

2003
Annual Progress and Services Report
for the
Consolidated Child & Family Services Plan

Section 6

Child Welfare Service Continuum

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6.1 Introduction

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Service components of the Louisiana Child and Family Service system *are* focused to move toward long range goals as they relate to an effective and accountable child welfare system. Elements of child safety, permanency and, child well being *are* integrated in service delivery *to insure that children are first and foremost protected from abuse and neglect and that children have permanency and stability in their living situations*. Services are available in all 10 regions. Major service components are as follows:

- A. Skilled, prompt, and sensitive intake services to reports of abuse and neglect in families, foster homes, day care centers and restrictive child care facilities. Reports may be directed, after a differentiated assessment, toward brief service provision when time limited problem solving may be helpful and appropriate. Reports may also be directed toward prompt investigation and crisis intervention. Investigations may identify children who have been, or are at serious risk of being harmed by a parent or caretaker.
- B. Preventive family services arranged for or offered to families who, without such services, would be unable to provide a safe environment for their child and risk of removal would be imminent. Services are provided with the child remaining in the home. The goal of the services is directed at protecting the child from further harm while maintaining the family unit.
- C. Ongoing family preservation and support services are made available to vulnerable families where placement may not be necessary but help is needed to ensure the safety of the child and reduce the risk of future harm from abuse and neglect. Such services can reverse the disorganizing and destructive variables undermining family functioning and prevent further deterioration that can result in out-of-home placement.
- D. Foster care is substitute, temporary care (e.g. foster family home, residential care facility, kinship care) that is utilized when the child's health and safety is at risk if he remains in the home. The state is awarded legal custody of the child via a proper court of jurisdiction. The foster parents and private agency foster care providers work with agency staff and parents toward achieving permanency. Intensive work and case management services are offered to families to help them reach a point where the child can be returned home, if return home is appropriate.
- E. Adoption services are a permanency option for children when it is apparent the biological family is unable or unwilling to resume care of the children. Pre-adoptive services provided by the foster care worker include *counseling* parents *who* voluntarily relinquish parental rights, preparing the judicial termination of parental rights if the parents are unable or unwilling to surrender, and beginning to prepare the child for the adoptive process. Services by the adoption worker include completing the child evaluation/assessment process, preparing the child for adoption, recruiting adoptive homes, selecting and placing the child in an adoptive home, providing services to both

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the child and the family prior to and following adoptive finalization, and participating in the legal adoption finalization process.

- F. Post-adoption services and subsidies are provided to eligible families after the adoption is finalized until the child's 18th birthday, mainly by the Adoption Subsidy Program through federal and state funding. Other post-adoption services are contracted and provided, within budgetary constraints, to any adoptive child and his adoptive family after the adoption is completed. *In Louisiana, families who adopt special needs children are eligible to apply for services as are* families who have adopted a child from another country. Both the Adoption Subsidy Program and the contracted services programs are designed to enhance the quality of the adoptive placement and to prevent placement disruption. Several Foster and Adoptive Resource Centers *in each region* also provide post-adoptive services *to adoptive families including respite care services, counseling, etc.*

System supports critical to the continuum include:

- A. A home development process which entails recruiting, training, and retaining quality foster and adoptive parents to address the individual placement needs of children in state custody. The home development program seeks to secure an adequate, capable pool of families to achieve timely and appropriate placement of these children.
- B. An automated data tracking system through which every child within the Agency can be located and followed throughout the continuum of services. This statewide computer system is designed to collect data and report certain events emanating in the child welfare and adoption assistance programs.
- C. A time schedule which defines "timely" by setting limits for how long a child or family can remain in a phase of service. This time schedule is linked to the computerized tracking system so that, at any given point, reports can be generated that give complete information on the progress of the caseload, and identify a child or family not moving through the service system timely.

System collaboration mechanisms include:

- A. Administration of the Louisiana Children's Trust Fund offering primary prevention programs to the general public and support to volunteers and organizations throughout the state in trying to prevent child abuse. The trust fund oversees the appropriation of grants to private and public institutions, and offers financial and technical assistance to a variety of efforts. Some of these programs include workshops, seminars, parenting classes, educational materials, television programming, community awareness efforts and enrichment programs for children. OCS is a statutorily mandated member of the Louisiana Children's *Trust Fund Board*.

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- B. Actively support and promote the Louisiana Children's Cabinet. The Children's Cabinet was created by the Louisiana Legislature to provide coordination of policy, planning, and budgeting for all state agencies and programs responsible for services to children and their families to assure the most effective and efficient use of funding for such services.

Major duties of the cabinet include developing recommendations to redirect programs for children and families toward early intervention, prevention, and family preservation; and, implementing an annual children's budget. The OCS has legislatively mandated membership on the Cabinet.

6.2 Child Protection Investigation - Program Discussion

Legal Reference

42 USC622(b)(5)

45 CFR 1357.15 (a)(1)(i)

The OCS provides a statewide network of children's protective services. The services normally begin with the Child Protection Investigation (CPI) Program. Services offered are legally mandated by state statute. These services are specialized, social investigative assistance for children who are alleged to be neglected, abused, exploited, or, *dependent*. The investigative

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process starts with the intake report of abuse or neglect of a child living with his family, in a foster home, restrictive care facility, day care center, or uncertified foster family setting.

Intake occurs at the local level where reports of alleged abuse and/or neglect are received by the local office which has responsibility to investigate the report. There are eight, 24-hour hotline services available in *most* urban areas of the state. *Additionally*, Lafayette and Terrebonne Parishes have a 24-hour hotline service available on the weekend. All other parish hotlines are available only during regular working hours. *Funds have been approved for all parish offices to have recorded information available for the public after hours to direct reports of abuse or neglect.*

In the investigative phase of intervention, the CPI worker explores the allegations made by the reporter to determine whether a child has been abused or neglected. In addition to determining the validity of the report, the worker is responsible for assessing the current safety and future risk of harm or injury to a child victim and, when deemed necessary, developing a safety plan. Prior to the investigation, the reports are prioritized according to the degree of potential harm posed to the child. Available staff resources are allocated to the investigation of the highest priority cases first.

The investigative model adopted by the Agency, and formalized into agency policy, prescribes the minimum requirements for the type and method of report, subject, and collateral contacts which must be completed for each investigation. The model emphasizes the importance of assessing the current safety and longer term risk of harm resulting from abuse or neglect to the child.

The CPI worker may provide limited social services during the investigation based on the level of risk and needs of the family. These services consist of:

- ! safety assessment and planning
- ! risk assessment
- ! coordination of emergency medical care and related services;
- ! emergency removal and placement;
- ! referral to the OCS Family Services Program or other appropriate agency; and,
- ! short term counseling and obtaining basic concrete services for clients through the Preventive Assistance Fund (PAF) and Low Income Home Energy Assistance Program (LIHEAP).

The other services to ameliorate child abuse or neglect and to prevent removal and placement are provided by Family Services staff. Services are not delayed pending the completion of the

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investigation; the referral for services is made by the investigative worker as early as possible during the investigation based on the needs of the family.

Once the investigation is completed and a finding determined, the child protection investigative process is complete. When the allegations of a case have been unfounded the case is closed as invalid. When needed, referrals to community resources are offered to the family. For cases in which the finding is inconclusive, services through the OCS Family Services program and/or referrals to community resources are offered as indicated by the assessments of safety and risk. *In cases where* the finding for the investigation is valid, and the children remain in the home, families may be referred to the OCS Family Services Program, or may be referred to community services as indicated by the assessment of safety and risk. *Additionally, state statute requires that all valid findings be reported to the District Attorney.*

If a child is removed from his parent's custody and placed in the State's custody under OCS supervision, the child will receive foster care services. To prevent unnecessary removals of children, a case conference among the involved protective service, family services and foster care staff is required before the removal to determine if preventive services are more appropriate unless the immediate risk to the child is too great. When a child is removed on an emergency basis, a case conference is held post-removal.

Valid child abuse or neglect reports and investigations are entered into the Agency's central, computerized tracking system. Information about the allegation(s), the subjects, and the intake decision is reported for program statistical and management purposes, and for assistance in assessing the potential of risk in future contacts with a family. Throughout the service continuum, the Agency maintains and supports the principles of child safety, child well being, permanency, and the promotion of the healthy development of the child.

6.2.1 Child Protection Investigation - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. The Agency plans to initiate or continue activities in the following areas:

1. Continue to refine the Quality Assurance (QA) system for the CPI program which evaluates staff compliance with established policy and procedure. QA also identifies areas which need improvement. This process is ongoing. The Agency continually seeks to improve compliance with policy that is structured to represent best practice and state statutes. The Agency has developed outcome indicators for all program areas and has added this as part of the overall quality assurance system.

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2. Continue to implement the Agency's Assessment Model (diversified system response) in the Jefferson Region, with agency staff, and in Orleans Region, with a private contractor. This program diverts reports of low risk child maltreatment to workers who focus their intervention on the assessment of needs for service delivery. The Agency has completed a second review of the project and ***presented the results*** to the management team.
3. Continue to support and participate on the state legislatively mandated Child Death Review Panel which is a multi-disciplinary group charged with the responsibility to review, within the State, the handling of unexpected child deaths occurring in children under the age of 15. The Panel submitted its annual report to the legislature. Local panels have been developed and continue to function in Orleans, Jefferson, Shreveport, Ouachita, Lafayette, Baton Rouge, and Rapides regions/parishes. OCS staff participate on these local panels.
4. Continue to conduct internal agency fatality reviews on OCS cases active at the time of the child's death or in which there has been agency involvement with the family within 12 months of occurrence.
5. Continue to support a project with the Children's Hospital in New Orleans to provide services targeting Human Immunodeficiency Virus (HIV) or substance exposed infants and their families.
6. Continue to utilize funds authorized under the Child Abuse Prevention and Treatment Act (CAPTA) to coordinate, support, and improve child abuse and neglect services.
7. ***Evaluate recently developed sexual abuse training, modify as needed, and continue statewide delivery to investigators and case managers.***
8. ***Continue sponsoring and planning the annual multidisciplinary conference, Together We Can, to be held in the fall.***
9. ***In December 2002, staff from the Office of Community Services, Office of Family Support and Office of Addictive Disorders attended a luncheon sponsored by Prevent Child Abuse Louisiana. The purpose of this meeting was to improve collaborative efforts among agencies. This will be done annually. Collaborative efforts to date include:***
 - (a) ***TANF funding used to place a substance abuse counselor in the Baton Rouge Region OCS office to conduct substance abuse screenings and referral services.***
 - (b) ***Contract with Louisiana State University Office of Social Services Research Department to evaluate the effectiveness of Project Safe. This program is being piloted in Jefferson Region through the Jefferson Parish Human Services Authority and serves as a comprehensive outreach and treatment program for substance abusing mothers also involved in the child welfare system.***

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10. *Continue to collaborate with the Coalition Against Domestic Violence by organizing a task force of community leaders and agency representatives who will guide a plan to integrate domestic violence issues into child welfare services.*
11. *Implement the revised Safety Assessment form statewide. Each region will receive a three hour training regarding the concepts of risk and safety. In addition, staff will be provided with the policy, forms and case examples. The training is scheduled from February 2003 through June 2003. By July 2003, the form will be used statewide.*
13. Continue work as part of a task force of representatives from various community and governmental agencies from the Baton Rouge area and around the state dedicated to promoting local and statewide awareness of Louisiana's Relinquishment of Newborns Act (establishing "safe havens" for *at risk* newborns). This task force will continue work to find ways that provide support to pregnant women and new parents who need assistance to keep and care for their newborns.
14. *Continue to pilot Family Group Decision Making (FGDM) in the Baton Rouge Region. Prior to implementing the pilot, staff received intensive training from Jim Nice, a nationally recognized expert in this field. The Agency will continue to monitor and evaluate the program assessing the expansion of the pilot to other areas. OCS will have representatives at a national FGDM conference in June 2003.*
15. *Continue contracting with the Institute for Family Development to provide training entitled "Critical Thinking Framework" which will aid staff in improving decision-making skills.*

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16. *Continue to* work towards meeting national accreditation standards for the Child Protection Investigation program through the Council on Accreditation (COA).
17. *Continue to* prepare for the Federal Child and Family Services Review (CFSR).

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6.3 Family Services - Program Discussion

Legal Reference

42 USC622(b)(5)

45 CFR 1357.15 a (1)(i)

Family Services (FS) are social services which are provided to families and children in order to address problems of abuse/neglect and promote the safety of the children living with their family, relatives or other persons while remaining in the custody of their parent(s). Such services are appropriate in situations where the abuse/neglect is not assessed to be of the nature and extent which would place one or more of the children in immediate danger of serious harm. The parents or responsible caretakers must demonstrate a willingness to change the abusive/neglectful behavior or circumstances which brought them into agency contact initially.

Normally, *in FS cases* the children have not been taken into the custody of the Department of Social Services (DSS) and the parents/caretakers have not been court ordered to work with the Agency. In some situations, however, the family is participating in services according to the terms of a court order, although the children remain in the custody of the parents/caretakers.

This program is based upon the philosophy that each child should remain in his own home if it can offer him safety and meet his basic needs. Congress endorsed this view in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which mandates states which receive federal funding for their Child Welfare Programs to provide services to families to prevent the foster care placement of children.

The Agency's primary goal in the Family Services program is to promote the safety of each child while enhancing the quality of preventive and intervention services. Throughout the service continuum, the Agency keeps in mind the principles which include child safety, permanence and well being. The following briefly describes the available services.

A. In-Home Family Based Services

In situations where an allegation of child neglect or abuse has been validated, and the family is thought to need more long term services, the case is referred to an agency Family Service (FS) worker. All parishes have Family Services (FS) workers available to work with families. It is the role of the FS worker to assess the strengths and needs of the family and provide needed services to children and their parents. The services provided are designed to address family deficiencies and/or practices which contributed to the abuse/neglect of the children. This service can prevent removal when it is determined that a child is not at high risk of immediate harm and where the parents are considered capable, with some assistance, of caring for their child and providing what their child requires for healthy development. Elements of these service components include:

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1. Problem identification;
2. Family assessment *with particular attention to family strengths*, safety planning and risk assessment;
3. Case planning services;
4. Direct work with the parents, children and families including counseling, group work, teaching, parent skill building, advocacy in the community on behalf of the family, and family preservation/empowerment;
5. Work with parents, children, and families in assisting in problem resolution through brokering of needed services dictated by family assessment and service treatment plan established with the family, including assistance with concrete services through the Preventive Assistance Fund (PAF)/Low Income Home Energy Assistance Program (LIHEAP).
6. The use of contracts for various services such as intensive family preservation services and in home services along with the Child Welfare Family Resource Centers serve to mobilize, coordinate, and develop additional professional and community services to assist with family problems.

B. Protective Service Day Care

Day Care services may be made available without regard to the income of the parents when it is determined that such care is either necessary or would be beneficial in preventing removal of the child or would facilitate returning the child to his parents. This service can often be utilized to provide supervision and nurturance to the child during periods when the parent is involved in treatment or other services aimed at ameliorating conditions that have placed the child at risk.

C. Homemaker Services

Homemaker Services, purchased through contracts, may be utilized when circumstances in a child's home impair or interrupt the ability of his parents to fully carry out their responsibilities. These services can help maintain children in their own homes or hasten reunification by supplementing components of the parents' role and building or reinforcing appropriate parenting skills. These services are available in many but not all areas of the state.

Homemakers provide a role model for parents by teaching them parenting and homemaking skills, and provides services in conjunction with the family services worker in assessing and evaluating the capabilities of the parents.

D. Temporary Voluntary Out-Of-Home Placement

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This service may be provided when abuse or neglect is *suspected* and, it is necessary to *stabilize a family* while a thorough *safety assessment*, investigation, and risk assessment is conducted. Such *temporary moves* made by the legal caretaker are voluntary with no transfer of custody. The child may be *temporarily placed* with relatives, or friends of the family, in a shelter, or in a respite care facility. This service is distinguished from substitute care or foster care because it is a short term *arrangement*, usually lasting *fifteen to* thirty days or less *and there is no court involvement*. It is intended to *provide* the child *with care by persons known to him* while decisions are made regarding an abuse or neglect allegation and what, if any, long term plans are needed for the child.

E. Referral To Treatment Resource

Any clients with whom the Agency has an active service agreement because of child abuse or neglect may be referred to other therapeutic or supportive services. Services are limited to 24 sessions. Exceptions for continued services are approved in State Office on a case by case basis.

A new program has been implemented in the Jefferson, Orleans, Covington, Thibodaux, Baton Rouge, *Lake Charles and Lafayette* regions. The Clinical Evaluation Program (CEP) uses a managed care format for approving and monitoring mental health therapeutic services. The 24 session limit does not apply to the CEP model, but approval of sessions is closely monitored by the CEP staff.

Referral to the intensive home-based services program is limited to those situations in which the Agency would otherwise recommend immediate removal of at least one of the children. There are no other categorical exclusions from eligibility although providers may refuse to accept referrals based on caseloads or case circumstances which they feel would preclude effective intervention.

F. Preventive Assistance Fund/Low Income Home Energy Assistance Program

This service is intended to address the immediate problems or needs which threaten the family unit. Through providing financial assistance and emergency purchase capabilities, the FS workers can improve physical living standards of families receiving child protective services in lieu of out-of-home placement.

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G. Contracted Parent Skill Building and/or In-Home Services

Several types of contracts have been negotiated. These are summarized as follows:

1. Intensive Home Based Services - These services are contracted to serve families where OCS has determined, through investigation of child abuse or neglect reports, that the children are clearly at imminent risk of removal. Typical services will include multiple hours of face-to-face contact, in the client family's home, for a four to six week intervention period. Such services are considered intensive because the contact hours generally range from 40 hours to 120 hours per six week period, per family. Other qualities of these services include 24-hour availability of provider to the client family, initial contact with the family within 48 hours of referral, and a wide range of service provisions, i.e., a mix of therapeutic interventions from concrete services to family therapy. Generally, the models of services are comprised of skill building/teaching approaches.
2. Home-Based Family Therapy Contract Services - These services provide a minimum of 60% home-based counseling to client families, focusing on the family as the context within which changes to eliminate child abuse or neglect occurs. These services are not limited to a six week period. Treatment is goal-directed and specific time frames are established. Generally, this service should be expected to extend for a period of eight to 16 weeks. Such contracts are not intended for the provision of long term psychotherapy. Services may be delivered in the therapist's office in certain cases, that is, for testing or some other therapeutic reason. While the contract requires that at least six out of ten contacts be home-based, the expectation is that, in most instances, services will be delivered between 80% to 100% of the time in the residence of families. The focus of home-based work is to locate the assessment, planning, service delivery and termination in the environment of the family to increase the amount of information on which the assessment and service planning is based. The effectiveness of the service is enhanced by the immediacy and relevancy of the assessment and, the interventions offered to families.
3. Family Service Agencies - These services are provided through a contractual agreement with the United Way Agencies. The primary, though not exclusive, service provided is in-office assessment and therapy, usually in individual, couple or family therapy, or, in group therapy modalities. Two of the family service agencies also provide a minimum of 60% of the in-home services as indicated in the above description. In-office services of these providers are available for clients with children in custody as well as in non-custody cases.
4. Young Women's Christian Association New Orleans - This is a specialized service provider which delivers parent training in groups and parent aide services

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to OCS referrals. This is unique to New Orleans and consists chiefly of parenting education, family support and related services.

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6.3.1 Family Services - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue to provide intensive home-based services (IHBS) through contracted services, utilizing the Homebuilders service delivery model. The Agency desires to maintain its formalized monitoring and service evaluation plan for these services. Following the monitoring and evaluation, the Agency utilizing the data derived from this process shall work with the contractor to modify the service delivery component where appropriate.
2. Continue to provide preventive services to assist families at-risk of removal of their children. Assistance is offered through direct services, community resource referrals, and services procurement in an attempt to prevent the children from entering care.
3. Continue evaluation of the Agency's Family Services program policy and practice. This initiative focuses on safety and risk assessment for service planning, service delivery and case decision making in order to prevent out of home placement and reduce the risk of future maltreatment from abuse/neglect.
4. Continue to utilize the Agency's Preventive Assistance Fund/Low Income Home Energy Assistance Program to provide immediate funds for securing concrete services to prevent the removal of children from their home.
5. Continue implementation of a quality assurance system that complements the family services policy. The aim of the monitoring system will be to help enhance agency policy compliance and quality service delivery.
6. Continue development and implementation of program activities approved under the Promoting Safe and Stable Families Act, as part of the Adoption and Safe Families Act (ASFA), Title IV-B, subpart 2. This will primarily be done through a state system of Child Welfare Family Resource Centers and the Foster and Adoptive Family Resource Centers.
7. ***Implement the revised Safety Assessment form statewide. Each region will receive a three hour training regarding the concepts of risk and safety. In addition, staff will be provided with the policy, forms and case examples. The training is scheduled from February 2003 through June 2003. By July 2003, the form will be used statewide.***
8. ***Serve as board members on the Supervised Visitation Center Advisory Board. Louisiana Coalition Against Domestic Violence was awarded a contract to establish three centers in the state's rural parishes.***
9. ***Continue to pilot Family Group Decision Making (FGDM) in the Baton Rouge Region. Prior to the pilot, staff received intensive training from Jim Nice, a nationally***

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recognized expert in this field. The Agency will continue to monitor and evaluate the program assessing the expansion of the pilot to other areas. OCS will have representatives at a national FGDM conference in June 2003.

10. *In December 2002, staff from the Office of Community Services, Office of Family Support and Office of Addictive Disorders attended a luncheon sponsored by Prevent Child Abuse Louisiana. The purpose of this meeting was to improve collaborative efforts among agencies. This will be done annually. Collaborative efforts to date include:*

(a) TANF funding used to a place substance abuse counselor in the Baton Rouge Region OCS office to conduct screening and referral services.

(b) Contract with Louisiana State University Office of Social Services Research Department to evaluate the effectiveness of Project Safe. This program is being piloted in Jefferson Region through the Jefferson Parish Human Services Authority and serves as a comprehensive outreach and treatment program for substance abusing mothers with children in the child welfare system. Two technical assistance days were utilized through the National Child Welfare Resource Center for Family Centered Practice for consultation and staff training on the model of service delivery used in Project Safe.

11. *Continue to* work towards meeting national accreditation standards for the Family Services program through the Council on Accreditation (COA).

12. *Continue to* prepare for the Federal Child and Family Services Review (CFSR).

6.4 Foster Care Services - Program Discussion

Legal Reference

42 USC622(b)(5)

45 CFR 1357.15 (a)(1)(i)

Foster Care is one of several protective services mandated by state and federal law for children and their families. The foster care

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services program is carried out on a statewide basis in Louisiana through ten regional and 52 parish offices. The program provides substitute, temporary care (regular foster family home, specialized foster family home, kinship care, or child care facility) for a planned period of time when a child must be separated from his parents or family, and when the state has been awarded legal custody of the child through an appropriate court of jurisdiction. Throughout the service continuum, the Agency maintains and supports the principles of child safety, child well-being, permanency and the promotion of the healthy development of the child.

The state provides a number of services in order to accomplish the components of the foster care program. Agency staff work directly with the foster children, their parents and/or families, and the foster parents on an individual basis and in mandated family team conferences to formulate time-limited, goal-oriented contracts and case plans.

Additional resources (such as mental health, legal, restrictive treatment services, and medical evaluation, consultation, or treatment) are obtained as needed in order to provide appropriate services to the child and his family.

Foster parent applicants are required to be evaluated through the use of a pre-service training group process before being certified to care for foster children. The Agency utilizes the Model Approach to Partnership in Parenting (MAPP) and the Group Preparation and Selection Process (GPS) to prepare foster care applicants for their roles as foster parents. The pre-service training consists of several sessions that include information regarding the goals of foster family home care; the team approach; motivation for foster parenting; impact of placement/separation on the child, on the foster family and, on the community; agency expectations; role of biological parents; discipline; bonding and attachment issues. Similar training and evaluation requirements are used by the twenty private child placing programs who contract with OCS.

The Agency also, within budgeted resources, provides for a child's financial needs while in the foster care system. Monthly board payments are made to certified foster care or restrictive treatment facilities. Expenses incurred on behalf of foster children by authorized persons are reimbursed within policy and fiscal limitations. Parents, who are financially able to do so, are required to make support payments to the state on behalf of their children and/or the state becomes payee for any federal benefits paid on behalf of the child.

A major component of the foster care program is working with the child's biological family. The biological family is considered a primary resource for the child. Foster care is intended to provide a temporary solution; therefore, the development of a permanent plan for the child must consider the restoration of the biological family. The biological family is informed of agency and legal issues for reunification. The family is encouraged to solicit ideas on ameliorating problems which necessitated their child's placement in foster care. These solutions are placed in the case plan and the family is encouraged to work towards achievement of the goals.

A foster care worker is assigned to the parent's and child's cases immediately upon placement of the child in foster care. The same worker can retain responsibility for the cases as long as this posture would be in the best interest of the child. The worker assesses each foster child and the

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child's family situation and devises two permanency planning goals which will be worked concurrently. For those situations in which there are indicators of a poor prognosis for family reunification and no viable family permanency resources, a dually certified foster home is selected. These families, adoption resource homes, make a dual commitment to the foster child; to support reunification and to adopt.

There are various types of family home settings that can address the many needs of the children who are placed in foster care. Each setting requires parents to possess or acquire a level of expertise and skill necessary to meet the needs of the child placed. The three basic categories of homes in which children may be placed are:

- \$ Diagnostic and Assessment Emergency Placement Homes
- \$ Regular Foster Family Homes
- \$ Specialized Foster Family Homes

A. Diagnostic and Assessment Emergency Placement Homes

Diagnostic and Assessment (D&A) homes are used in situations in which there is not adequate information about a child entering care to make a decision about an appropriate placement or decisions in the replacement of a child following disruption. The use of D&A homes allows staff time to gather more complete information for making a placement choice that best meets the needs of the child. Placement in a D&A home is short-term, ideally less than 30 days.

B. Regular Foster Family Homes

A family foster home is a family household of one or more persons who provide continuing 24 hour substitute parenting for one to six children and/or young adults (18-21 years of age) living apart from their parent(s), guardian(s), or relative(s). These homes may also include child specific homes that are related or known to the child or adoption resource homes that are dually certified. This certification may be obtained through the Agency or through Private Foster Care (PFC) contracts.

C. Specialized Foster Family Care

The Foster Family Care Program in Louisiana has three types of specialized substitute family care:

- ! Alternate Family Care Program (AFC);
- ! Therapeutic Family Care Program (TFC); and,

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! Specialized Foster Care

! Bridge Homes

The AFC and TFC programs are both provided in the homes of specially trained foster parents in a therapeutic, family environment 24 hours a day. The distinguishing factor between the programs is that AFC services are administered by the Agency in its licensed homes. The TFC homes are made available through contracts with private agencies.

Specialized foster homes are foster families which are given payment in addition to the board rate to provide care for a certain age range or type of child (e.g. adolescents, developmentally delayed, etc.). Children appropriate for these homes are those who meet the criteria for the specialization but who present less difficulty of care than those who are placed in AFC and TFC settings.

The concept of AFC and TFC homes is different from traditional foster homes in that they are designed to provide very specific services for clients whose special needs cannot be met in a traditional foster home. These specialized services include such responsibilities as: case management tasks, advocacy, training, and treatment. These responsibilities are carried out in concert with the Agency case plans developed for the child and biological family.

AFC and TFC homes have a maximum capacity placement of two children per home. The rationale for this limitation is that the homes will be utilized for individuals who are mentally retarded, developmentally disabled, or emotionally disturbed with special problems and needs. When dealing with one of these children, the amount of energy and commitment that is necessary to adequately meet the intense level of need, makes the capacity limitation imperative.

The AFC and TFC programs were developed to provide an alternative to institutionalization and to allow community placement of those individuals who can receive treatment services in family settings. The program goals are focused toward de-institutionalization, normalization, and providing the least restrictive environment.

Specialized foster family care programs were designed to provide placement resources with foster parents having experience and aptitude in responding to a particular type of need. Children placed in these homes require special attention, but their intensity of need is typically less than those placed in AFC and TFC. Specialized foster homes have a maximum capacity of four children.

Bridge homes are a special type of foster home designed to provide temporary placement to children while they move from foster care to adoption. These homes assist children in making the transition.

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OCS is currently piloting a new rate setting system of specialized care for foster children which changes the emphasis from “specialized homes” to specialized plans for each foster child. If the pilot is successful, all foster children in all foster homes will have a semi annual assessment of the level of care that is being provided as a part of the child’s case planning process.

Other services included in those available through the foster care system include:

A. Independent Living

This program provides services to foster children age 15 years old up to age 21 regardless of Title IV-E eligibility. The children served are likely to remain in foster care, until age 18. Former foster care recipients who are 18 years up to age 21 who have aged out of foster care are also eligible for services. It is designed to assist them in making the transition to adulthood by helping them earn a high school diploma or receive vocational training; receive training in daily living skills such as budgeting, locating housing, career planning, and job finding; or helping them obtain other services necessary for establishing independent living.

B. Permanency Efforts

The permanency plan goal for many of the children in foster care is reunification. In order to accomplish this goal, OCS earmarks funds that can be used for families for treatment services, such as counseling, and parenting skills. This capability has proven to be a valuable component in the rehabilitation process so that families can be reunited. Families are referred to existing community services where these are available and appropriate, but the OCS must purchase services when these are deemed essential for reunification and are not otherwise accessible.

Early identification and planning for those children who have a poor prognosis for reunification with their parents must also be supported to ensure that every child entering care achieves expeditious permanency. Permanency planning hearings are held within 12 months of a child entering care and then annually thereafter to ensure that a permanent plan is being achieved. A Quality Assurance Tracking System (QATS) has been implemented by the Agency to follow a child’s progression through the system and ensure that permanency guidelines are followed. Certified foster/adoptive parents and other caregivers are notified of all court proceedings and are encouraged to participate in them.

Services to parents must be combined with the recruitment and placement with relatives or foster parents who can offer permanency to these children if the parents fail to accept or benefit from reunification services. Child specific pre-service training curricula have been developed and are utilized to expedite the certification of relatives.

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Permanency planning and decision-making for very young children is particularly challenging. In Orleans and Jefferson Parishes, multi-disciplinary teams consisting of professionals in psychiatry, psychology, social work, forensics and law enforcement provide specialized assessment and treatment services consistent with the unique developmental needs of very young children. The teams also make recommendations regarding future permanent living arrangements for the children. The specialized assessment and treatment services significantly aid the Agency in fulfilling its care and treatment responsibilities to the children. The multi-disciplinary team recommendations regarding permanency greatly enhance the decision-making capacity of the Agency and the court and contribute to improved long-term outcomes for the children served.

C. Reunification Assistance Fund

The goal of the Foster Care Reunification Assistance Fund (RAF) is to provide, within the Agency's budgetary limitations, financial assistance for the purchase of necessary items and services which will lead to the reunification and stabilization of the family. If not for RAF, some children would remain longer in state custody solely because their families do not have financial means to purchase items (building supplies, refrigerators, heaters, etc.) or services (labor costs for repairing house, etc.) necessary to provide proper care for the children. The reunification fund is administered by staff housed in the local and regional offices of the Agency. Regional staff is responsible for managing the allotted budget and monitoring regional expenditures.

Reunification assistance funding may be used to return a child to his parent(s) or caretaker(s) from whom removed or to assist relatives in providing a permanent placement for the child.

D. Residential Treatment Services

This program provides restrictive services for children whose needs are so severe that they can not be cared for in a family home setting. OCS has agreements with **54** statewide residential programs which operate through **35** parent provider agencies. These programs include **43** residential facilities, 7 emergency shelters, and 4 supervised apartment programs which serve children assessed at moderate, controlled and intensive levels of care. The goal of these programs is to provide treatment to children while in a residential setting with the ultimate outcome being movement of the child to a less restrictive placement. Most of the programs are in-home like settings and the facilities are staffed by well trained individuals.

Technical assistance and evaluatory oversight are provided by **4** OCS state office staff who work with the providers to ensure compliance with OCS requirements and evaluate services based on the traditional process type evaluation system, as well as a unique outcome based system. The programs are required to work closely with the OCS Foster Care workers and to submit quarterly written progress reports.

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6.4.1 Foster Care Services - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue to work with the Department of Health and Hospitals to obtain additional funding for mental health and development services for foster children by using MR/DD Waiver Services through Medicaid. The Agency monitors the utilization of Medicaid Eligibility Data System (MEDS). In addition, the adjustments to covered services provided by this state/federal program are also monitored as any elimination of a service component could ultimately be a cost shift to the foster care program.
2. Continue to provide specialized in-service training for foster parents that is delivered by OCS training staff and contractual private providers within the state.

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3. Continue to coordinate the use of AFC and TFC foster homes to serve the children with unique needs such as medically fragile or behavior disorders and continue to develop and expand the therapeutic foster family homes in areas of the state indicated by need.
4. Continue to utilize the Reunification Assistance Fund to provide immediate funds for concrete services to achieve permanency for children in state custody.
5. Continue to develop more detailed procedures to ensure referral of children to most appropriate placement resources.
6. Continue to develop procedures for a Level of Care System. This system will establish an equitable payment system and administrative rate for family care providers based on the individual needs of the child and the special skills or training of the substitute parent. This system will also revise the Tracking Information Payment System (TIPS)/ Louisiana Adoption Resource Exchange (LARE) screens. Also, the administrative and user manuals, as they relate to level of care, will be revised. Available foster care funding sources are being used to budget this plan. The program is currently being piloted in Covington Region.
7. Continue to collaborate with the *Department of Health and Hospitals (DHH)* whereby youngsters living in family homes supervised by OCS can receive waiver services through coordination with *DHH*.
8. Continue negotiations for updating interagency agreement with OCDD that provides for more timely service provision at the lowest possible, least restrictive level of care for children in need of OCDD services.
1. Continue to develop new policy or revise existing policy in the areas related to Native American child welfare and the Indian Child Welfare Act (ICWA) as needed. During the implementation of any policy statement or redesign of existing policy, there may be some areas that need clarification. When advised of a policy issue, administrative staff and local staff will facilitate policy adjustments that are within the scope of best practices and statutory limitations.
1. Continue to maintain and improve a Quality Assurance system for the foster care program to improve the outcome of service provision for children in care.
2. Continue interagency coordination efforts to maximize the effective and efficient use of service delivery systems. The Agency will coordinate with ChildNet (Department of Education, Division of Special Populations), and Medicaid Service Maximization (Department of Health and Hospitals) for utilization of EPSDT services and access to inpatient psychiatric hospital beds for severely impaired children with special educational and mental health needs. Other treatment services for children diagnosed with emotional

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and behavioral problems who are at risk of out-of-home or out-of-state placement are also the focus of interagency efforts.

3. Continue to monitor state and federal health care reform legislation for impact on children in the foster care and adoption programs.
4. Continue to collaborate with the Office of Family Support (OFS), in its implementation of the Temporary Assistance To Needy Families (TANF) provisions and kinship care subsidy program. These programs make kinship care placements more financially feasible for relatives assuming custody of children who are in the foster care system.
5. Continue to identify factors which contribute to placement disruptions and develop strategies for addressing them to reduce the likelihood of multiple placements for children in foster care.
6. Continue through the Division of Resource Development and Quality Assurance, to improve the quality and distribution/availability of restrictive placement resources while maximizing cost efficiency of those services.
7. Continue to explore and develop resources to provide respite as a support service to help retain foster parents and preserve placements.
8. Continue to collaborate with the Managed Care Work Team on implementation of managed care to regulate the Agency's purchase of mental health services. Behavioral managed care has resulted in standardized evaluations and credentials for providers. Treatment service costs and evaluations are obtained in a timely manner.
9. Explore additional time-limited reunification services to parents and adoption services as provided through ASFA funding.
10. Monitor the procedures, practices, and concepts of concurrent planning which will support achieving timely permanency for children. Concurrent planning strives to offer a structured and focused approach to working towards reunification while at the same time establishing an alternative or backup permanency plan.
11. Improve quality of AFCARS reporting. New data collection programs have been written and implemented to create new reports on federal outcome indicators.
12. Continue to implement and monitor MEPA/IEPA federal legislation through training, policy issuance, and case reviews.
13. Continue monitoring through ICPC the inter-jurisdictional placement of children to facilitate appropriate and timely foster care placement.

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14. Continue to implement new policy regarding the final rules issued under 45 CFR 4088-4092, the federal regulation which amends Title IV-E foster care eligibility.
15. Continue liaison with the Louisiana Foster and Adoptive Parent Association Board (LFAPAB) and monitor the contract with LFAPAB which helps to fund the Annual Foster Parent Conference.
16. Work collaboratively with the Office of Mental Health, Children's Cabinet, Tulane University Medical School Department of Psychiatry, Louisiana State University Medical School and other public and private organizations serving very young children ages 0-6 to build infrastructure to support specialized assessment and interventions for such young children throughout the state. Facilitate incorporation of the expertise and experiences of the Jefferson and Orleans Permanency Infant Teams into the design of the statewide infrastructure.
17. Work with Jefferson Parish and Baton Rouge Region to improve services for substance abuse treatment for joint OCS and OAD clients.
18. Compile licensing deficiencies from all regions into a report and submit to executive management.
19. *Measure percentage of TPR packets which are sent to attorneys within 30 days.*
20. Work towards meeting national standards for the Foster Care program through the Council on Accreditation (COA) .
21. Work to prepare for the Federal Child and Family Services Review (CFSR).

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6.5 Adoption Services - Program Discussion

Legal Reference

42 USC622(b)(5)

45 CFR 1357.15 a(1)(i)

When children in foster care are unable to return to their biological family, adoption is usually the permanent plan. The plan for the child continues to address safety, well being, permanency and the promotion of the healthy development of the child. Each child who needs adoption services is afforded every opportunity to be placed timely in a permanent home through Concurrent Planning.

Adoption is desirable for any child without a permanent family.

Services to children whose goal becomes adoption require the cooperation of protective services, family services, foster care and adoption program staff. Complete information in case records is of primary importance in assessing the needs of children and preparing them for adoption. The child needs to understand his legal status and permanency plan. Each child should have a permanent home that meets his individual medical, physical, educational, and psychological needs. Every reasonable effort is made to ensure that the best interest of the child is promoted and protected by including the child in the planning process. The adoption program includes a broad spectrum of services focused on eliminating barriers to permanency for children waiting for adoption. A discussion of these services follows:

- A. Outreach, recruitment, training and certification activities to obtain adoptive families for children with a permanency plan of adoption and are implemented statewide according to requirements defined in approved program policies, licensing and certification standards.
- B. Obtain approval for out-of-state placements from Interstate Compact on the Placement of Children (ICPC) administrators of both states if the child's placement is to be an out-of-state adoptive placement.
- C. Maintain court sealed adoption records. The Agency is also responsible for maintenance of the Louisiana Voluntary Adoption Reunion Registry. This passive match registry is available to assist adult adoptees, age 18 years and older, their birth parents, and birth siblings for prospective reunifications.
- D. Available children and families are listed with the Louisiana Adoption Resource Exchange (LARE) and AdoptUSKids (formerly FACES of Adoption). The goal of this listing is for identification and matching purposes.
- E. Subsidized adoption is available for children with special needs due to physical, emotional or mental condition, race, age or membership in a sibling group. Adoption subsidy assistance may consist of financial payments, health care coverage and special services issued to eligible adoptive parents. There are currently **3600** families receiving adoption subsidies in Louisiana.
- F. Louisiana is a member of the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA). Louisiana recognizes another state's

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Title XIX and adoption subsidy eligible child as a Louisiana Medicaid recipient if the child is placed or moves to Louisiana from another subsidy state.

- G. Recruitment contracts/agreements contracts are in place with licensed in-state adoption agencies to recruit adoptive homes for OCS children. Purchase of Service agreements are also available for child specific placements by private in-state and out-of-state adoption agencies pending availability of funds. Contracts are monitored *monthly and reviewed for renewal annually*.
- H. Continue liaison with the Louisiana Adoption Advisory Board (LAAB). The Board is comprised of private citizens whose mission is to bring various members of the adoption community together to consider different perspectives, seek common understanding and promote joint solutions that pertain to special needs adoptions.
- I. Provision of non-identifying medical/genetic information to adoptees and birth parents, and adoptive parents through the *adoption program*.
- J. Availability of post adoption continuing contact based on voluntary agreement.
- K. In an attempt to address the barriers identified in the Adoption 2002 reviews, Concurrent Planning has been implemented statewide and adoption subsidy and Home Development policies have been revised. These changes aim to result in more timely adoptions.

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6.5.1 Adoption Services - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system and plans to initiate or continue activities in the following areas:

1. Continue to maintain and improve the quality assurance system for the adoption services program to ensure compliance with established policy and procedures; and identify areas of needed improvement.
2. Continue to collaborate with the OCS Policy Section to systematically identify and address critical policy issues in providing adoption services.
3. Continue to revise and disseminate policy governing the Adoption Subsidy Program.
4. Continue to monitor data on children available for adoption on an ongoing basis.
5. ***Continue to implement a plan, similar to the Adoption 2002 initiative, to achieve the goal of increasing the number of children placed in adoption. A special emphasis will be placed on children age 8 and older.***
6. Continue to issue policy as needed regarding provision of adoption services to Native Americans to ensure agency and staff compliance with the Indian Child Welfare Act and the Indian Self-Determination Act of 1994.
7. Continue LARE photolisting and expand and improve exchange services to effect adoptive placements of available children on AdoptUSKids for adoption, the DSS website, and other exchanges as appropriate.
8. Continue the public awareness campaign to promote adoption through an annual reception for adopted children/adoptive parents, and media recruitment and presentations at conferences.
9. Continue to provide, as fiscal resources permit, post-placement and post-legalization services to support adoptive families and preserve placements. Currently, family resource centers, which provide respite and other supportive services to adoptive families, are available in all ten regions of the state.
10. Collaborate with federal and state IV-E program staff and the Social Security Administration to develop procedures for determining post-adoption assistance when AFDC or SSI eligibility is not established before the adoption finalization. This policy area is of particular concern for children adopted through private licensed adoption agencies.
11. Utilize adoption incentive awards to promote adoption, ***recruit families, and support adoptive placements.***

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12. Explore the fiscal and programmatic feasibility of extending adoption assistance services to age 21 for children with special needs for medical, mental health or rehabilitative care, and increasing maintenance payment to 100% of foster care board rate.
13. Continue awareness campaign consisting of activities that inform prospective adoptive parents and adoption agencies about the availability of adoption assistance for children with special needs.
14. Revise and issue new policy to implement the final rules issued under 45 CFR 4088-4092, the federal regulation amending Title IV-E foster care eligibility.
15. Continue to implement the Intercountry Adoption Act of 2000 (ICAA) being mindful of the requirements and protections afforded children who are adopted into the United States from other countries and living in Louisiana.
16. Compile licensing deficiencies from all regions into a report and submit to executive management.
17. Work towards meeting national accreditation standards for the Adoption program through the Council on Accreditation.
18. Work to prepare for the Federal Child and Family Services Review (CFSR).
19. *Maintain updated information on automated LARE with linkage to AdoptUsKids in order to facilitate early identification and placement of children.*
20. *Monitor website to ensure current photos and narratives.*
21. *Maintain color photo images in adoption exchange computer listing and other recruitment and media techniques.*
22. *Refer families to the Foster and Adoptive Family Resource Centers (FAFRC) for adoption services.*
23. *Continue to provide statewide training to staff on MEPA-IEPA and the Adoption and Safe Families Act (ASFA).*
24. *Review percentage of surrenders accepted in legal actions freeing children for adoption to determine if percentage could be increased versus non-voluntary termination of parental rights proceedings.*
25. *Promote public/private collaboration to identify adoption resources.*
26. *Maintain Bridge and Adoption Resource families.*

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27. *Continue to hold Adoption/Home Development exchange meetings statewide.*
28. *Develop and monitor annual contracts with agencies for child specific recruitment.*
29. *Enhance statewide recruitment/retention.*
30. *Monitor the use of the child specific recruitment plan through the Peer Case Review process.*
31. *Continue to identify child specific and systemic barriers to placing children who are legally free for adoption.*
32. *Develop plans/initiatives to reduce barriers to placing children.*
33. *Provide services to prevent disruptions through post adoption services, subsidy and resource referral.*
34. *Documentation of child specific efforts to locate adoptive placements.*
35. *Reduce delays in obtaining Federal Bureau of Investigations (FBI) criminal record checks for prospective foster/adoptive parents.*

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6.5.2 Adoption Finalization Data

The data collected for the two charts below was obtained from a review of cases of individual children reported to state office and finalization information entered into the TIPS for the respective Federal Fiscal Year (FFY).

Definitions:

Average Time Free: The time period from the date the child entered the foster care system in TIPS and the date the child became legally free for adoption.

Average Time to Sign 427B: The time period from the child's date of legally free to the date the child's case was opened in the Adoption Subsidy Program on the TIPS 102 screen.

Average Time to Finalization: The time period from the signing of 427B (as program opened on the TIPS 102 screen) and actual date finalized.

Average Time in Care: Time period between the time the child entered foster care and time of finalization.

This chart reflects data compiled on the **474** children finalized for adoption for the **FFY October 1, 2002 - September 30, 2003**. Time is reflected in years.

REGION	Average Time to Free (TPR) 10/02 - 9/03	Average Time to Sign 427 10/02 - 9/03	Average Time to Finalization 10/02 - 9/03	Average Time of Length of time in Care 10/02 - 9/03
Alexandria	2.27	1.03	.28	3.87
Baton Rouge	2.39	.99	.08	3.76
Covington	2.16	1.20	.28	3.60
Jefferson	1.63	1.63	.25	3.73
Lafayette	1.92	.80	.32	3.00
Lake Charles	2.35	.97	.26	3.20
Monroe	1.90	.95	.30	3.07
Orleans	1.60	1.42	.01	3.29
Shreveport	3.21	1.39	.50	5.28
Thibodaux	1.89	1.29	.21	3.33
Statewide Total	2.13	1.16	.24	3.94

This chart reflects data compiled on the **255** children finalized for adoption for the **FFY October 1, 2002 - March 30, 2003**.

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Region	Number of Children Finalized	Average Time to Free (TPR) 10/02 - 3/03	Average Time to Sign 427 10/02 - 3/03	Average Time to Finalization 10/02 - 3/03	Average Time of Length of Time in Care 10/02 - 3/03	Average Age
Alexandria	41	2.46	1.14	.50	4.10	6.89
Baton Rouge	14	2.62	1.27	.12	4.01	8.79
Covington	31	1.63	.87	.33	2.80	5.82
Jefferson	20	1.65	1.90	.28	3.28	7.92
Lafayette	56	1.81	.87	.36	3.04	6.03
Lake Charles	26	1.44	.82	.27	2.53	7.47
Monroe	18	2.38	.84	.29	3.50	12.43
Orleans	19	1.46	1.17	.36	2.96	5.31
Shreveport	21	3.61	1.19	.23	4.89	8.76
Thibodaux	9	2.27	1.52	.29	4.08	7.53
Statewide Total	255	2.06	1.08	.33	3.46	7.27

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6.5.3 Adoption Incentive Awards Fiscal Year 2003- 2004

Adoption incentive payments awarded to the Agency continue to be allocated for use in initiatives to encourage more adoptions of foster children and promote efficiencies in the adoption process. *If funds are reallocated to states, the Agency plans to allocate and continue to fund the following initiatives:*

- A. Purchase of in-state and out-of-state adoption services with private licensed adoption agencies in order to facilitate cross-jurisdictional placement of children freed for adoption.
- B. Continue statewide recruitment initiatives with *Department of Social Services (DSS), OCS media coordinators*. These initiatives include the purchase of both television and radio time for each region. *The media coordinators provide statewide continuity in the recruitment of foster and adoptive homes.*
- C. Continue with regional recruiter contracts. These contracts include a wide range of activities for both the recruitment and support of adoptive parents. The regional recruiter services include, but are not limited to, city and area wide blitzes, campaigns, newsletters, targeted recruitment, and mail-outs.
- D. Increase *OCS staff and private agency staff* awareness, knowledge and level of competency through adoption training opportunities and continued education of staff to pursue and complete requirements for the Master in Social Work Degree.
- E. When services are not available, provide post adoption services to children, *adoptive families and birth parents*. *These services* promote stability, adjustment and success in the adoptive process.
- F. Facilitate the provision of adoption services with additional or temporary staff, overtime compensation, and/or equipment or materials.
- G. Promote adoption awareness through an annual adoption celebration and on-going adoption exchanges.
- H. Assessment of other means of allocation of funds as allowable by state guidelines.
- I. Provide funding for select staff from each region to attend the national conference sponsored by the North American Council on Adoptable Children.

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6.5.4 Intercountry Adoption Act of 2000

The Office of Community Services has worked to implement the Intercountry Adoption Act of 2000 (ICAA) during the time period covered by this APSR. For the APSR, the Agency was mindful of the requirements and protections afforded children who are adopted into the United States from other countries and living in Louisiana.

A. Description of Services for Children Adopted from Other Countries

Post-adoptive services are available to any family who has adopted a child including families who adopt a child from another country. These services may include case management, post adoptive counseling services funded through post adoptive grants and foster/adoptive family resource centers (funded through Title IV B, Subpart 2). The access points for services are the same for families who have adopted internationally as well as for families who adopted a child(ren) from within the state.

B. Information Collected on Children in State Custody Who were Adopted Internationally
For the planning year 2001, there were no children in OCS or OYD custody who were adopted internationally.

Child 1

Child 1 from Romania was adopted by a family in Louisiana. He was later taken into the custody of the Department of Corrections, Office of Youth Development due to a charge of simple battery. After this incident, the child was discharged from two residential programs due to negative behavior. On 6/26/01, child 1 was placed in the custody of OCS. Child 1 is currently residing in a residential facility and his case is being handled by a foster care worker in the Baton Rouge Region. The goal for child 1 is return home.

Child 2

Child 2 was adopted from Romania. He entered care on 11/12/99 in the Covington Region and his adoptive parents surrendered their rights on that day. Child 2 is currently placed with an adoptive family. The family is waivering on their commitment to adopt. Child 2 has been diagnosed with Separation/Attachment Disorder.

6.6 Chafee Foster Care Independence Program - Program Discussion

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A. Program Overview

Legal Reference

42 USC677
45 CFR 1357.15a
(2)(i)

Responsible State Agency

The responsible state agency under Part IV-E will administer or supervise the administration of the state's program of Independent Living Initiatives. Payments to the state shall be used for the purpose of conducting and providing (directly or under contract with local governmental entities or private organizations) the activities and services required to carry out the programs involved. The employee identification number for Department of Social Services is 726000800. The state is applying for the grant amount of \$1,358,131.00 that is allocated to Louisiana for Federal Fiscal Year 2003. ***The contact person is Betty Becker, Program Manager for the Office of Community Services. Her address is P.O. Box 57149, New Orleans, LA 70157. Her phone number is (504)568-8003 and fax is (504)568-7491. Her email address is bbecker@dss.state.la.us.***

Description

Eligible children are those children ages 15 to 18, who are placed in the custody of the state of Louisiana, adjudicated in need of care or supervision, through state or federal funding sources who are likely to remain in foster care until age 18. Louisiana will also provide services to those former foster children aging out of foster care who are between the ages of 18 and 21 years of age, who voluntarily contract to remain in the care of the state. There are no provisions for services once the age of 21 is attained. In carrying out this program, the objective of each service delivered shall be to help the individual participating to prepare to live independently. Such a program may include the following services and activities subject to the availability of funds:

(1) Services and Activities:

42 USC677(a)(b)

- a. Assessment of existing programmatic and systemic barriers to the successful transition of a child in foster care into independent living.
- b. Specialized training and consultation for foster parents and other child care providers to build skills in working with this specific population of foster children.
- c. Training of staff on assessment, case planning, and implementation of independent living plans for foster children.
- d. Services designed to enable participants to secure a high school diploma, its equivalent, higher educational opportunities, or appropriate vocational training.

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- a. Training in daily living skills, budgeting, locating and maintaining housing, and career planning.
- b. Educational/vocational and individual/group counseling.
- c. Integration and coordination of services otherwise available to participants and provide transportation to services when needed.
- d. Establishment of outreach programs designed to attract individuals who are eligible to participate in the program.
- e. Development for each participant, a written transitional independent living plan which is based on an assessment of needs, and which is incorporated into his case plan, as described in Section 475(l).
- f. Provision of support services and assistance designed to improve each participant's transition.
- g. Provision of a system for tracking expenditures and program outcomes to assure accountability.
- h. Provision of Youth Advisory Board to increase youth's input in development of services.
- i. Room and board for eligible former foster children between 18 years of age up to 21 years of age in the Young Adult Program.

(2) Eligible Children:

42 USC677(b)

Louisiana will serve eligible youth 15 years old and older, up to age 21, who are likely to remain in foster care until age 18. Former foster care recipients who are 18 years or older up to age 21 in the Young Adult Programs who have aged out of foster care are also eligible for services. These groups will be served regardless of Title IV-E eligibility.

The number of eligible youth in the Office of Youth Development (OYD) and the OCS to be served next year is **3197**. The number of youth expected to participate in the CFCIP is **1758**.

The number of youth 15 to 17 years old expected to participate in the CFCIP is **1347**. The number of youth 18 years or older up to 21 years old expected to participate in the CFCIP is **411**.

(3) Status of current independent living program efforts.

42 USC677(b)

The Agency contracts with eleven private service providers for the delivery of independent living services. These contracts focus on daily and basic

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independent living skills training, including an assessment of need, and an individualized written transition plan. Other services available include:

-educational/vocational assessment and counseling

-individual and group counseling

-foster parent and staff training

-Youth Advisory Boards

-state youth conferences

-vocational transitioning subsequent to skill training

-parenting skills counseling

-assistance in linking with other existing programs and community resources

-outreach programs to attract eligible participants

-room and board for eligible former foster children between 18 years up to 21 years of age in the Young Adult Program

- (4) Summary of problems and barriers to successful independent living program implementation.

42 USC677(b)

The Agency has taken steps to avoid any barriers or problems that might exist in the implementation of this initiative. Computer printouts showing the number of children between the ages of 16 and 21 years of age have been sent to each region to assure that each eligible and participating child's record contains a plan specific to achieving self sufficiency. These case plans for 16 to 18 year old participants in OCS are reviewed every six months by quality assurance personnel to insure that case activities are in compliance with agency policy and regulations. Planning conferences for 18 to 20 year old participants are held at six month intervals to discuss the clients' progress toward achieving their plan for independent living. In addition, a listing of all foster children who will be age 16 during the next fiscal year has been sent to each region showing the number of eligible children by parish. The Agency continues to assess the providers' individual program performance with its Independent Living Program Monitoring Instrument. Program reviews are conducted annually.

An evaluation of the services provided by a majority of independent living providers is achieved by use of the ***Ansell-Casey Life Skills Assessment***. The ***Ansell-Casey Life Skills Assessment*** is given to the youth before they attend the independent living skills programs to obtain a baseline of their knowledge and again after they have completed the programs.

Follow-up surveys were given to youth after completing the independent living skills programs. The surveys assess how the youth are functioning. The information obtained from this research will be utilized to continue improving the independent living skills programs.

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Policy and procedure for the CFCIP has been revised to provide clarification, information and guidelines and contract service providers.

(5) Expected results and outcomes of the program:

42 USC677(b)

To prepare this population for functioning as self-sufficient adults with independent living skills and job training through a partnership of the private and public sectors joining together to facilitate the maximum use of federal, state and local programs on behalf of each child is the outcome expected of this program. Vocational transitioning continues to be offered in two regions. It is anticipated that these programs will increase the vocational skills and employment options of the clients.

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6.6.1 John H. Chafee Independence Program - Action Agenda

The Agency is continually evaluating and monitoring the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue to monitor revised policy relating to Independent Living.
2. Continue to contract the Independent Living Services to provide an array of services designed to enable foster children and former foster children to acquire skills they need to achieve self sufficiency when they leave foster care.
3. Continue ongoing service and administrative monitoring to assure programmatic and cost effectiveness of CFCIP.
4. Coordinate with public and private sectors to maximize services to promote independence of foster children and former foster children.
5. Promote Positive Youth Development with Youth Advisory Boards, State Youth Conference, and training for OCS staff, foster parents and child care providers.
6. Provide support for youth by interactions with dedicated adults.
7. Provide support and services to former foster care youth 18 years up to 21 years of age.
8. Help youth receive education, training and services to obtain employment and enter post secondary training and education.

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6.7 Home Development - Program Discussion

Legal Reference

42 USC622(b)(9)
45CFR 1356.20;
Sec. 554, P.L. 103-
382 of 1994

The Home Development Program is the entity within OCS charged with the responsibility of enlisting a sufficient pool of appropriate, certified foster and adoptive family homes to meet the placement needs of children in state custody under the supervision of the Agency. Comprehensive recruitment efforts are targeted at attracting those families who meet the licensing standards of the Department of Social Services, Bureau of Licensing and the Agency's minimum standards; who understand the special needs of children requiring out-of-home placement and are willing to care for these types of children; and who can participate as team members with the Agency, the birth family, and the child in permanency planning for these children. Services augmenting the recruitment process consist of intake, pre-service training, certification, in-service training, retention and foster home re-evaluation.

In addition to the OCS Home Development Program, OCS contracts with 13 private Therapeutic Foster Care Programs, 7 private Foster Care Programs, and 3 Diagnostic and Assessment Foster Care Programs to supplement our efforts in recruiting and certifying homes for children. These programs serve approximately 522 children per year in private foster homes. Regular monthly board payments (and special board rates, when appropriate) are paid to the families. The provider agencies receive an administrative per diem to cover recruitment, certification, and maintenance activities for the homes. Therapeutic Foster Care provider agencies receive special rates to provide therapeutic services to the child and the family on an ongoing basis.

Statewide Recruitment/Retention Plan

The Agency has a statewide network of home development units with at least one unit in each of the ten OCS regions. Critical activities in the Agency's recruitment campaign include assertive outreach projects within each region and between regions; and, utilization of Model Approach to Partnership in Parenting/Group Preparation and Selection Program (MAPPS/GPS) as a certification tool to prepare and cultivate families as resources for foster and adoptive placements. All regions provide specialized kinship training to child specific foster and adoptive homes.

A. Demography

As of March 3, 2003, Louisiana has 4329 children in its public foster care system. Of that number, 666 were legally available for adoption and 350 of these children were registered with the Louisiana Adoption Resource Exchange Photolisting Internet Site, www.adoptuskids.org/states/la/ and the new Children's Bureau Internet Site, www.adoptuskids.org for recruitment activities.

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Of the 350 children, 229 (65.4%) are males; 121 (34.5%) are females; 72 (20.5%) are white; 269 (76.8%) are African American; 9 (2.7%) are multiracial; 164 (46.2%) are

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members of a sibling group; and 287 (82%) are deemed physically, emotionally, or intellectually challenged.

B. Recruitment/Retention Strategy

In order to address the placement needs of children in custody, a statewide media campaign is in place as well as recruitment/retention campaigns conducted by each OCS region. The region is expected to formulate and implement an annual, written recruitment/retention plan based upon the uniqueness and diversity of its population and the needs of children within the respective region. At a minimum, regional recruitment/retention plans must include a descriptive account of:

- \$ Needs analysis which identifies the demographics and placement requirements of the children in the region and each parish of the region.
- \$ Steps that will be taken to focus resources for the target population which may produce potential foster or adoptive families for a particular child. Each child awaiting adoptive placement must have a specialized, individual recruitment plan.
- \$ Methodology and time frame for implementation of the plan. The plan must include an estimate of the number of foster or adoptive homes expected to be generated by each method.
- \$ Cost associated with recruitment activities.

Agency programmatic policy and procedures set forth guidelines for the State's compliance with Section 554 of the Multiethnic Placement Act (MEPA) of 1994, and the Interethnic Adoption Provisions of 1996. MEPA requires that state child welfare programs provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

MEPA mandates that are addressed in the statewide recruitment/retention plan for each region include:

- \$ a description of the characteristics of waiting children;
- \$ specific strategies to reach all parts of the community;
- \$ diverse methods of disseminating both general and child specific information;
- \$ strategies for assuring that all prospective parents have access to the home study process, including the location and hours of service that facilitate access by all members of the community;

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\$ strategies for dealing with linguistic barriers;

\$ procedures for a timely search for prospective parents for waiting children, including the use of exchanges and other interagency efforts, provided that such procedures must ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Regional recruitment/retention plans entail a variety of general and specific techniques designed to educate the community about the Agency's policies and practices regarding child welfare services, emphasizing the nature of the foster care and adoption certification process, and to provide the community information about the characteristics and needs of the children requiring placement. These plans are maintained at the regional and state office levels. They provide a conceptual framework that enables the local staff to target the region's population based on the needs of individual children. The recruitment/retention campaigns are ongoing. They endeavor to present the foster care and adoption message to the community consistently and regularly. Specific groups of people are targeted for specific types of children. For example, individuals familiar with the needs of children with disabilities are targeted as potential placement resources for such children.

Recently, OCS has increased the amount of money available for refreshments at pre-service and in-service functions. The amount has been increased from \$2.00 per person to \$6.00 per person.

Retention surveys are conducted by each region to determine the reasons foster/adoptive parents leave the programs. The responses are reviewed by State Office staff and the survey results are compiled and disseminated to the appropriate regional office. The Agency uses this process to improve its services.

C. Methods of Disseminating General and Child Specific Information

Several approaches engaged to disseminate general and child specific information have proven effective in accomplishing overall statewide and regional recruitment goals of the Agency. They are:

- (1) Media recruitment such as newspaper articles and weekly television coverage featuring children awaiting placement,
- (2) Enlisting community persons to serve as advisory board members, recruiters, and liaisons between the Agency and the community served,
- (3) Targeted public service announcements,
- (4) Video orientation depicting characteristics of children needing placement,

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- (5) Special Recruitment Committees to specifically address the disproportionate number of children of color needing placement,
 - (6) Gospel jubilees hosted by churches in the African American community,
 - (7) Mini-exchange meetings where regional staff hold forums to match children with prospective families (particular focus is placed on those children whose prior recruitment efforts were unsuccessful),
 - (8) Local foster parent associations formed to support foster parents and potential adoptive parents,
 - (9) Media coverage highlighting success stories and foster and adoptive families,
 - (10) Announcing upcoming orientation or pre-service sessions via the media,
 - (11) Billboards recruiting foster/adoptive parents,
 - (12) *Using resources of private adoption agencies with whom OCS partners to produce television spots and publications to reach a wider and more specific audience.*
- D. Plans for strengthening the statewide recruitment/retention plan include the following:
- (12) Develop procedures for regions to annually report on the outcomes of recruitment/retention plans. Require regions to identify barriers and/or issues which may have prevented the achievement of recruitment/retention goals.
 - (13) Once regions report on the outcomes of their recruitment/retention plans, State Office will identify common themes and issues among regions and develop strategies to address problems on a statewide level.
 - (14) Conduct annual visits to regions to discuss and/or review regional recruitment/retention plans.
 - (15) Work with the Tracking and Payment System (TIPS) to improve the accuracy of data gathered on foster and adoptive parents.
 - (16) Retention plans will address any significant issues identified in the surveys of foster parents leaving the program in the region.
- E. Accessibility to the Home Certification Process

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Intake services are available in each regional office and some parish offices during official agency work hours which are 8:00 a.m. - 4:30 p.m., Monday through Friday. To facilitate contact by families in outlying parishes and remote areas of the region, all regions have 1-800 telephone access. This service is operational during regular office hours. A directory of the regional and parish offices offering service is contained in this section. Provisions are made to work with families beyond normal working hours whenever the need arises.

Statutory mandates and agency policy require that group orientations be offered every 21 days to inquiring families and individuals. In addition to the group orientations, each region has a video presentation that can be utilized to orient the public to foster/adoptive parent training. The video is used when Home Development staff are presenting at malls, schools, etc. Pre-service training sessions are scheduled as often as necessary to accommodate ten or more prospective foster or adoption applicants. Most of the orientation and MAPPS/GPS sessions are conducted at the regional or parish offices. Sessions also are held in community settings arranged by the agency to provide accessibility and safety after work hours or on weekends which is when the majority of the sessions occurs.

F. Diversity Training for Staff

Every staff development initiative engaged by the Agency is perceived as a vehicle to educate, enlighten and provide resources that will enable staff to competently work with diverse cultural, racial, and economic communities, and to deal with linguistic barriers and persons with physical or mental disabilities. Sensitivity and responsiveness to the diverse, special needs of children and families in the child welfare system are reflected in course content, curricula and instructional aides. Factors such as language, customs, family structures, and community dynamics also are considered in designing agency management, staff development, and service delivery strategies. It is the philosophy of this agency that cultural competence must be developed throughout the child and family service continuum.

Specific training initiatives are described in the Training Plan of this CFSP. In addition, the MAPP/GPS Leader Certification training presents a module that addresses ethnic and cultural diversity issues. Agency home development staff and management staff who are responsible for assessing new foster and adoptive homes and evaluating certified homes participate in this training.

G. Strategies for Dealing with Communication Barriers

When it is necessary to allow individuals the opportunity to access services, the Agency will provide qualified interpreters and modified written and visual materials in an effort to alleviate or eliminate linguistic barriers. When families or individuals are invited to orientation and training sessions, they are encouraged to identify the types of accommodations required to enable them to become participants of the process. Braille,

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sign-language, telecommunication devices and other auxiliary aides or augmentation devices will be offered to individuals with impaired sensory, manual, hearing, or speaking skills. Entities contracting with the agency are required to avail similar means of accommodations. The Agency is exploring strategies used by other state agencies in addressing limited English proficiency and linguistics for the client population. Several regions in our state have a contracted interpreter. Policy has been developed to ensure that persons receive the necessary language assistance to afford them meaningful access to services.

H. Non-discriminatory Fee Structure and Access to Home Development Services

Home studies, pre-service and in-service training and other support services provided by the Agency are provided at no cost to all agency foster and adoptive parents. In general, child welfare and social services are offered without regard to income to individuals who require the specified service. Race, color, ethnicity, and cultural or sexual orientation are not determinants of need. Standards related to income, age, education, family structure, size or ownership of housing are not used to exclude groups of prospective foster and adoptive parents.

I. Adoption Exchanges

Adoption exchanges are used extensively to advance timely searches for appropriate prospective parents for a child awaiting placement. The Louisiana Adoption Resource Exchange now has a customized internet photolisting site for our state that features Louisiana children legally free for adoption who need an adoptive resource. The Louisiana Exchange continues to network with adoption agencies, organizations and public libraries throughout the state to provide public information and recruitment information about children featured on the Internet site at www.adopt.us.kids.org/states/la.

AdoptUSKids.org provides a photo listing service for facilitating the adoption of U.S. children waiting to be adopted. This website serves the needs of families interested in adoption and social workers seeking qualified families. Plans and general design for the website was developed from surveys, meetings and conversations with families, adoption professionals, adoption organizations, and other interested members of the adoption community.

This distinctive site has included measures to ensure accuracy, timeliness and confidentiality in a creative and sensitive format that is appealing and easy to use. Customized features offer a streamlined process for entering and retrieving data which is the basis for our established quality standards and efficiency requirements.

The Louisiana Adoption Exchange is linked with the Adoption Exchange Association (AEA). *The Adoption Exchange Association (AEA) is the principal contractor for the Collaboration to AdoptUS kids. AEA administers and supervises the subcontractors*

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and their projects. The AEA staff designed a national adoptive family recruitment campaign and works to encourage and build the programs of parent support groups throughout the country. The AEA makes our children more visible and brings our state into compliance with the national recruitment provision of the Adoption and Safe Families Act, Howard M. Metzenbaum Multiethnic Placement Act of 1994 and the Interethnic Placement Act of 1996 with regard to nondiscrimination in the use of race, color, or national origin.

In addition, exchange meetings are convened statewide to assure that recruitment efforts are occurring and to determine what additional measures may be necessary to locate an appropriate family for a child.

J. Criminal Record Clearances

The purpose of criminal record clearances is to help ensure the safety of children placed in out-of-home placements. Criminal record clearances including fingerprinting are done on all prospective foster and adoptive home applicants (and members of their household that are 18 years or older) prior to becoming certified with the Agency. Both state and nationwide clearances are also conducted on existing certified homes where there is reason to believe a family member has been involved in adult criminal behavior since the initial certification. Louisiana criminal clearances are conducted by the Louisiana State Police. The Louisiana State Police also serves as the liaison agency between OCS and the Federal Bureau of Investigation in handling nationwide criminal clearances. Ongoing assistance from State Office staff is provided to Regional Office staff to ensure accuracy and efficiency is maintained in processing clearances in a timely manner. ***Finger printing equipment is being installed in each region. This will decrease the time frame involved in receiving criminal record clearances.***

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LOUISIANA DEPARTMENT OF SOCIAL SERVICES OFFICE OF COMMUNITY SERVICES Directory for Home Development Intake Services

Region 1	Orleans Region	Parishes Served
	1010 Common Street 14th & 15th Floors P.O. Drawer 57149 New Orleans, LA 70112 Phone: (504) 568-7413 1-888-617-3298	Orleans
Region 2	Baton Rouge Region 8549 United Plaza Blvd. P.O. Box 66789 Baton Rouge, LA 70896 Phone: (225) 922-3099 1-888-442-1663	East Baton Rouge Ascension, Iberville West Baton Rouge Pointe Coupee West Feliciana East Feliciana
Region 3	Thibodaux Region 1416 Tiger Drive Thibodaux, LA 70301-4337 1-800-748-7755 (985) 449-5055 - Thibodaux (985) 857-3687 - Houma	St. James, St. John, St. Charles, Assumption, Lafourche, Terrebonne
Region 4	Lafayette Region 825 Kaliste Saloom Rd, Brandywine 1, Rm. 218 Lafayette, LA 70508 1-800-256-8611 (337) 262-5970 - Lafayette (318) 942-5611 - Opelousas (318) 828-5278 - Franklin (318) 373-0026 - New Iberia (985) 384-6684 - Morgan City	Lafayette, Evangeline, Acadia, Vermilion, St. Landry, St. Martin, Iberia, St. Mary
Region 5	Lake Charles Region	

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1639 Ryan Street, 2nd Fl
P.O. Box 1487
Lake Charles, LA 70602
1-800-814-1584
(337) 475-4931

Calcasieu, Beauregard
Allen, Jefferson Davis,
Cameron

Region 6

Alexandria Region

900 Murray Street
P.O. Box 832
Alexandria, LA 71309
(318) 487-5227
1-800-814-1585

Rapides, Grant, Winn,
LaSalle, Catahoula,
Concordia, Avoyelles,
Vernon

Region 7

Shreveport Region

State Office Building Rm. 850
1525 Fairfield Avenue
Shreveport, LA 71101-4388
1-800-676-5048
(318) 676-7100

Caddo, Bossier, Webster,
Claiborne, Bienville,
Natchitoches, Sabine,
DeSoto, Red River

Region 8

Monroe Region

State Office Building
122 St. John Street, Room 450
P.O. Box 3047
1-800-256-8654
(318) 362-3362

Ouachita, Lincoln, Union
Morehouse, West Carroll,
East Carroll, Madison,
Richland, Tensas, Franklin,
Caldwell, Jackson

Region 9

Covington Region

351 Holiday Road
Covington, LA 70433
1-800-256-1918
(985) 893-6363

St. Helena, Tangipahoa,
Livingston, St. Tammany,
Washington

Region 10

Jefferson Region

800 W. Commerce Road, Room 500
P.O. Box 10009
Jefferson, LA 70181
(504) 736-7151
1-888-733-7171

St. Bernard, Plaquemines
East Bank Jefferson,
West Bank Jefferson

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6.7.1 Home Development - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue to institute uniform policy manual and new policy dictates for home development program. During the implementation of any policy statement or redesign of existing policy, there may be some areas that need clarification. When advised of a policy issue, administrative staff and local staff will facilitate policy adjustments that are within the scope of best practices and statutory limitations.
2. Continue to develop system for compiling data in the Home Development program.
3. Continue utilizing foster parents as co-trainers during the pre-service MAPPS/GPS training.
4. Continue to revise needs assessment and screening tools to recruit and retain foster and adoptive families who will best meet the unique, diverse needs of children available through the Agency.
5. Continue education of agency staff, foster parents, contracted family care providers, and the community about the nature of MEPA/IEPA. Monitor implementation of this regulation.
6. Continue statewide recruitment efforts for children with special needs or otherwise difficult to obtain placement.
7. Continue AdoptUSKids on the internet.
8. Continue to implement policy concerning National Clearances through the Federal Bureau of Investigation (FBI) *and to develop procedures to reduce the time frame for receipt of criminal record clearances.*
9. Continue expansion of the use of technology to broaden the pool of foster and adoptive parents including use of videos of children, in-focus projectors, laptop computers and digital cameras.
10. Strengthen the statewide recruitment/retention plan (see page 39 of Section 6).
11. Compile licensing deficiencies from all regions into a report and submit to executive management.
12. *Continue to work towards meeting national accreditation standards for the Home Development program through the Council on Accreditation (COA).*

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13. *Continue* to prepare for the Federal Child and Family Services Review (CFSR).

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6.8 Promoting Safe and Stable Families Program

Legal Reference

42 USC629

45 CFR 1357.15 (a)(1)(ii)

Promoting Safe and Stable Families services represent the full service continuum which includes the family and the community. The primary focus of these services is to include family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to children and families. The Agency assures that

significant portions of expenditures will be made in these four areas and that the percentage provided will not be below 20% for any one of the four service categories. Services consist of the Infant Team Mental Health project, Foster and Adoptive Family Resource Centers, Child Welfare Family Resource Centers, and continuous needs assessment.

The Agency endeavors to provide services to increase the strength and stability of families (including foster, adoptive and extended families) to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment and enhance child development through initiation or continuation of the following:

A. Infant Team Assessment Model

Services continue to be provided through the Infant Team Assessment Model in Jefferson Parish, through the Jefferson Parish Human Services Authority. The Jefferson Parish Infant Team serves foster children in Jefferson who are age birth to 47 months. The team provides specialized assessments and intervention services and makes recommendations to inform case planning and permanency decision making. The Jefferson Parish Human Services Authority provides up to one year of service, including assessment and service provision. A permanency plan is provided to OCS at the end of the service period. These services are accessed through referrals from OCS to the Jefferson Parish Human Services Authority. An evaluation of the team was completed and a description of the evaluation and its findings were published in the February 2001 Journal of the American Academy of Child and Adolescent Psychiatry, entitled "Evaluation of a Preventive Intervention for Maltreated Infants and Toddlers in Foster Care".

Two outcome based studies are being conducted for the Infant Team Assessment Model in Jefferson Parish. These consist of a longitudinal study and a cohort study. Both studies focus on the observations of children who have recently entered foster care (ages birth to 47 months) and the development of natural attachments to the primary care givers (ex. parents, relatives, foster parents, and child care providers). The studies also focus on planning for children who do not display patterns of attachment and who tend to be emotionally withdrawn and/or emotionally depleted. The studies are designed to assess the efficacy of the model in assisting the Agency to reach the best permanency plan for the children. The studies have provided helpful suggestions and recommendations to child care environments and child care providers.

B. Foster and Adoptive Family Resource Centers

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Services are provided through 11 Specialized Foster and Adoptive Family Resource Centers that are established in all OCS regions of the State. These centers provide services to families with children who are adopted or who are in foster care, whether placed in state agency placements or through private agencies. Children with developmental disabilities are specifically targeted for these services. Respite services along with a variety of services to support permanency of placements through foster and adoptive families are provided along with a menu of other specialized services along the family preservation-support continuum. The Agency has incorporated resource libraries and after hours supervision for family visits into the contract for services.

C. Child Welfare Family Resource Centers

The Child Welfare Family Resource Centers (CWFRFC) serve the needs of families through a statewide network of 20 family resource centers delivering services according to a regionally defined menu of services. The intent is for the CWFRFC to have available to referred families as many services under one coordinative roof as possible. Referrals are not accepted from the general community but rather from the following: Families in Need of Services (FINS) referrals, Child Protection Investigations (CPI) referrals, Family Services (FS) referrals, and Foster Care (FC) referrals of biological parents with reunification of their children from state custody as the permanency planning goal (SP families). The FINS referrals are those court processed and referred families who are not OCS cases and these are limited to not more than 15% of the referrals. CWFRFC services are delivered based on sub regional clusters of parishes. Each region was previously allocated \$400,000 for development of the two centers in each region. Providers were *originally* selected via the competitive Request for Proposal (RFP) process required by state regulations.

D. Internet Data Base for Child Welfare Family Resource Centers (*CWFRFC*) and *Foster/Adoptive Family Resource Centers (FAFRC)*

Through a contracted computer service development agency from the private business sector and use of Microsoft technology, OCS has developed an Internet data base system for the providers to use to input data. The data base system also allows providers to report on findings, issue and analyze reports of findings, and make documented, data driven, mid course adjustments to service delivery. Through a statewide system of security levels, passwords, and usernames, OCS, staff and providers have access to data from each center with appropriate limitations. Approximately 53 different reports can be generated reflecting data and outcomes. Data can easily be compared with various indices, and compared/contrasted with the ASFA outcomes of safety, permanence, and well being. This part of the CWFRFC implementation represents a significant partnership between OCS (state), a private sector technology firm, and community level providers, in working collaboratively in developing a state of the art responsive system of data collection and analysis needs.

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Currently, a work group is developing a plan to change and make improvements to the CWFRC database design which will also capture data for the FAFRC.

E. Evaluation of Child Welfare Family Resource Centers

Once the above mentioned database plan has been completed, OCS will negotiate or contract with a provider to evaluate both the CWFRC and the FAFRC.

F.

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 Resource Libraries

Establish/expand resource libraries in each Regional OCS Office for use by staff, clients and foster/adoptive families.

G. Substance Abuse

In May 2001, OCS, Office of Addictive Disorders (OAD), and Medicaid, sent State Office personnel to a conference in Chandler, Arizona. The purpose of the conference was to improve the quality of the substance abuse services for child welfare clients, recognizing that substance abuse is at the core of the majority of child welfare family problems.

Since that conference, OCS has had several meetings with OAD and Medicaid staff in two regions. The meetings have been productive with staff working diligently to eliminate the barriers for OCS clients at their clinics. The group is currently exploring funding to develop a program that was highlighted at the Chandler, AR. conference; the distinctive feature of the program is the outreach worker, which is one of the critical components of a successful child welfare substance abuse treatment program.

We continue to have collaboration meetings at the state office level between OAD and OCS. We are developing a framework for statewide improvement in the relationships between our local staffs to enhance service delivery and coordination between the agencies statewide. This effort recognizes the direct link connecting child welfare issues to substance abuse issues from initial intake through termination and after care planning.

H. Intensive Home Based Services (IHBS)

These services are now available in many Child Welfare Family Resource Centers. OCS has negotiated contracts with non profit providers in several parishes. These contractors are providing services based on the Home Builders Model.

I. PAF and RAF Funds

Continue use of Preventive Assistance Funds (PAF) and Reunification Assistance Funds (RAF) to provide, within the Agency's budgetary limitations, financial assistance for the

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purchase of necessary items and services which will lead to the reunification and/or stabilization of the home.

J. Foster and Adoptive Home Training and Certification

Recommend contracting with private providers to assist OCS with a more rapid response to increased interest due to heightened levels of recruitment. These providers would assist with initial screening, pre-service training, and preliminary assessment.

K. Videotaping Children for Recruitment

Purchase videotaping of children who are free for adoption when there is a specialized recruitment plan for that child.

L. Healthy Start Services

OCS currently contracts with Project Hope which is a program operated by the North Louisiana Area Health Education Center located in the Monroe Region. Project Hope implements the Healthy Families America Model for child abuse prevention. The funds are used to partially cover the costs of a social worker/family assessment worker. The worker provides free, voluntary intensive home visitation and assessment services to first time mothers in Quachita Parish. The prevention program targets new mothers at risk for child abuse and/or neglect due to lack of parenting knowledge and family stress factors.

M. Protective Day Care Services

Continue to provide protective day care services.

N. Safety Assessment and Planning, Risk Assessment, Placement and Removal

Continue safety assessment and planning, risk assessment, emergency placement and removal, and referral to the Family Services Program or other appropriate agencies.

O. Foster Parent Support Teams (FAST)

The Louisiana Foster/Adoptive Parent Association (LFAPA) is currently conducting a membership drive. The organization increased its membership by 10% in the first quarter of 2002. LFAPA has successfully received the support of seven of the Foster/Adoptive Family Resource Centers and is networking with local associations to provide support for foster parents. LFAPA is using organizational development funds in their OCS contract to award mini-grants for start up or development of local foster parent associations in each region of the state. LFAPA members are attending local association meetings to assist them in starting.

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LFAPA has submitted an application for funding to the Louisiana Children's Trust Fund (CTF) to implement FAST teams. These teams are designed to provide support and consultation to foster/adoptive parents when an allegation of abuse or neglect has been made against them. In preparation for beginning FAST teams, the LFAPA offered a workshop on the topic at the annual Louisiana Foster and Adoptive Parent Conference in July 2001. The presenter was Janet Hodge, FAST coordinator for the state of Virginia. Training on Parent Support Groups *was* offered at the annual Foster and Adoptive Parent Conference in Baton Rouge in September 2002.

P. Clear TPR Backlog

Make funds available to Bureau of General Counsel so that they can get workload assistance by contracting for legal work.

Q. Litigation Costs

OCS proposes a pilot contract project to compensate attorneys providing representation on behalf of the children in child protection proceedings in the court. This pilot would provide Louisiana with an opportunity to test the effectiveness of such an approach in controlling costs as well as encouraging specialized representation on behalf of the children.

R. Post-Adoption Case Management, In Home

OCS proposes contracts in regions to provide case management services up to 18 months following adoption finalization. These providers would assist parents in working with the agency on subsidy matters, school board issues, counseling, or other services needed by these families. This has been implemented in the Shreveport Region and will be expanded to other regions if the budget permits *and as needed in other regions*.

S. Post-Adoption Crisis Intervention Services

The services are provided in several Foster Adoptive Family Resource Centers to families when the placement is at risk of disruption. OCS is proposing to supplement these services through additional contracts.

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A. Community Collaboration

Community collaboration groups that focus on establishing enhanced coordination, collaboration, and planning for the remaining 54 parishes. Several local community collaborations have continued to meet even though their contracts have expired.

A. Data Collection

OCS provides support for ongoing implementation of data collection and dissemination activities. These efforts are related to creating and/or expanding the support and preservation services available to families through the family resource centers. The process involves provider conducted data collection and compilation. Reports or findings are used to facilitate improved service delivery. The focus is on understanding service impact and improving the safety, permanency and well-being of families and children. The Agency seeks to add further value to the evaluation process by facilitating greater local use of the data to effect contractor service delivery and mid-course adjustments in the roster or menu of services available to offer families.

The Child Welfare Family Resource Centers (CWFRFC) can serve as an example of the uses of data to influence local practice for families at risk. With greater familiarity of data at the local level, mid course adjustments to service menus can occur rapidly. The process can identify patterns of referrals, improve data collection skills at the local level, and enhance service delivery and related matters. Data is collected through an Internet hosted data base site with levels of security for data protection (see Section 6, part D, Internet Data Base for CWFRFC's, for more information). OCS is working closely with Turning Point Solutions, Inc., as the selected contractor to provide data programming, technical assistance and developmental services concerning the database. Site visits have been done to insure that local level data collection problems, which may be unique to a particular site, are understood and addressed.

V. *Update on New Initiatives of the Promoting Safe and Stable Families Program*

The Agency has explored initiatives by which marriages can be strengthened and sustained in the following areas:

- \$ increase skills to form and sustain healthy marriages
- \$ offer help and support
- \$ reach goals for responsible fatherhood and involvement
- \$ offer continued support to parents in their relationships with their children

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The following summary highlights the development of the above initiatives:

Healthy Marriage, Youth Development, and Responsible Fatherhood Initiative

There are currently two initiatives within the Department of Social Services in varying stages of development around this topic. The Office of Community Services is assessing referral criteria, which is currently low-income families at 200% of the federal poverty level, which also represents much of the agency's population. Plans will be developed to coordinate a formal process for the agency to make referrals to these initiatives once they are operational. In addition, the agency will look at its Child Welfare Resource Centers to assess how this initiative can be integrated/coordinated into their existing service programming. The initiatives are as follows:

The Office of Family Support (OFS) Family Strengthening Initiative funded with TANF funds, with a goal to develop/build a network of grass root community and faith based providers to be trained to deliver a healthy marriage and family strengthening curriculums in their community to eligible families. The initiative will include the following.

\$ The development of two Marriage Handbooks. One handbook will target individuals interested in marriage, individuals engaged and/or newlywed couples. It will serve as a guide to ensure a positive marriage and stronger family, etc. The handbook is to be distributed where couples apply for marriage licenses, through community & faith-based organizations, etc.

\$ The Second Handbook will target fragile families, couples who may not be considering marriage, but who are in a committed relationship or may have a child or children together. This handbook will be distributed via community and faith-based organizations, in hospitals, health units, etc.

\$ A Curriculum that will focus on Family Strengthening and Healthy Marriages for low-income families. This curriculum will serve as a compliment to the Handbooks and vice versa. The curriculum will be practiced and implemented via two piloted Demonstrations Sites: Shreveport, Louisiana (Louisiana Family Council) and Jennings, Louisiana (Southside Development Corporation) over the program year.

\$ A 10 to 20 minute video that will share the messages of the handbooks and the curriculum in an interactive format, to further serves as an outreach/educational tool for community & faith-based social service entities.

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The second initiative is through Support Enforcement Services with the same focus,

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6.9 Child Abuse and Prevention Treatment Act - State Grants

Legal Reference
42 USC5106

The Child Abuse and Neglect State Grants program is utilized in Louisiana to prevent, identify, and treat child abuse and neglect situations. These grants as described in the following sections of this description must be coordinated, to the extent practicable, with the CFSP.

The Agency has included information on the Child Abuse and Neglect (CAN) grant, the Children's Justice grant, and the Community-Based Family Resource and Support grant. This submittal constitutes the Agency's application for the CAN grant.

Under the 1996 amendments to the Child Abuse Prevention and Treatment Act Amendments (CAPTA), the state is required to adopt and implement certain legal and administrative procedures designed to protect children from abuse. These criteria are attested to in the assurance section of this plan.

The amendments also require the state to establish at least three citizen review panels composed of voluntary community representatives. The State is reporting the following general findings of the Citizen Review Panels (CRP):

- \$ Panels are established in Covington Region, Rapides Parish, Calcasieu Parish, and Beauregard Parish. In 2001, panels were established in the Monroe and Shreveport Regions.
- \$ In December of each year, the panels are required to submit an annual report to the Agency. Reports were received from the Covington Region, *the Shreveport Region and the Monroe Region. The agency developed a reporting format for citizen review panel use to aid in completion of annual reports.*

Note: Six panels have been established statewide. Five of the panels are active. The agency is working with the Calcasieu CRP in order to resume their work. To date, only the Covington, Shreveport and Monroe Regions submitted annual reports for 2002. Despite repeated requests, reports have not been submitted by the Rapides Parish CRP or the Beauregard Parish CRP.

Staff at the state office and regional level continue to work with the CRP's. On September 17, 2002 and November 18, 2002, OCS community liaison staff met with Shreveport and Covington Region CRP's and provided information on how to apply for grants from the Children's Trust Fund.

COVINGTON REGION CITIZEN REVIEW PANEL

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PANEL ACTIVITIES/AND RECOMMENDATIONS FOR 2003

The Covington Region Citizen Review Panel is composed of membership from each of the five parish areas of Covington Region: St. Helena Parish (one representative), Tangipahoa Parish (two representatives), Livingston Parish (one representative), *St. Tammany Parish (two representatives)* and Washington Parish (two representatives). There were four meetings during the reporting period, meeting the requirement for one meeting per quarter. Key topics of the panel's work are summarized.

COA
G2.3.0 Recommendation # 1:

OCS, at the state level, should encourage the Louisiana State Board of Education to require schools to report children's non-return to school to the State Board. In so doing, we recommend that OCS and the State Board of Education develop legal lines of communication. This would allow the State Board of Education to transfer information to OCS regarding children under OCS supervision who do not return to school. In doing so, a statewide mechanism for tracking children at risk is developed.

Recommendation # 2:

OCS, at the state level, should encourage the State Board of Medical Examiners to send a written reminder to physicians regarding mandated reporting child abuse and neglect. This would clarify who is responsible for reporting child abuse and neglect and establish clear expectations about who is to make the report. (e.g. The report is to be made first-hand by the physician and it is to be made directly to OCS. It should clearly explain that it is insufficient to report to medical support staff or hospital social services). The written reminder should emphasize that the consequences of not doing so include subjection to medical license forfeiture.

Recommendation # 3:

OCS should develop a public information campaign targeting mandated reporters and the legal obligation to report first-hand.

Strategy:

OCS is working to develop a public information campaign for the 2003-2004 SFY.

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Recommendation # 4: *OCS, at the state level, should explore the legal avenues allowing Child Protection Alerts to be entered into the wants and warrants system of law enforcement.*

Recommendation # 5: *OCS, at the state level, should work to arrange, within the bounds of confidentiality, all appropriate state computers, (e.g., welfare, etc.) be alerted of a Child Protection Alert on a family.*

Recommendation # 6: *OCS, at the state level, should seek legal access to the Louisiana Computer Criminal History (LCCH) system, allowing designated staff a more comprehensive picture of the possible criminal backgrounds of caretakers/prospective caretakers as well as their household members.*

Recommendation # 7: *Due to the crucial need for confirmation of parental progress toward reunification and the protection and safety of children, OCS should reconsider the recent change in policy regarding the non-funding of parental drug screens. This is a critical step in the protection of Louisiana's children.*

COVINGTON REGION CITIZEN REVIEW PANEL 2001 ACTIVITIES/FINDINGS:

Recommendation # 1: In OCS investigations, all children found at the scene should be closely checked for signs of physical maltreatment and undergo a five to six minute baseline physical assessment by the worker on the scene.

Panel Strategy: A Physical Assessment Checklist should be developed to be completed as documentation that children on the scene as well as other children affected by the environment in question were physically checked for bruising and other evident signs of physical abuse and/or neglect. If there are two or more positive findings in categories, referral to a pediatrician is deemed necessary. The proposed categories include:

- \$ Head - lacerations, scars, ringworm, old bruises
- \$ Mouth - obvious dental cavities, ulcerations
- \$ Arms - bruises, cigarette burns, strap marks
- \$ Trunk area - burns, desquamation, discoloration
- \$ Legs - bruises, cuts
- \$ Feet - bruises
- \$ Weigh child

Update: *None provided*

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Recommendation # 2: If OCS is denied access to a room in a dwelling where a child protection investigation is occurring, and there is reasonable suspicion of neglect/abuse with the safety and welfare of a child appearing to be an issue, OCS should take immediate steps to secure legal authorization.

Panel Strategy: Children's Code Art. 613 (Entry Orders) and accompaniment by law enforcement should be considered to accomplish/complete a limited inspection of the household to help ensure that no child endangerment practice exists on the premises.

Update: *None provided.*

Recommendation # 3: Ensure safety of children before closing cases in investigations where paperwork takes longer than 30 days.

Panel Strategy: Policy should be amended to address delays regarding investigative paperwork. When there is a delay of more than 30 days in completing the investigative paperwork, the Child Protection Investigator should be required to again physically see the children, parties, current household premises, and original household premises where the investigation occurred. This would ensure that the family has not returned the children to live in an OCS - deemed unsafe environment. Thus confirming that the safety of the children continues at the time of closure.

Update: *None provided.*

Recommendation # 4: Pilot projects with Office of Public Health (OPH)

Panel Strategy:

- a. OPH should accompany OCS investigative staff to the scene of any child fatality to assist as needed.
- b. OPH and OCS should devise a Joint Visit Form to be utilized in the above circumstances.

Update: *None provided.*

Recommendation # 5: Appointment of CASA to hearings.

Panel Strategy: Courts should appoint CASA to all child in need of care cases as early as possible.

Update: *None provided.*

Recommendation # 6: Change date of report due date.

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Panel Strategy: Change the due date of Citizen Review Panel Reports to 90 days following the end of the calendar year so that the full year can be reviewed. Reports can be drafted upon completion of the calendar year, and panels will have adequate time following the close of the calendar year to complete their final drafts.

Update: *The CRP was notified that the due date for annual reports are set by ACF in Dallas. This is outside OCS control.*

SUPPORT OF THE PANEL

Recommendations of the Covington Panel will be considered by the OCS Executive Management Team and within the Division of Program Development, Division of Field Services, and by the Covington Regional Office.

RAPIDES PARISH CITIZEN REVIEW PANEL

PANEL ACTIVITIES AND RECOMMENDATION FOR 2001

The Rapides Parish Citizen Review Panel (CRP) consists of 15 members. The panel met monthly in 2001. *The panel did not submit a report for their work in 2002.*

ISSUES ADDRESSED BY PANEL

Parish Teacher and School Personnel Surveys:

The panel developed a survey and distributed it to all schools and teachers in Rapides parish. 205 survey were returned. The survey results concluded that neither teachers, principals, nor school counselors fully understood the mandatory reporting law.

FUTURE PLANS: 1. Provide in-service to school counselors and teachers.
2. Distribute inserts regarding indicators of abuse and neglect from both Prevent Child Abuse Louisiana and OCS. These inserts will be submitted to the Rapides Parish School Board to be forwarded to all teachers and employees who have contact with children in the school system.

Update: *None provided.*

SUPPORT OF THE PANEL

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The OCS Executive Management Team, Division of Program Development, Division of Field Services and the Alexandria Regional Office will continue to offer support to the panel and consider any recommendations.

BEAUREGARD CITIZEN'S REVIEW PANEL

PANEL ACTIVITIES AND RECOMMENDATIONS FOR 2001

There appears to be a need for persons employed in the day care field as well as educators to receive training on the laws of mandated reporting for child abuse and neglect. OCS staff as well as panel members have expressed concerns that incidents of suspected child abuse and neglect many not be reported by day care staff or teachers on a consistent basis as mandated by law. *The panel did not submit a report for 2002.*

RECOMMENDATION:

The Panel is recommending that in-service training be provided to these professionals. Prevent Child Abuse Louisiana will work jointly with OCS staff to organize various training times and sites to provide training. The Beauregard School Board will also assess the possibility of hosting an OCS in-service training for teachers at the beginning of next school year 2002.

Update: *None provided.*

FUTURE PLANS

The Beauregard Citizen Review Panel will continue its annual activity which is the "Duffle Bag Project." This project uses donations from local businesses and civic organizations to purchase new duffle bags to be given to children when they enter state custody. The bags include toiletries and become the exclusive property of the child.

The panel will continue to meet and explore ideas to effectively use the resources of this panel.

Update: *None provided.*

SUPPORT OF THE PANEL

The OCS Executive Management Team Division of Program Development, Division of Field Services and the Regional Office will continue to offer support to the Lake Charles panel and consider any recommendations.

SHREVEPORT REGION CITIZEN REVIEW PANEL

PANEL ACTIVITIES AND RECOMMENDATIONS FOR 2002

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The Shreveport Region Citizen Review Panel (CRP) is composed of 15 members. The panel met six times in 2002. Much of the work done with the panel was educational in nature. Panel members were educated about the role of the CRP (CAPTA) the role of OCS, federal legislation such as ASFA, Council on Accreditation standards and opportunities to apply for federal funding through the Louisiana Children's Trust Fund.

Recommendation:

OCS should develop a statewide plan to increase public awareness of the state reporting law. Of special concern is the need for all mandated reporters to be fully aware of the legislative mandate to report all cases of suspected child abuse and neglect.

Panel Strategy:

In 2003, the panel will develop a public awareness campaign in response to Title XVII (Articles 1701 - 1706) of the La. Children's Code (Safe Haven Law). A grant application has been submitted to the Children's Trust Fund. Plans will be contingent on the receipt of the grant.

In addition, OCS is working on a public education campaign for the 2003-2004 SFY.

SUPPORT FOR THE PANEL

The OCS Executive Management Team, Division of Program Development, Division of Field Services and the Shreveport Regional Office will continue to offer support to the panel and consider any recommendations.

Shreveport Regional Office will continue to offer support to the panel and consider any recommendations.

MONROE REGION CITIZEN REVIEW PANEL

PANEL ACTIVITIES AND RECOMMENDATIONS FOR 2002

The Monroe Region CRP is comprised of 17 members. The panel met 4 times in 2002. They hope to recruit additional members in 2003.

Recommendation # 1:

Sufficient funding for OCS programming must be earmarked and protected from budget cuts and political decision-making. Salaries should also be comparable to other social service agencies so that trained, experienced staff can be maintained.

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- Recommendation # 2:** *The staff turnover phenomenon in Child Protection Services is a critical area of concern. Increased salary, benefits, and supports should be considered to address this critical need. One recommendation would be to provide a bonus benefit for this high-stress, hazardous duty position.*
- Recommendation # 3:** *Mandatory Reporting should be reviewed to insure that reporters are fully aware of their duties and responsibilities. They should also be educated about the process so they will not become discouraged or impatient. Often they don't always know that once they make the report, their job is finished. OCS Child Protection staff will respond and take necessary steps to investigate the report. A comprehensive campaign that targeted mandatory reporters, especially schools, doctors, and hospitals, is recommended.*
- Recommendation # 4:** *People in the community should also be encouraged to report, and they also need to be better informed about the process so they can understand what happens when a report is made. A comprehensive awareness program that would inform the community of the reporting process and what happens to a family, whether the allegations are validated or not.*
- Strategy:** *OCS is developing a public education plan for the 2003-2004 state fiscal year.*
- Recommendation # 5:** *False reporting is also an area of concern. Too many resources are used to investigate false reports, many of which relate to custody suits. It was recommended that false reporters be prosecuted as set forth in state law. The confidentiality of reporters is a drawback in this regard. This issue needs to be reviewed and addressed so that false reporting counteracts confidentiality provisions.*
- Recommendation # 6:** *The case load standard should be reviewed to ensure that case load size allows for efficient and effective case management. Case loads may need to be reduced if the needs of families and safety of children can not be assured.*
- Strategy:** *Caseload size is being reviewed through the Council on Accreditation on-site visits/processes.*
- Recommendation # 7:** *Attorneys are not always familiar with cases, and OCS staff are not always consulted for court preparation. One result is that the best needs of the child are not always met. It is recommended*

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that status conferences be conducted in the judge's chamber, as done in the 5th District. This conference would include the attorneys, the OCS workers, and even the biological and foster parents. This allows attorneys and judges to have a better understanding of the cases before they are presented in court.

Recommendation # 8:

It was noted that the Family Court model should be considered as a way to ensure that judges are more specialized in family preservation, family reunification, and child protection issues. Recommendations include mediation as a viable option; a Domestic Commissioner or some other employee of the judicial district to hear some of the cases; and not rotating judges from one district to the next. This would not allow for a more diverse perspective and could limit decision outcomes to the perspectives and attitudes of one judge.

Recommendation # 9:

Services to fathers are not always required or expected, especially in Family Services cases. Foster Care fathers can be court-ordered. It is recommended that ways to engage fathers effectively be explored and incorporated in case plans and case activities.

Strategy:

As part of the CQI process, the agency will develop a statewide plan to address the involvement of fathers in case planning.

Recommendation # 10:

Cases in Family Services are limited to six month periods. OCS Family Services staff need to apprise service providers that extensions can be granted if the family requires further services. While this may mean more paperwork, the Family Services staff should be encouraged to take whatever steps the system requires so that services can be sustained for families that require longer engagement, especially when the severity of family problems warrants and extension.

Recommendation # 11:

The Foster Care program has been particularly challenged by lack of staff, case loads, policy limitations and complicating conditions of foster children and their placements. The time limitations set by ASFA also makes it difficult to meet the needs of children and families in the Foster Care program.

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Recommendation # 12: *Confidentiality of foster children, especially at schools and when visitations are done in public venues, needs to be reviewed.*

SUPPORT FOR THE PANEL

The OCS Executive Management Team, Division of Program Development, Division of Field Services and the Monroe Regional Office will continue to offer support to the panel and consider any recommendations.

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6.9.1 Child Abuse & Neglect Basic State Grant - Program Discussion

The Child Abuse and Neglect Basic State Grant will be utilized to compliment and support the overall mission of the Agency with emphasis on developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. Grant funds will be directed toward prevention campaigns, actual service delivery to protective service clients or at risk populations, and support services for staff who are assigned the duties of child protection, intake assessment, screening and investigation of reports of abuse and neglect.

The following program areas within subsection (a) of Section 106 have been identified as the areas to be addressed during the next two funding cycles:

- (1) enhancing and supporting the intake, assessment, screening and investigation of reports of abuse and neglect;
- (2) developing, strengthening, and facilitating training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system;
- (3) enhancing and supporting case management and delivery of services provided to children and their families;
- (4) enhancing the general child protective system by improving risk and safety assessment tools and protocols, automated systems that support the program and track reports of child abuse and neglect from intake through final disposition and information and referral systems;
- (5) developing, strengthening and supporting child abuse and neglect prevention, treatment, and research programs in the public and private sectors;
- (6) developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions;
- (7) developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Louisiana plans to allocate the funds awarded under the child abuse and neglect state grant to the program initiatives detailed in Section 6.9.1.1. All initiatives are compatible with the OCS management and strategic plan and relate to the Agency's responsibility in the area of prevention and treatment of child abuse and neglect. All initiatives are designed to improve the child protection system within the state.

As required by Section 106(b)(2)(C), some of the program initiatives relate directly to services to be provided under the grant to individuals, families, or communities aimed at preventing the

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occurrence of child abuse and neglect; training to be provided to support direct line and supervisory personnel in report taking, screening, assessment, decision making and referral for investigating suspected child abuse and neglect; and training to be provided for individuals who are required to report suspected cases of child abuse and neglect. The remaining program initiatives relate to overall child abuse and neglect prevention efforts within the community at large and the provision of specialized support to agency front line staff who work within the child protection system.

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6.9.1.1 Use of CAN Funds 2002 - 2003

The Louisiana Department of Social Services, Office of Community Services continues to be the designated state agency to manage the Child Abuse and Neglect (CAN) grant funds awarded to the state for the period July 1, 2002 to June 30, 2003.

Program Initiative 1 - Public Relations and Information

To implement a statewide public relations and information campaign with an emphasis on education about agency functions and improving public perception of the Agency.

Description of Initiative

A public awareness and pro-active media campaign is ongoing to improve the Agency's image in the community and with the media. Efforts to achieved this goal may include:

- \$ Continue media production to include: fact sheets, brochures, child specific videos, bill boards, and posters to target specific campaigns such as foster care/adoption and child abuse/neglect prevention.
- \$ *Continue recruitment of foster and adoptive families through use of posters, Public Service Announcements (PSA's) television and radio.*
- \$ An agency cross-training symposium; to include the media, agency personnel, and identified public professionals, with the emphasis on increasing community partnerships and forging improved coalitions between the Agency and the media.
- \$ In-house agency training for the designated regional media-liaisons relative to a media and public education strategy.

Expected Outcome

The expected outcome of this initiative will be to further increase public awareness and education about the work and services of the Agency. By providing clear messages and successful strategies for communicating with the general public, the Agency seeks improved recruitment and retention of foster and adoptive families and the support of the local communities.

Program Initiative 2 - Child Fatality/Serious Injury Prevention

To support a child fatality/serious injury prevention campaign. This objective is continued from the previous year and will be an ongoing initiative.

Description of Initiative

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This initiative began in 1994 with the development of an advisory committee of state and private agencies, legislators, and community leaders with an interest in child fatality/serious injury prevention. As a result of the work of this group, radio and TV Public Service Announcements (PSA's) were developed and aired. For 2002, a new core group was formed of Office of Public Health staff, a State Senator, media specialists, public and not for profit representatives of substance abuse intervention, physicians and OCS staff. A PSA will be developed and distributed to radio and TV media around the state. A partnership with a corporate sponsor is also being developed to maximize the message dissemination.

Expected Outcome

Public awareness will be increased in the area of high risk sleeping arrangements for infants, thus aiming to reduce the incidence of high risk sleeping with infants and prevent fatalities.

Program Initiative 3 - Critical Incident Stress Management (CISM)/Peer Support and Care Teams

To provide funding for a statewide Critical Incident Stress Management Team (CISM)/ and regional/local Peer Support and Care Teams. The teams are to be available to provide ongoing support to staff prior to a critical incident and to respond to post-incident trauma experienced by staff. This objective is continued from previous years, and will be an ongoing initiative.

Description of Initiative

The ability of the Agency to provide needed protective services to the children of this state is enhanced when the staff performing this function is supported. Over the last decade, the types of families that OCS serves and the complexity of their problems have changed. Because of the nature of crises and problems occurring in families, staff are more prone to experience critical incidents today than in the past. It is not uncommon for child welfare workers to experience verbal threats, and in some instances physical violence. In addition to critical incidents associated with self, staff also are frequently burdened by the death of a child in their caseload, are observers of critical incidents occurring with co-workers, or experience trauma of a tertiary nature. By virtue of staff's profession, they are at risk of becoming victims of direct or indirect traumatic stress events. The need for agency support is critical when there has been some form of trauma experienced by the staff; therefore, the Agency has developed a comprehensive three level CISM initiative in its attempt to effectively address the needs of staff experiencing critical incidents. The first level is the Peer Support and Care Teams whose role is to **provide ongoing support to** staff prior to an incident and activate staff immediately following a critical incident. The second level is the ongoing offering of statewide training **and education** on vicarious trauma stress **and self care**. The third level is a statewide team to provide **various interventions, including** defusing and debriefing services, after staff members have experienced a critical incident. The OCS Statewide CISM Debriefing Team was developed to assuage the impact of a critical incident and to assist staff in recovering as soon as possible from the stress associated with the event. A plan has been designed to assure that members of this team are available to respond to staff statewide. Persons selected to serve on this team are those who are most skilled

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at addressing emotional reactions and whose job responsibilities allow them to respond within 24 - 72 hours of a critical incident.

The ten regions are given funds each year to be used to respond to staff crisis, build support connections between staff, and provide learning activities and information that will assist staff in handling stress and preventing burn out. Service array utilized by the Peer Support and Care Teams included motivational speakers, staff recognition events, staff picnics, ice-cream socials, team-building activities, grief and bereavement groups, individual interventions, and refreshments for the these various events. Other uses of the funds include purchase of motivational and personal safety posters, materials for supervisors to enhance their ability to motivate and support staff.

Expected Outcome

This initiative is expected to assuage the impact of a critical incident and to assist staff in recovering as soon as possible from the stress associated with the event. Staff will experience an increased feeling of support and sense of value as an employee of the Agency.

Program Initiative 4 - Prevention Services

To coordinate with private organizations in order to support child abuse and neglect prevention efforts within the state. This objective is a continuation of prior years and will be an ongoing initiative.

Description of Initiative

OCS has partnered with the state affiliate of Prevent Child Abuse Louisiana (PCAL) to serve at risk families through the provision of family support programs throughout the state. There are two different family support group models that will be provided: PARENTING SERIES and NURTURING PROGRAMS. The PARENTING SERIES model includes individual workshop formats developed and implemented by PCAL, professional staff and volunteers. The NURTURING PROGRAMS model provides a validated approach to working with parents, infants, children and adolescents in reducing the dysfunction and building healthy, positive interactions. OCS has also partnered with PCAL to conduct on-going community outreach for individuals who are mandated reporters.

In addition, OCS and PCAL are conducting public awareness campaigns to prevent child abuse and neglect. An annual statewide candlelight vigil will be held throughout the state for child fatalities resulting from abuse and neglect. The candlelight vigil is held at the time of the opening of the legislative session. Additionally, OCS in partnership with PCAL distributes numerous brochures on child abuse/neglect and conducts presentations in classrooms in schools and universities throughout the state.

Expected Outcome

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These efforts are expected to provide more parental support services to parents at risk for child abuse and neglect around the state. By providing such services it is expected that there will be improved parental functioning and a reduction in the risk to children of child abuse and neglect.

Program Initiative 5 - Services for HIV and/or Substance Exposed Children

This is a continuation of an initiative with Children's Hospital in New Orleans to provide comprehensive case management to families who are HIV and/or substance exposed and who are at risk of entering the CPS system.

Description of Initiative

This program will continue to provide services to families who are identified with at least one HIV positive family member (typically a mother with at least one minor child). Many of these parents also have a history of substance abuse and are in need of a variety of social services including housing assistance. Because of the chaotic lifestyles of many of these families coupled with in-utero exposure of the infant to the HIV virus, and/or illegal substances, many of these families are at risk of coming to the attention of the CPS system and into foster care. The Children's Hospital FACES program provides a variety of prevention and direct services to individuals and families at risk, infected or affected by the HIV virus.

Office of Community Services staff meet periodically with this resource to discuss the functioning of the project and to ensure that OCS staff are cognizant of the services available through this project. OCS foster parents who provide care for HIV children receive consultation and support services through the FACES project.

Expected Outcome

A more effective way of providing services to this high risk population of medically fragile children and their care givers will be available without Agency intervention. Also, hopefully more children will be able to remain safely in their own homes.

Program Initiative 6 - Support Citizen Review Panel Activities

To support the activities of local Citizen Review Panels under CAPTA. This initiative is continued from the previous year and will be ongoing.

Description of Initiative

Citizen's Review Panels are groups of volunteers across the nation who are federally mandated, through CAPTA legislation, to conduct an evaluation of child protective services in their states. There are five (5) panels located in the following locales of the state: Covington Region, Alexandria Region, Beauregard Parish (which is located in the Lake Charles Region) Monroe Region and Shreveport Region.

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The agency will continue to support the efforts of the panels by providing opportunities to become educated about other state's panels, development/coordination of state meeting to review consistency of practice and compliance, best practices, etc., and to provide technical assistance to aide in timely completion of annual reports.

Expected Outcome

To provide opportunities for community involvement in ensuring that the child protection system protects children from abuse and/or neglect and meet their permanency needs.

Program Initiative 7 - Conferences/Training

To provide for the attendance of selected line staff, supervisors, and administrators to attend professional conferences and meetings which offer opportunities for training, planning, and networking in child welfare issues. This objective will be continued each year.

Description of Initiative

The Agency has long recognized the benefit staff derive from attending professional conferences and meetings. Participation at these events provide line staff, supervisors, and administrative personnel with opportunities for training, planning, and networking in child welfare issues. Staff returning from these conferences are expected to return with new and innovative ideas **and materials that they will share with other staff and that will** be useful in program implementation within the state.

It is anticipated that during the grant period, staff will attend the following major conferences and meetings:

- \$ Family Group Decision Making Conference
- \$ University of Southern Maine National Resource Center for Organizational Improvement teleconference series
- \$ Family Preservation Institute
- \$ Domestic Violence Annual Conference
- \$ APSAC National Conference
- \$ Prevent Child Abuse Louisiana Conference
- \$ Child Welfare League of America Public Agency Council on Family Preservation
- \$ NCCAN State Liaison Officers Meetings
- \$ National Conference on Child Victimization
- \$ American Public Welfare Association, Southern Regional and National Conferences
- \$ Louisiana Governor's Conference on Juvenile Justice
- \$ Families In Need of Services Conference
- \$ National Statewide Automated Child Welfare Information System (SACWIS) Conference
- \$ ***Louisiana Adoption Advisory Board Conference***

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§ *North American Council for Adoptable Children*

Program Initiative 8 - Equipment and Supplies

The Agency recognizes the importance of available and reliable equipment in the provision of protective services to children.

Description of Initiative

Initial contact with clients is of utmost importance in protecting children and preserving families and, therefore necessitate equipment and supplies which document and verify facts discovered through the provision of protective services.

The Agency will continue to purchase supplies for use by first line staff who provide protective services statewide. Tape recorders, cameras and car seats are tools necessary to ensure child safety and provide quality services to children and families. Video cameras will also be purchased. *The Agency will also examine the feasibility of purchasing computer related equipment designed to streamline services to clients.*

Expected Outcome

Supplies and equipment purchased will enhance the ability of staff to carry out their duties both effectively and efficiently.

Program Initiative 9 - Assessment Model

To continue the implementation and evaluation of the assessment model in the child protection program.

Description of Initiative

This initiative began in 1996 with the development of a task force to design and implement an assessment model system to reports of child maltreatment. Legislation has been passed that allows the agency to respond to cases of low risk at intake with an assessment of family strengths and needs instead of the traditional child protection investigation. This less intrusive intervention technique has been implemented in Jefferson Parish and via contract in New Orleans. The implementation in that parish continues and the model has been adopted in New Orleans through a contract for services arrangement with a private nonprofit agency which services the Greater New Orleans area.

Expected Outcome

It is expected that services provided in this service delivery model will be more effective with families who have been reported as abusive/neglectful. Services will be delivered in a less

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adversarial manner and recidivism will be reduced by matching family needs with community services in a more expedient manner.

Program Initiative 10 - Family Group Decision Making

To *implement* pilot of Family Group Decision-Making in Baton Rouge Region.

Description of Initiative

Family Group Decision Making (FGDM) has been used successfully in other states and countries as a means of intervention in child abuse and neglect cases. In the FGDM process, the Agency organizes a case planning conference that involves the immediate family, other relatives and interested parties who could help assist the family in making a case plan that would best meet the needs of the children and family. FGDM stresses the importance of inclusiveness, partnership and community-building. This initiative gives families the opportunity to redefine themselves and to include those who are important to them. *The pilot program began in Baton Rouge Region in January 2003.*

Expected Outcome

Implementation of this initiative will help determine the usefulness of this model of intervention for Louisiana families and the viability of statewide implementation.

Program Initiative 11 - Domestic Violence Services

In 2002, the Louisiana Coalition Against Domestic Violence provided training to OCS staff regarding domestic violence as it relates to child abuse. The training was entitled, "Finding Common Ground: Child Welfare and Domestic Violence". Topics included: Domestic Violence and Child Abuse Protection; Identification; Assessment and Intervention and Service Planning. The training was conducted in six regions in the state and was well received by the staff.

The agency has not established a method to evaluate the impact of the training as it relates to investigations. A method will be developed to evaluate the effectiveness of this information.

Program Initiative 12 - Sexual Abuse Training

To provide special training in the area of investigating sexual abuse allegations and providing protective early intervention and the identification of treatment needs.

Description of Initiative

Provide training in the investigation and case management of child sexual abuse cases. This training will include the piloting and refining of training materials for investigators, case managers, and supervisors and help build skills to accurately identify and protectively intervene.

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The training will also coach investigators and supervisors in specialized forensic interviewing skills.

Expected Outcome

Staff will be better able to conduct forensic interviews that accurately identify child sexual abuse, increase details gathered about the target event, and reduce trauma to the child while minimizing contamination from the children's suggestibility and common interviewer errors. Case management staff will develop skills to enhance the safety and reduce the risk to child survivors through improved understanding of the dynamics of child sexual abuse, skills to promote protection among caretakers, and heightened awareness of the treatment needs of children and families.

Program Initiative 13 - Database Program Evaluation

To improve the data collection abilities of the Agency to determine the successfulness of interventions planned with families. The focus is on achieving the Adoption and Safe Families Act (ASFA) goals of safety, permanency, and well being.

Description of Initiative

Plans are to consult with experts in the establishment of databases to track outcome data in the various OCS programs. The goal is to determine program effectiveness. One of the initiatives to use this database evaluation is with the Child Welfare Family Resource Centers. Through a hosted, secured Internet database the Centers can access their data and review or print out up to 53 different reports of findings relating to their service delivery and service effectiveness as measured for the three broad ASFA goals. Additionally, the database includes demographic information. Centers can "site in" on their unique data, but are screened from review of other centers through the security system.

Expected Outcome

Through this process, the database project is expected to assist providers and agency staff with greater knowledge about service delivery and to assist in making mid-course adjustments when necessary to improve service delivery and effectiveness. Further, access to in depth data is thought to help the Agency make better decisions as to refunding and to enhance monitoring of the services.

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6.9.2 Children's Justice Act Grant - Program Discussion

Legal Reference:
Children's
Justice and
Assistance Act of
1986, as
amended, Title I,
Section 102,
Public Law 99-
401; Child
Abuse, Domestic
Violence,
Adoption, and
Family Services
Act of 1992,
Public Law 102-
295; Victims of
Crime Act of
1984 (VOCA), as
amended, Public
Law 98-473; 42
U.S. C. 5106c.

The Louisiana Children's Justice Task Force is a multi disciplinary group of professionals and community level representatives with knowledge and experience related to the criminal justice system and the issues of child abuse and neglect. The recommendations of the Task Force for expenditures of grant funds have focused on the training of professionals involved in the investigation and prosecution of child abuse and neglect, on the development of community based programs such as Court Appointed Special Advocates (CASA) and Child Advocacy Center (CAC), on the development of model and demonstration programs such as Mediation in "Child in Need of Care" *cases and Family Group Decision Making*. Grants awarded are designed to improve the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim. Grants are also awarded to improve the investigation and prosecution of cases of child abuse and neglect *and the handling of suspected child abuse and neglect related fatalities*.

The goals and initiatives for the 2002 - 2003 period are as follows:

\$ To provide funding for and help sponsor, in conjunction with the OCS Child Protection Investigation (CPI) Section and the Court Improvement Project (CIP), a statewide child welfare conference. Participants will include judges, district attorneys, multi-disciplinary team professionals, OCS program and legal staff and community representatives who deal with the investigation and prosecution of child abuse and neglect cases.

\$ *To assist in providing a representative voice in court for children who are placed in foster care by allocating funding for start up costs for newly developed and expanding CASA programs. To support the Louisiana CASA Association, a statewide organization, formed to promote CASA programs in Louisiana. CASA programs recruit volunteers and train them to represent children in the judicial process.*

\$ *To assist in the investigation and prosecution of child sexual abuse and severe physical abuse by allocating funding for start up costs for newly developed and expanding Children's Advocacy Centers (CAC). Child friendly forensic interviews are conducted in CAC's. To support the Children's Advocacy Center's of Louisiana (CACLA), a statewide organization formed to promote CAC's in Louisiana.*

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- \$ To provide funding for a Mediation pilot project in the Orleans and Jefferson Parish Juvenile Courts to demonstrate the efficacy of this form of alternative dispute resolution in reducing the average length of stay of children in Foster Care.
- \$ To provide funding for specialized training and resource materials regarding the investigation and prosecution of child abuse/neglect cases for OCS state attorneys, judges, district attorneys, public defenders, OCS program staff, and law enforcement officers.
- \$ *To provide funding to support the Louisiana Child Death Review Panel by assisting in the process to establish panels in all regions of the state, thus promoting the investigation of child deaths and sponsorship of training for local child death investigation panel members.*
- \$ To organize and sponsor a retreat for the Children's Justice Act Task Force members and community representatives from the civil and criminal child protection and investigation systems in order to formulate a comprehensive report on the future initiatives for the Children's Justice Act Grant to improve the state's child abuse investigation and prosecution system.
- \$ To conduct annual monitoring of all contracts funded through the Children's Justice Act Grant to insure compliance with grant guidelines and quality of services provided.
- \$ *To provide funding for training of OCS staff and supporting personnel in the "Family Group Decision Making" model. This model promotes the development of case plans with more family input and achieves better outcomes.*
- \$ *To provide funding for the development of an "Infant Team" program model to promote the handling of child abuse and neglect cases which limits additional trauma to the child victim.*

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6.9.2.1 Children's Justice Act Grant-Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue to actively participate in the Louisiana Children's Justice Act (CJA) Task Force in order to provide input for recommendations on the utilization of CJA funding.
2. Continue to develop contracts to assist in the establishment of Children Advocacy Centers and Court Appointed Special Advocate programs.
3. Sponsor a statewide child welfare conference and continue to provide specialized training regarding the investigation and prosecution of child abuse/neglect cases.
4. Sponsor research of the child protection system and organize an annual retreat each April in order to develop a comprehensive assessment and plan for the Children's Justice Act Grant in Louisiana.
5. Continue to provide funding to support the Child Death Review Panel to establish panels to promote the investigation of child deaths and to sponsor training for local child death review panels.
6. Continue to monitor and complete program review reports on all contracts funded by the Children's Justice Act Grant.

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6.9.3 Community Based Family Resource and Support Grants (Children's Trust Fund) - Program Discussion

Legal Reference 42 USC5101 et seq. 45 CFR 1357.15

In Louisiana, the Community Based Family Resource and Support Grants (CBFRG) are administered by the Louisiana Children's Trust Fund (LCTF) through award grants to private non-profit and public agencies. Grants run concurrently with the state fiscal year of July 1st through June 30th.

The LCTF funds primary and secondary prevention programs. Priority is always given to community based programs serving under-served, low income areas with emphasis on programs for young parents and parents with young children. Efforts are always made to assure equal distribution of funds among rural and urban areas. Grants compete regionally for available funds. The formula for dividing funds in awarding grants is based on incidence of child abuse and neglect per capita. The formula is determined by both the number of child abuse and neglect reports in a region and the population of the region.

The LCTF State Plan for Preventing Child Abuse and Neglect is used as a guideline for funding of programs which include family resource programs. The types of programs prioritized for funding are:

- ! education and support services for parents (targeting at-risk and teenage moms);
- ! personal safety and life-skills training of children (anger management and conflict resolution);
- ! hospital and home visitation programs for first-time mothers (especially in rural parishes);
- ! professional education and training (for mandated reporters including teachers and child care workers); and,
- ! public awareness and education on child abuse and neglect (stressing importance of prevention and promoting LCTF).

This plan is developed with participation from those citizens concerned about child abuse and neglect prevention throughout the state. Community meetings are held within all regions of the state, and a survey is conducted through the mail for those unable to attend. Regional meetings explore what works and doesn't work, as well as trends that participants are observing. A special effort is made to include parents by offering child care and coordinating meeting times. From the information collected from these meetings and the survey, regional priorities of programs needed for the prevention of child abuse and neglect are determined. These are the same regional priorities used by the Trust Fund's Board of Directors in determining program funding.

A. Collaboration Linkages

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The LCTF is a catalyst for coordination of child abuse and neglect prevention activities and family resource programs at the state and local levels. In particular, it has aided in the development of the following:

! STATEWIDE NETWORK AND CORE SERVICES:

The LCTF funds the development of a statewide structure of regional support networks through collaboration with Prevent Child Abuse Louisiana (PCAL). These regional networks are responsible for development of local, collaborative, public-private partnerships directed by interdisciplinary structures with representatives from public and private sectors, parents, consumers and service providers. These representatives provide public awareness of community-based programs and coordinated development of future programs to meet needs of the population. The LCTF is directly connected to this network by means of its funding and oversight of the network directly through monitoring and supervision of its operation.

With the use of CBFRS funds, the LCTF is able to continue strengthening existing core services with expansion into new service areas. The Trust Fund's support serves as a catalyst for development of grass-roots, community based programs throughout the state. Included in the statewide network support are those programs that particularly address special needs populations and high-risk populations with the continued expansion of family resource centers and respite programs. A priority for the LCTF are those programs which include either grass-roots or rural outreach services.

Some of the new Family Resource Centers include Native American populations and church based programs. The centers continue to provide services in homeless and domestic violence shelters; housing developments; higher education facilities and community centers. As with primary prevention programs, services are provided to the entire population, but some targeted populations include teen parents, adoptive and foster parents, substance abuse clients as well as families with special needs children. The Family Resource Centers include parenting support and education programs which include The Nurturing program, Active parenting, Effective Black Parenting and Parents as Teachers/Models. The resource centers also provide life skills training for children as well as after-school tutorial, recreational and mentoring programs. Respite programs are also offered at a majority of the centers.

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The Yaamahana/Chitimacha Early Learning Center expanded its programs to include parenting training and support services for this Native American population. An excellent example of a church-based center is the Saint Catherine Community Center which includes tutorial and after-school programs for the youth, Creative Anger Management and effective Black Parenting for the parents, and collaborative programs for special targeted populations such as teen moms.

The LCTF Annual Report lists the broad range of programs and services delivered through Children's Trust Fund contracts and grants. Special needs networks include the Statewide Family Helping Families and Extra Mile programs for families with children with special needs. Some of the programs provided include the First Touch Program, a hospital and home visitation program for parents with special needs children, Kids on the Block puppet program, and Family Resource Centers which include special need family support and respite services.

Other special needs and diverse populations addressed with LCTF funds include foster care and adoptive parents, foster care children, battered women programs and homeless shelters. Another high-risk, special need population who are provided services include incarcerated adults and teens. The incarcerated adult programs include parenting education and family support as well as mentoring programs for the children of the incarcerated. The incarcerated teen program includes a life skills training program through the use of art and the development of a mural at the corrections facility.

! INVENTORY/DESCRIPTION OF SERVICES AND TECHNICAL ASSISTANCE

The Annual Report lists all programs, services and numbers served as well as funds spent. The types of programs and numbers served include:

Life Skills and Safety Programs	93 programs	45,000 children
Parenting Support and Education	61 programs	25,601 parents
Hospital and/or Home Visitation	38 programs	6,215 families
Public Awareness and Education	61 programs	168,122 adults
Continued Education and Training	37 programs	9,878 professionals/ volunteers

Of particular interest to the CBFERS funds is the expansion of family resource centers into grass-roots community centers and church-based settings. New programs are offered in addition to parent support, respite services, safe

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visitation programs and fatherhood initiatives. The centers continue to provide services in homeless and domestic violence shelters; housing developments; higher education facilities and community centers with expansion into grass-roots community centers and church-based settings.

Targeted populations LCTF programs continue to serve are teen parents, foster and adoptive parents, families in shelters (domestic violence and homeless), special needs families, and grandparents raising their grandchildren. Two funded research projects are the Evaluation of the Louisiana Nurse Home Visitation Program by Tulane University School of Public Health and Evaluation of School Based Primary Child Abuse Prevention Programs by University of Louisiana at Monroe. The Nurse Home Visitation research is of particular importance to Louisiana. The data gathered shows the impact of this program directly to families in Louisiana. This data is needed in order to encourage continued and expanded funding for this program.

On-going technical assistance is provided to all LCTF programs. This year the technical assistance and public awareness campaign continued using an interactive compact disk program for all grantees that include topics such as developing promotional campaigns, defining target populations and messages, evaluations, sample press releases and available resources. Grantees are able to access any of the above and download any information needed.

The LCTF web-site (lctf.org) continues to develop and has become a highly effective means of reaching all populations (grass-roots and rural). Almost all programs have access to the Internet or a public library. The grant application as well as directions to LCTF's office (for those delivering the grants) are made available on the web-site. All LCTF programs by region are also listed on the web-site. LCTF continues the use of video-conferencing for the grant application workshops. The video-conference sites have been expanded to all regions across the state. Video-conferencing allows less travel expenses and better use of time. All participants were very positive in comments regarding the workshops.

The LCTF partnered with Blue Cross and the Attorney General's Office in sponsoring "Successful Grant Writing for Child Advocates Workshop." Because of the LCTF's sponsorship, programs were allowed to waive the workshop fee. The LCTF Executive Director also participated in the workshop speaking to the attendees about opportunities available for private non-profit and public agencies.

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LCTF continues to receive the support of other organization's conferences and workshops. This support is in the form of stipends to allow participants who could not afford to attend the opportunity to participate in these educational opportunities. The conferences included Prevent Child Abuse Louisiana, Louisiana Association of Non-Profits, School Based Health Centers, La. National Association of Social Workers and the Foster/Adoptive Parent Association. Stipend recipients include day-care and Head Start workers; churches and community action agencies staff; and consumers and parents.

!

PEER-REVIEW, PARENT LEADERSHIP & EVALUATION:

As part of the statewide structure development, the LCTF facilitates the development of a peer review process to evaluate the effectiveness of the programs it funds as well as gaps in services of non-funded programs. This process includes the continued use of the statewide regional network structure and the regional collaboration structure in the development of the children's Trust Fund's State Plan as well as in its funding determinations. Further expansion of the process included a grant meeting to explore what works and does not work, as well as assess trends that participants are observing.

The three tiered approach of service providers, stakeholders and consumers/parents is used in these meetings. This year, the addition of mandated reporters was included with providers in the three tiered approach. The peer-review process includes input from these three identified populations. The stakeholders included public services such as Health Units, Department of Social Services, Office of Community Services, Head Start and schools as well as community organizations such as United Way. The providers were churches and non-profits. The consumers were the recipients of services as well as parents associated with the administrators and providers. The process includes regional level input from service provider's staff, participants and community stakeholders. A new collaboration this year was the coordinated involvement of the Citizen Review Panels with the current network of CBFRS peer reviews.

The peer-review process incorporates the State Plan as a basis for evaluation of programs defined as needed in each region of the state. The three year State Plan identifies priorities and recommendations for services to children and families. An on-going analysis is done by the peer-review process with an annual review done to identify successes and weaknesses with regard to priorities and unmet needs. The primary concerns of the peer-review process is

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used to gain insight into programs and services and is also the basis for the future development of the LCTF programs.

Emphasis is also placed on parental involvement and input into the ongoing development of LCTF process and programs. Teen parents, as well as foster parents, are also included. Both groups provided different but insightful perspectives that are very useful. LCTF not only requires parent leadership roles with the peer review process, but also with its individual grantees. Parents also participate in the grant review process and future development of LCTF programs. Grantees are encouraged to include parents in leadership roles with their organizations as well as in the delivery of their services. LCTF also includes parents in leadership roles in several of the organizations represented on its Board.

As part of the peer review process an evaluation survey was done of providers and consumers of LCTF programs. The survey addressed areas of operational funding, the grant process and administration. Survey questions and responses to each individual survey question is listed below:

MATERIALS

1. *Do you know what materials are available from CTF? (Circle One) YES
NO*

A knowledge of materials available was demonstrated by a 85% positive response.

2. *Do you utilize these materials? (Circle One) FREQUENTLY
INFREQUENTLY*

Respondents felt that they used the materials frequently (54.2%).

3. *How do you utilize the materials?*

- *Public education*
- *Fact sheets and public awareness.*
- *Distribution at community meetings, parenting classes, school students and with at-risk populations.*
- *Used in recruiting and public relations.*
- *Information for advisory groups and partner agencies.*
- *Give to board members, school teachers, volunteers,*

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parents.

4. What other materials would you like CTF to make available?

- *Other grantees' training schedules.*
- *Video about CTF and the programs it funds.*
- *Posters and videos.*
- *More parenting, abuse prevention and pregnancy prevention materials.*
- *Training materials for staff.*
- *Educational materials for parent support at low reading levels.*
- *Sample data collection instruments, such as gender and age appropriate surveys, parent evaluations.*
- *Specific materials which empower children to protect themselves.*
- *PSA's, press releases.*
- *More fliers, brochures, resources, videos.*
- *More information about prevention of infant/toddler abuse & prenatal care.*
- *Statewide newsletter/information on regular basis.*

TECHNICAL ASSISTANCE

1. Would you prefer more frequent site visits? (Circle One) YES NO

Just over half of the respondents appear comfortable with the current level of site visits (56%). 44% of the respondents would like to increase visitation.

How would you use these visits?

- *To be informed of CTF's new information and showcase our programs.*
- *For sharing, program planning, systems planning & to express appreciation.*
- *To help CTF learn more about all the programs we do and to build relationships.*
- *To bring CTF to live performances, videos are great, but live is better.*
- *More contact would help us to gain more ideas to strengthen the programs we currently have and an outside*

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expert would be welcome.

- *For feedback concerning our efforts.*
- *To bring a human reality to administrators.*

2. *What other technical assistance would be useful?*

- *A booklet or newsletter describing the work that others are doing.*
- *Help with additional funding and management strategies*
- *Technology assistance.*
- *Information on workshops, conferences that involve CTF or child abuse prevention.*
- *A resource manual outlining what local and national organizations support child abuse prevention activities, examples of pilot programs.*
- *Greater accessibility to technical assistance and additional training that may be available.*

Additional Important Items

Could you have offered the services without CTF support?

- *We could only serve 1/3 of the children we reached last year without CTF support.*
- *Yes, but not as extensively as we were able to with CTF support.*
- *The basic services would have been there, but not the resources which do so much to enhance the quality of the work and are a part of the protocol.*
- *Absolutely not. CTF was there when we were struggling to open the doors, when we were trying to stay open and are still there now so that we can provide quality comprehensive services.*
- *It would be difficult. Funds are more difficult to raise in smaller communities. CTF support is crucial.*
- *Maybe on a very limited basis.*
- *Services would not have had the depth and breadth without these monies.*
- *CTF's support has allowed us to reach girls who may not have otherwise been able to participate in a program emphasizing self-esteem building and self-determination.*
- *The loss of CTF funds would eliminate handouts and resource information for children.*

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- *Training was provided for classroom teachers that would not have been available without this grant.*

Please comment on the impact of your program.

- *Reports from parents of children served, as well as recent counselor reports, illustrate the depth of understanding the children are gaining as a result of our CTF funded program. Parents' reports have illustrated personal gains for themselves greatly justifying our work.*
- *We see smiles on people's faces. We see mothers deemed "high-risk" or "at-risk" for child abuse doing all the appropriate things for their infants. We use measurable tools. We see happy families.*
- *Parents, professionals and care-givers have had an opportunity to attend some excellent training and to bring their children along for classes.*
- *CTF funds have helped us on 3 different programs. Funds allow us to start new ventures.*
- *Our program has had a very positive impact in the rural communities we service. Our parenting classes have provided valuable information to parents who would not have had this information available if it was not for this program.*
- *More parents are calling for information and referral.*
- *Feel that the program provides critically needed services even though sometimes participation is not where I would like it to be.*
- *The impact has been extremely positive. People request the program after talking to previous recipients.*
- *We are restoring pride in young males of the community through in-school mentoring and leadership training.*
- *The program provides the critical link for preventing child abuse and neglect to homeless children. In the last 6 years, we have worked with more than 1,500 children.*

Is there anything else you would like to say?

The responses received varied from complimentary to requests for improvement. (Redundant comments have been eliminated).

Being able to address prevention from many angles helps. We are assisting the "big picture" to improve quality of life.

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- *I would like to see larger grants available (\$10,000). The same amount of paperwork is required for a small amount of funding as for a large amount. If funding were constant over a three year period, it would allow the grantee a sufficient amount of time to establish a program and obtain support for it once the funding was no longer available.*
- *We are extremely grateful to CTF for believing in our endeavor and funding the program.*
- *Thank you for the opportunity to expand what is potentially a program of monumental importance to families of children with special needs.*
- *I would like to see more public awareness of CTF.*
- *In all my years in dealing with parents and children, this is the most positive program I have been associated with.*
- *CTF is an excellent organization. The professionalism and genuine commitment to children in our community and state is exceptional. We would not have been able to accomplish our mission or goals without their support - both fiscal and professional support. Thank you!*

! **DEVELOPMENT OF INTERDISCIPLINARY SERVICE DELIVERY, SYSTEMATIC CHANGE & INNOVATIVE FUNDING MECHANISMS:**

On the National level, the LCTF has and will continue to play a part in the LEAVE NO CHILD BEHIND campaign. It also continues to participate in the national FRIENDS initiative and the National Alliance of Children's Trust and Prevention Funds. On a state policy level, the Children's Trust Fund continues to serve an active role with the other initiatives developed to foster better services for families and children in the state. The Trust Fund's Board, through its broad representation of statewide interests, will serve as a resource for the development of such initiatives. The Board's governmental representation also continues to develop the relationship of agencies' collaborative efforts.

LCTF continues to play an active role in the Governor's Children's Cabinet. A part of the charge for the Cabinet is the development of systemic changes necessary for better delivery of services to children and families. Prevention programs are required to develop a systematic delivery of care to children and families, and LCTF has incorporated these as part of their new grant applications. These included required documentation of coordination and collaboration of services and a description of how the program supplements existing programs and contributes to the development of a local system of care. It also required the development of a common intake and eligibility process.

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LCTF starts at the grass-roots level in hopes that the outgrowth will eventually lead to the development of a statewide interdisciplinary service delivery.

The LCTF has and will continue to play an instrumental role in a new initiative to unite community-based efforts statewide to improve outcomes for children and families. It has come about in recognition of the great need to consolidate efforts to improve child well being in Louisiana. It's motto is: If not now, when? If not You, Who? The YouWho Coalition works to create common ground, strength in members, and actively seeks members from all organizations with an interest in children.

The YouWho Coalition was created through the Covenant with Louisiana's Children. Coalition members are asked to sign on to the covenant and pledge to work toward its principles. The covenant covers seven primary issues that directly relate to seven work groups. These work groups are charged with identifying priority issues. Once approved by the full coalition, the work group priorities comprise this year's seven item legislative agenda.

Another new effort that the LCTF has been an active participant in is the Juvenile Justice Commission coordinated by the Louisiana House of Representatives. The purpose of the commission is to assess the current problems affecting Louisiana's juvenile justice system and to gather information on the quality of resources available to parents and children. The Children's Trust Fund's Executive Director testified at the commission's public hearing. The "draft" recommendations produced by the Juvenile Justice Commission included recommendations that would impact the Children's Trust Fund positively.

As with every year, the CBFERS funds have been wisely invested as a means of developing other sources of leveraged funds (i.e. income tax check-off, child safety license plates and corporate sponsorships) for LCTF Programs. A radio message promoting the income-tax check off was used again this year with the Governor of Louisiana targeting "working-class" markets that are more than likely doing their own taxes and have a refund. The message for this year's campaign is "Remember the Kids of Louisiana this tax season!"

The child safety license plate is a collaborative effort with the Children's Trust Fund and Louisiana Safe Kids Coalition. The proceeds from the license plates fund the "Don't Kid Around Campaign", an educational outreach project to increase public awareness regarding the need for increased/proper use of child safety seats and seat belts. Unlike other programs, the awareness efforts are targeted toward actual drivers who transport small children in an unsafe and

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unrestrained manner. Concerned citizens across the state note the date, time and license plate number of motorists who are observed transporting a young child in an unrestrained and unsafe manner. A postcard with this information is sent to Children's Hospital so that a letter about child restraint laws and the use of child safety seats can be forwarded to the owner of the vehicle. Also sent with the letter are brochures on correct car seat use, a car seat rebate voucher, tips on keeping kids in car seats and safety belts and a reply card which the recipients could use to request more information.

LCTF again hosted the Prime Time for Parents- "Kidfomation" Hour radio program. This not only serves as a public service to the community providing very useful information for parents, but it also is a tool in promoting the income tax check-off. Several corporate sponsorships have been developed with the radio show and other community events. These included Women's Hospital and Clear Channel Communications. This year "Sprint" is a new corporate sponsor of the radio show. Previously mentioned in this report was the development of the new partnership with the LCTF and Blue Cross/Blue Shield.

LCTF is the recipient of proceeds from Clear Channel's Kids Fest. Besides receiving the funds, LCTF actively participated in the Kid's Fest. LCTF programs are allowed to highlight their programs at the event as well as participate. The event was held Father's Day weekend and was in conjunction with Governor's Fatherhood Initiative Breakfast. The funds received were used for future radio shows and continued to be a positive resource in the development of future corporate sponsorships and partnership.

As mentioned earlier the research and evaluation projects sponsored by LCTF were also a means of developing stronger bases for future funding efforts. Through these projects the need and cost effectiveness of prevention can be clearly outlined and defined to Legislators and other funding sources. These projects also provided factual insight into the development of interdisciplinary service delivery.

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6.9.3.1 Community Based Family Resource and Support Grant - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Continue child abuse and neglect prevention services.
2. Continue to participate in collaboration efforts.
3. Continue to monitor Community Based Family Resource and Support Programs.
4. Continue to encourage increased public awareness relative to healthy child development, child safety and the prevention of child abuse and neglect.

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6.10 Louisiana Court Improvement Program/Children's Advocacy Resource Effort (LCIP/CARE) - Program Discussion

Legal Reference
42 USC629(d)(2)
42 USC629h

Louisiana continues to receive federal grant funds to support the Louisiana Court Improvement Program/Child Advocacy Resource Effort (LCIP/CARE) through the state Supreme Court. Guidance to the Louisiana Court Improvement Program is provided by Supreme Court Staff and an Advisory Committee composed of judges from each of the state's four specialized juvenile courts, district and city court judges exercising juvenile jurisdiction, representatives of DSS/OCS, private foster care providers, the Court Appointed Special Advocate (CASA) Program, district attorneys, public defenders, legal aid attorneys, private attorneys with foster care and adoption experience, clerks of court, Native American organizations, and the state Foster Parent Association.

A strategic plan was developed on May 18, 2001 which outlines goals and objectives for the Louisiana Court Improvement Program/Children's Advocacy Resource Effort. DSS/OCS will continue to support and actively participate in these court improvement activities and engage in constructive problem-solving with other system participants toward resolving issues. Building stronger collaborative relationships through which positive systemic changes can be made on behalf of Louisiana's children is also the focus of this initiative.

The Project originally identified a number of areas of court functioning in need of improvement including a need;

- (a) to change court procedures and practice to reduce the number of continuances, to more closely adhere to statutory time lines for conducting hearings, and to otherwise expedite decision making on behalf of the children;
- (b) to better train attorneys and judges in child welfare issues in order to encourage more effective representation and informed decision making;
- (c) to improve court information systems in order to facilitate better case management;
- (d) to utilize case docketing mechanisms which minimize the amount of time which parties, attorneys, witnesses and agency personnel must wait for hearings to begin; and
- (e) to provide for better coordination and communication between the court and the Agency.

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6.10.1 Louisiana Court Improvement Program/Children's Advocacy Resource Effort (LCIP/CARE) - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

1. Participate on the LCIP/CARE Advisory Committee and support court improvement activities.
2. Support and participate in local court facilitation teams.
3. Co-sponsor the annual statewide, multi-disciplinary Families in the Balance and Justice for Children conferences and pursue synergies to be achieved through combining the conferences: The first combined conference *was* held October 28-29, 2002.
4. Co-sponsor live satellite and/or video conferences highlighting improvement strategies and the child welfare best practices.
5. Cultivate and pilot cross-training in local communities.
6. Design *DSS's future ACCESS Information* system to include appropriate access and interface with the automated child and juvenile information system under development for the Louisiana judiciary (i.e., Integrated Juvenile Justice Information System (IJJIS)).
7. Facilitate and support efforts to develop child welfare mediation programs within Louisiana.
8. Continue working with the court system to facilitate full ASFA compliance.
9. Participate in other collaborative activities with courts and the broader communities they serve.
10. Work to implement strategic plan for LCIP/CARE.

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6.10.2 Update on State Agency's/Court System Capacity to Process Termination of Parental Rights (TPR)

In 2003 the agency obtained information regarding TPRs in each region. In the regions listed below, the Agency has filed a total of **174** TPRs over the time period of July 2002 to March 2003. The chart depicts the number of TPRs filed in each region as well as a statewide total.

Note: "TPR's joined" refers to the Agency joining a foster parent who has initiated termination proceedings independently. In previous years, foster parents had initiated terminations but not during this latest year.

Region	TOTAL TPRs FILED 7/02 -3/03	TOTAL number of TPRs joined 7/02 - 3/03
Orleans Region	12	0
Baton Rouge Region	9	0
Thibodaux Region	3	0
Lafayette Region	34	0

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Lake Charles Region	<i>26</i>	0
Alexandria Region	<i>33</i>	0
Shreveport Region	<i>11</i>	0
Monroe Region	<i>22</i>	0
Covington Region	<i>39</i>	0
Jefferson Region	<i>18</i>	0
Total TPRs filed	<i>174</i>	0

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6.11 Missing and Exploited Children Clearinghouse - Program Discussion

Legal Reference LA R.S. 46:1431-1434
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The State Missing and Exploited Children Information Clearinghouse was established by LA. Revised Statute 46:1431 as the state central repository of information on missing and/or exploited children within the state, and, those suspected of interstate travel. A missing child is an individual under 18 years old who is or is believed to be a temporary or permanent resident of Louisiana; is at a location that cannot be determined by the person's parent or legal custodian; and has been reported missing to a law enforcement agency. An exploited child is an individual under 18 years of age who has been threatened and/or whose health or welfare has been harmed by any person through non accidental sexual contact which includes sexual abuse.

OCS has administrative responsibility for clearinghouse operations. Unlike the clearinghouses based with law enforcement agencies, the Louisiana Clearinghouse does not have the statutory or fiscal capabilities to assume an active role in search and recovery activities. Primarily, the clearinghouse efforts are geared toward collecting and disseminating information to assist in the location of missing children and the reporting of exploited children to the proper authorities. Direct services include:

- ! distributing photographs, bulletins, posters, and other forms of information describing missing children,
- ! providing informational materials to law enforcement agencies, parents, and interested citizens,
- ! working with other state and international clearinghouses; criminal justice agencies and law enforcement agencies,
- ! assisting parents in contacting the appropriate law enforcement agency to file a missing child report and to obtain an NCIC (National Crime Information Computer) entry for the missing child. Parents also are assisted in contacting support groups and other available resources.

A state-of-the art, multi-media computer system was donated to the State Clearinghouse via a corporate sponsor solicited by the National Center for Missing and Exploited Children (NCMEC). As a recipient, OCS agreed to dedicate the system solely for the purposes of Clearinghouse activities. Essential hardware and software equipment, training and on-going technical assistance; system updates and routine maintenance; and, network access and system usage are furnished at no cost to the State. The system provides a medium for the exchange of information with the National Center and the other State Clearinghouses; and, helps to establish and maintain a centralized State MEC database as required by state statute. *It also houses the LOCATER (Lost*

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Child Alert Technology Resource) system which has the capacity to develop, disseminate and receive posters of missing children.

The State Clearinghouse was instrumental in the Louisiana State University Forensic Anthropology and Computer Enhancement Service (FACES) Laboratory being designated by NCMEC as a Model Age Progression site in 1993. At that time, it was one of only eight such satellites in the U.S. and the only university-based site. FACES generates age-progression photos of missing children through computer imagery to aid law enforcement and the NCMEC network in recovering missing children.

In partnership with the Louisiana Commission on Law Enforcement, the Louisiana Children's Network website was established. This website is accessible to the general public and provides information for families with missing children. The website features current missing children in Louisiana as supplied by the National Center for Missing and Exploited Children and linkages to other websites.

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6.11.1 Missing and Exploited Children Clearinghouse - Action Agenda

The Agency is continually evaluating the effectiveness of its service delivery system. To this end, the Agency plans to initiate or continue activities in the following areas:

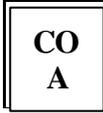
1. Continue to coordinate reporting and data collecting with the Louisiana Commission on Law Enforcement and State Police to establish a more comprehensive centralized, computer MEC data system for Louisiana.
2. Coordinate with Louisiana Commission on Law Enforcement and State Police to provide training to local law enforcement officers and to promote uniform reporting of MEC cases statewide.
3. Continue to establish a link between the State Clearinghouse and local law enforcement through the implementation of the LOCATER System (Lost Child Alert Technology Resource).
4. Continue daily monitoring of the State's MEC communication and activities network and update as necessary.

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6.12 Methodology for Goal Setting and Performance Measurement



The goals and objectives in the Child and Family Services Plan (CFSP) focus on the safety, permanency, and well-being of children and families.

OCS has used the federal outcomes in our operational plan format. This format includes programs within the child welfare service continuum, and is grouped by the goals of child safety, permanency and well-being. Through a three tiered, quarterly peer case review process, OCS gathers compliance data on the federal outcomes of child safety, permanency and well-being. Tier one involves the compilation of data through the agency's Quality Assurance (QA) process and tier two involves gathering outcomes data through the use of a Child and Family Service Review-like instrument. Tier three consists of stakeholder interviews. An adjunct to the PCR process involves systemic focus groups. (Section 6.13 provides a comprehensive description of the PCR process and measures of the state's compliance with meeting the goals of child safety, permanency and well-being). The goal presentation format directs the reader to the measures and compliance ratings. Activities to increase, decrease or maintain identified levels of compliance are listed in each program discussion and action agenda (Section 6).

The CFSP was developed with the intention of being a living document that guides staff in improving and enhancing service delivery. When the state submits its annual report, the Agency reports on the activities conducted as well as and the state's compliance with the federal standards. Compliance data is included with the format for goals and outcomes along side the federal compliance standards. In the development of this format, the following sources of information were reviewed:

- \$ OCS Assistant Secretary's Report
- \$ Title XX Annual State Plan
- \$ DSS, Office of the Secretary's Strategic Plan
- \$ State Citizen Review Panel Reports
- \$ OCS Tracking, Information and Payment System (TIPS) Data
- \$ OCS Operational Plan, Budget Performance Indicators
- \$ Department of Social Services Customer Service Plan
- \$ Department of Health and Human Services, Administration for Children and Families Child and Family Review Process

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- \$ Council on Accreditation of Services for Families and Children, Inc. standards
- \$ *Regional Quarterly Peer Case Review reports*
- \$ Quality Assurance (QA) Annual Report; Child Welfare Data (context data report)
- \$ Kids Count Data Books on Louisiana's Children
- \$ Mapping Indicators of Economic and Social Well-Being in Louisiana, February, 2002
- \$ *Quality Assurance Tracking System (QATS)*

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SECTION 6.13

OUTCOMES MEASUREMENT

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6.13 Outcomes Measurement

The Office of Community Services is measuring its' compliance with the federal outcomes of safety, permanency and well-being through a quarterly peer case review (PCR) process. Quarterly peer case review is a mandatory requirement of the Council on Accreditation (COA) and is a large part of the agency's Continuous Quality Improvement (CQI) process. A CQI process has been put in place at both the state office level and the regional level. The main goals of CQI is to create constantly improving quality. The PCR process was developed as part of the agency's effort to provide the best possible services to children and families, to measure service outcomes and to achieve our goal of becoming nationally accredited. The PCR process was developed by a PCR subcommittee of the state level CQI team. PCR subcommittee members were charged with developing a quarterly peer case review process and to build upon already established quality processes such as the agency's traditional quality assurance review system. The agency initiated the PCR process in July, 2002 and it has been implemented in 9 of 10 regions. The remaining region is scheduled for review in June, 2003.

PCR is a three tiered process wherein cases are reviewed in each program area on a quarterly basis. In tier one, the agency obtains "process oriented" data through the Quality Assurance (QA) monthly case review process. At least 250 cases per program are reviewed by QA staff. Tier two involves the review of 25 cases per region. This review, done by peers with a CFSR-like instrument, is an evaluation of "practice oriented" case work. Tier three involves case specific interviews for 5 of the 25 cases sampled. Children in care, biological, foster and adoptive parents, workers and supervisors and service providers are interviewed in case specific interviews. An adjunct to the PCR process involves the facilitation of focus groups. These groups have included our community partners (i.e. law enforcement, the courts, attorneys, clients, staff, foster/adoptive parents, etc.).

In order to conduct a true peer review, staff from one region reviews records in another region. This ensures that reviewers have had no involvement in the cases being reviewed. Peer reviewers receive training on the PCR process and use of the instrument. They are asked to sign a Peer Reviewer Code of Ethics. The reviewers are under the guidance of state office staff who serve as PCR coordinators. The reviews are one week in duration and at the end of the review period an exit meeting is held with regional staff. During the exit, state office coordinators present findings from the case reviews. After the review, regions are sent a PCR summary of findings report. The data obtained through the PCR process is used to acknowledge excellent case work and, if necessary, develop corrective action plans. Staff who have participated in the PCR process report that it is a valuable learning experience.

Despite the successful implementation of PCR, the PCR subcommittee continues to meet to refine the process and review corrective action plans. Committee members are considering a revised instrument for use in the next state fiscal year.

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Corrective Action

Corrective action is also a component of the CQI process. The state level CQI team developed corrective action forms to be used when areas needing improvement are identified. Regions are required to develop corrective action plans to address areas needing improvement which are identified through the PCR process. As needed, state level PCR coordinators provide consultation to regions in the development of corrective action plans. Once the plans are completed, the PCR subcommittee of the state level CQI team reviews them to ensure that they comply with agency policy and address issues identified through the review process. Ultimately, regional administrators and regional level CQI teams are responsible for monitoring progress of the corrective action plan. Plans are reviewed in 3 month increments.

In addition, the state level CQI team is responsible for developing corrective action plans to improve compliance when statewide issues are identified through the PCR process. For example, documentation has been identified as an area needing improvement. Therefore, CQI team members are developing statewide plans to improve case record documentation.

The following pages provide data on the tier two peer review instrument which was utilized in 7 of our 10 regions.

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Tier two PCR instrument findings for the period of 7/02-6/03.

Note: The data represents findings from the Lake Charles, Alexandria, Thibodaux, Orleans, Covington, Monroe and Shreveport regions.

I. SAFETY		
Outcome S1: Children are, first and foremost, protected from abuse and neglect.		
Ratings	Total Number	Total Percentage
Substantially Achieved	128	78.0%
Partially Achieved	33	20.1%
Not Achieved or Addressed	3	1.8%
Not Applicable	11	

Indicator	Federal Compliance Standard
Repeat Maltreatment	6.1%
Maltreatment of Children in Foster Care	.57%

Item 1. Timeliness of initiating investigations of reports of child maltreatment

61.5% Strength 38.5% Area Needing Improvement

Item 2. Safety Assessment and Plan

78.3 % Strength 21.7% Area Needing Improvement

Item 3. Quality of the investigation

76.7% Strength 23.3% Area Needing Improvement

Item 4. Repeat maltreatment

89.0% Strength 11.0% Area Needing Improvement

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Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.		
Rating	Total Number	Total Percentage
Substantially Achieved	141	90.4%
Partially Achieved	8	5.1%
Not Achieved or Addressed	7	4.5%
Not Applicable	19	

Item 5. Services to family to protect child(ren) in home and prevent removal

90.4% Strength 9.6% Area Needing Improvement

Item 6. Risk of harm to child

90.8% Strength 9.2% Area Needing Improvement

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II. PERMANENCY		
Outcome P1: Children have permanency and stability in their living situations.		
Rating	Total Cases Reviewed	Total Percentage
Substantially Achieved	59	54.6%
Partially Achieved	38	35.2%
Not Achieved or Addressed	11	10.2%
Not Applicable	67	

Indicator	Federal Compliance Standard
Foster Care Re-entries	8.6 %
Length of Time to Achieve Reunification	76.2 %
Length of Time to Achieve Adoption	32 %
Stability of Foster Care Placements	86.7 %

Item 7. Foster care re-entries

87.5% Strength 12.5% Area Needing Improvement

Item 8. Stability of foster care placement

74.3% Strength 25.7% Area Needing Improvement

Item 9. Permanency goal for child

87.7% Strength 12.3% Area needing improvement

Item 10. Reunification, Guardianship, or Permanent Placement with Relatives

87.1% Strength 12.9% Area Needing Improvement

Item 11. Adoption

32.7% Strength 67.3% Area Needing Improvement

Item 12. Permanency goal or other planned permanent living arrangement

57.1% Strength 42.9% Area Needing Improvement

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Outcome P2: The continuity of family relationships and connections is preserved for children.		
Rating	Total Cases Reviewed	Total Percentage
Substantially Achieved	78	74.3%
Partially Achieved	24	22.9%
Not Achieved or Addressed	3	2.9%
Not Applicable	70	

Item 13. Visiting with parents and siblings in foster care

67.8% Strength 32.2% Area Needing Improvement

Item 14. Preserving connections

80.4% Strength 19.6% Area Needing Improvement

Item 15. Relative placement

77.9% Strength 22.1% Area Needing Improvement

Item 16. Relationship of child in care with parents

76.2% Strength 23.8% Area Needing Improvement

Item 17. Needs and services of child, parents, foster parents

78.2% Strength 21.8% Area Needing Improvement

Item 18. Child and family involvement in case planning

69.9% Strength 30.1% Area Needing Improvement

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III. CHILD AND FAMILY WELL-BEING		
Outcome WB1: Families have enhanced capacity to provide for their children's needs.		
Ratings	Total Cases Reviewed	Total Percentage
Substantially Achieved	120	70.2%
Partially Achieved	43	25.1%
Not Achieved or Addressed	8	4.7%
Not Applicable	4	

Item 19. Needs and services of child, parents, foster parents

78.2% Strength 21.8% Area Needing Improvement

Item 20. Child and family involvement in case planning.

69.9% Strength 30.1% Area Needing Improvement

Item 21. Worker visits with child

86.3% Strength 13.7% Area Needing Improvement

Item 22. Worker visits with parents

69.1% Strength 30.9% Area Needing Improvement

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Outcome WB2: Children receive appropriate services to meet their educational needs.		
Ratings	Total Cases Reviewed	Total Percentage
Substantially Achieved	80	72.7%
Partially Achieved	27	24%
Not Achieved or Addressed	3	2.7%
Not Applicable	65	

Item 23. Educational needs of the child

72.7% Strength

27.3% Area Needing Improvement

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Outcome WB3: Children receive adequate services to meet their physical and mental health needs.		
Ratings	Total Cases Reviewed	Total Percentage
Substantially Achieved	81	54.7%
Partially Achieved	51	34.5%
Not Achieved or Addressed	16	10.8%
Not Applicable	27	

Item 24. Physical health of the child

60.2% Strength 39.8% Area Needing Improvement

Item 25. Mental health of the child

75.7% Strength 24.3% Area Needing Improvement

Although this data compiles the findings for the regions reviewed to date, this same report is also generated with region specific findings. This report is included as part of a written report developed by the state office coordinator which includes all aspects of the review week (case information, interviews with staff and stakeholders, focus group, QA data, and database report). The report identifies specific areas of concern for the region. The region is instructed to develop and implement a corrective action plan based on the findings in the report. The regional corrective action plan is monitored by the local CQI team.

In addition to the regional corrective action plans, the state level CQI team will be looking at the possibility of implementing a statewide corrective action plan once all of the reviews have been conducted for the year. This corrective action will address trends noted in all regions from the peer reviews. The trends to date include areas surrounding improved documentation in the following areas: involvement of families in the case planning process prior to the family team conference, topics discussed at visits with children, parents and caretakers and how it relates to case planning, and efforts to locate and engage missing parents.

Peer case review is an ongoing process and will be conducted in each region annually. These efforts comprise an annual ongoing review process of corrective actions. These efforts also form the basis for preparing the agency for program improvement plans. A more uniform corrective action process will be considered next year and this will be considered in the context of CFSR related Program Improvement Plan (PIP) requirements.