resources as well. Once one or more permanent connections have been identified, staff works with them to sign a Permanency Pact Agreement in which the child's adult connection agrees to maintain a specified type of contact with the child once he exits foster care. The permanent connection may include phone contact, visiting resource during holidays or provide the child with permanent place to live. The ongoing goal of the Department is to have a Permanent Connection agreement signed for each child exiting foster care, meeting the individualized needs of the child.

DCFS Regional educational liaisons continue to assist with any needs that arise in the field with enrolling foster children in school and obtaining services. The Louisiana Department of Health (LDE) and DCFS are working collaboratively to ensure the implementation of the Every Student Succeeds Act of 2015 (ESSA). We have worked to assist school districts and DCFS field offices to have signed working agreements to carry out ESSA's requirements. LDE and State DCFS serve as the primary contacts to school districts and DCFS field offices in setting up local ESSA guidelines and providing them with support to ensure implementation. DCFS Form 1 is a mandated form letter to notify school principals of a child's foster care status. The letter is utilized when there is a change in the child's educational setting or allowable contacts. As the liaisons represent all DCFS statewide, this service is provided to all children in custody on a

statewide basis. The service is individualized and tailored to meet the specific and individual needs of the youth.

The Department has worked diligently to publicize the ETV criteria to field staff and encourage applications for the funds. During monthly staffings with field staff, ETV funds and the process of applying for the funds have been emphasized to appropriate youth. LOSFA has continued to publicize the availability of funds to post-secondary educational/ vocational institutions. CFCIP providers have continued to assist youth in accessing the funds through the local post-secondary educational/vocational programs. Program staff has provided feedback to requests for information regarding ETV and eligibility criteria. The past year has seen a significant increase in the number of inquiries.

During State Fiscal Year 2016, a total of 15 Educational Stipends were awarded to youth in Louisiana’s foster care system.

During State Fiscal Year 2017, a total of 23 Educational Stipends were awarded to youth in Louisiana’s foster care system. Children from the following regions were granted the stipends: Stipends are available statewide.

YOUTH IN TRANSITION DCFS STIPENDS						
Region	Vouchers Awarded SFY 2014	Vouchers Awarded SFY 2015	Vouchers Awarded SFY 2016	Vouchers Awarded SFY 2017	Vouchers Awarded SFY 2018	Vouchers Awarded SFY 2019
Alexandria	3	0	0	3		
Baton Rouge	0	0	2	1		
Covington	9	4	3	2		
Lafayette	4	2	2	5		
Lake Charles	2	0	1	0		
Monroe	1	2	0	1		
Orleans	7	1	1	9		
Shreveport	7	2	5	1		
Thibodaux	0	1	1	1		
Total	33	12	15	23		

Youth stipends remain in effect until the youth graduates, receive a GED (HiSET) or continue to attend school and perform satisfactorily. If the youth turns 18 in April and graduates in May, the youth will only get the stipend for the months of April and May. Alternatively, DCFS may enter into an arrangement with the youth to provide a stipend for one year as long as the youth remains in school. Excessive absences, however, will result in the termination of the stipend.

JAG (Jobs for America’s Graduates) is a dropout prevention and recovery program that delivers a unique set of services struggling students to help them earn a high school diploma and for out-of-school youth, to assist them in earning a high school equivalency diploma. JAG has multiple programs throughout the state, consisting of middle school, high school and multi-year programs as well as out of school programs. There are currently 63 high schools and 38 middle schools

participating in the JAG program. Of the 101 school programs, these programs are limited to 38 parishes throughout the state. To date, there are 46 children in foster care enrolled. The JAG program is a dropout prevention program so all children in foster care are not appropriate for the program and students are usually recommended by the school to enroll in the program.

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

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

DCFS has continued its participation with Louisiana LGBTQ Taskforce which advocates for and advances equal treatment for lesbian, gay, bisexual, transgender, and questioning youth in the judicial system by developing and delivering resources to impact practice and policies. CFCIP providers are required to provide and educate youth on sexual development, responsibility, and family planning alternatives, to include sensitivity and support in understanding, accepting, and coping with any sexual identity issues.

Education on the specific needs of this population has continued with Department staff, caretakers, and other stakeholders to ensure sensitivity to sexual identity issues. The Department contracted with a renowned child welfare consultant to assist in development and implementation of policies and procedures related to this specific population. Additionally, DCFS has provided LGBTQ awareness and sensitivity training statewide to all field staff. Participation with the Louisiana LGBTQ Taskforce to advocate and advance equal treatment continues.

More in-depth training to enhance the daily practice of staff working with the LGBTQ youth population will begin in February, 2018. In addition to the training, A Practice Guide for Working with LGBTQ Youth in the Child Welfare System will be distributed to staff. We are also in the beginning stages of developing A Practice Guide for Foster Parents Working with LGBTQ Youth in the Child Welfare System.

The Department's FC program staff continues to work with the Office of Citizens with Developmental Disabilities (OCDD) to obtain services for developmentally challenged children and youth. DCFS participates at the local and state level in the Interagency Service Coordination Council as a process for collaborative service delivery for this group of youth. This process continues to be a venue for resolving challenging situations in service delivery for developmentally challenged youth. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council "SICC" to support advocacy and change for children under the age of 3 receiving developmental services through the Early Steps Program. A DCFS Manager remains an active participant in the Special Education Advisory Panel (SEAP) to

support advocacy and change for children with special needs being served through the state's education system.

House Resolution 208 (HR 208) of the 2017 Regular Legislative Session created the Louisiana Bullying Awareness and Treatment Task Force. The purpose of the Task Force is to develop a comprehensive, coordinated plan to prevent bullying and address the mental health needs of youths who are victims of bullying as well as youths who are involved in bullying, and to provide the needed guidance to carry out the goals the task force recommends.

The Task Force was assigned to the Louisiana Department of Health (LDH) and the designees from LDH and the Louisiana Department of Education (LDOE) serve as co-chairs.

House Resolution 208 also designated that the Task Force be composed of representatives assigned from relevant state agencies. Task Force representatives include interested state medical and behavioral health services provider associations and other relevant and interested parties. House Resolution 208 has identified the secretary of the Department of Children and Family Services or his designee as a Task Force representative.

Act Number 117 of the 2016 Regular Session of the Louisiana Legislature created the Foster Care and Permanence Task Force to study and make recommendations concerning best practices for achieving permanency for foster children. This task force terminated on January 1, 2018.

In spite of the challenges presented, the department is in collaboration with a multitude of local, state and national partners to achieve change. Federal as well as out of state and in state private funding have been sought to support implementing the necessary practice improvements.

Manager Reviews in Foster Care were implemented in order to build the capacity of Supervisors, a review instrument was developed to focus on the same critical decision points in practice as well as to assess supervisor's guidance provided to workers throughout the life of the case. A reporting tool was also developed to track trends in specific practice areas that can be targeted for monitoring by state office and regional leadership. The primary areas of focus for FC include

Items from the review instrument that will be included in tracking and monitoring are:

The manager FC Reviews became effective August of 2017. On a quarterly basis, reports are forwarded to regional and state office leadership and reviewed during management and leadership meetings. Information from the reviews is used to further enhance the individualization of services by focusing on the following:

- Tracking trends at the state office level to inform policy clarifications or changes
- Assessing practice areas for additional training and/or mentoring needs
- Identifying areas of practice for supervisory focus during consultation with managers
- Identifying gaps in services on a regional and statewide level.

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

CW staff continues working with OJJ staff in an integrated case management system for youth dually involved in both systems. The integrated case management process was fully implemented statewide and allows that DCFS and OJJ are not duplicating the necessary services that are needed for those youth. The integrated case management system is tailored to meet the individual needs of the youth that dually involved in both systems.

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

In FFY 2015, four full time adoption recruiters were hired by DCFS through federal funding to recruit using the WWK model. By the end of April 2015, there were four adoptions completed, 2 guardianships, 2 cases where custody was returned to a parent and 1 child who aged out of foster care and were living with a sibling.

Currently, there are a total of 8 full-time recruiters and 1 Supervisor managing all 9 regions of the state. By covering all 9 regions in the state, it is expected that an additional 80 children will be served, allowing for child focused recruitment to take place. Recruiters are now allowed to recruit for children with the goal of Another Planned Permanent Living Arrangement (APPLA). It is projected that by July, 2019, the program will have completed 59 adoptions for hard to place children and youth. The model provides for this service to be available to all children in custody, throughout the state. The child focused recruitment model allows for individualizing the child’s specific needs to locate a permanent resource that can meet the specific needs of the child.

The charts below indicate outcomes for WWK in FFY’s, however, it should be noted that the initial grant did not begin until January 1, 2014.

FFY	Adoptions	Guardianship	Custody to Relative
FFY 2014	2	0	1
FFY 2015	3	2	1
FFY 2016	15	3	0
FFY 2017	14	1	0

Pre-adoptive services provided by the FC worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child

evaluation/assessment, preparing children for adoption, assisting in the recruitment of child specific adoptive homes as needed, selection of adoptive resource families and placement of children, providing supportive case management services, processing adoption subsidy applications, and participating in the adoption finalization process.

Services to children awaiting adoption fall under a continuum beginning in most cases at the point a foster child's permanent plan changes to adoption. It then continues through the process of making the child legally available for adoption and ending at the point adoption placement is achieved and finalized. The AD Specialist is responsible for the provision of services which completes the permanency planning process. There is a coordination of services between the Adoption and Home Development (HD) program staff in order to facilitate adoption of waiting children. As the AD Specialist assesses and prepares the child for adoption, this information is related to HD staff to aid in the identification and selection of a potential foster/adoptive family match. In those instances, where a certified family is not available, child-specific recruitment strategies are implemented. The regions can develop a recruitment team, which would consist of the HD and AD Unit, as well as community partners.

The Department's national photo listing of children available for adoption is managed on-line at the www.AdoptUsKids.org internet site. This recruitment service features children on a national level who are awaiting adoption and are without an identified adoptive resource. This website features families that have been certified to adopt. The website is monitored by a program manager on the state office level, who serves as the liaison between the families who have expressed an interest in a child and the child's adoption worker. This service is provided through a contract with the Adoption Exchange Resource Network.

Post-adoption services in Louisiana are offered principally through the Adoption Subsidy and Medical Assistance Program (Medicaid), which are federally and state funded. Adoption Subsidy services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 26. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a major component of the Adoption Subsidy Program which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Adoption and medical assistance (Medicaid) are the primary issues that drive the need for interstate collaboration in interstate adoptions. All families who adopt may apply for an adoption subsidy irrespective of the type of adoption. Many private and private-agency adoptive families do not meet the IV-E federal subsidy requirements to receive the full range of benefits designed to help move special needs children out of foster care and into permanent homes via adoption. International adoptions are ineligible for state Adoption Subsidy assistance.

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

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

Louisiana Voluntary Registry: Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The Registry is maintained and operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted that expanded the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The Registry provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys no longer in operation that transferred their records to DCFS, as mandated by Louisiana law. Additionally, the Registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency that ceased operation in 1999 through an agreement made at the time of the closure. This agreement terminates in 2016 when all subject children reach age 18.

Adoption File Room: Louisiana maintains a centralized adoption file room located in the DCFS headquarters building in Baton Rouge. The AD staff is responsible for maintaining and processing the confidential adoption petition records of every adoption conducted in the state of Louisiana back to the 1920's. Additionally, all adoption records transferred to the Department from adoption agencies no longer in operation and retired adoption attorneys are maintained in the DCFS adoption file room. The records are accessed frequently by authorized Adoption Section staff to provide information allowed by law to members of the adoption triad; however, records are only released by court order and no adoption record is ever destroyed.

Adoption Petition Program: A subprogram in the AD program is the Adoption Petition Program. DCFS is legislatively mandated to review every adoption petition filed in the state for the courts. This review responsibility includes adoptive placements made by public and private agencies and those made by private attorneys for family member adoptions and unrelated persons adoptions. DCFS investigates, upon order of the court, all proposed adoptive situations (legal availability and physical/emotional condition of the child, fitness of the petitioners and conditions of the home) to determine the best interests of the child. The Department then submits a confidential report of its findings to the court and assists the family with obtaining the revised birth certificate of adoption. A copy of each adoption petition record is maintained in the adoption file room.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

This systemic factor requires a rating of the following items:

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Item 32: Coordination of CFSP Services with Other Federal Programs

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/quantitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child-and family-serving agencies and includes the major concerns of these representatives in the goals, objectives and annual updates of the CFSP.

State Response: Louisiana is in substantial conformity with Item 31, State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR.

In implementing the provisions of Louisiana's Child and Family Services Plan (CFSP) and developing related annual reports, the Department of Children and Family Services (DCFS), Child Welfare Program (CW) engages in ongoing consultation with the state's four federally recognized American Indian tribes, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies.

The major concerns of these representatives are reflected in the goals, objectives, and annual updates of the CFSP. DCFS works closely with management staff, front-line staff and community partners to ensure that goals from the CFSP are met. Concerns regarding performance measures and issues brought forth at both the statewide and regional level are fully embraced and addressed in Continuous Quality Improvement (CQI) meetings or other regularly scheduled meetings. Departmental staff, community partners, and stakeholders work to improve service delivery by assessing current processes to determine the root causes of areas requiring improvement. The achievement of safety, permanency, and well-being is first and foremost in ongoing efforts to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state.

Through the Department's recent Quality Parenting Initiative (QPI), DCFS is establishing a core philosophy of ensuring quality parenting for the children served with regard to all activities. This includes the relationships we have with stakeholders, the way we work with the legal system, how we support and develop foster caretakers, and how we build partnership through our teaming process with the parents with whom we work. This cultural shift in the values is being developed to strengthen existing professional relationships and generate greater community partnerships in serving families and children.

Tribal Representatives: There are four federally recognized Native American Tribes in Louisiana. DCFS provided the tribes with an outline for the 2015-2019 Child and Family Services Plan (CFSP), goals and action steps to obtain feedback for the planning phase of the CFSP. Annual meetings between federal, state and tribal partners are held to discuss collaboration, planning and service delivery between the state and tribes. Formal and informal working agreements with Native American Tribes are in place with local DCFS offices. Copies of the agreements are maintained at headquarters. DCFS Child Welfare State Office facilitates quarterly conferences with all federal recognized tribes. DCFS continues efforts to invite all tribal representatives to quarterly Continuous Quality Improvement (CQI) stakeholder meetings.

As with previous years, DCFS provided a draft of the 2017 Annual Progress and Service Report (APSR) to federal tribal representatives for their input and review; however, no feedback was received. During Federal Fiscal Year (FFY) 2017, DCFS Child Welfare staff met with the Chitimacha tribe to discuss current issues and provide them with training opportunities. As trainings become available, the information is provided to the tribes; the Louisiana Child Welfare Training Academy (LCWTA) provides the tribes with a monthly training calendar. In addition, the Chafee Independent Living Services providers continue to reach out to the tribes offering support and services to tribal youth in custody transitioning to adulthood.

On May 9, 2017 a Louisiana IV-B meeting was scheduled to include participation from all four tribes. During the meeting, the APSR and ongoing preparation for the CFSR was discussed, as well as other important information for the tribes. Three tribes were represented in the meeting: Chitimacha, Jena Band of Choctaw and Coushatta. During the meeting the Chitimacha Tribe requested to utilize the Department's fingerprint machine and State Central Registry Clearance when they obtain new Native American foster parents. The CW Foster Care staff has made it known to the tribe that this resource will be made available to them. As of today, there have been no requests for fingerprinting. The Chafee Independent Living providers had been invited to participate in this meeting. As stated above, although the tribes are provided an opportunity to review the APSR and provide input, no comments were received for the 2017 APSR.

Consumers: A public notice regarding the 2017 APSR and the public hearing was published in the Louisiana Register on March 20, 2017 and posted on the DCFS website on April 1, 2017. The APSR was made available in hard copy when requested as well as on-line. A public hearing (#265843) was held on May 3, 2017 at 10:00 a.m. Based on documentation from the DCFS Bureau of Appeals, the public hearing participants included the DCFS Appeals Attorney and the DCFS Child Welfare-Federal Liaison. No members of the community were present at the hearing. However, there is ongoing consultation with community partners/stakeholders, juvenile courts, providers and other federal agencies through other venues as noted under the various headings within this section of the document.

In early 2017, DCFS Child Welfare leadership, along with a contract consultant, held four focus groups statewide with youth in foster care working toward independent living and youth in the custody of Office of Juvenile Justice (OJJ). The common themes included the following: importance of support systems, increased family interaction, aging out of care concerns, having more input and control over their case plans, limiting the number of placements and the value

placed in case workers who visited regularly. As a result of the youth's input, the Department was able to re-implement a Youth Transition Program, which includes specialized workers dedicated to work with the youth. DCFS staff facilitates the Louisiana Youth Leadership Advisory Council (LYLAC) group meeting which is comprised of youth in care working toward independent living. Through ongoing quarterly statewide LYLAC meetings, communication and feedback is obtained from these youth. Regional LYLAC meetings are held, at a minimum, monthly.

The statewide CQI process is critical to the engagement of stakeholders/community partners. This process helps establish a feedback loop for the development and monitoring of goals and objectives of the CFSP. The Department continues to invite stakeholders to participate in statewide meetings where CFSR and targeted case review data results are discussed. On the state level, stakeholders included representatives from the Court Improvement Program (CIP), Tribes and residential placement facilities. On the regional level, representatives from courts, tribes, Court Appointed Special Advocate (CASA) and service providers participated in quarterly committee and stakeholder subcommittee meetings. Stakeholders were afforded opportunities to review data and provide feedback during statewide meetings, state level CQI meetings (previously PQI) as well as regional meetings. External stakeholders are invited to participate in meetings on the regional and state levels. Discussions during the meetings have focused on planning and implementing changes aimed at improving outcomes. For example, Termination of Parental Rights (TPR) data reports and CQI case review reports are shared with the CIP. In the CIP CQI process this data has been used in discussions on court timeliness measures. DCFS and CIP's sharing of data as well as collaboration between the organization's CQI committees, has helped to enhance the case review system regarding monitoring the statewide functionality of TPR filings. However, this has been determined to be an area needing improvement. Additional information regarding the foundational structure, functioning and meetings of the nine regional CQI Committees is included in the Foundational Administrative Structure section of the [FFY 2017 APSR](#) (QA Systemic Faction, p. 42, paragraph 3-6).

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

There is a Child Death Review Panel (CDRP) within the nine regions. DCFS participates on the panel. The LDH and OPH lead the CDRP meetings. Discussions are held to ensure all suspected cases of abuse/neglect are reported to DCFS. The CDRP(s) throughout the state have participation of various Coroner's Offices, law enforcement, medical providers and other state and local entities. DCFS plans to continue to strengthen the collaborative partnership with members of all Child Death Review Panels to encourage data sharing and ultimately increase the amount of data available from multiple resources in NCANDS reporting.

Service Providers: Chafee Foster Care Independence Program (CFCIP) contract providers conduct individual assessments of each youth referred to their programs. The assessment is used to determine each youth's level of readiness to function independently in areas such as relationship building, financial planning, career readiness, etc. The Chafee Independent Living

Services providers continue to reach out to tribes offering support and services to tribal youth in custody transitioning to adulthood. Three regions retained the same provider and six regions had new providers established during FFY 2017. Refer to the APSR's 2017 updates within the section on Chafee Foster Care Independence/Education and Training Voucher Program (pages 270-296). Detailed information is provided regarding the Department's ongoing engagement and consultation with the CFCIP contract providers to meet the well-being and permanency needs of older youth. These providers offer case management services to those youth who have aged out of foster care at age 18 or entered an adoption or guardianship arrangement after age 16 to age 26.

Foster Care Providers: There has been a continued partnership with the Louisiana Foster & Adoptive Parent Association (LFAPA) which serves to empower foster/adoptive parents and the children in their care by providing communication, support, training, recruitment/retention activities, and advocacy services. The agency has not, in the past, solicited input from foster care providers regarding the APSR. However, there is a close working relationship between the agency and LFAPA. The agency has a contract with LFAPA that is monitored through the LFAPA/DCFS Liaison. LFAPA provides supportive services to foster parents experiencing an allegation of abuse and/or neglect through the Louisiana Advocacy Support Team (LAST). They monitor calls (concerns/questions) from foster/adoptive parents and help point them in the right direction. In previous years, the LFAPA held annual conferences for foster/adoptive parents. During 2017, the LFAPA annual conference and the annual Together We Can conference were combined.

Juvenile Court: DCFS CW partners with the courts and law enforcement. The working relationship between the Department and juvenile courts continues to vary by region. As stated in the APSR, The Louisiana Court Improvement Project (CIP), DCFS and other key stakeholders have given priority to several issues. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, juvenile courts and state and parish agencies is required to effectively comply with state and federal mandates. The Louisiana CIP has a long history of working to improve legal representation for children and parents. The CIP has worked with a multi-disciplinary Task Force on Legal Representation in Child Protection Cases since its inception in 2003. The Task Force, which was legislatively created, was established to study systemic issues and concerns related to the provision of legal representation of abuse/neglected children and their indigent parents. The work of a multi-disciplinary task force led to the current system in which representation for children in child welfare proceedings is provided statewide through Louisiana's three Legal Services Corporations and the Child Advocacy Program of Mental Health Advocacy Services. The Department's management level staff maintains ongoing communication and/or collaboration with the juvenile court judges. Some of the judges from the Louisiana Family and Juvenile Court Association meet quarterly with the DCFS Secretary and CW Assistant and Deputy Secretary. The judges set the agenda for the meetings. The needs and concerns from both sides (judges and agency) are discussed. In some situations, a manager may be asked to participate in the meeting to discuss specifics regarding a change in policy and/or practice which may have resulted from a federal impact. For example, upcoming policy/practice changes relative to guardianship were presented during one of the meetings.

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

Other Public and Private Child- and Family-Serving Agencies: The Department works with the faith based community to: recruit families willing to foster and adopt; retain and support certified foster/adoptive families; and create an atmosphere of shared responsibility resulting in, overall, good child well-being outcomes for children and youth in the foster care system. As part of this work, DCFS has a cooperative agreement with the Louisiana Baptist Children's Home (LBCH) located in the Monroe region. The LBCH recruits, certifies and supports foster/adoptive families statewide. These partners have participated in the new foster parent pre-service work group and assisted in the development of the new orientation presentation which is based upon the Quality Parenting Initiative (QPI).

Crossroads NOLA is a faith-based organization affiliated with the Louisiana Baptist Association. This organization has worked to help the Department bring an awareness of foster care and adoption to the community. They have provided recruitment, training and support services to foster parents in Orleans and Covington Regions. Crossroads NOLA was instrumental in helping DCFS partner with Texas Christian University (TCU) Institute of Child Development. TCU provided Trauma and Trust Based Relationship Intervention (TBRI) training. Crossroads NOLA, in conjunction with TCU, offered training to foster parents, staff and stakeholders in TBRI in May 2017.

Healing Place (HP) Serve of Baton Rouge is a faith-based organization affiliated with Healing Place Church. They have partnered with DCFS on various projects, such as human trafficking, transitional living for youth aging out of foster care, homeless youth and foster parent recruitment/support. During 2016 (August), HP Church partnered with DCFS for the State QPI kickoff; they provided space, technical support and were active participants in the event. HP Serve assists with photographing children awaiting adoption and maintaining a statewide Louisiana Heart Gallery (LHG). During FFY 2017, the LHG partnership was responsible for the professional photographs of approximately 30 children; videos were made for six children. HP Serve has also assisted with the Statewide Adoption Exchange meetings. The exchange meeting allows Adoption and Home Development staff (statewide) an opportunity to meet in one place to present certified families and children awaiting adoption in hopes of making potential matches.

DCFS partnered with Tulane University on a demonstration grant received from ACF. The grant is designed to: strengthen the child welfare system's understanding of the impact of trauma on children and families through professional training opportunities; and help professionals within the system to make informed decisions about individualized treatment services needed to enhance child well-being outcomes. Through this collaborative relationship between DCFS and Tulane University, staff and providers have been trained to provide trauma focused care. DCFS has implemented the use of a trauma screening tool statewide. The Family Services and Foster Care Consultant have worked jointly with Tulane University in providing training to front-line staff, updating policy where necessary, providing support to front-line staff in implementation and developing tracking mechanisms to monitor the utilization of the trauma screening process.

Item 32: Coordination of CFSP Services with Other Federal Programs: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response: Louisiana is in substantial conformity with Item 32, Coordination of CFSP Services with Other Federal Programs.

The Department, in collaboration with the Louisiana Department of Education (LDE) and the local school system of each region/parish, works to ensure each child in foster care (FC) receives the opportunity to receive a full time education, participates in community based public educational programs and that the child has a stable educational setting. In accordance with the Louisiana Revised Statute (17:238) a contractual agreement outlines requirements such as the right of children to remain in their current educational placement should they be removed from their family's home and placed in FC when it is in the best interest of the child. LDE and DCFS staff have been working collaboratively to develop a working agreement to carry out the Every Student Succeeds Act of 2015 (ESSA) requirements. LDE and DCFS serve as the primary contacts to school districts and DCFS parish/regional offices in setting up local ESSA guidelines and providing them with support. Refer to the Collaboration Section of the [2017 APSR](#), page 11, (2017 Updates and FFY 2018 Planned Activities).

In order to address the needs of youth, and in accordance with Act 214 of the Louisiana 2013 regular legislative session, the Department entered into a MOU with the Office of Juvenile Justice (OJJ) to develop an integrated case management planning system to identify and serve youth who have dual involvement with both systems. The goal of this MOU is to create a coordinated continuum of care to more efficiently utilize public funded services for youth who are dually involved with the child welfare system and the juvenile justice system utilizing joint information sharing, needs assessments, case planning, service identification, and resource allocation. The integrated cases management process has been fully implemented. There's an ongoing expectation by of dual case planning for dually involved youth. This expectation has been noted in policy for both departments.

DCFS entered into a MOU with Louisiana Department of Health (LDH) and the Office for Citizens with Developmental Disabilities (OCDD) in order to establish policies and procedures for the referral of children who are in the custody of the DCFS or at risk of placement into custody based on a developmental disability. Referrals include children birth to two years who have been involved in a substantiated case of abuse or neglect qualifying for early intervention services under IDEA (part C), and CAPTA. Children ages three through seventeen also receive referrals. These children are in the DCFS custody suspected of having a developmental disability determined to meet eligibility. The DCFS, LDH and OCDD assesses for the kind of services and supports needed, and work together to meet the placement needs of these children as they approach the age of majority. The goals and shared outcomes of this MOU are numerous but include the requirement that that LDH/OCDD and DCFS cooperate in locating placements for children with developmental disabilities when the DCFS has been unable to locate a family, community placement, or other congregate care settings.

In collaboration with LDH/Office of Public Health (OPH), Office of Behavioral Health (OBH), Women's Health and Capital Area Human Services, DCFS participated in the Louisiana's Innovation Accelerator Program for Substance Use Disorders (IAP-SUD). In 2016, the IAP-SUD committee developed the Louisiana Substance Use in Pregnancy Clinician's Toolkit. The toolkit is being finalized with plans to share with OB/GYN doctors statewide. The toolkit will provide key information and tools regarding evidence-based practices that decreases the risks associated with substance use during pregnancy. The focus will be on the use of tobacco and alcohol, misuse of prescription medications, and use of illegal drugs that substantially contributes to maternal and infant morbidity and mortality.

Through a Data Sharing Agreement, DCFS has provided LDH with data regarding child deaths in Louisiana. In addition, LDH secured a grant for prevention of violence and injuries which will allow for a shared epidemiologist between DCFS and LDH to review data to improve outcomes for children.

The DCFS staff works collaboratively, through bi-weekly and/or as needed consultations, with an OBH representative and a Board Certified Child Psychiatrist. The psychopharmacology consultations are held on children in foster care who have been identified as being outside of the recommended psychotropic medication parameters. DCFS works to ensure ongoing quality medical and behavioral health services for children in foster care.

G. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

The Department is in substantial conformity with the above listed systemic factor, as items 33-35 are functioning as required. Performance in Item 36 has continued to decrease over the last 3 federal fiscal years.

Standards Applied Equally: It is the policy of the DCFS to ensure that foster/adoptive applicants meet prescribed minimum standards for the safety, health and well-being of children entering foster care and adoption. In cases where certified families, to include relatives and non-relatives, do not meet a particular licensing or agency requirement, the home may be certified

with a licensing waiver or policy exception under specific circumstances (as outlined in departmental policy).

The waiver requests were for the following requirements: marital status, age, medical, case clearance (valid), fingerprints, criminal, bedroom space, and safety fire inspection. In FFY 2017 two additional types of waivers were approved. These consisted of sharing a bedroom with a sibling who was either the opposite sex or was over the age of 18.

Licensing Waiver Requests	FFY 2014: State Office HD	FFY 2015: State Office HD	FFY 2016: State Office HD	FFY 2017: State Office HD	FFY 2018: State Office HD	FFY 2019: State Office HD
Marital Status	3	4	10	5		
Age	4	2	0	1		
Medical	3	2	0	2		
Case Clearance (Valid)	7	6	0	0		
Finger Prints	2	0	0	0		
Criminal	3	1	2	0		
Bedroom Space	1	5	36	22		
Safety Fire Inspection	1	0	3	0		
Capacity			12	3		
Sharing a bedroom with a sibling (18+)				1		
Sharing a bedroom with a sibling (opposite sex)				1		
Total	24	20	67	35		

According to the chart above, there was a decrease in the number of waivers received in FFY 2017. DCFS certified a large number of child specific homes in FFY 2016, often requiring DCFS to waive the space and capacity requirement. This project is still ongoing but many of the child specific, relative homes were certified in the last FFY. In addition, capacity was decreased from 6 to 5 in 2016 to comply with COA standards. Waivers were necessary at that time for some homes that had 6 children placed at the time of the policy change. DCFS did change policy back to increase the number of children allowed to be placed in a single home from five to six children. There has been a drastic decrease in the number of capacity waiver requests since that time. For FFY 2016, there were 3 waivers that were requested for the safety fire inspection requirement. These waivers were in reference to foster parent's living in an apartment complex where they did not have the certificate or statement that the complex was approved by the fire department. The landlords also did not have the information immediately. The landlords eventually had the inspections completed and the waivers were no longer needed after that time. On October 31, 2017, there were 2319 certified foster homes in the state of Louisiana. Of those 2319 homes, 89 of them or 3.8% had a waiver or exception to meeting the standard licensing requirements.

DCFS has continued the roll out of Quality Parenting Initiative. In June 2016, QPI kicked off in Covington and Lafayette Regions. The kickoff included an information session about QPI, focus groups and the development of a steering committee. Participants included staff from every

DCFS office and program, foster parents, birth parents, judges, attorneys, Court Appointed Special Advocate (CASA), youth stakeholders and community partners. In August 2016, a state kickoff took place in Baton Rouge. Participants included staff, foster parents, birth parents, judges, attorneys, CASA, stakeholders and community partners from around the state. During the kickoff, Elements of What Makes a Good Foster Parent were developed.

- Foster parents and kinship caregivers in LA are respected members of the professional team that determines and puts the child's best interest first.
- They are well educated and informed about their roles and responsibilities, child development, the effects of trauma on children and families and the judicial system.
- Great foster parents co-parent with birth parents for a successful overall outcome for the child, birth parents and foster parents with the support of DCFS, CASA, the judicial system and other partners.
- Foster parents are given the resources to meet the immediate needs of children and their families while providing opportunities for them to thrive long term.

A QPI state steering committee meeting was held in November 2016. Members include a representative from each program within DCFS, a judge, CASA, foster parent, birth parent, attorney, community partners and stakeholders. The role of the state steering committee is to ensure that the overall child welfare system provides the support and resources to the foster parents and staffs that are needed to ensure quality parenting for all children.

As of May 2017, QPI has officially been implemented in each region of the state. To date, the regions have developed committees to develop trainings for foster parents around court processes; judges in two jurisdictions are holding information meetings with staff to increase partnership between the court and staff. In one court jurisdiction, a judge created a form for foster parents to fill out so that they can update the court about the child and the case without having to be present. A few regions have implemented practice by which calls are being made to birth parents when a child is initially placed into a foster home at the time of removal. A few parishes have even implemented Icebreakers. These are meeting between the birth parent, foster parent, worker and child (if appropriate). They are to be held three to seven days after a child is placed in a foster home. The purpose of the meeting is to strictly talk about the child and their needs.

HD has been involved in the Child Placing Agency Licensing workgroup to revise licensing regulations. The workgroup is looking at modifying some of the regulations.

DCFS staff will continue to work with Licensing to modify regulations that often create unnecessary barriers to foster parent certification. Staff will also review policies to ensure that they align with the philosophy of QPI.

DCFS will continue to move forward with the implementation of QPI. As regions begin to look at what practices need to be changed; the state steering committee will decide if policy or system changes need to be made in order for Quality Parenting to be implemented to its fullest throughout the state.

Requirements for Criminal Background Checks: The regional HD Units ensured criminal record clearances were conducted on individuals interested in providing care and supervision of children placed in state custody. Clearances were also conducted on household members 18 years and older. This is a safety requirement for all certified homes. Children are not placed in homes or kept in situations where a criminal clearance would not be required regarding their caregiver. For certified homes, if criminal clearances cannot be updated the homes are closed.

In FFY 2016, a statewide random sample of all foster care providers and pre-adoptive homes approved within the past year indicated that in 89% of all files reviewed, criminal background clearances were completed per the federal requirement. It was determined that this issue was partially related to inconsistent documentation regarding completion of criminal clearances, where such clearances are stored, and tracking of criminal clearances. These issues were discussed with staff. In reviews following this sample, improvement has been noted in criminal record clearance completion and documentation.

To determine the quality of implementing these requirements, DCFS created a file review tool and tested it on 17 files from the Baton Rouge Region in December 2016. Of the 17 files reviewed, one file was missing clearances and one file needed updated prints. A total of 94% of the files had clearances and 94% of the files had updated clearances. One challenge that the Department faced in FFY 2017 was inaccurate fingerprint logs. Due to the relocation of offices, many HD Units that conducted the fingerprint clearances no longer had access to the fingerprint machines. As a result, other agency staff is operating the fingerprint machines and has the responsibility of updating the fingerprint log sheet. Those regions have reviewed the office procedure and made corrections that were needed. In one region, staff has been put in place to review the printout received from the fingerprint machine to ensure the applicant's prints are accepted prior to the applicant leaving the office.

In January of 2017 the Department completed a Federal IV-E Review. The Department passed the IV-E review including the portion related to criminal clearances for certified caregivers. Though it was found that the criminal clearances were not available in some records reviewed, it was further clarified that the criminal clearances were conducted when necessary, but the clearance findings were kept separate from the record. Since that time clarification has been provided to Home Development staff regarding how to document completion of criminal records clearances and how to ensure such things are available and clear during reviews and audits.

Beginning in July 2017, the Home Development section in State Office began a regular review of Home Development records. The reviews are completed quarterly with a report out every six months. Records for review are randomly selected and 5 records are reviewed for each region, totaling 45 records reviewed statewide each quarter. Items in the review instrument addressed criminal background clearances and case clearances (valid findings). The first set of reviews, completed in Quarter 4 FFY 2017 indicated that 41 out of 45 cases or 91% had the required criminal clearances completed. Of the 4 cases that did not have criminal clearances, 1 was found to have documentation that the clearance was done but was not filed in the record and could not be located, 2 were due to not having clearances on youth turning 18 in the home, and 1 was found to not be done during a 3 year re-certification for a home that was then closed shortly after. The second set of reviews completed in Quarter 1 FFY 2018 indicated that 41 out of 45

cases or 91% had the required criminal clearances completed. Of the 4 cases that did not have criminal clearances, 2 were found to not have clearances completed during their 3 year re-certification, 1 was found to not have a clearance on file prior to certification, and 1 was found to not have a clearance completed on a new household member within the timeframe that policy allows.

Diligent Recruitment of Foster and Adoptive Homes: DCFS Regional HD Units continue to develop and implement annual regional, written recruitment/retention plans according to the Department’s recruitment and retention plan policy guide. The regions’ proposed plans are approved by their Area Directors and forwarded to the state office HD Section. In July 2017, Louisiana began using the Developing Recruitment Plans Toolkit from the National Resource Center for Diligent Recruitment. This has improved the needs assessments used to determine the demographics, needs, and placement requirements of the children in each parish of the region and expanded it to include comparison of the data regarding current certified foster parents. A comparison of the children in care to the certified foster families allowed for a much more accurate view of the specific types and locations of homes needed. The data identified in the plans was collected from the DCFS Web Focus and INFOPAC systems. The plans include goals and objectives in recruitment of additional resource families for targeted areas of need, retaining and supporting currently licensed families, and responding to and retaining prospective resource families during the inquiry to licensing phase of the process. The plans detail methods of recruitment, in addition to action steps, time frames, persons responsible, and outcomes. Each specific recruitment method identified in the regional plans is linked to the data regarding children in foster care and certified foster parents. These plans are reviewed quarterly along with updated data to determine continued accuracy.

Children/ Youth in Louisiana Foster Care System	At the end of FFY 2014	At the end of FFY 2015	At the end of FFY 2016	At the end of FFY 2017	At the end of FFY 2018
African American Females	859	885	867	864	
African American Males	897	885	201	772	
Caucasian Females	1136	1206	1218	1176	
Caucasian Males	1144	1242	1263	1284	
Multi-Race Females	53	87	71	81	
Multi-Race Males	80	99	95	86	
American Indian/Alaska Native Females	4	2	2	4	
American Indian/Alaska Native Males	7	5	0	0	
Asian Females	2	2	1	1	
Asian Males	0	2	3	4	
Native Hawaiian/Other Pacific Islanders Females	2	1	0	1	
Native Hawaiian/Other Pacific Islanders Males	3	4	1	1	
Total	4268	4,515	4,419	4384	

As of the end of FFY 2017, there were 3,423 served certified foster/adoptive families; this number reflects foster/adoptive families that were active at any point during the FFY. Based upon the above (FFY 2017) racial breakdown for children in care, the two largest populations

were Caucasian and African-American. Of the 3,423 certified families 2205 were Caucasian families and 1200 were African-American families.

The demographic data shows the following racial makeup of 1,128 single parent families:

- 454 Caucasians (454 females and 0 males)
- 670 African-Americans (670 females and 0 males)
- 2 American Indian/Alaska Native (2 females and 0 male)
- 1 Asian/Pacific Islander (1 female and 0 males)
- 1 Unknown (1 females and 0 males)

Of the 1,128 single parent families, 1,083 were not Hispanic; 14 were Hispanic; and 31 were Unknown.

The remaining 2,295 were two-parent families; the demographic data indicates the following racial makeup:

- Caucasians – 1,751 (Parent 1) and 1,722 (Parent 2)
- African-Americans – 530 (Parent 1) and 552 (Parent 2)
- American Indian/Alaska Native – 6 (Parent 1) and 7 (Parent 2)
- Asian – 3 (Parent 1) and 7 (Parent 2)
- Native Hawaiian/Other Pacific Islander – 1 (Parent 1) and 2 (Parent 2)
- Unknown – 4 (Parent 1) and 5 (Parent 2)

Of the 2,295 – 2,185 (Parent 1) and 2,192 (Parent 2) were not Hispanic; 31 (Parent 1) and 33 (Parent 2) were Hispanic; and 79 (Parent 1) and 70 (Parent 2) were Unknown.

DCFS has partnered with the faith based community to assist in the recruitment of foster parents who believe in the QPI philosophy. DCFS has also included in the updated recruitment plans for many regions to utilize their current foster parents as recruitment tools by having them co-train and speak in the pre-service training classes and orientations. The foster parents that will be chosen to speak are those that accept or have experiences with the specific group of children recruitment is needed for in that area. In FFY 2018, Louisiana plans to develop additional ways with foster parents for them to recruit and advocate for other foster parents.

With the expansion of the WWK program, the State will now have a recruiter in every region. This will allow for child focused recruitment to take place for at least an additional 80 children in FFY 2018. In this model, the recruiters will also be allowed to recruit for children with the goal of Another Planned Permanent Living Arrangement (APPLA). It is projected that by July 2019, the program will have completed 59 adoptions for hard to place children and youth.

The DCFS CW continues to work with established partners within the faith-based community. In an effort to maintain ongoing collaboration, the DCFS staff meets every other month with the Faith-Based Collaborative team. The meeting's focus is on recruitment and retention of foster/adoptive parents. There is also discussion about supporting the needs of the certified families and ongoing initiatives within the State. Organizations have provided additional support to the certified families through ongoing training, parent's night out events, hosting holiday

parties, donating gifts, hosting walks/runs for adoption awareness, etc. Over the course of the next year, the Faith-Based Collaborative members and DCFS will be recruiting statewide throughout the faith community for families willing to foster children and support birth families.

On October 1, 2017, DCFS implemented a 2 tier rate adjustment for Therapeutic Foster Homes in an attempt to recruit more specialized homes for specific populations of children that require more specialized care. There are currently a total of 139 TFC beds and 92 certified TFC homes. Efforts are underway by DCFS and the 8 child placing agencies to recruit TFC homes to serve children who have development delays, have been involved in sex trafficking, identify as LGBTQ, have serious conduct/behavioral issues, are older youth, and youth who have histories of sexual aggression.

Child Specific Recruitment - In March 2014, DCFS implemented the Wendy's Wonderful Kids Model. This model focuses on child specific recruitment for older youth and/or children who have been available for adoption greater than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of legal availability for adoption do not have an identified adoptive resource. The recruiters work in collaboration with DCFS adoption staff, the identified child and the child's foster parents and any other person significant in the child's life.

Since March 2014, the WWK recruiters recruited for 111 youth and finalized 12 adoptions and two guardianships. In FFY 2017, there were a total of 14 adoptions finalized through the program. The grant's performance expectations include that there will be 69 youth matched with an adoptive home and 59 youth will be adopted by July 2019.

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

State use of Cross-Jurisdictional Resources for Permanent Placements: Louisiana has in place a process for the effective use of cross-jurisdictional resources to facilitate timely placement for waiting children. From October 1, 2015 thru September 30, 2016, LA ICPC reviewed and processed 77% of home study requests from other states within three work days. The percentage would have been higher in August and September 2016 had it not been for the August flood which impacted ICPC staff. During FFY 2016, 23% of home studies received from other states were completed within 60 days. This is a 6% decrease from FFY 2015. Because Louisiana was impacted by two major floods in 2016 and has experienced caseloads above the standard, we believe this contributed to the decrease in the number of home studies completed within 60 days by our local offices.

In FFY 2017, October 1, 2016 thru September 30, 2017, 18% of the home studies requests received from other states were completed within 60 days. Often, the home studies were completed within 60 days but the studies required multiple revisions due to lack of criminal record and child abuse/neglect clearances, missing information, etc.

The ICPC database is used to track overdue home studies, and colleagues in other compact offices are cooperative when inquiries are made regarding pending studies. However, there are concerns about delays in achieving permanency for children with cross-jurisdictional resources. Some contributing factors include staff retention, training of new staff, high caseloads, licensure of relatives by some states and a low priority assigned to interstate home studies.

A strategy to minimizing delays in placement is implementation of the National Electronic Interstate Compact Enterprise (NEICE) which would streamline and enhance the ICPC business process by electronically exchanging data and documents from one state's jurisdiction to another.

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

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

NOTE: The data source used is the Web Focus ICPC database. The total number of home studies completed within 60 days is divided by the total number of home studies requested is the methodology used for analyzing the data.